

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 The Franklin County Republican Party						M	D	Y	Amount			
						0	4	2	4	0	6	\$158.73
Address 14 E. Gay Street, 2nd Street				Purpose Reimbursement for postage paid								
City Columbus				State OH		Zip Code 43215		Check Number 1001				
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City				State OH		Zip Code		Check Number				
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City				State OH		Zip Code		Check Number				
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City				State OH		Zip Code		Check Number				
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City				State OH		Zip Code		Check Number				
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City				State OH		Zip Code		Check Number				
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City				State OH		Zip Code		Check Number				
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City				State OH		Zip Code		Check Number				

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.

\$158.73
Page Total \$