

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 Heather M. Deskins			Registration Number, if PAC	
Street Address 324 S. Marion St.	Employer/Occupation/Labor Organization*		M D Y 0 2 2 2 1 2	Amount \$50.00
City Cardington	State OH	Zip Code 43315	Form (Cash, Check, etc.) check	
Full Name of Contributor Kenneth R. Kline			Registration Number, if PAC	
Street Address 973 N 6th St.	Employer/Occupation/Labor Organization*		M D Y 0 2 2 2 1 2	Amount \$200.00
City Columbus	State OH	Zip Code 43201	Form (Cash, Check, etc.) check	
Full Name of Contributor LeeAnn M. Massucci			Registration Number, if PAC	
Street Address 2509 Canterbury Rd.	Employer/Occupation/Labor Organization*		M D Y 0 2 2 2 1 2	Amount \$300.00
City Columbus	State OH	Zip Code 43221	Form (Cash, Check, etc.) check	
Full Name of Contributor William S. Friedman			Registration Number, if PAC	
Street Address 1233 Park Plaza Dr.	Employer/Occupation/Labor Organization*		M D Y 0 2 2 2 1 2	Amount \$200.00
City Columbus	State OH	Zip Code 43213	Form (Cash, Check, etc.) check	
Full Name of Contributor R. Chris Harbold			Registration Number, if PAC	
Street Address 2390 Wenbury Rd.	Employer/Occupation/Labor Organization*		M D Y 0 2 2 2 1 2	Amount \$200.00
City Columbus	State OH	Zip Code 43422	Form (Cash, Check, etc.) check	
Full Name of Contributor Lora H. Cleary			Registration Number, if PAC	
Street Address 830 E. Johnstown Rd., Suite B	Employer/Occupation/Labor Organization*		M D Y 0 2 2 2 1 2	Amount \$150.00
City Gahanna	State OH	Zip Code 43230	Form (Cash, Check, etc.) check	
Full Name of Contributor William Geary			Registration Number, if PAC	
Street Address 155 West Main Street	Employer/Occupation/Labor Organization*		M D Y 0 2 2 2 1 2	Amount \$300.00
City Columbus	State OH	Zip Code 43215	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 \$ 1,400.00