

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 Angela Albert Brown**				Registration Number, if PAC	
Street Address 536 S. High Street	Employer/Occupation/Labor Organization* Self-employed/Attorney		M 0	D 4	Y 0606
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) check		Amount \$200.00
Full Name of Contributor Marty Anderson				Registration Number, if PAC	
Street Address 400 S. Fifth St., Suite 101	Employer/Occupation/Labor Organization*		M 0	D 4	Y 0606
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) check		Amount \$200.00
Full Name of Contributor Anthony Auten				Registration Number, if PAC	
Street Address 32 W. Hoster St., Suite 100	Employer/Occupation/Labor Organization*		M 0	D 4	Y 0606
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) check		Amount \$100.00
Full Name of Contributor Gerald J. Babbitt				Registration Number, if PAC	
Street Address 503 S. Front St., Suite 200	Employer/Occupation/Labor Organization*		M 0	D 4	Y 0606
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) check		Amount \$100.00
Full Name of Contributor Abe Bahgat**				Registration Number, if PAC	
Street Address 338 S. High St.	Employer/Occupation/Labor Organization* Self-employed/Attorney		M 0	D 4	Y 0606
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) check		Amount \$300.00
Full Name of Contributor Thomas S. Baker, Jr.				Registration Number, if PAC	
Street Address 1371 W. Third Ave.	Employer/Occupation/Labor Organization*		M 0	D 4	Y 0606
City Columbus	State OH	Zip Code 43212	Form (Cash, Check, etc.) check		Amount \$100.00
Full Name of Contributor Robert A. Bracco**				Registration Number, if PAC	
Street Address 1170 Old Henderson Rd., Suite 109	Employer/Occupation/Labor Organization* Self-employed/Attorney		M 0	D 4	Y 0606
City Columbus	State OH	Zip Code 43220	Form (Cash, Check, etc.) check		Amount \$500.00

* 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

\$11,350.00

Total expenditures this event

\$1,750.00

Page Total \$ **\$1,500.00**