

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 H. Russell Anderson			Registration Number, if PAC		
Street Address 399 Highgate Ave.	Employer/Occupation/Labor Organization*		M 0	D 2	Y 2
City Worthington	State OH	Zip Code 43085	Amount \$200.00	Form (Cash, Check, etc.) check	
Full Name of Contributor Abe Bahgat			Registration Number, if PAC		
Street Address 338 S. High St.	Employer/Occupation/Labor Organization*		M 0	D 2	Y 2
City Columbus	State OH	Zip Code 43215	Amount \$150.00	Form (Cash, Check, etc.) check	
Full Name of Contributor James J. Pardi, II			Registration Number, if PAC		
Street Address 500 South Front St., Suite 1150	Employer/Occupation/Labor Organization*		M 0	D 2	Y 2
City Columbus	State OH	Zip Code 43215	Amount \$150.00	Form (Cash, Check, etc.) check	
Full Name of Contributor J. Michael Nesser			Registration Number, if PAC		
Street Address 3840 Lyon Drive	Employer/Occupation/Labor Organization*		M 0	D 2	Y 2
City Columbus	State OH	Zip Code 43220	Amount \$150.00	Form (Cash, Check, etc.) check	
Full Name of Contributor John H. Mason			Registration Number, if PAC		
Street Address 785 E. Broad St.	Employer/Occupation/Labor Organization*		M 0	D 2	Y 2
City Columbus	State OH	Zip Code 43205	Amount \$150.00	Form (Cash, Check, etc.) check	
Full Name of Contributor Michael J. Delligatti			Registration Number, if PAC		
Street Address 500 S. Front St., Suite 1150	Employer/Occupation/Labor Organization*		M 0	D 2	Y 2
City Columbus	State OH	Zip Code 43215	Amount \$300.00	Form (Cash, Check, etc.) check	
Full Name of Contributor Danielle M. Skestos			Registration Number, if PAC		
Street Address 147 E. Deshler Ave.	Employer/Occupation/Labor Organization*		M 0	D 2	Y 2
City Columbus	State OH	Zip Code 43206	Amount \$575.00	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

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ **\$1,675.00**