

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 Leigh Bayer			Registration Number, if PAC		
Street Address 5080 Wolfe Run Drive		Employer/Occupation/Labor Organization*		M 0	D 9
City Gahanna		State OH	Zip Code 43230	Y 2	Amount \$25.00
			Form (Cash, Check, etc.) Check		
Full Name of Contributor Tina M. Bickert			Registration Number, if PAC		
Street Address 8894 Kingsley Drive		Employer/Occupation/Labor Organization*		M 0	D 9
City Reynoldsburg		State OH	Zip Code 43068	Y 2	Amount \$25.00
			Form (Cash, Check, etc.) Check		
Full Name of Contributor Jason C. Blum			Registration Number, if PAC		
Street Address 52 West Whittier Street		Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus		State OH	Zip Code 43206	Y 2	Amount \$25.00
			Form (Cash, Check, etc.) Check		
Full Name of Contributor Jeffrey A. Brown **			Registration Number, if PAC		
Street Address 580 S. High Street, Suite 200		Employer/Occupation/Labor Organization* Self Employed/Attorney		M 0	D 9
City Columbus		State OH	Zip Code 43215	Y 2	Amount \$50.00
			Form (Cash, Check, etc.) Check		
Full Name of Contributor Christopher M. Brown			Registration Number, if PAC		
Street Address 815 N. High St., Apt. 3		Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus		State OH	Zip Code 43215	Y 2	Amount \$25.00
			Form (Cash, Check, etc.) Check		
Full Name of Contributor James Wilmore Brown **			Registration Number, if PAC		
Street Address 580 South High St., Suite 200		Employer/Occupation/Labor Organization* Self Employed/Attorney		M 0	D 9
City Columbus		State OH	Zip Code 43215	Y 2	Amount \$50.00
			Form (Cash, Check, etc.) Check		
Full Name of Contributor Robert N. Burman			Registration Number, if PAC		
Street Address 601 South High Street		Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus		State OH	Zip Code 43215	Y 2	Amount \$100.00
			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 \$ **\$300.00**