

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					Registration Number, if PAC				
Full Name of Contributor Barry H. Wolinetz					Registration Number, if PAC				
Street Address 250 Civic Center Dr., Suite 100		Employer/Occupation/Labor Organization*			M	D	Y	Amount	
City Columbus		State OH	Zip Code 43215		0	2	2	1	\$150.00
					Form (Cash, Check, etc.) check				
Full Name of Contributor Gary J. Gottfried					Registration Number, if PAC				
Street Address 608 Office Parkway, Suite B		Employer/Occupation/Labor Organization*			M	D	Y	Amount	
City Westerville		State OH	Zip Code 43082		0	2	2	1	\$400.00
					Form (Cash, Check, etc.) check				
Full Name of Contributor Eugene R. Butler					Registration Number, if PAC				
Street Address 145 East Rich Street, Second Floor		Employer/Occupation/Labor Organization*			M	D	Y	Amount	
City Columbus		State OH	Zip Code 43215		0	2	2	1	\$150.00
					Form (Cash, Check, etc.) check				
Full Name of Contributor Douglas Dougherty					Registration Number, if PAC				
Street Address 3010 Hayden Rd.		Employer/Occupation/Labor Organization*			M	D	Y	Amount	
City Columbus		State OH	Zip Code 43235		0	2	2	1	\$150.00
					Form (Cash, Check, etc.) check				
Full Name of Contributor David C. Watson, Jr.					Registration Number, if PAC				
Street Address 503 S. Front St., Suite 254		Employer/Occupation/Labor Organization*			M	D	Y	Amount	
City Columbus		State OH	Zip Code 43215		0	2	2	1	\$150.00
					Form (Cash, Check, etc.) check				
Full Name of Contributor Scott T. Hickey					Registration Number, if PAC				
Street Address 6079 Sowerby Ln.		Employer/Occupation/Labor Organization*			M	D	Y	Amount	
City Westerville		State OH	Zip Code 43081		0	2	2	1	\$150.00
					Form (Cash, Check, etc.) check				
Full Name of Contributor Scott N. Friedman					Registration Number, if PAC				
Street Address 7706 Sutton Pl		Employer/Occupation/Labor Organization*			M	D	Y	Amount	
City New Albany		State OH	Zip Code 43054		0	2	2	1	\$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 \$ 1,300.00