

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 Colleen H. Briscoe		Registration Number, if PAC		
Street Address 400 S. Fifth St., Suite 102	Employer/Occupation/Labor Organization*	M 0	D 2	Y 2
City Columbus	State OH	Zip Code 43215	Amount \$300.00	Form (Cash, Check, etc.) check
Full Name of Contributor Maryellen Reash		Registration Number, if PAC		
Street Address 1170 Old Henderson Road, Suite 118	Employer/Occupation/Labor Organization*	M 0	D 2	Y 2
City Columbus	State OH	Zip Code 43220	Amount \$150.00	Form (Cash, Check, etc.) check
Full Name of Contributor Nick Vassy		Registration Number, if PAC		
Street Address 555 S. 3rd Street	Employer/Occupation/Labor Organization*	M 0	D 2	Y 2
City Columbus	State OH	Zip Code 43215	Amount \$100.00	Form (Cash, Check, etc.) check
Full Name of Contributor James A. Hanneman		Registration Number, if PAC		
Street Address 3010 Hayden Rd.	Employer/Occupation/Labor Organization*	M 0	D 2	Y 2
City Columbus	State OH	Zip Code 43235	Amount \$150.00	Form (Cash, Check, etc.) check
Full Name of Contributor Laura M. Peteman		Registration Number, if PAC		
Street Address 336 S. High Street	Employer/Occupation/Labor Organization*	M 0	D 2	Y 2
City Columbus	State OH	Zip Code 43215	Amount \$150.00	Form (Cash, Check, etc.) check
Full Name of Contributor Connie Hall		Registration Number, if PAC		
Street Address 336 S. High Street	Employer/Occupation/Labor Organization*	M 0	D 2	Y 2
City Columbus	State OH	Zip Code 43215	Amount \$150.00	Form (Cash, Check, etc.) check
Full Name of Contributor Stephen W. Daulton		Registration Number, if PAC		
Street Address 336 S. High Street	Employer/Occupation/Labor Organization*	M 0	D 2	Y 2
City Columbus	State OH	Zip Code 43215	Amount \$150.00	Form (Cash, Check, etc.) check

* 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.

\$0.00

Page Total \$ \$1,150.00
