

# Statement of Expenditures

Prescribed by Secretary of State 2/01

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Name of Committee in Full <b>Committee for Jim Mason</b>										
To Whom Paid <b>Expenditures from Form 31-F</b>							M	D	Y	Amount
							0	4	0	\$1,750.00
Address				Purpose						
City				State <b>OH</b>	Zip Code		Check Number			
To Whom Paid							M	D	Y	Amount
Address				Purpose						
City				State <b>OH</b>	Zip Code		Check Number			
To Whom Paid							M	D	Y	Amount
Address				Purpose						
City				State <b>OH</b>	Zip Code		Check Number			
To Whom Paid							M	D	Y	Amount
Address				Purpose						
City				State <b>OH</b>	Zip Code		Check Number			
To Whom Paid							M	D	Y	Amount
Address				Purpose						
City				State <b>OH</b>	Zip Code		Check Number			
To Whom Paid							M	D	Y	Amount
Address				Purpose						
City				State <b>OH</b>	Zip Code		Check Number			
To Whom Paid							M	D	Y	Amount
Address				Purpose						
City				State <b>OH</b>	Zip Code		Check Number			
To Whom Paid							M	D	Y	Amount
Address				Purpose						
City				State <b>OH</b>	Zip Code		Check Number			
To Whom Paid							M	D	Y	Amount

Page Total **\$1,750.00**