

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 Gary J. Gottfried Co. LPA (Darice Schlaufman)				Registration Number, if PAC	
Street Address 1265 Neil Avenue	Employer/Occupation/Labor Organization* Attorney		M 0	D 9	Y 2 7 0 6
City Columbus	State OH	Zip Code 43201	Form (Cash, Check, etc.) Check		Amount \$50.00
Full Name of Contributor Paul Scott				Registration Number, if PAC	
Street Address 536 South High Street	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2 7 0 6
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Cash		Amount \$25.00
Full Name of Contributor Heather G. Sowald				Registration Number, if PAC	
Street Address 210 Academy Court	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2 7 0 6
City Gahanna	State OH	Zip Code 43230	Form (Cash, Check, etc.) Check		Amount \$300.00
Full Name of Contributor Dan Starky				Registration Number, if PAC	
Street Address 302 E. Fulton	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2 7 0 6
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Cash		Amount \$25.00
Full Name of Contributor Rebecca Steele				Registration Number, if PAC	
Street Address 1282 Wood Croft Rd. E	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2 7 0 6
City Columbus	State OH	Zip Code 43204	Form (Cash, Check, etc.) Cash		Amount \$25.00
Full Name of Contributor Elizabeth Stevens				Registration Number, if PAC	
Street Address 6114 Jamison Pl.	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2 7 0 6
City Canfield	State OH	Zip Code 44406	Form (Cash, Check, etc.) Check		Amount \$25.00
Full Name of Contributor Richard Termuhlen, II				Registration Number, if PAC	
Street Address 495 Columbia Place	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2 7 0 6
City Columbus	State OH	Zip Code 43209	Form (Cash, Check, etc.) Check		Amount \$25.00

* 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

\$0.00

Total expenditures this event

\$0.00Page Total \$ **\$475.00**