31-F
R.C. 3517.10

Event Date	4/6/06
Page 1	<u>· </u>

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
The Franklin County Republican F	Party .		0 4 2 4 0 6	
Address	Purpose		0 7 2 7 0	σ σ 130.73
14 E. Gay Street, 2nd Street		sement for postag	ne paid	
City	State	Zip Code	Check Number	
Columbus	OH	43215	1001	
To Whom Paid	0		M D Y	Amount
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	OH	1		
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City	State	Zip Code	Check Number	
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To Whom Paid			M D Y	Amount
Address	Purpose			
City	State	Zip Code	Check Number	
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A 11.				
Address	Purpose			
Cit.		Total		
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To Whom Paid	OH			
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Address	D			1
2 Mai 1000	Ригроѕе			•
City	C+-l+-	Zip Code	Charle Name	
City	State OH	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.

\$158.73
Page Total \$ ____