

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee for Jim Mason					
Full Name of Contributor Joel R. Rovito				Registration Number, if PAC	
Street Address 7538 Slate Ridge Blvd.		Employer/Occupation/Labor Organization*		M D Y 0 4 0 6 0 6	Amount \$250.00
City Reynoldsburg		State OH	Zip Code 43068	Form (Cash, Check, etc.) check	
Full Name of Contributor Harvey M. Samuels				Registration Number, if PAC	
Street Address 500 S. Front St., Suite 1150		Employer/Occupation/Labor Organization*		M D Y 0 4 0 6 0 6	Amount \$200.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) check	
Full Name of Contributor Thomas P. Sexton				Registration Number, if PAC	
Street Address 580 S. High St., Suite 130		Employer/Occupation/Labor Organization*		M D Y 0 4 0 6 0 6	Amount \$100.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) check	
Full Name of Contributor Solove Law Office (Ronald L. Solove**)				Registration Number, if PAC	
Street Address 79 Thurman Ave.		Employer/Occupation/Labor Organization*		M D Y 0 4 0 6 0 6	Amount \$500.00
City Columbus		State OH	Zip Code 43206	Form (Cash, Check, etc.) check	
Full Name of Contributor Heather G. Sowald				Registration Number, if PAC	
Street Address 210 Academy Ct.		Employer/Occupation/Labor Organization*		M D Y 0 4 0 6 0 6	Amount \$200.00
City Gahanna		State OH	Zip Code 43230	Form (Cash, Check, etc.) check	
Full Name of Contributor Tyack, Blackmore & Liston Co., L.P.A. (Margaret Blackmore**)				Registration Number, if PAC	
Street Address 536 S. High St.		Employer/Occupation/Labor Organization* Attorney		M D Y 0 4 0 6 0 6	Amount \$300.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) check	
Full Name of Contributor Scott E. Wise				Registration Number, if PAC	
Street Address 6991 Sun Valley Ct.		Employer/Occupation/Labor Organization*		M D Y 0 4 0 6 0 6	Amount \$100.00
City Blacklick		State OH	Zip Code 43004	Form (Cash, Check, etc.) check	

* Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

\$11,350.00

Total expenditures this event

\$1,750.00

Page Total \$ **\$1,650.00**