

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 Jay Babbitt			Registration Number, if PAC		
Street Address 503 S. Front St., Suite 200	Employer/Occupation/Labor Organization*		M 0	D 2	Y 2
City Columbus	State OH	Zip Code 43215	Amount \$150.00	Form (Cash, Check, etc.) check	
Full Name of Contributor Brandi J. Rovito			Registration Number, if PAC		
Street Address 169 E. Livingston Ave.	Employer/Occupation/Labor Organization*		M 0	D 2	Y 2
City Columbus	State OH	Zip Code 43215	Amount \$150.00	Form (Cash, Check, etc.) check	
Full Name of Contributor Heather G. Sowald			Registration Number, if PAC		
Street Address 210 Academy Court	Employer/Occupation/Labor Organization*		M 0	D 2	Y 2
City Gahanna	State OH	Zip Code 43230	Amount \$500.00	Form (Cash, Check, etc.) check	
Full Name of Contributor Robert H. Snedaker, III			Registration Number, if PAC		
Street Address 3010 Hayden Rd.	Employer/Occupation/Labor Organization*		M 0	D 2	Y 2
City Columbus	State OH	Zip Code 43235	Amount \$150.00	Form (Cash, Check, etc.) check	
Full Name of Contributor Bobbie O'Keefe			Registration Number, if PAC		
Street Address 366 East Broad Street	Employer/Occupation/Labor Organization*		M 0	D 2	Y 2
City Columbus	State OH	Zip Code 43215	Amount \$100.00	Form (Cash, Check, etc.) check	
Full Name of Contributor Anthony Delligatti, Jr.			Registration Number, if PAC		
Street Address 366 East Broad Street	Employer/Occupation/Labor Organization*		M 0	D 2	Y 2
City Columbus	State OH	Zip Code 43215	Amount \$100.00	Form (Cash, Check, etc.) check	
Full Name of Contributor Vincent A. Dugan, Jr.			Registration Number, if PAC		
Street Address 923 E. Broad St.	Employer/Occupation/Labor Organization*		M 0	D 2	Y 2
City Columbus	State OH	Zip Code 43205	Amount \$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