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

Event Date	4/6/06
Page 4	

N CO 14 1 B II			
Name of Committee in Full Committee for Jim Mason			
Full Name of Contributor			Registration Number, if PAC
Gerrity and Burrier, LTD (Brian Burrier**)	Registration Number, ITAC		
Street Address		tion/Labor Organization*	M D Y Amount
One America Building, Suite 302, Third Floor 400 South Fifth Street	Attorne	у	0 4 0 6 0 6 \$300.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43215	check
Full Name of Contributor			Registration Number, if PAC
Gary J. Gottfried			
Street Address	Employer/Occupa	tion/Labor Organization*	M D Y Amount
1265 Neil Ave.			0 4 0 6 0 6 \$500.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43201	check
Full Name of Contributor			Registration Number, if PAC
Jeffrey A. Grossman			
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount
32 W. Hoster St., Suite 100			0 4 0 6 0 6 \$500.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43215	check
Full Name of Contributor	Registration Number, if PAC		
Patrick A. Hamilton**			
Street Address	Employer/Occupa	tion/Labor Organization*	M D Y Amount
400 S. 5th St., Suite 103	Self-employed/Attorney		0 4 0 6 0 6 \$150.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH,	43215	check
Full Name of Contributor R. Chris Harbold	··	- t	Registration Number, if PAC
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount
2390 Wenbury Rd.			0 4 0 6 0 6 \$200.00
City	Stal te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43220	check
Full Name of Contributor	Registration Number, if PAC		
Issac, Brant, Ledman & Teetor LLP (Randy Ku			
Street Address Employer/Occupation/Labor Organization*		tion/Labor Organization*	M D Y Amount
250 East Broad Steet			0 4 0 6 0 6 \$350.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43215	check
Full Name of Contributor	Registration Number, if PAC		
Brett Jaffe			
Street Address	Employer/Occupat	tion/Labor Organization*	M D Y Amount
844 South Front St	·	•	0 4 0 6 0 6 \$100.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43206	check
			

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.

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¢ 1	,750.00
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^{*} 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)]