

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 Briscoe and Webber Co., L.P.A. (Marci L. Webber**)				Registration Number, if PAC	
Street Address 500 S. Front St., Suite 125		Employer/Occupation/Labor Organization* Attorney		M 0	D 4
City Columbus		State OH	Zip Code 43215	Y 0	Amount \$100.00
				Form (Cash, Check, etc.) check	
Full Name of Contributor Jeffrey A. Brown**				Registration Number, if PAC	
Street Address 580 S. High St., Suite 200		Employer/Occupation/Labor Organization* Self-employed/Attorney		M 0	D 4
City Columbus		State OH	Zip Code 43215	Y 0	Amount \$250.00
				Form (Cash, Check, etc.) check	
Full Name of Contributor Robert N. Burman				Registration Number, if PAC	
Street Address 601 S. High St.		Employer/Occupation/Labor Organization*		M 0	D 4
City Columbus		State OH	Zip Code 43215	Y 0	Amount \$400.00
				Form (Cash, Check, etc.) check	
Full Name of Contributor Joel R. Campbell**				Registration Number, if PAC	
Street Address 490 City Park Ave.		Employer/Occupation/Labor Organization* Self-employed/Attorney		M 0	D 4
City Columbus		State OH	Zip Code 43215	Y 0	Amount \$100.00
				Form (Cash, Check, etc.) check	
Full Name of Contributor Connor Behal LLP (Robert J. Behal)				Registration Number, if PAC	
Street Address 501 S. High Street		Employer/Occupation/Labor Organization*		M 0	D 4
City Columbus		State OH	Zip Code 43215	Y 0	Amount \$300.00
				Form (Cash, Check, etc.) check	
Full Name of Contributor David L. Day				Registration Number, if PAC	
Street Address 380 S. 5th St., Suite 3		Employer/Occupation/Labor Organization*		M 0	D 4
City Columbus		State OH	Zip Code 43215	Y 0	Amount \$200.00
				Form (Cash, Check, etc.) check	
Full Name of Contributor Martha F. Dean**				Registration Number, if PAC	
Street Address 26 N. High St.		Employer/Occupation/Labor Organization* Self-employed/Attorney		M 0	D 4
City Canal Winchester		State OH	Zip Code 43110	Y 0	Amount \$100.00
				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 \$ **\$1,450.00**