

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 Andrew Grossman					Registration Number, if PAC				
Street Address 32 W. Hoster St.		Employer/Occupation/Labor Organization*			M	D	Y	Amount	
					0	2	2	\$250.00	
City Columbus	State OH	Zip Code 43215		Form (Cash, Check, etc.) check					
Full Name of Contributor Joseph L. Piccin					Registration Number, if PAC				
Street Address 3010 Hayden Rd.		Employer/Occupation/Labor Organization*			M	D	Y	Amount	
					0	2	2	\$150.00	
City Columbus	State OH	Zip Code 43235		Form (Cash, Check, etc.) check					
Full Name of Contributor Frederick M. Isaac					Registration Number, if PAC				
Street Address 9455 Harlem Rd.		Employer/Occupation/Labor Organization*			M	D	Y	Amount	
					0	2	2	\$575.00	
City Westerville	State OH	Zip Code 43082		Form (Cash, Check, etc.) check					
Full Name of Contributor James W. Brown					Registration Number, if PAC				
Street Address 580 S. High St., Suite 200		Employer/Occupation/Labor Organization*			M	D	Y	Amount	
					0	2	2	\$150.00	
City Columbus	State OH	Zip Code 43215		Form (Cash, Check, etc.) check					
Full Name of Contributor Jeffrey A. Brown					Registration Number, if PAC				
Street Address 580 S. High Street, Suite 200		Employer/Occupation/Labor Organization*			M	D	Y	Amount	
					0	2	2	\$150.00	
City Columbus	State OH	Zip Code 43215		Form (Cash, Check, etc.) check					
Full Name of Contributor Edward F. Whipps					Registration Number, if PAC				
Street Address 500 South Front St., Suite 860		Employer/Occupation/Labor Organization*			M	D	Y	Amount	
					0	2	2	\$150.00	
City Columbus	State OH	Zip Code 43215		Form (Cash, Check, etc.) check					
Full Name of Contributor Thomas Taneff					Registration Number, if PAC				
Street Address 600 S. High St., Suite 201		Employer/Occupation/Labor Organization*			M	D	Y	Amount	
					0	2	2	\$150.00	
City Columbus	State OH	Zip Code 43215		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

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ **\$1,575.00**