

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full Committee for Jim Mason												
To Whom Paid William L. Geary						M	D	Y	Amount			
						0	4	2	4	0	6	\$75.00
Address 155 W. Main Street, Suite 101				Purpose Reimbursement for room deposit								
City Columbus				State OH	Zip Code 43215		Check Number 1002					
To Whom Paid						M	D	Y	Amount			
Address						Purpose						
City						State	Zip Code		Check Number			
						OH						
To Whom Paid						M	D	Y	Amount			
Address						Purpose						
City						State	Zip Code		Check Number			
						OH						
To Whom Paid						M	D	Y	Amount			
Address						Purpose						
City						State	Zip Code		Check Number			
						OH						
To Whom Paid						M	D	Y	Amount			
Address						Purpose						
City						State	Zip Code		Check Number			
						OH						
To Whom Paid						M	D	Y	Amount			
Address						Purpose						
City						State	Zip Code		Check Number			
						OH						
To Whom Paid						M	D	Y	Amount			
Address						Purpose						
City						State	Zip Code		Check Number			
						OH						

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

\$75.00
Page Total \$