31-E
R.C. 3517.10(B)

Statement of Contributions Received
at a Social or Fund-Raising Event
Prescribed by Secretary of State 03/05

Event Date 8/2/06

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Name of Committee in Full							
Committee for Jim Mason							

Full Name of Contributor				Registration Number, if PAC			
Kendra Carpenter **							

Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
673 Mohawk St., Suite 200	Self-employed Attorney		0 8	0 2	0 6	$100.00	

City	State	Zip Code	Form (Cash, Check, etc.)	
Columbus	OH	43206	Check	

Full Name of Contributor				Registration Number, if PAC			
Blaise Baker							

Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount	
600 S. High St., Suite 201		0 8	0 2	0 6	$100.00	

City	State	Zip Code	Form (Cash, Check, etc.)	
Columbus	OH	43215	Check	

Full Name of Contributor				Registration Number, if PAC			
Thomas M. Taneff							

Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount	
600 S. High St., Suite 201		0 8	0 2	0 6	$250.00	

City	State	Zip Code	Form (Cash, Check, etc.)	
Columbus	OH	43215	Check	

Full Name of Contributor				Registration Number, if PAC			

Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount	

City	State	Zip Code	Form (Cash, Check, etc.)	
	OH			

Full Name of Contributor				Registration Number, if PAC			

Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount	

City	State	Zip Code	Form (Cash, Check, etc.)	
	OH			

Full Name of Contributor				Registration Number, if PAC			

Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount	

City	State	Zip Code	Form (Cash, Check, etc.)	
	OH			

Full Name of Contributor				Registration Number, if PAC			

Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount	

City	State	Zip Code	Form (Cash, Check, etc.)	
	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

$450.00

Total expenditures this event.

$0.00

Page Total $ $450.00