

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

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Committee for Jim Mason</b>				
Full Name of Contributor <b>Jon M. Cope</b>			Registration Number, if PAC	
Street Address <b>3600 Olentangy River Rd.</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>0   8   2   2   0   6</b>	Amount <b>\$250.00</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43214</b>	Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>Amy M. McKinlay</b>			Registration Number, if PAC	
Street Address <b>6579 Clay Court East</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>0   8   2   2   0   6</b>	Amount <b>\$100.00</b>
City <b>Canal Winchester</b>	State <b>OH</b>	Zip Code <b>43110</b>	Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>Alyson B. Miller **</b>			Registration Number, if PAC	
Street Address <b>767 North High St., Unit 209</b>	Employer/Occupation/Labor Organization* <b>Grossman &amp; Associates L<sup>LP</sup></b>		M   D   Y <b>0   8   2   2   0   6</b>	Amount <b>\$100.00</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43215</b>	Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>Gary A. Moll</b>			Registration Number, if PAC	
Street Address <b>195 Eagles Nest Rd.</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>0   8   2   2   0   6</b>	Amount <b>\$100.00</b>
City <b>Zanesville</b>	State <b>OH</b>	Zip Code <b>43701</b>	Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>S. Scott Haynes</b>			Registration Number, if PAC	
Street Address <b>6135 Blaverly Drive</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>0   8   2   2   0   6</b>	Amount <b>\$100.00</b>
City <b>New Albany</b>	State <b>OH</b>	Zip Code <b>43054</b>	Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>M. Ellen Gruber **</b>			Registration Number, if PAC	
Street Address <b>471 E. Broad St., Suite 2001</b>	Employer/Occupation/Labor Organization* <b>Self-employed Attorney</b>		M   D   Y <b>0   8   2   2   0   6</b>	Amount <b>\$100.00</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43215</b>	Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>J. Michael Nesser</b>			Registration Number, if PAC	
Street Address <b>3840 Lyon Drive</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>0   8   2   2   0   6</b>	Amount <b>\$100.00</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43220</b>	Form (Cash, Check, etc.) <b>Check</b>	

\* 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 \$ **\$850.00**