

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 Andrew S. Grossman				Registration Number, if PAC	
Street Address 2645 Bryden Rd.		Employer/Occupation/Labor Organization*		M D Y 0 3 2 2 0 6	Amount \$50.00
City Bexley		State OH	Zip Code 43209	Form (Cash, Check, etc.) check	
Full Name of Contributor Lindsay A. Helman				Registration Number, if PAC	
Street Address 924 S. Cassingham Rd.		Employer/Occupation/Labor Organization*		M D Y 0 3 2 2 0 6	Amount \$50.00
City Bexley		State OH	Zip Code 43209	Form (Cash, Check, etc.) check	
Full Name of Contributor Joseph & Joseph Co., LPA (Dennis E. Horvath)				Registration Number, if PAC	
Street Address 931 South Front Street		Employer/Occupation/Labor Organization*		M D Y 0 3 2 2 0 6	Amount \$50.00
City Columbus		State OH	Zip Code 43206	Form (Cash, Check, etc.) check	
Full Name of Contributor Joseph Kelly**				Registration Number, if PAC	
Street Address 118 E. Main Street		Employer/Occupation/Labor Organization* Self-employed/Attorney		M D Y 0 3 2 2 0 6	Amount \$250.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) check	
Full Name of Contributor Julia L. Leveridge				Registration Number, if PAC	
Street Address 333 E. Sycamore St.		Employer/Occupation/Labor Organization*		M D Y 0 3 2 2 0 6	Amount \$50.00
City Columbus		State OH	Zip Code 43206	Form (Cash, Check, etc.) check	
Full Name of Contributor Kerry L. McCormick**				Registration Number, if PAC	
Street Address 1414 Virginia Ave.		Employer/Occupation/Labor Organization* Solove Law Office/Attorney		M D Y 0 3 2 2 0 6	Amount \$50.00
City Columbus		State OH	Zip Code 43212	Form (Cash, Check, etc.) check	
Full Name of Contributor Eric R. Nordman**				Registration Number, if PAC	
Street Address 90 E. College Ave.		Employer/Occupation/Labor Organization* Self-employed/Attorney		M D Y 0 3 2 2 0 6	Amount \$25.00
City Westerville		State OH	Zip Code 43081	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

\$1,100.00

Total expenditures this event

\$0.00

Page Total \$ **\$525.00**