31-F	
R.C. 3517.10	

Event Date	5/24/06
Page 1	

## **Statement of Expenditures for Social or Fund-Raising Event**

Prescribed by Secretary of State 2/01

N 40 1 1 7 1						
Name of Committee in Full Committee for Jim Mason						
To Whom Paid	· · · · · · · · · · · · · · · · · · ·		M D Y	Amount		
William L. Geary			0 4 2 4 0 6	\$75.00		
Address	Purpose		101.121100	1 71 0100		
155 W. Main Street, Suite 101		Reimbursement for room deposit				
	State	Zip Code	Check Number			
Columbus	OH	43215	1002			
Columbus	Оп	43210		Amount		
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 OH	Zip Code	Check Number			
To Whom Paid	l	1	M D Y	Amount		
Address	Purpose					
City	Stalte OH	Zip Code	Check Number			
To Whom Paid	L	<del></del>	M D Y	Amount		
Address	Purpose			1		
City	State OH	Zip Code	Check Number			
To Whom Paid			M D Y	Amount		
Address	Purpose					
City	State	Zip Code	Check Number			
	ОН					
	<del></del>		1			

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 \$ \_\_\_\_\_