

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 Gregg R. Lewis			Registration Number, if PAC	
Street Address 625 City Park Ave.	Employer/Occupation/Labor Organization*		M 0	D 2
City Columbus	State OH	Zip Code 43206	Y 0	Amount \$150.00
Full Name of Contributor John H. Bates			Registration Number, if PAC	
Street Address 495 S. High Street, Suite 400	Employer/Occupation/Labor Organization*		M 0	D 2
City Columbus	State OH	Zip Code 43215	Y 0	Amount \$150.00
Full Name of Contributor Andrea R. Yagoda			Registration Number, if PAC	
Street Address 2000 Henderson Rd., Suite 250	Employer/Occupation/Labor Organization*		M 0	D 2
City Columbus	State OH	Zip Code 43220	Y 0	Amount \$150.00
Full Name of Contributor Tom Tyack			Registration Number, if PAC	
Street Address 536 South High 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 Peggy Blackmore			Registration Number, if PAC	
Street Address 536 South High 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 Elaine S. Buck			Registration Number, if PAC	
Street Address 1570 Fishinger Rd., Suite 200	Employer/Occupation/Labor Organization*		M 0	D 2
City Upper Arlington	State OH	Zip Code 43221	Y 0	Amount \$150.00
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D
City	State	Zip Code	Y	Amount
	OH			

* 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

Total expenditures this event.

\$1,900.00**\$0.00**Page Total \$ **\$900.00**