

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 Anne M. Hughes			Registration Number, if PAC	
Street Address 888 Bruck St.	Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus	State OH	Zip Code 43206	Y 2	Amount \$35.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Jack & Snyder (Arne Jack)			Registration Number, if PAC	
Street Address 572 E. Rich Street	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 Florence Murray Jesrani			Registration Number, if PAC	
Street Address 165 Bent Tree Rd.	Employer/Occupation/Labor Organization*		M 0	D 9
City Sunbury	State OH	Zip Code 43074	Y 2	Amount \$25.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Christine S. Julian			Registration Number, if PAC	
Street Address 3442 Foxcroft Dr.	Employer/Occupation/Labor Organization*		M 0	D 9
City Lewis Center	State OH	Zip Code 43025	Y 2	Amount \$25.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Eric M. Laird Co. LPA (Eric M. Laird **)			Registration Number, if PAC	
Street Address 673 Mohawk Street	Employer/Occupation/Labor Organization* Self Employed/Attorney		M 0	D 9
City Columbus	State OH	Zip Code 43206	Y 2	Amount \$50.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Michelle Lambert-Bowman			Registration Number, if PAC	
Street Address 5303 Sawatch Drive	Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus	State OH	Zip Code 43228	Y 2	Amount \$25.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Suzanne Leslie			Registration Number, if PAC	
Street Address 1248 Westhill Drive	Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus	State OH	Zip Code 43213	Y 2	Amount \$50.00
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 \$ **\$260.00**