

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 Meredith A. Snyder		Registration Number, if PAC		
Street Address 588 Ozem Gardner Way	Employer/Occupation/Labor Organization*	M 0	D 2	Y 12
City Westerville	State OH	Zip Code 43081	Amount \$150.00	
Form (Cash, Check, etc.) check				
Full Name of Contributor Joel R. Campbell		Registration Number, if PAC		
Street Address 575 South Third Street	Employer/Occupation/Labor Organization*	M 0	D 2	Y 12
City Columbus	State OH	Zip Code 43215	Amount \$150.00	
Form (Cash, Check, etc.) check				
Full Name of Contributor Alise M. Price		Registration Number, if PAC		
Street Address 608 Office Pkwy, Suite B	Employer/Occupation/Labor Organization*	M 0	D 2	Y 12
City Westerville	State OH	Zip Code 43082	Amount \$150.00	
Form (Cash, Check, etc.) check				
Full Name of Contributor Randy S. Kurek		Registration Number, if PAC		
Street Address 5458 Albany Ridge	Employer/Occupation/Labor Organization*	M 0	D 2	Y 12
City New Albany	State OH	Zip Code 43054	Amount \$150.00	
Form (Cash, Check, etc.) check				
Full Name of Contributor Jeffrey P. Compton		Registration Number, if PAC		
Street Address 3894 Broadway	Employer/Occupation/Labor Organization*	M 0	D 2	Y 12
City Grove City	State OH	Zip Code 43123	Amount \$75.00	
Form (Cash, Check, etc.) check				
Full Name of Contributor Robert A. Bracco		Registration Number, if PAC		
Street Address 3535 W. Henderson Road	Employer/Occupation/Labor Organization*	M 0	D 2	Y 12
City Columbus	State OH	Zip Code 43220	Amount \$250.00	
Form (Cash, Check, etc.) check				
Full Name of Contributor Ron Solove		Registration Number, if PAC		
Street Address 79 Thurman Ave.	Employer/Occupation/Labor Organization*	M 0	D 2	Y 12
City Columbus	State OH	Zip Code 43206	Amount \$150.00	
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 \$ **\$1,075.00**