

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 Adam S. Eliot **				Registration Number, if PAC	
Street Address 400 South Fifth St., Suite 102		Employer/Occupation/Labor Organization* Self Employed/Attorney		M D Y 0 9 2 7 0 6	Amount \$75.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Daniel Fletcher **					
Street Address 1443 Runaway Bay Drive, Apt 3A		Employer/Occupation/Labor Organization* Self Employed/Attorney		M D Y 0 9 2 7 0 6	Amount \$25.00
City Columbus		State OH	Zip Code 43204	Form (Cash, Check, etc.) Check	
Full Name of Contributor Bernard M. Floetker					
Street Address 1295 S. High Street		Employer/Occupation/Labor Organization* Self Employed/Attorney		M D Y 0 9 2 7 0 6	Amount \$75.00
City Columbus		State OH	Zip Code 43206	Form (Cash, Check, etc.) Check	
Full Name of Contributor Scott J. Gaugler					
Street Address 7588 Wellshire Lane		Employer/Occupation/Labor Organization* Self Employed/Attorney		M D Y 0 9 2 7 0 6	Amount \$25.00
City Pickerington		State OH	Zip Code 43147	Form (Cash, Check, etc.) Check	
Full Name of Contributor Tyack, Blackmore & Liston Co. LPA (Stacey Gilbert **)					
Street Address 536 South High St.		Employer/Occupation/Labor Organization* T,B & L Co. LPA/Atty		M D Y 0 9 2 7 0 6	Amount \$325.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor David L. Glisson					
Street Address 7 Alban Mews		Employer/Occupation/Labor Organization* Self Employed/Attorney		M D Y 0 9 2 7 0 6	Amount \$25.00
City New Albany		State OH	Zip Code 43054	Form (Cash, Check, etc.) Check	
Full Name of Contributor Jen Gutmore					
Street Address 1385 Haines		Employer/Occupation/Labor Organization* Self Employed/Attorney		M D Y 0 9 2 7 0 6	Amount \$25.00
City Columbus		State OH	Zip Code 43212	Form (Cash, Check, etc.) Cash	

* 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.

\$0.00Page Total \$ **\$575.00**