

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 Denise M. Mirman				Registration Number, if PAC	
Street Address 1446 Briarmeadow Dr.	Employer/Occupation/Labor Organization*		M 0	D 2	Y 2
City Columbus	State OH	Zip Code 43235	Form (Cash, Check, etc.) check		Amount \$150.00
Full Name of Contributor Eugene B. Lewis				Registration Number, if PAC	
Street Address 425 Walnut St., Suite 1800	Employer/Occupation/Labor Organization*		M 0	D 2	Y 2
City Cincinnati	State OH	Zip Code 45202	Form (Cash, Check, etc.) check		Amount \$300.00
Full Name of Contributor Robert D. Cohen				Registration Number, if PAC	
Street Address 146 Granville St.	Employer/Occupation/Labor Organization*		M 0	D 3	Y 2
City Gahanna	State OH	Zip Code 43230	Form (Cash, Check, etc.) check		Amount \$150.00
Full Name of Contributor Jennifer L. Prindle				Registration Number, if PAC	
Street Address 29 E. Lincoln St.	Employer/Occupation/Labor Organization*		M 0	D 3	Y 2
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) check		Amount \$100.00
Full Name of Contributor Suzanne K. Sabol				Registration Number, if PAC	
Street Address 820 S. High Street	Employer/Occupation/Labor Organization*		M 0	D 3	Y 2
City Columbus	State OH	Zip Code 43206	Form (Cash, Check, etc.) check		Amount \$150.00
Full Name of Contributor Jaqueline L. Kemp				Registration Number, if PAC	
Street Address 88 West Mound St.	Employer/Occupation/Labor Organization*		M 0	D 3	Y 2
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) check		Amount \$150.00
Full Name of Contributor Julia Leveridge				Registration Number, if PAC	
Street Address 88 West Mound St.	Employer/Occupation/Labor Organization*		M 0	D 3	Y 2
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) check		Amount \$150.00

* 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

\$14,145.00

Total expenditures this event.

\$757.49

Page Total \$ **\$1,150.00**