

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 R. Black**				Registration Number, if PAC	
Street Address 118 E. Main St.	Employer/Occupation/Labor Organization* Kelly Law Office/Attorney		M 0	D 3	Y 2 2 0 6
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) check		Amount \$50.00
Full Name of Contributor Danielle M. Carter				Registration Number, if PAC	
Street Address 1479 Lafayette Dr.	Employer/Occupation/Labor Organization*		M 0	D 3	Y 2 2 0 6
City Columbus	State OH	Zip Code 43220	Form (Cash, Check, etc.) check		Amount \$50.00
Full Name of Contributor Trevor Clark				Registration Number, if PAC	
Street Address 1751 Ashland Ave.	Employer/Occupation/Labor Organization*		M 0	D 3	Y 2 2 0 6
City Upper Arlington	State OH	Zip Code 43212	Form (Cash, Check, etc.) check		Amount \$25.00
Full Name of Contributor Dianne D. Einstein				Registration Number, if PAC	
Street Address 5689 Pocowillis Ct.	Employer/Occupation/Labor Organization*		M 0	D 3	Y 2 2 0 6
City Westerville	State OH	Zip Code 43081	Form (Cash, Check, etc.) check		Amount \$50.00
Full Name of Contributor Scott N. Friedman** with Friedman & Mirman				Registration Number, if PAC	
Street Address 5949 Lower Bremo Ln.	Employer/Occupation/Labor Organization* Attorney		M 0	D 3	Y 2 2 0 6
City New Albany	State OH	Zip Code 43054	Form (Cash, Check, etc.) check		Amount \$50.00
Full Name of Contributor Stephanie L. Gibson**				Registration Number, if PAC	
Street Address 500 S. 4th Street	Employer/Occupation/Labor Organization* Self-employed/Attorney		M 0	D 3	Y 2 2 0 6
City Columbus	State OH	Zip Code 43206	Form (Cash, Check, etc.) check		Amount \$50.00
Full Name of Contributor Seth Gilbert				Registration Number, if PAC	
Street Address 6069 Warbling Ln.	Employer/Occupation/Labor Organization*		M 0	D 3	Y 2 2 0 6
City Westerville	State OH	Zip Code 43081	Form (Cash, Check, etc.) check		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

\$1,100.00

Total expenditures this event

\$0.00

Page Total \$ **\$325.00**