31-F	
R.C. 3517.	10

Event Date	4/6/06
Page 1	

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full				
Committee for Jim Mason				
To Whom Paid			M D Y	Amount
SportsService			0 4 0 6 0	6 \$1,750.00 **
Address	Purpose			7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 -
200 W. Nationwide Blvd.	Food and	d Venue	•	
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	Luipoac			
City	State	Zip Code	Check Number	
	OH			
	I	1		

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

* Copy of canceled check not available at This time. An addendum will be filed when canceled check is received.	at This time. An addendum	* Copy of canceled check not available
\$1,750. Page Total \$	\$1,750.00	will be filed when canceled check is