

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 Joseph L. Piccin Co. LPA (Joseph L. Piccin) | | | | Registration Number, if PAC | |
| Street Address 3010 Hayden Rd. | Employer/Occupation/Labor Organization* | | M 0 | D 3 | Y 2 2 0 6 |
| City Columbus | State OH | Zip Code 43235 | Form (Cash, Check, etc.) check | | Amount \$50.00 |
| Full Name of Contributor Karen L. Poling | | | | Registration Number, if PAC | |
| Street Address 6178 Timberbrook Lane | Employer/Occupation/Labor Organization* | | M 0 | D 3 | Y 2 2 0 6 |
| City Columbus | State OH | Zip Code 43228 | Form (Cash, Check, etc.) check | | Amount \$50.00 |
| Full Name of Contributor Saia & Piatt, P.L.L. (Jamie Crisp-Allen**) | | | | Registration Number, if PAC | |
| Street Address 713 South Front St. | Employer/Occupation/Labor Organization* Attorney | | M 0 | D 3 | Y 2 2 0 6 |
| City Columbus | State OH | Zip Code 43206 | Form (Cash, Check, etc.) check | | Amount \$50.00 |
| Full Name of Contributor Tyack, Blackmore & Liston Co., L.P.A. (Stacey Gilbert**) | | | | Registration Number, if PAC | |
| Street Address 536 S. High St. | Employer/Occupation/Labor Organization* Attorney | | M 0 | D 3 | Y 2 2 0 6 |
| City Columbus | State OH | Zip Code 43215 | Form (Cash, Check, etc.) check | | Amount \$50.00 |
| Full Name of Contributor Chester, Wilcox & Saxbe (Jessica A. Shankle) | | | | Registration Number, if PAC | |
| Street Address 65 E State St., Suite 1000 | Employer/Occupation/Labor Organization* | | M 0 | D 3 | Y 2 2 0 6 |
| City Columbus | State OH | Zip Code 43215 | Form (Cash, Check, etc.) check | | Amount \$50.00 |
| Full Name of Contributor | | | | Registration Number, if PAC | |
| Street Address | Employer/Occupation/Labor Organization* | | M | D | Y |
| City | State OH | Zip Code | Form (Cash, Check, etc.) | | Amount |
| Full Name of Contributor | | | | Registration Number, if PAC | |
| Street Address | Employer/Occupation/Labor Organization* | | M | D | Y |
| City | State OH | Zip Code | Form (Cash, Check, etc.) | | Amount |

* 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

\$1,100.00

Total expenditures this event.

\$0.00

Page Total \$ **\$250.00**