

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 David Halley, MD			Registration Number, if PAC	
Street Address 4560 North High Street	Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus	State OH	Zip Code 43214	Y 2	Amount \$50.00
Full Name of Contributor Denise L. Hanson			Registration Number, if PAC	
Street Address 8723 Linick Drive	Employer/Occupation/Labor Organization*		M 0	D 9
City Reynoldsburg	State OH	Zip Code 43068	Y 2	Amount \$25.00
Full Name of Contributor R. Chris Harbold			Registration Number, if PAC	
Street Address 2390 Wenbury Rd.	Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus	State OH	Zip Code 43220	Y 2	Amount \$300.00
Full Name of Contributor Dennis Hogan			Registration Number, if PAC	
Street Address 2383 Brixton Rd.	Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus	State OH	Zip Code 43221	Y 2	Amount \$50.00
Full Name of Contributor Jason M. Hovance			Registration Number, if PAC	
Street Address 78 E. Gates St.	Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus	State OH	Zip Code 43206	Y 2	Amount \$35.00
Full Name of Contributor Pamela A. Hubbard			Registration Number, if PAC	
Street Address 1020 Northwest Blvd., Apt. C	Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus	State OH	Zip Code 43212	Y 2	Amount \$25.00
Full Name of Contributor Nick Hudak			Registration Number, if PAC	
Street Address 2341 Clairborne Dr.	Employer/Occupation/Labor Organization*		M 0	D 9
City Powell	State OH	Zip Code 43065	Y 2	Amount \$50.00

* 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

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ 535.00