Statement of Loans Received

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| | | | Prescrib | ed by Se | cretary o | f State 3/05 | | | | | | |
|---|--|--|--|--|------------------------------|---|---------------------------------------|-----------|-----------|------------|---------------------------|-----------------------------|
| Full Name of Committee Committee for Jim Ma: | son | | ż | | | | · | | | | | |
| From Whom Received James W. Mason | | | | | | | Prior Amount \$24,264.14 | | | Amt. | Amt. Incurred this Period | |
| ^{Address} 125 Autumn Rush Co | ourt | | | | | | | | | | | anding Balance 24,264.14 |
| ^{City} Gahanna | State Zip Code OH 43230 | | | Loans Received This Period Date Amount | | | | Date | Paymer | its This P | s This Period Amount | |
| Date Loan was originally Incurred | 1 0 | 2 0 9 8 | М | D | Y | \$ | | М | D | Y | \$ | Amount |
| Registration Number, if PAC Simployer/Occupation/Labor Organizatio | . | | М | D | Y | | | M | D | Y | | |
| | | | М | D | Y | | | M | D | Y | | |
| From Whom Received | | | | | - | | | Prior A | mount | | Amt. | Incurred this Period |
| Address | | | | | | | | | | | Outsta | anding Balance |
| City | St ate OH | Zip Code | Loans Received This Period Date Amount | | | iod Amount | Payments This Perio | | | | | |
| Date Loan was originally incurred | М | D Y | M | D | Y | \$ | iniodite | М | D | Y | \$ | Amount |
| Registration Number, if PAC | | | М | D | Y | | | М | D | Y | | |
| mployer/Occupation/Labor Organization | ı* | | М | D | Y | | | М | D | Y | | |
| rom Whom Received | | | | <u>'</u> | · · · · · · | | | Prior A | mount | | Amt. I | ncurred this Period |
| ddress | | | | | | | | | | | Outsta | nding Balance |
| ity | St ate Zip Code OH | | | Loans Received This Period Date Amount | | | | Б.: | Payment | s This Pe | This Period | |
| Pate Loan was Originally Incurred | М | D Y | M | D | Y | \$ | Amount | М | Date | Y | \$ | Amount |
| egistration Number, if PAC | | | М | D | Y | | | М | D | Y | | |
| mployer/Occupation/Labor Organization | * | | М | D | Y | | | М | D | Y | 1- | |
| Required for contributions from ind he individual's business, if any, rath abor organization of which the emp a loan is forgiven, write "Forgicome (Form No. 31-A-2). Transalance to the Cover page (Form Total prior amount \$ | er than em loyees are ven" in th sfer total c | ployer should be list members, if any, mo e "Outstanding B of all payments ma). | ted. If two ist also a alance" | o or mo: ppear. [] space. | re empl R.C. 35 Transf | oyees cont 17.10(B)(4 er total of | ribute via pay)] `all loans re | yroll ded | luction a | nd excee | d the agg | gregate of \$100, the |
| Fotal received this period \$ | \$0.00 | | (To Fori | m No. 1 | 31-A-2 |) | | | | | | |
| Fotal payments this period \$ | \$0.00 | | | Form | | • | | | | | | |
| Total Outstanding Polones \$ | \$24.: | 264.14 | (10 | | . 10, 31 | <i>,</i> | | | | | | |