

# 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 Michael Allarding				Registration Number, if PAC	
Street Address 336 S. High Street		Employer/Occupation/Labor Organization*		M   D   Y 0   9   2   7   0   6	Amount \$50.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Rita H. Anderson				Registration Number, if PAC	
Street Address 971 Medinah Terrace		Employer/Occupation/Labor Organization*		M   D   Y 0   9   2   7   0   6	Amount \$250.00
City Columbus		State OH	Zip Code 43235	Form (Cash, Check, etc.) Check	
Full Name of Contributor Toni Avena				Registration Number, if PAC	
Street Address 533 Meadow Green Circle		Employer/Occupation/Labor Organization*		M   D   Y 0   9   2   7   0   6	Amount \$23.00
City Columbus		State OH	Zip Code 43230	Form (Cash, Check, etc.) Cash	
Full Name of Contributor Danny Bank				Registration Number, if PAC	
Street Address 303 East Broad Street		Employer/Occupation/Labor Organization*		M   D   Y 0   9   2   7   0   6	Amount \$25.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) Cash	
Full Name of Contributor Robert Barnhart				Registration Number, if PAC	
Street Address 23 Fisher Graduate Res. 2B		Employer/Occupation/Labor Organization*		M   D   Y 0   9   2   7   0   6	Amount \$25.00
City Notre Dame		State IN	Zip Code 46556	Form (Cash, Check, etc.) Check	
Full Name of Contributor Jason F. Barr				Registration Number, if PAC	
Street Address 209 S. High Street, Suite 312		Employer/Occupation/Labor Organization*		M   D   Y 0   9   2   7   0   6	Amount \$100.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Eugene F. Battisti, Jr. **				Registration Number, if PAC	
Street Address 681 South Front Street		Employer/Occupation/Labor Organization* Self-Employed/Attorney		M   D   Y 0   9   2   7   0   6	Amount \$500.00
City Columbus		State OH	Zip Code 43206	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

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ 973.00