

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 Walter C. Boyuk				Registration Number, if PAC			
Street Address 34 W. Whittier St.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Columbus		State OH	Zip Code 43206	0	8	2	\$100.00
				Form (Cash, Check, etc.) Check			
Full Name of Contributor Abe Bahgat **				Registration Number, if PAC			
Street Address 338 S. High St.		Employer/Occupation/Labor Organization* Self-employed Attorney		M	D	Y	Amount
City Columbus		State OH	Zip Code 43215	0	8	2	\$200.00
				Form (Cash, Check, etc.) Check			
Full Name of Contributor Isaac, Brant, Ledman & Teetor, LLP (Danielle Carter **)				Registration Number, if PAC			
Street Address 250 East Broad St.		Employer/Occupation/Labor Organization* IBLT, LLP Attorney		M	D	Y	Amount
City Columbus		State OH	Zip Code 43215	0	8	2	\$100.00
				Form (Cash, Check, etc.) Check			
Full Name of Contributor Daniel Fletcher **				Registration Number, if PAC			
Street Address 1443 Runaway Bay, Apt. 3A		Employer/Occupation/Labor Organization* Self-employed Attorney		M	D	Y	Amount
City Columbus		State OH	Zip Code 43204	0	8	2	\$100.00
				Form (Cash, Check, etc.) Check			
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State OH	Zip Code				
				Form (Cash, Check, etc.)			
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State OH	Zip Code				
				Form (Cash, Check, etc.)			
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State OH	Zip Code				
				Form (Cash, Check, etc.)			

* 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

\$1,350.00

Total expenditures this event.

\$419.21

Page Total \$ **\$500.00**