

31-E

R.C. 3517.10(B)

Event Date 2/22/12

Page 6

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 J. Behal				Registration Number, if PAC	
Street Address 2531 Brentwood Rd.	Employer/Occupation/Labor Organization*		M 0	D 2	Y 2
City Bexley	State OH	Zip Code 43209	Form (Cash, Check, etc.) check		Amount \$350.00
Full Name of Contributor Rachel Taylor				Registration Number, if PAC	
Street Address 4727 Heathstead Dr., Apt. B	Employer/Occupation/Labor Organization*		M 0	D 2	Y 2
City Dublin	State OH	Zip Code 43016	Form (Cash, Check, etc.) check		Amount \$50.00
Full Name of Contributor Harvey M. Samuels				Registration Number, if PAC	
Street Address 500 S. Front St., Suite 1150	Employer/Occupation/Labor Organization*		M 0	D 2	Y 2
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) check		Amount \$300.00
Full Name of Contributor Timothy Gerrity				Registration Number, if PAC	
Street Address 400 S. Fifth St., Suite 302	Employer/Occupation/Labor Organization*		M 0	D 2	Y 2
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) check		Amount \$300.00
Full Name of Contributor John P. Johnson				Registration Number, if PAC	
Street Address 501 S. High St.	Employer/Occupation/Labor Organization*		M 0	D 2	Y 2
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) check		Amount \$150.00
Full Name of Contributor Craig P. Treneff				Registration Number, if PAC	
Street Address 155 Commerce Park Dr., Suite 5	Employer/Occupation/Labor Organization*		M 0	D 2	Y 2
City Westerville	State OH	Zip Code 43082	Form (Cash, Check, etc.) check		Amount \$200.00
Full Name of Contributor Andrew Yiangou				Registration Number, if PAC	
Street Address 3099 Sullivant Ave.	Employer/Occupation/Labor Organization*		M 0	D 2	Y 2
City Columbus	State OH	Zip Code 43204	Form (Cash, Check, etc.) check		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

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ 1,500.00