

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 Letson			Registration Number, if PAC		
Street Address 641 South High Street, #3		Employer/Occupation/Labor Organization*		M D Y	Amount
				0 9 2 7 0 6	\$25.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) Cash	
Full Name of Contributor Julia L. Leveridge			Registration Number, if PAC		
Street Address 333 East Sycamore St.		Employer/Occupation/Labor Organization*		M D Y	Amount
				0 9 2 7 0 6	\$100.00
City Columbus		State OH	Zip Code 43206	Form (Cash, Check, etc.) Check	
Full Name of Contributor John Lytle			Registration Number, if PAC		
Street Address 16 East Kelso		Employer/Occupation/Labor Organization*		M D Y	Amount
				0 9 2 7 0 6	\$25.00
City Columbus		State OH	Zip Code 43202	Form (Cash, Check, etc.) Cash	
Full Name of Contributor James K. Lyle			Registration Number, if PAC		
Street Address 2178 Harwich		Employer/Occupation/Labor Organization*		M D Y	Amount
				0 9 2 7 0 6	\$25.00
City Columbus		State OH	Zip Code 43221	Form (Cash, Check, etc.) Check	
Full Name of Contributor Lorie L. McCaughan			Registration Number, if PAC		
Street Address 5492 Red Bank Rd.		Employer/Occupation/Labor Organization*		M D Y	Amount
				0 9 2 7 0 6	\$25.00
City Galena		State OH	Zip Code 43021	Form (Cash, Check, etc.) Check	
Full Name of Contributor Debra and David McNichols (Debra DeSanto **)			Registration Number, if PAC		
Street Address 446 Glenmont Ave.		Employer/Occupation/Labor Organization* Self Employed/Attorney		M D Y	Amount
				0 9 2 7 0 6	\$200.00
City Columbus		State OH	Zip Code 43214	Form (Cash, Check, etc.) Check	
Full Name of Contributor Frederick Meister **			Registration Number, if PAC		
Street Address 150 E. Mound St., Suite 200		Employer/Occupation/Labor Organization* Self Employed/Attorney		M D Y	Amount
				0 9 2 7 0 6	\$250.00
City Columbus		State OH	Zip Code 43215	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

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Total expenditures this event.

\$0.00

Page Total \$	\$ 650
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