

# Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Comittee for Jim Mason</b>					
Full Name of Contributor <b>Chrissie A. Powers</b>				Registration Number, if PAC	
Street Address <b>3795 Lake Mead Drive</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>5</b>	Y <b>2</b>
City <b>Grove City</b>	State <b>OH</b>	Zip Code <b>43123</b>	Amount <b>\$100.00</b>	Form (Cash, Check, etc.) <b>check</b>	
Full Name of Contributor <b>Reamer Law Office LLC (Christopher Reamer**)</b>				Registration Number, if PAC	
Street Address <b>Waterford Tower, Suite 101 155 W. Main St.</b>	Employer/Occupation/Labor Organization* <b>Self-employed/Attorney</b>		M <b>0</b>	D <b>5</b>	Y <b>2</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43215</b>	Amount <b>\$100.00</b>	Form (Cash, Check, etc.) <b>check</b>	
Full Name of Contributor <b>Thomas F. Martello, Jr.</b>				Registration Number, if PAC	
Street Address <b>3079 W. Broad Street, Suite 3</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>5</b>	Y <b>2</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43204</b>	Amount <b>\$100.00</b>	Form (Cash, Check, etc.) <b>cash</b>	
Full Name of Contributor <b>Kathryn Bamberger**</b>				Registration Number, if PAC	
Street Address <b>400 S. Fifth Street, Suite 103</b>	Employer/Occupation/Labor Organization* <b>Self-employed/Attorney</b>		M <b>0</b>	D <b>5</b>	Y <b>2</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43215</b>	Amount <b>\$100.00</b>	Form (Cash, Check, etc.) <b>check</b>	
Full Name of Contributor <b>David L. Day</b>				Registration Number, if PAC	
Street Address <b>380 S. 5th St., Suite 3</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>5</b>	Y <b>2</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43215</b>	Amount <b>\$100.00</b>	Form (Cash, Check, etc.) <b>check</b>	
Full Name of Contributor <b>Thomas E. Friedman**</b>				Registration Number, if PAC	
Street Address <b>502 S. Third St.</b>	Employer/Occupation/Labor Organization* <b>Self-employed/Attorney</b>		M <b>0</b>	D <b>5</b>	Y <b>2</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43215</b>	Amount <b>\$100.00</b>	Form (Cash, Check, etc.) <b>check</b>	
Full Name of Contributor <b>Heinz E. Ickert</b>				Registration Number, if PAC	
Street Address <b>280 N. High St., Suite 800</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>5</b>	Y <b>2</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43215</b>	Amount <b>\$200.00</b>	Form (Cash, Check, etc.) <b>check</b>	

\* 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

**\$1,975.00**

Total expenditures this event

**\$75.00**Page Total \$ **\$800.00**