

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 Robert C. Hetterscheidt				Registration Number, if PAC	
Street Address 580 S. High St., Suite 200		Employer/Occupation/Labor Organization*		M 0	D 1
City Columbus		State OH	Zip Code 43215	Y 2	Amount \$150.00
Full Name of Contributor Kathryn Bamberger				Registration Number, if PAC	
Street Address 400 S. Fifth St., Suite 103		Employer/Occupation/Labor Organization*		M 0	D 2
City Columbus		State OH	Zip Code 43215	Y 0	Amount \$100.00
Full Name of Contributor David J. Tennenbaum, PhD.				Registration Number, if PAC	
Street Address 5151 Reed Road, Suite A-211		Employer/Occupation/Labor Organization*		M 0	D 2
City Columbus		State OH	Zip Code 43220	Y 0	Amount \$150.00
Full Name of Contributor Thomas J. Jedinak				Registration Number, if PAC	
Street Address 1873 Lake Shore		Employer/Occupation/Labor Organization*		M 0	D 2
City Columbus		State OH	Zip Code 43204	Y 0	Amount \$150.00
Full Name of Contributor Robert A. Koblentz				Registration Number, if PAC	
Street Address 35 E. Livingston Ave.		Employer/Occupation/Labor Organization*		M 0	D 2
City Columbus		State OH	Zip Code 43215	Y 0	Amount \$150.00
Full Name of Contributor Thomas E. Friedman				Registration Number, if PAC	
Street Address 502 South Third Street		Employer/Occupation/Labor Organization*		M 0	D 2
City Columbus		State OH	Zip Code 43215	Y 0	Amount \$150.00
Full Name of Contributor Donald A. Cox				Registration Number, if PAC	
Street Address 7419 Jackson Pike		Employer/Occupation/Labor Organization*		M 0	D 2
City Lockbourne		State OH	Zip Code 43137	Y 0	Amount \$150.00

* 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

\$1,900.00

Total expenditures this event.

\$0.00Page Total \$ **\$1,000.00**