

# Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Committee for Jim Mason</b>									
To Whom Paid <b>SportsService</b>						M	D	Y	Amount <b>\$1,750.00 *</b>
Address <b>200 W. Nationwide Blvd.</b>		Purpose <b>Food and Venue</b>							
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43215</b>		Check Number				
To Whom Paid						M	D	Y	Amount
Address		Purpose							
City		State	Zip Code		Check Number				
OH									
To Whom Paid						M	D	Y	Amount
Address		Purpose							
City		State	Zip Code		Check Number				
OH									
To Whom Paid						M	D	Y	Amount
Address		Purpose							
City		State	Zip Code		Check Number				
OH									
To Whom Paid						M	D	Y	Amount
Address		Purpose							
City		State	Zip Code		Check Number				
OH									
To Whom Paid						M	D	Y	Amount
Address		Purpose							
City		State	Zip Code		Check Number				
OH									
To Whom Paid						M	D	Y	Amount
Address		Purpose							
City		State	Zip Code		Check Number				
OH									

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.*

**\$1,750.00**  
Page Total \$