Statement of Loans Received

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				Prescribe	ed by Sec	retary of	State 3/05					
Full Name of Committee Committee for Jim Mason				·							-	
om Whom Received James W. Mason							Prior Amount \$24,264.14			Amt. Incurred this Period		
Address 125 Autumn Rush Court		•						-			via er	Outstanding Balance \$24,264.14
City Gahanna	St ate OH	Zip Code 43230		E	Loan late	s Receiv	ed This Per	riod Amount		Date	Payments	This Period Amount
Date Loan was originally Incurred	1 0	2 0	9 8	M	D	Y	s		М	D	Y	S
Registration Number, if PAC				M	D	Y		· , ,	М	D	Y	
Employer/Occupation/Labor Organization	1*	_	-	M	D	Y			М	D	Y	
From Whom Received				<u> </u>	<u>.</u>	<u> </u>			Prior Am	ount	, <u>, , , , , , , , , , , , , , , , , , </u>	Amt. Incurred this Period
Address											, , , , , , , , , , , , , , , , , , , ,	Outstanding Balance
Cíty	St ate OH	Zip Code			Loan Date	s Recei	ved This Pe	riod Amount		Date	Payments	This Period Amount
Date Loan was originally Incurred	М	D	Y	M	D	Y	S		M	D	Y	\$
Registration Number, if PAC	<u> </u>			M	ď	Y		1	М	D	Y	
Employer/Occupation/Labor Organization	*			M	D	Y			M	D	Y	
From Whom Received									Prior Am	ount		Amt. Incurred this Period
Address											i.	Outstanding Balance
City	St ate OH	Zip Code			Loar Date	s Recei	ved This Pe	riod Amount		Date	Payments	This Period Amount
Date Loan was	М	D	Y	M	D	Y	\$	7 1110 1110	M	D	Y	s
Registration Number, if PAC	L	·	J	M	D	Y			М	D	Y	
Employer/Occupation/Labor Organization*			M	D	Y			M	D	Y		
* Required for contributions from in the individual's business, if any, rat labor organization of which the em	her than ei	nployer sh	ould be li , if any, n	sted. If t	wo or m appear.	ore em	ployees co: 517.10(B)	ntribute via pa (4)]	ayroll ded	luction a	nd exceed	cupation and the name of the aggregate of \$100, th

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Outstanding Balance to the Cover page (Form No. 30-A).

Total prior amount \$ \$24	1,264.14	
² Total received this period \$	\$0.00	(To Form No. 31-A-2)
³ Total payments this period \$ _	\$0.00	(To Form No. 31-B)
⁴ Total Outstanding Balance \$ _	\$24,264.14	(To Form No. 30-A)