

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Event Date 4/6/06

Page 6

Name of Committee in Full Committee for Jim Mason					
Full Name of Contributor Charles K. Milless				Registration Number, if PAC	
Street Address 400 S. 5th St., Suite 303		Employer/Occupation/Labor Organization*		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 James S. Mowery, Jr.				Registration Number, if PAC	
Street Address 3400 Baronsmede Ct.		Employer/Occupation/Labor Organization*		M D Y 0 4 0 6 0 6	Amount \$300.00
City Columbus		State OH	Zip Code 43221	Form (Cash, Check, etc.) check	
Full Name of Contributor James J. Pardi II**				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 \$150.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) check	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor Diane Kappeler De Pascale**				Registration Number, if PAC	
Street Address 786 Northwest Blvd.		Employer/Occupation/Labor Organization* Self-employed/Attorney		M D Y 0 4 0 6 0 6	Amount \$100.00
City Grandview Heights		State OH	Zip Code 43212	Form (Cash, Check, etc.) check	
Full Name of Contributor Robert C. Paxton				Registration Number, if PAC	
Street Address 10 W. Broad St., Suite 1580		Employer/Occupation/Labor Organization*		M D Y 0 4 0 6 0 6	Amount \$100.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) check	
Full Name of Contributor John J. Peden**				Registration Number, if PAC	
Street Address 2120 Noland Drive		Employer/Occupation/Labor Organization* Self-employed/Attorney		M D Y 0 4 0 6 0 6	Amount \$300.00
City Lancaster		State OH	Zip Code 43130	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 \$ **\$1,150.00**