

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 Arnold Jack			Registration Number, if PAC		
Street Address 572 E. Rich St.	Employer/Occupation/Labor Organization*		M 0	D 2	Y 2
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) check		Amount \$150.00
Full Name of Contributor Amanda Baker			Registration Number, if PAC		
Street Address 1551 Doone Rd.	Employer/Occupation/Labor Organization*		M 0	D 2	Y 2
City Columbus	State OH	Zip Code 43221	Form (Cash, Check, etc.) credit card		Amount \$20.00
Full Name of Contributor Eric M. Wahl			Registration Number, if PAC		
Street Address 3686 Killington Ct.	Employer/Occupation/Labor Organization*		M 0	D 2	Y 2
City Columbus	State OH	Zip Code 43220	Form (Cash, Check, etc.) check		Amount \$150.00
Full Name of Contributor Ron Petroff			Registration Number, if PAC		
Street Address 140 E. Town St., Suite 1070	Employer/Occupation/Labor Organization*		M 0	D 2	Y 2
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) credit card		Amount \$200.00
Full Name of Contributor Frank Wisheart			Registration Number, if PAC		
Street Address 7757 Fulmar Dr.	Employer/Occupation/Labor Organization*		M 0	D 2	Y 2
City Dublin	State OH	Zip Code 43017	Form (Cash, Check, etc.) credit card		Amount \$100.00
Full Name of Contributor Phil Cordek			Registration Number, if PAC		
Street Address 332 Gudrun Rd.	Employer/Occupation/Labor Organization*		M 0	D 2	Y 2
City Columbus	State OH	Zip Code 43202	Form (Cash, Check, etc.) credit card		Amount \$100.00
Full Name of Contributor Eric Hoffman			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	Form (Cash, Check, etc.) credit card		Amount \$150.00

* 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)]

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 \$ **\$870.00**