1 Page ____

Prescribed by Secretary of State 3/05

Full Name of Committee											
Committee for Jim Mason											
From Whom Received James W Mason									,264 14	4	Amt Incurred this Period
Address 125 Autumn Rush Court											Outstanding Balance \$24,264 14
City Gahanna	St ate OH	Zip Code 43230		Loans Received This Period Date Amount				Payments This Period Date Amount			
Date Loan was	м 1 0	D 2 0	9 8	M	D	Yi	S	M'	D	Y	\$
Registration Number, if PAC				М	D	Y		M	D	Ý	
Employer/Occupation/Labor Organization*				М	D	Y		M	D	Y	
From Whom Received									lount	'	Amt Incurred this Period
Address						•					Outstanding Balance
City	St ate OH	Zıp Code		ı	Loans Received This Period Date Amount				I Date	Payments	This Period Amount
Date Loan was originally Incurred	M	D	Y	M.	D	Y	\$	М	D	Y,	\$
Registration Number, if PAC		<u> </u>	<u> </u>	M	D	Ý		М	D	Y	
Employer/Occupation/Labor Organization*				M	D	Ý		М	D _i	Y	
From Whom Received					-la-man		•	Prior Am	ount		Amt Incurred this Period
Address							· · · · · ·				Outstanding Balance
City	St ate	Zip Code		Loans Received This Period Date Amount				Payments This Period Date Amount			
Date Lean was originally Incurred	M	D	Y	М	D	Y	\$	M _,	D	Y	\$
Registration Number, if PAC				M	D	Y		M	D	Ý	
Employer/Occupation/Labor Organization*				М	D	Y		M	D	Y	
* Required for contributions from inc	lividuals c	ver \$100	to statewic	le and o	eneral as	sembly	candidates If contrib	itor is self-	-employe	d the oc	cupation and the name of

* 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)]

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space Transfer total of all loans received this period to the Statement of Other Income (Form No 31-A-2) Transfer total of all payments made in this period to the Statement of Expenditures (Form No 31-B) Transfer Outstanding Balance to the Cover page (Form No 30-A)

1 Total prior amount \$\$24,		
² Total received this period \$	\$0 00	(To Form No 31-A-2)
³ Total payments this period \$	\$0 00	(To Form No 31-B)
⁴ Total Outstanding Balance \$	\$24,264 14	(To Form No 30-A)