Statement of Contributions Received

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Prescribed by Secretary of State 03/05

| Name of Committee in Full Committee for Jim Mason | | | | | | | | |
|--|---|---------------------------|------------------|-----------------------------|-----------------------------------|--------------------------|--|--|
| Full Name of Contributor Eugene P. Weiss** | | | Regist | ration Nu | umber, if PA | AC | | |
| Street Address 536 S. Third St. | Employer/Occupation Self-emp | | | | Form (Cash, Check, etc.) check | | | |
| City Columbus | State OH | Zip Code 43215 | 0 ^M 3 | | 0 6 | Amount \$100.00 | | |
| Full Name of Contributor Richard K. Wetzel | | | Regist | ration Nu | ımber, if PA | AC | | |
| Street Address 187 Baranof E. | Employer/Occupat | | | | Form (Cash, Check, etc.) Check | | | |
| City Westerville | State OH | Zip Code 43081 | 0 ^M 4 | | | Amount \$100.00 | | |
| Full Name of Contributor Contributions from form No. 31-E | | | | Registration Number, if PAC | | | | |
| Street Address | Employer/Occupat | ation/Labor Organization* | | | | Form (Cash, Check, etc.) | | |
| City | State OH | Zip Code | 0 ^M 3 | 3 2 2 | 2 0 6 | Amount \$1,100.00 | | |
| Full Name of Contributor Contributions from form No. 31-E Registration Number, if PAC | | | | | | AC | | |
| Street Address | Employer/Occupat | tion/Labor Organization* | | | | Form (Cash, Check, etc.) | | |
| City | State OH | Zip Code | 0 ^M 4 | 0 6 | 0 ^Y 6 | Amount \$11,350.00 | | |
| Full Name of Contributor | | | Registr | ration Nur | mber, if PA | AC | | |
| Street Address | Employer/Occupat | tion/Labor Organization* | <u> </u> | | | Form (Cash, Check, etc.) | | |
| City | State OH | Zip Code | M | D | Y | Amount | | |
| Full Name of Contributor | ame of Contributor | | | | Registration Number, if PAC | | | |
| Street Address | Employer/Occupation/Labor Organization* | | | | | Form (Cash, Check, etc.) | | |
| City | State OH | Zip Code | М | D | Y | Amount | | |
| Full Name of Contributor | <u> </u> | | Registr | ation Nu | mber, if PA | AC . | | |
| Street Address | Employer/Occupat | tion/Labor Organization* | | | | Form (Cash, Check, etc.) | | |
| City | State OH | Zip Code | М | D | Y | Amount | | |
| Full Name of Contributor | diameter 1 | | Registr | ation Nur | mber, if PA | /C | | |
| Street Address | Employer/Occupat | tion/Labor Organization* | | | | Form (Cash, Check, etc.) | | |
| City | State OH | Zip Code | М | D | Y | Amount | | |

Page Total \$12,650.00

^{*} 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)]