

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 Umberto A. DeBeneditto**				Registration Number, if PAC	
Street Address 1170 Old Henderson Rd., Suite 109		Employer/Occupation/Labor Organization* Self-employed/Attorney		M D Y 0 4 0 6 0 6	Amount \$250.00
City Columbus		State OH	Zip Code 43220	Form (Cash, Check, etc.) check	
Full Name of Contributor Michael J. Delligatti**				Registration Number, if PAC	
Street Address 500 S. Front St., Suite 1150		Employer/Occupation/Labor Organization* Self-employed/Attorney		M D Y 0 4 0 6 0 6	Amount \$200.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) check	
Full Name of Contributor Shawn Andrea Dickerson				Registration Number, if PAC	
Street Address 200 Westwood Rd.		Employer/Occupation/Labor Organization* Attorney		M D Y 0 4 0 6 0 6	Amount \$200.00
City Columbus		State OH	Zip Code 43214	Form (Cash, Check, etc.) check	
Full Name of Contributor Dougherty, Hanneman & Snedaker, LLC (James A. Hanneman**)				Registration Number, if PAC	
Street Address 3010 Hayden Rd.		Employer/Occupation/Labor Organization* Attorney		M D Y 0 4 0 6 0 6	Amount \$500.00
City Columbus		State OH	Zip Code 43235	Form (Cash, Check, etc.) check	
Full Name of Contributor Patricia M. Ferguson				Registration Number, if PAC	
Street Address 827 Crestway Dr.		Employer/Occupation/Labor Organization* Attorney		M D Y 0 4 0 6 0 6	Amount \$250.00
City Columbus		State OH	Zip Code 43235	Form (Cash, Check, etc.) check	
Full Name of Contributor William S. Friedman				Registration Number, if PAC	
Street Address 503 S. Front St., Suite 250		Employer/Occupation/Labor Organization* Attorney		M D Y 0 4 0 6 0 6	Amount \$500.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) check	
Full Name of Contributor Judith E. Galeano				Registration Number, if PAC	
Street Address 425 Metro Place No., Suite 420		Employer/Occupation/Labor Organization* Attorney		M D Y 0 4 0 6 0 6	Amount \$250.00
City Dublin		State OH	Zip Code 43017	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

\$11,350.00

Total expenditures this event.

\$1,750.00

Page Total \$ **\$2,150.00**