

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 J. Greg Tipton **				Registration Number, if PAC	
Street Address 3006 North High Street		Employer/Occupation/Labor Organization* Self Employed/Attorney		M 0	D 9
City Columbus		State OH	Zip Code 43202	Y 2	Amount \$50.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Matthew E. Ulrich					
Street Address 2369 Waters Edge Blvd.		Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus		State OH	Zip Code 43209	Y 2	Amount \$30.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Eugene Weiss **					
Street Address 536 South High St.		Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus		State OH	Zip Code 43215	Y 2	Amount \$50.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Tracy Q. Wendt					
Street Address 745 Manchester Circle N.		Employer/Occupation/Labor Organization*		M 0	D 9
City Pickerington		State OH	Zip Code 43147	Y 2	Amount \$25.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Jack Wong					
Street Address 6964 Spruce Pine Drive		Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus		State OH	Zip Code 43235	Y 2	Amount \$25.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Jeanne M. Zeller					
Street Address 2612 Burlawn Court		Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus		State OH	Zip Code 43235	Y 2	Amount \$25.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Matthew Zito					
Street Address 125 Frankfort Sq.		Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus		State OH	Zip Code 43206	Y 2	Amount \$25.00
Form (Cash, Check, etc.) Cash					

* 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 \$ **\$230.00**