

Statement of Expenditures

Prescribed by Secretary of State 2/01

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Name of Committee in Full Committee for Jim Mason										
To Whom Paid Expenditures from Form 31-F							M	D	Y	Amount \$158.73
Address				Purpose Event date 4/6/06						
City				State OH	Zip Code		Check Number			
To Whom Paid The Huntington National Bank							M	D	Y	Amount \$23.60
Address P.O. Box 1558 EA1W37				Purpose Bank charge						
City Columbus				State OH	Zip Code 43216		Check Number			
To Whom Paid Expenditures from Form 31-F							M	D	Y	Amount \$75.00
Address				Purpose Event date 5/24/06						
City				State OH	Zip Code		Check Number			
To Whom Paid							M	D	Y	Amount
Address				Purpose						
City				State OH	Zip Code		Check Number			
To Whom Paid							M	D	Y	Amount
Address				Purpose						
City				State OH	Zip Code		Check Number			
To Whom Paid							M	D	Y	Amount
Address				Purpose						
City				State OH	Zip Code		Check Number			
To Whom Paid							M	D	Y	Amount
Address				Purpose						
City				State OH	Zip Code		Check Number			
To Whom Paid							M	D	Y	Amount
Address				Purpose						
City				State OH	Zip Code		Check Number			

Page Total **\$257.33**