

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

FILED
06 OCT 26 PM 2:01

Full Name of Committee Committee for Jim Mason		Registration Number, if PAC Not Applicable	
Full Name of Candidate James W. Mason			
Street Address 125 Autumn Rush Court		Office Sought Judge, Franklin Cty Common Pleas	District Domestic Relations
City Gahanna		State OH	Zip Code 43230
Type of Report (place X to the left of report type)	<input type="checkbox"/> Pre-Primary	<input type="checkbox"/> Post-Primary	<input checked="" type="checkbox"/> Pre-General
	<input type="checkbox"/> July Monthly	<input type="checkbox"/> August Monthly	<input type="checkbox"/> September Monthly
		<input type="checkbox"/> Post-General	<input type="checkbox"/> Annual Year
		<input type="checkbox"/> Termination	<input type="checkbox"/> Semiannual
Amended Report? <input type="checkbox"/> Yes <input type="checkbox"/> No	Report Electronically Filed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Election	M <input type="checkbox"/> D <input type="checkbox"/> Y <input type="checkbox"/>

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box No other forms are required for a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$	\$24,329.78
2. Total monetary contributions (From Form No. 31-A)	\$	\$37,803.00
3. Total other income (From Form No. 31-A-2)	\$	
4. Total funds available (sum of lines 1, 2, 3)	\$	\$62,132.78
5. Total monetary expenditures (From Form No. 31-B)	\$	\$9,306.91
6. Balance on hand (line 4 minus line 5)	\$	\$52,825.87
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	\$24,264.14
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	
12. Value of independent expenditures made (From Form No. 31-U)	\$	
13. For Electronic Filing Entities only Sum of lines 2, 7, and amount of any new loans received this period.	\$	

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

Amanda C. Baker, Treasurer

Amanda Baker
Signature

10/26/06

Print Name and Title (Treasurer and Deputy Treasurer only)

Date

Contribution pages 28

Expenditure pages 2

Other pages 1

Total pages 31

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee for Jim Mason						
Full Name of Contributor Randal D. Robinson				Registration Number, if PAC		
Street Address 601 South High St.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215	M 0	D 7	Y 1406	Amount \$150.00
Full Name of Contributor John H. Bates **				Registration Number, if PAC		
Street Address 495 South High St., Suite 400		Employer/Occupation/Labor Organization* Self-employed Attorney			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215	M 0	D 7	Y 2506	Amount \$100.00
Full Name of Contributor Law Offices of Elaine S. Buck (Elaine S. Buck) **				Registration Number, if PAC		
Street Address 1560 Fishinger Rd.		Employer/Occupation/Labor Organization* Self-employed Attorney			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43221	M 0	D 7	Y 2606	Amount \$100.00
Full Name of Contributor Pamela J. Bertram				Registration Number, if PAC		
Street Address 8425 Pulsar Pl., Suite 240		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43240	M 0	D 7	Y 2706	Amount \$100.00
Full Name of Contributor Law Offices of Fisher & Douglas (Mark Fisher)				Registration Number, if PAC		
Street Address 503 South High St., Suite 210		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215	M 0	D 8	Y 0306	Amount \$100.00
Full Name of Contributor Nancy K. Wonnell **				Registration Number, if PAC		
Street Address 330 South High St.		Employer/Occupation/Labor Organization* Self-employed Attorney			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215	M 0	D 8	Y 1606	Amount \$50.00
Full Name of Contributor Christopher J. Minillo				Registration Number, if PAC		
Street Address 1500 W. Third St., Suite 400		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43212	M 0	D 8	Y 2206	Amount \$100.00
Full Name of Contributor Christopher T. Cicero				Registration Number, if PAC		
Street Address 1308 E. Mound St.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43223	M 0	D 8	Y 2206	Amount \$100.00

* 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)]

**** Throughout this report ** indicates that the individual is likely an appointee of the Court and in the current year or in any of the previous six calendar years, received aggregate**

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee for Jim Mason						
Full Name of Contributor Kristie C. Kuhn **					Registration Number, if PAC	
Street Address 490 City Park Avenue		Employer/Occupation/Labor Organization* Britt, Campbell, Nagel & Sproat/Attorney			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215	M 0	D 8	Y 2 4	Amount \$100.00
Full Name of Contributor Jeffrey L. Smalldon **					Registration Number, if PAC	
Street Address 6048 Rocky Rill Rd.		Employer/Occupation/Labor Organization* Self-employed/Psychologist			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43235	M 0	D 8	Y 2 4	Amount \$100.00
Full Name of Contributor Robert C. Hetterscheidt					Registration Number, if PAC	
Street Address 495 South High St., Suite 250		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215	M 0	D 8	Y 2 1 0 6	Amount \$100.00
Full Name of Contributor Rich, Crites & Dittmer (Michael Crites)					Registration Number, if PAC	
Street Address 300 E. Broad St., Suite 300		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215	M 0	D 8	Y 2 5 0 6	Amount \$200.00
Full Name of Contributor J. Greg Tipton **					Registration Number, if PAC	
Street Address 3006 North High St.		Employer/Occupation/Labor Organization* Self-employed Attorney			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43202	M 0	D 8	Y 2 5 0 6	Amount \$100.00
Full Name of Contributor Wiles, Boyle, Burkholder, Bringardner Co. LPA PAC					Registration Number, if PAC CP-1058	
Street Address 300 Spruce St.		Employer/Occupation/Labor Organization* PAC			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215	M 0	D 8	Y 3 0 0 6	Amount \$1,000.00
Full Name of Contributor Anthony F. Mollica					Registration Number, if PAC	
Street Address PO BOX 20326, 1601 Bethel Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43220	M 0	D 8	Y 3 1 0 6	Amount \$100.00
Full Name of Contributor Peter H. Riddell					Registration Number, if PAC	
Street Address 194 W. Johnstown Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Gahanna	State OH	Zip Code 43230	M 0	D 9	Y 0 1 0 6	Amount \$100.00

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Name of Committee in Full Committee for Jim Mason						
Full Name of Contributor Robert C. Hetterscheidt				Registration Number, if PAC		
Street Address 495 South High St., Suite 250		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215	M 0	D 9	Y 0 1 0 6	Amount \$400.00
Full Name of Contributor Hillman & Wolery (Don E. Wolery)				Registration Number, if PAC		
Street Address 425 Metro Place N., Suite 460		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Dublin	State OH	Zip Code 43017	M 0	D 9	Y 0 6 0 6	Amount \$500.00
Full Name of Contributor Thomas E. Friedman **				Registration Number, if PAC		
Street Address 502 S. Third St.		Employer/Occupation/Labor Organization* Self-employed Attorney			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215	M 0	D 9	Y 0 8 0 6	Amount \$100.00
Full Name of Contributor Lilley & Associates (Rhonda Lilley) **				Registration Number, if PAC		
Street Address 1910 Crown Park Court		Employer/Occupation/Labor Organization* Self-employed Psychologist			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43235	M 0	D 9	Y 1 1 0 6	Amount \$100.00
Full Name of Contributor Kinsley F. Nyce				Registration Number, if PAC		
Street Address 1601 West Fifth Ave., No. 112		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43212	M 0	D 9	Y 1 2 0 6	Amount \$300.00
Full Name of Contributor Charles C. Postlewaite, LLC (Charles C. Postlewaite) **				Registration Number, if PAC		
Street Address 3040 Riverside Dr., Suite 122		Employer/Occupation/Labor Organization* Self-employed Attorney			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43221	M 0	D 9	Y 1 4 0 6	Amount \$500.00
Full Name of Contributor Frederick Meister **				Registration Number, if PAC		
Street Address 150 E. Mound St., Suite 200		Employer/Occupation/Labor Organization* Self-employed Attorney			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215	M 0	D 9	Y 1 5 0 6	Amount \$250.00
Full Name of Contributor Carlile, Patchen & Murphy LLP (Anthony Deligatti)				Registration Number, if PAC		
Street Address 366 East Broad St.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215	M 0	D 9	Y 1 8 0 6	Amount \$250.00

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Name of Committee in Full Committee for Jim Mason						
Full Name of Contributor Scott N. Friedman **					Registration Number, if PAC	
Street Address 7706 Sutton Place		Employer/Occupation/Labor Organization* Friedman & Mirman LPA/Attorney			Form (Cash, Check, etc.) Check	
City New Albany	State OH	Zip Code 43054	M 0	D 9	Y 2006	Amount \$250.00
Full Name of Contributor Denise M. Mirman					Registration Number, if PAC	
Street Address 1446 Briar Meadow Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43235	M 0	D 9	Y 2006	Amount \$250.00
Full Name of Contributor Cynthia N. Friedman					Registration Number, if PAC	
Street Address 76 Ashbourne Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43209	M 0	D 9	Y 2006	Amount \$250.00
Full Name of Contributor Frederick M. Isaac					Registration Number, if PAC	
Street Address 250 E. Broad St., 9th Floor		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215	M 0	D 9	Y 2006	Amount \$500.00
Full Name of Contributor Virginia C. Cornwell **					Registration Number, if PAC	
Street Address 408 Emory St.		Employer/Occupation/Labor Organization* Self-employed Attorney			Form (Cash, Check, etc.) Check	
City Gahanna	State OH	Zip Code 43230	M 0	D 9	Y 2006	Amount \$50.00
Full Name of Contributor John A. Tarpey, Ph.D. **					Registration Number, if PAC	
Street Address 265 E. Livingston Avenue		Employer/Occupation/Labor Organization* Self-employed Psychologist			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215	M 0	D 9	Y 2006	Amount \$100.00
Full Name of Contributor Anthony F. Mollica					Registration Number, if PAC	
Street Address Box 20326, 1601 Bethel Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43220	M 0	D 9	Y 2006	Amount \$100.00
Full Name of Contributor Kay L. Meister					Registration Number, if PAC	
Street Address 205 S. Cassingham Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Bexley	State OH	Zip Code 43209	M 0	D 9	Y 2006	Amount \$500.00

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Name of Committee in Full Committee for Jim Mason						
Full Name of Contributor Linda J. Lawrence **					Registration Number, if PAC	
Street Address 496 S. 3RD St.		Employer/Occupation/Labor Organization* Self-employed Attorney			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215	M 0	D 9	Y 2 5 0 6	Amount \$100.00
Full Name of Contributor Anthony Auten					Registration Number, if PAC	
Street Address 5761 Travis Pointe Ct.		Employer/Occupation/Labor Organization* Self-employed Attorney			Form (Cash, Check, etc.) Check	
City Westerville	State OH	Zip Code 43082	M 0	D 9	Y 2 7 0 6	Amount \$100.00
Full Name of Contributor John H. Bates **					Registration Number, if PAC	
Street Address 495 South High St., Suite 400		Employer/Occupation/Labor Organization* Self-employed Attorney			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215	M 0	D 9	Y 2 7 0 6	Amount \$50.00
Full Name of Contributor Andrew S. Grossman					Registration Number, if PAC	
Street Address 2645 Bryden Rd.		Employer/Occupation/Labor Organization* Self-employed Attorney			Form (Cash, Check, etc.) Check	
City Bexley	State OH	Zip Code 43209	M 0	D 9	Y 2 8 0 6	Amount \$400.00
Full Name of Contributor Thomas J. Ryan, II					Registration Number, if PAC	
Street Address 252 Pocono Rd.		Employer/Occupation/Labor Organization* Self-employed Attorney			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43235	M 0	D 9	Y 2 8 0 6	Amount \$200.00
Full Name of Contributor Marty Anderson					Registration Number, if PAC	
Street Address 3409 River Seine St.		Employer/Occupation/Labor Organization* Self-employed Attorney			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43221	M 0	D 9	Y 2 9 0 6	Amount \$225.00
Full Name of Contributor Richard L. Morris Co. LPA (Richard Morris) **					Registration Number, if PAC	
Street Address 4605 Morse Rd., Suite 100		Employer/Occupation/Labor Organization* Self-employed Attorney			Form (Cash, Check, etc.) Check	
City Gahanna	State OH	Zip Code 43230	M 0	D 9	Y 2 9 0 6	Amount \$1,000.00
Full Name of Contributor Zeidan & Associates LLC (George Zeidan)					Registration Number, if PAC	
Street Address 1170 Old Henderson Rd., Suite 112		Employer/Occupation/Labor Organization* Self-employed Attorney			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43220	M 0	D 9	Y 2 9 0 6	Amount \$150.00

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Name of Committee in Full Committee for Jim Mason						
Full Name of Contributor Nationwide Reinforcing Ltd. (An LLC - Robert R. Thomas)					Registration Number, if PAC	
Street Address 1170 Old Henderson Rd., Suite 109		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43220	M 0	D 9	Y 2 9	Amount \$500.00
Full Name of Contributor Rateb Khasawneh					Registration Number, if PAC	
Street Address 6292 Bannister DR.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Dublin	State OH	Zip Code 43017	M 0	D 9	Y 2 9	Amount \$125.00
Full Name of Contributor Eric M. Wahl **					Registration Number, if PAC	
Street Address 3686 Killington Ct.		Employer/Occupation/Labor Organization* Self-employed Attorney			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43221	M 0	D 9	Y 2 9	Amount \$200.00
Full Name of Contributor Charles K. Milless					Registration Number, if PAC	
Street Address 400 S. 5Th St., Suite 303		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215	M 0	D 9	Y 2 9	Amount \$100.00
Full Name of Contributor Spencer R. Benedict					Registration Number, if PAC	
Street Address 400 S. 5th St, Suite 102		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215	M 0	D 9	Y 2 9	Amount \$100.00
Full Name of Contributor LeeAnn Massucci **					Registration Number, if PAC	
Street Address 2509 Canterbury Rd.		Employer/Occupation/Labor Organization* Artz & Dewhirst, LLP, Attorney			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43221	M 0	D 9	Y 2 9	Amount \$150.00
Full Name of Contributor Warren Tyler					Registration Number, if PAC	
Street Address 3409 River Seine St.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43221	M 0	D 9	Y 2 9	Amount \$250.00
Full Name of Contributor Gerrity & Burrier Ltd. (Brian Burrier) **					Registration Number, if PAC	
Street Address 400 South Fifth St., Suite 302		Employer/Occupation/Labor Organization* Self-employed Attorney			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215	M 0	D 9	Y 2 9	Amount \$500.00

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Name of Committee in Full Committee for Jim Mason							
Full Name of Contributor Suzanne K. Sabol **						Registration Number, if PAC	
Street Address 820 S. High St.			Employer/Occupation/Labor Organization* Self-employed Attorney			Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43206	M 0	D 9	Y 2	Amount \$500.00
Full Name of Contributor Susan M. Lantz **						Registration Number, if PAC	
Street Address 909 Schillingwood Dr.			Employer/Occupation/Labor Organization* Self-employed Attorney			Form (Cash, Check, etc.) Check	
City Gahanna		State OH	Zip Code 43230	M 1	D 0	Y 0	Amount \$75.00
Full Name of Contributor Lisa M. Slotnick **						Registration Number, if PAC	
Street Address 169 E. Livingston Avenue			Employer/Occupation/Labor Organization* Self-employed Attorney			Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43215	M 1	D 0	Y 0	Amount \$30.00
Full Name of Contributor Gary J. Gottfried Co. LPA (Gary Gottfried)						Registration Number, if PAC	
Street Address 1265 Neil Avenue			Employer/Occupation/Labor Organization* Self-employed Attorney			Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43201	M 1	D 0	Y 0	Amount \$1,000.00
Full Name of Contributor H. Russell Anderson **						Registration Number, if PAC	
Street Address 399 Highgate Avenue			Employer/Occupation/Labor Organization* Self-employed Attorney			Form (Cash, Check, etc.) Check	
City Worthington		State OH	Zip Code 43085	M 1	D 0	Y 0	Amount \$250.00
Full Name of Contributor Karen Held Phipps						Registration Number, if PAC	
Street Address 4333 Reed Rd.			Employer/Occupation/Labor Organization* Self-employed Attorney			Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43220	M 1	D 0	Y 0	Amount \$75.00
Full Name of Contributor Richard Ferguson						Registration Number, if PAC	
Street Address 50 West Broad St., Suite 1321			Employer/Occupation/Labor Organization* Self-employed Attorney			Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43215	M 1	D 0	Y 0	Amount \$250.00
Full Name of Contributor Tracie Boyd						Registration Number, if PAC	
Street Address 5628 Valencia Park Blvd.			Employer/Occupation/Labor Organization* Self-employed Attorney			Form (Cash, Check, etc.) Check	
City Hilliard		State OH	Zip Code 43026	M 1	D 0	Y 0	Amount \$25.00

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Name of Committee in Full Committee for Jim Mason							
Full Name of Contributor Michael J. Morrissey						Registration Number, if PAC	
Street Address 34 W. Whittier St.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43206	M 1	D 0	Y 0	Amount \$100.00
Full Name of Contributor Bricker & Eckler LLP						Registration Number, if PAC OH-821	
Street Address 100 S. Third St.			Employer/Occupation/Labor Organization* PAC			Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43215	M 1	D 0	Y 0	Amount \$250.00
Full Name of Contributor Abigail S. Wexner						Registration Number, if PAC	
Street Address 1 Whitebarn Rd.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City New Albany		State OH	Zip Code 43054	M 1	D 0	Y 0	Amount \$500.00
Full Name of Contributor Kelly Law Office (Joseph Kelly) **						Registration Number, if PAC	
Street Address 118 E. Main St.			Employer/Occupation/Labor Organization* Self-employed Attorney			Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43215	M 1	D 0	Y 0	Amount \$100.00
Full Name of Contributor James P. Simpson						Registration Number, if PAC	
Street Address 2648 Chartwell Rd.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43220	M 1	D 0	Y 0	Amount \$75.00
Full Name of Contributor Curtis J. Sybert						Registration Number, if PAC	
Street Address 2558 Clubhouse Cir.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Powell		State OH	Zip Code 43065	M 1	D 0	Y 0	Amount \$100.00
Full Name of Contributor Kurt Weiland						Registration Number, if PAC	
Street Address 471 S. Drexel Ave.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43209	M 1	D 0	Y 0	Amount \$100.00
Full Name of Contributor David A. Sybert						Registration Number, if PAC	
Street Address 240 Preston Rd.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43209	M 1	D 0	Y 0	Amount \$100.00

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Statement of Contributions Received

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Name of Committee in Full Committee for Jim Mason						
Full Name of Contributor Bruce S. Growick				Registration Number, if PAC		
Street Address 934 Middlebury Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Worthington	State OH	Zip Code 43085	M 1	D 0	Y 1 0 0 6	Amount \$150.00
Full Name of Contributor Rhett Plank				Registration Number, if PAC		
Street Address 7600 Slate Ridge Blvd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Reynoldsburg	State OH	Zip Code 43068	M 1	D 0	Y 1 0 0 6	Amount \$250.00
Full Name of Contributor Darrell E. Fawley, Jr.				Registration Number, if PAC		
Street Address 520 East Rich St.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215	M 1	D 0	Y 1 0 0 6	Amount \$50.00
Full Name of Contributor Grossman Law Offices Co. LPA (Jeffrey Grossman)				Registration Number, if PAC		
Street Address 32 West Hoster St.		Employer/Occupation/Labor Organization* Self-employed Attorney			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215	M 1	D 0	Y 1 0 0 6	Amount \$3,000.00
Full Name of Contributor Valuation Analysts, LLC (Brian A. Russell)				Registration Number, if PAC		
Street Address 2545 Farmers Drive, Suite 370		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43235	M 1	D 0	Y 1 0 0 6	Amount \$100.00
Full Name of Contributor William M. Ditty				Registration Number, if PAC		
Street Address 3010 Hayden Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43235	M 1	D 0	Y 1 0 0 6	Amount \$100.00
Full Name of Contributor Jeffrey L. Smalldon **				Registration Number, if PAC		
Street Address 6048 Rocky Rill Rd.		Employer/Occupation/Labor Organization* Self-employed Psychologist			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43235	M 1	D 0	Y 1 0 0 6	Amount \$100.00
Full Name of Contributor Kemp, Schaeffer, Rowe & Lardiere Co. LPA (Harold Kemp)				Registration Number, if PAC		
Street Address 88 West Mound St.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215	M 1	D 0	Y 1 0 0 6	Amount \$3,000.00

* 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)]

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee for Jim Mason						
Full Name of Contributor Vorys, Sater, Seymour and Pease, LLP					Registration Number, if PAC OH - 108	
Street Address 52 East Gay St., PO Box 1008			Employer/Occupation/Labor Organization * PAC			Form (Cash, Check, etc.) Check
City Columbus		State OH	Zip Code 43215	M 1	D 0	Y 0 0 6
Amount \$2,000.00						
Full Name of Contributor Leslie H. Wexner					Registration Number, if PAC	
Street Address 1 Whitebarn Rd.			Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.) Check
City New Albany		State OH	Zip Code 43054	M 1	D 0	Y 0 0 6
Amount \$500.00						
Full Name of Contributor Fred Reister **					Registration Number, if PAC	
Street Address 460 S. Drexel			Employer/Occupation/Labor Organization * Self-employed Attorney (Merullo, Reister & Swinford)			Form (Cash, Check, etc.) Check
City Bexley		State OH	Zip Code 43209	M 1	D 0	Y 0 0 6
Amount \$100.00						
Full Name of Contributor Stephen W. Daulton & Associates, LPA (Stephen Daulton) **					Registration Number, if PAC	
Street Address 336 South High St.			Employer/Occupation/Labor Organization * Self-employed Attorney			Form (Cash, Check, etc.) Check
City Columbus		State OH	Zip Code 43215	M 1	D 0	Y 0 0 6
Amount \$2,000.00						
Full Name of Contributor Stephen W. Daulton **					Registration Number, if PAC	
Street Address 336 South High St.			Employer/Occupation/Labor Organization * Self-employed Attorney			Form (Cash, Check, etc.) Check
City Columbus		State OH	Zip Code 43215	M 1	D 0	Y 0 0 6
Amount \$500.00						
Full Name of Contributor Cheryl A. Daulton					Registration Number, if PAC	
Street Address 336 South High St.			Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.) Check
City Columbus		State OH	Zip Code 43215	M 1	D 0	Y 0 0 6
Amount \$500.00						
Full Name of Contributor Donna M. Brennan					Registration Number, if PAC	
Street Address 120 Autumn Rush Court			Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.) Check
City Gahanna		State OH	Zip Code 43230	M 1	D 0	Y 1 1 0 6
Amount \$200.00						
Full Name of Contributor John K. Brennan					Registration Number, if PAC	
Street Address 120 Autumn Rush Court			Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.) Check
City Gahanna		State OH	Zip Code 43230	M 1	D 0	Y 1 1 0 6
Amount \$500.00						

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Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee for Jim Mason						
Full Name of Contributor Richard P. Oestreich					Registration Number, if PAC	
Street Address 80 E. 5th St.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Chillecothe	State OH	Zip Code 45601	M 1	D 0	Y 1106	Amount \$100.00
Full Name of Contributor Wagbros Company (An LLC - Michael J. Wagenbrenner)					Registration Number, if PAC	
Street Address 1289 Grandview Avenue		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43212	M 1	D 0	Y 1106	Amount \$500.00
Full Name of Contributor Christopher T. Cicero					Registration Number, if PAC	
Street Address 1308 W. Mound St.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43223	M 1	D 0	Y 1106	Amount \$100.00
Full Name of Contributor Seth T. Reichenbach **					Registration Number, if PAC	
Street Address 35 E. Livingston Avenue		Employer/Occupation/Labor Organization* Self-employed Attorney			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215	M 1	D 0	Y 1106	Amount \$50.00
Full Name of Contributor Kay Anne Helman					Registration Number, if PAC	
Street Address 63 South Cassady Avenue		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43209	M 1	D 0	Y 1206	Amount \$125.00
Full Name of Contributor Lindsay A. Helman					Registration Number, if PAC	
Street Address 924 S. Cassingham Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Bexley	State OH	Zip Code 43209	M 1	D 0	Y 1206	Amount \$125.00
Full Name of Contributor Lawrence E. Helman					Registration Number, if PAC	
Street Address 63 South Cassady Avenue		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43209	M 1	D 0	Y 1206	Amount \$125.00
Full Name of Contributor David L. Hodge					Registration Number, if PAC	
Street Address 924 S. Cassingham Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Bexley	State OH	Zip Code 43209	M 1	D 0	Y 1206	Amount \$125.00

* 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)]

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee for Jim Mason						
Full Name of Contributor John H. Kochensparger, II Trust (Anne K. Powers, Trustee)					Registration Number, if PAC	
Street Address 2420 Maryland Avenue		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43209	M 1	D 0	Y 1306	Amount \$200.00
Full Name of Contributor Homestead Property Management Company (An LLC - David Anderson)					Registration Number, if PAC	
Street Address 81 South 5th St.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215	M 1	D 0	Y 1306	Amount \$100.00
Full Name of Contributor Stephanie L. Gibson **					Registration Number, if PAC	
Street Address 500 South 4th Street.		Employer/Occupation/Labor Organization* Self-employed Attorney			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43206	M 1	D 0	Y 1306	Amount \$200.00
Full Name of Contributor Barry W. Epstein					Registration Number, if PAC	
Street Address 580 South High St.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215	M 1	D 0	Y 1606	Amount \$100.00
Full Name of Contributor Connor Behal LLP (Robert Behal)					Registration Number, if PAC	
Street Address 501 S. High St.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215	M 1	D 0	Y 1606	Amount \$300.00
Full Name of Contributor Robert J. Behal					Registration Number, if PAC	
Street Address 2531 Brentwood Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Bexley	State OH	Zip Code 43209	M 1	D 0	Y 1606	Amount \$250.00
Full Name of Contributor Porter, Wright, Morris & Arthur, LLP (Mark K. Merkle, Jr.)					Registration Number, if PAC	
Street Address 41 South High St.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215	M 1	D 0	Y 1606	Amount \$500.00
Full Name of Contributor The Title Company Htd (an LLC Tammy Besece)					Registration Number, if PAC	
Street Address 1824 E. Broad St.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43203	M 1	D 0	Y 1006	Amount 100⁰⁰

* 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)]

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee for Jim Mason						
Full Name of Contributor Contributions from Form No. 31-E					Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.)	
City	State OH	Zip Code	M 0	D 8	Y 0	Amount \$450.00
Full Name of Contributor Contributions from Form No. 31-E					Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.)	
City	State OH	Zip Code	M 0	D 8	Y 0	Amount \$650.00
Full Name of Contributor Contributions from Form No. 31-E					Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.)	
City	State OH	Zip Code	M 0	D 8	Y 2	Amount \$1,350.00
Full Name of Contributor Contributions from Form No. 31-E					Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.)	
City	State OH	Zip Code	M 0	D 9	Y 2	Amount 4,623⁰⁰
Full Name of Contributor					Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.)	
City	State OH	Zip Code	M	D	Y	Amount
Full Name of Contributor					Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.)	
City	State OH	Zip Code	M	D	Y	Amount
Full Name of Contributor					Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.)	
City	State OH	Zip Code	M	D	Y	Amount
Full Name of Contributor					Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.)	
City	State OH	Zip Code	M	D	Y	Amount

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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 Kendra Carpenter **				Registration Number, if PAC	
Street Address 673 Mohawk St., Suite 200		Employer/Occupation/Labor Organization* Self-employed Attorney		M D Y 0 8 0 2 0 6	Amount \$100.00
City Columbus		State OH	Zip Code 43206	Form (Cash, Check, etc.) Check	
Full Name of Contributor Blaise Baker				Registration Number, if PAC	
Street Address 600 S. High St., Suite 201		Employer/Occupation/Labor Organization*		M D Y 0 8 0 2 0 6	Amount \$100.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Thomas M. Taneff				Registration Number, if PAC	
Street Address 600 S. High St., Suite 201		Employer/Occupation/Labor Organization*		M D Y 0 8 0 2 0 6	Amount \$250.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)	

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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

\$450.00

Total expenditures this event.

\$0.00

Page Total \$ **\$450.00**

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

Prescribed by Secretary of State 03/05

Name of Committee in Full				Registration Number, if PAC			
Committee for Jim Mason							
Full Name of Contributor Jacqueline L. Kemp		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Street Address 5021 Common Market Place				0	8	0406	\$100.00
City Dublin		State OH	Zip Code 43016	Form (Cash, Check, etc.) Check			
Tyack, Blackmore & Liston Co. LPA (Stacey Gilbert **)							
Full Name of Contributor Tyack, Blackmore & Liston Co. LPA (Stacey Gilbert **)		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Street Address 536 S. High St.		TBL Co LPA - Attorney		0	8	0406	\$100.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) Check			
Andrew E. Russ **							
Full Name of Contributor Andrew E. Russ **		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Street Address 469 High Point St.		Self-employed Attorney		0	8	0406	\$100.00
City Pickerington		State OH	Zip Code 43147	Form (Cash, Check, etc.) Check			
Eric J. Hoffman **							
Full Name of Contributor Eric J. Hoffman **		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Street Address 2722 Bexley Park Rd.		Self-employed Attorney		0	8	0406	\$100.00
City Bexley		State OH	Zip Code 43209	Form (Cash, Check, etc.) Check			
David J. Tennenbaum, PhD **							
Full Name of Contributor David J. Tennenbaum, PhD **		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Street Address 5151 Reed Rd.		Self-employed psychologist		0	8	0406	\$150.00
City Columbus		State OH	Zip Code 43220	Form (Cash, Check, etc.) Check			
Umberto A. DeBeneditto **							
Full Name of Contributor Umberto A. DeBeneditto **		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Street Address 2176 Victoria Park Dr.		Self-employed Attorney		0	8	0406	\$100.00
City Columbus		State OH	Zip Code 43235	Form (Cash, Check, etc.) Check			
Full Name of Contributor		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Street Address							
City		State OH	Zip Code	Form (Cash, Check, etc.)			

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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
\$650.00

Total expenditures this event
\$0.00

Page Total \$ **\$650.00**

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 Jon M. Cope				Registration Number, if PAC				
Street Address 3600 Olentangy River Rd.		Employer/Occupation/Labor Organization*		M	D	Y	Amount	
City Columbus		State OH	Zip Code 43214	0	8	22	06	\$250.00
Form (Cash, Check, etc.) Check								
Full Name of Contributor Amy M. McKinlay				Registration Number, if PAC				
Street Address 6579 Clay Court East		Employer/Occupation/Labor Organization*		M	D	Y	Amount	
City Canal Winchester		State OH	Zip Code 43110	0	8	22	06	\$100.00
Form (Cash, Check, etc.) Check								
Full Name of Contributor Alyson B. Miller **				Registration Number, if PAC				
Street Address 767 North High St., Unit 209		Employer/Occupation/Labor Organization* Grossman & Associates LLP		M	D	Y	Amount	
City Columbus		State OH	Zip Code 43215	0	8	22	06	\$100.00
Form (Cash, Check, etc.) Check								
Full Name of Contributor Gary A. Moll				Registration Number, if PAC				
Street Address 195 Eagles Nest Rd.		Employer/Occupation/Labor Organization*		M	D	Y	Amount	
City Zanesville		State OH	Zip Code 43701	0	8	22	06	\$100.00
Form (Cash, Check, etc.) Check								
Full Name of Contributor S. Scott Haynes				Registration Number, if PAC				
Street Address 6135 Blaverly Drive		Employer/Occupation/Labor Organization*		M	D	Y	Amount	
City New Albany		State OH	Zip Code 43054	0	8	22	06	\$100.00
Form (Cash, Check, etc.) Check								
Full Name of Contributor M. Ellen Gruber **				Registration Number, if PAC				
Street Address 471 E. Broad St., Suite 2001		Employer/Occupation/Labor Organization* Self-employed Attorney		M	D	Y	Amount	
City Columbus		State OH	Zip Code 43215	0	8	22	06	\$100.00
Form (Cash, Check, etc.) Check								
Full Name of Contributor J. Michael Nesser				Registration Number, if PAC				
Street Address 3840 Lyon Drive		Employer/Occupation/Labor Organization*		M	D	Y	Amount	
City Columbus		State OH	Zip Code 43220	0	8	22	06	\$100.00
Form (Cash, Check, etc.) Check								

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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 \$ **\$850.00**

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						Registration Number, if PAC			
Full Name of Contributor Walter C. Boyuk			Employer/Occupation/Labor Organization*			M	D	Y	Amount
Street Address 34 W. Whittier St.						0	8	22	\$100.00
City Columbus			State OH	Zip Code 43206		Form (Cash, Check, etc.) Check			
Full Name of Contributor Abe Bahgat **						Registration Number, if PAC			
Street Address 338 S. High St.			Employer/Occupation/Labor Organization* Self-employed Attorney			M	D	Y	Amount
City Columbus			State OH	Zip Code 43215		0	8	22	\$200.00
City Columbus			Form (Cash, Check, etc.) Check						
Full Name of Contributor Isaac, Brant, Ledman & Teetor, LLP (Danielle Carter **)						Registration Number, if PAC			
Street Address 250 East Broad St.			Employer/Occupation/Labor Organization* IBLT, LLP Attorney			M	D	Y	Amount
City Columbus			State OH	Zip Code 43215		0	8	22	\$100.00
City Columbus			Form (Cash, Check, etc.) Check						
Full Name of Contributor Daniel Fletcher **						Registration Number, if PAC			
Street Address 1443 Runaway Bay, Apt. 3A.			Employer/Occupation/Labor Organization* Self-employed Attorney			M	D	Y	Amount
City Columbus			State OH	Zip Code 43204		0	8	22	\$100.00
City Columbus			Form (Cash, Check, etc.) Check						
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*			M	D	Y	Amount
City			State OH	Zip Code		Form (Cash, Check, etc.)			
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*			M	D	Y	Amount
City			State OH	Zip Code		Form (Cash, Check, etc.)			
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*			M	D	Y	Amount
City			State OH	Zip Code		Form (Cash, Check, etc.)			

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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

\$1,350.00

Total expenditures this event.

\$419.21

Page Total \$ 500.00

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

Prescribed by Secretary of State 03/05

Name of Committee in Full				Registration Number, if PAC			
Committee for Jim Mason							
Full Name of Contributor Michael Allarding		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Street Address 336 S. High Street				0	9	2706	\$50.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) Check			
Rita H. Anderson							
Street Address 971 Medinah Terrace		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Columbus		State OH	Zip Code 43235	0	9	2706	\$250.00
Form (Cash, Check, etc.) Check							
Toni Avena							
Street Address 533 Meadow Green Circle		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Columbus		State OH	Zip Code 43230	0	9	2706	\$23.00
Form (Cash, Check, etc.) Cash							
Danny Bank							
Street Address 303 East Broad Street		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Columbus		State OH	Zip Code 43215	0	9	2706	\$25.00
Form (Cash, Check, etc.) Cash							
Robert Barnhart							
Street Address 23 Fisher Graduate Res. 2B		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Notre Dame		State IN	Zip Code 46556	0	9	2706	\$25.00
Form (Cash, Check, etc.) Check							
Jason F. Barr							
Street Address 209 S. High Street, Suite 312		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Columbus		State OH	Zip Code 43215	0	9	2706	\$100.00
Form (Cash, Check, etc.) Check							
Eugene F. Battisti, Jr. **							
Street Address 681 South Front Street		Employer/Occupation/Labor Organization* Self-Employed/Attorney		M	D	Y	Amount
City Columbus		State OH	Zip Code 43206	0	9	2706	\$500.00
Form (Cash, Check, etc.) Check							

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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 \$ \$973.00

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 Leigh Bayer				Registration Number, if PAC	
Street Address 5080 Wolfe Run Drive		Employer/Occupation/Labor Organization*		M D Y 0 9 2 7 0 6	Amount \$25.00
City Gahanna		State OH	Zip Code 43230	Form (Cash, Check, etc.) Check	
Full Name of Contributor Tina M. Bickert				Registration Number, if PAC	
Street Address 8894 Kingsley Drive		Employer/Occupation/Labor Organization*		M D Y 0 9 2 7 0 6	Amount \$25.00
City Reynoldsburg		State OH	Zip Code 43068	Form (Cash, Check, etc.) Check	
Full Name of Contributor Jason C. Blum				Registration Number, if PAC	
Street Address 52 West Whittier Street		Employer/Occupation/Labor Organization*		M D Y 0 9 2 7 0 6	Amount \$25.00
City Columbus		State OH	Zip Code 43206	Form (Cash, Check, etc.) Check	
Full Name of Contributor Jeffrey A. Brown **				Registration Number, if PAC	
Street Address 580 S. High Street, Suite 200		Employer/Occupation/Labor Organization* Self Employed/Attorney		M D Y 0 9 2 7 0 6	Amount \$50.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Christopher M. Brown				Registration Number, if PAC	
Street Address 815 N. High St., Apt. 3		Employer/Occupation/Labor Organization*		M D Y 0 9 2 7 0 6	Amount \$25.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor James Wilmore Brown **				Registration Number, if PAC	
Street Address 580 South High St., Suite 200		Employer/Occupation/Labor Organization* Self Employed/Attorney		M D Y 0 9 2 7 0 6	Amount \$50.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Robert N. Burman				Registration Number, if PAC	
Street Address 601 South High Street		Employer/Occupation/Labor Organization*		M D Y 0 9 2 7 0 6	Amount \$100.00
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 \$ \$300.00

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 Melinda S. Carlson				Registration Number, if PAC			
Street Address 10 E. Deshler Ave., Apt. 2		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	27	\$25.00
City Columbus		State OH	Zip Code 43206	Form (Cash, Check, etc.) Check			
Full Name of Contributor Christopher J. Clark				Registration Number, if PAC			
Street Address 5960 Collier Hill Drive		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	27	\$25.00
City Hilliard		State OH	Zip Code 43026	Form (Cash, Check, etc.) Check			
Full Name of Contributor Cynthia Coleman				Registration Number, if PAC			
Street Address 308 Cliffside Dr.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	27	\$25.00
City Columbus		State OH	Zip Code 43202	Form (Cash, Check, etc.) Check			
Full Name of Contributor David L. Day **				Registration Number, if PAC			
Street Address P.O. Box 33		Employer/Occupation/Labor Organization* Self Employed/Attorney		M	D	Y	Amount
				0	9	27	\$100.00
City Ashville		State OH	Zip Code 43103	Form (Cash, Check, etc.) Check			
Full Name of Contributor Pegge Dillon				Registration Number, if PAC			
Street Address 100 East Mithoff		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	27	\$25.00
City Columbus		State OH	Zip Code 43206	Form (Cash, Check, etc.) Cash			
Full Name of Contributor Gabrielle Dossantos				Registration Number, if PAC			
Street Address 3191 Minerva Lake		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	27	\$25.00
City Columbus		State OH	Zip Code 43231	Form (Cash, Check, etc.) Cash			
Full Name of Contributor James E. Eby				Registration Number, if PAC			
Street Address 1232 E. Livingston Avenue		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	27	\$25.00
City Columbus		State OH	Zip Code 43205	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 \$ 250.00

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 Adam S. Eliot **				Registration Number, if PAC	
Street Address 400 South Fifth St., Suite 102		Employer/Occupation/Labor Organization* Self Employed/Attorney		M D Y 0 9 2 7 0 6	Amount \$75.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Daniel Fletcher **				Registration Number, if PAC	
Street Address 1443 Runaway Bay Drive, Apt 3A		Employer/Occupation/Labor Organization* Self Employed/Attorney		M D Y 0 9 2 7 0 6	Amount \$25.00
City Columbus		State OH	Zip Code 43204	Form (Cash, Check, etc.) Check	
Full Name of Contributor Bernard M. Floetker				Registration Number, if PAC	
Street Address 1295 S. High Street		Employer/Occupation/Labor Organization* Self Employed/Attorney		M D Y 0 9 2 7 0 6	Amount \$75.00
City Columbus		State OH	Zip Code 43206	Form (Cash, Check, etc.) Check	
Full Name of Contributor Scott J. Gaugler				Registration Number, if PAC	
Street Address 7588 Wellshire Lane		Employer/Occupation/Labor Organization* Self Employed/Attorney		M D Y 0 9 2 7 0 6	Amount \$25.00
City Pickerington		State OH	Zip Code 43147	Form (Cash, Check, etc.) Check	
Full Name of Contributor Tyack, Blackmore & Liston Co. LPA (Stacey Gilbert **)				Registration Number, if PAC	
Street Address 536 South High St.		Employer/Occupation/Labor Organization* T,B & L Co. LPA/Atty		M D Y 0 9 2 7 0 6	Amount \$325.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor David L. Glisson				Registration Number, if PAC	
Street Address 7 Alban Mews		Employer/Occupation/Labor Organization* Self Employed/Attorney		M D Y 0 9 2 7 0 6	Amount \$25.00
City New Albany		State OH	Zip Code 43054	Form (Cash, Check, etc.) Check	
Full Name of Contributor Jen Gutmore				Registration Number, if PAC	
Street Address 1385 Haines		Employer/Occupation/Labor Organization* Self Employed/Attorney		M D Y 0 9 2 7 0 6	Amount \$25.00
City Columbus		State OH	Zip Code 43212	Form (Cash, Check, etc.) Cash	

* 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 \$ **\$575.00**

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

Prescribed by Secretary of State 03/05

Name of Committee in Full				Registration Number, if PAC			
Committee for Jim Mason							
Full Name of Contributor David Halley, MD			Registration Number, if PAC				
Street Address 4560 North High Street		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	2706	\$50.00
City Columbus		State OH	Zip Code 43214	Form (Cash, Check, etc.) Cash			
Full Name of Contributor Denise L. Hanson				Registration Number, if PAC			
Street Address 8723 Linick Drive			Registration Number, if PAC				
Street Address 8723 Linick Drive		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	2706	\$25.00
City Reynoldsburg		State OH	Zip Code 43068	Form (Cash, Check, etc.) Check			
Full Name of Contributor R. Chris Harbold				Registration Number, if PAC			
Street Address 2390 Wenbury Rd.			Registration Number, if PAC				
Street Address 2390 Wenbury Rd.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	2706	\$300.00
City Columbus		State OH	Zip Code 43220	Form (Cash, Check, etc.) Check			
Full Name of Contributor Dennis Hogan				Registration Number, if PAC			
Street Address 2383 Brixton Rd.			Registration Number, if PAC				
Street Address 2383 Brixton Rd.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	2706	\$50.00
City Columbus		State OH	Zip Code 43221	Form (Cash, Check, etc.) Check			
Full Name of Contributor Jason M. Hovance				Registration Number, if PAC			
Street Address 78 E. Gates St.			Registration Number, if PAC				
Street Address 78 E. Gates St.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	2706	\$35.00
City Columbus		State OH	Zip Code 43206	Form (Cash, Check, etc.) Cash			
Full Name of Contributor Pamela A. Hubbard				Registration Number, if PAC			
Street Address 1020 Northwest Blvd., Apt. C			Registration Number, if PAC				
Street Address 1020 Northwest Blvd., Apt. C		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	2706	\$25.00
City Columbus		State OH	Zip Code 43212	Form (Cash, Check, etc.) Check			
Full Name of Contributor Nick Hudak				Registration Number, if PAC			
Street Address 2341 Clairborne Dr.			Registration Number, if PAC				
Street Address 2341 Clairborne Dr.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	2706	\$50.00
City Powell		State OH	Zip Code 43065	Form (Cash, Check, etc.) Cash			

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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 \$ 535.00

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 D Y Amount 0 9 2 7 0 6 \$35.00	
City Columbus		State OH	Zip Code 43206	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 D Y Amount 0 9 2 7 0 6 \$50.00	
City Columbus		State OH	Zip Code 43215	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 D Y Amount 0 9 2 7 0 6 \$25.00	
City Sunbury		State OH	Zip Code 43074	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 D Y Amount 0 9 2 7 0 6 \$25.00	
City Lewis Center		State OH	Zip Code 43025	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 D Y Amount 0 9 2 7 0 6 \$50.00	
City Columbus		State OH	Zip Code 43206	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 D Y Amount 0 9 2 7 0 6 \$25.00	
City Columbus		State OH	Zip Code 43228	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 D Y Amount 0 9 2 7 0 6 \$50.00	
City Columbus		State OH	Zip Code 43213	Form (Cash, Check, etc.) Check	

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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

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 Robert Letson			Registration Number, if PAC		
Street Address 641 South High Street, #3		Employer/Occupation/Labor Organization*		M D Y 0 9 2 7 0 6	Amount \$25.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) Cash	
Full Name of Contributor Julia L. Leveridge			Registration Number, if PAC		
Street Address 333 East Sycamore St.		Employer/Occupation/Labor Organization*		M D Y 0 9 2 7 0 6	Amount \$100.00
City Columbus		State OH	Zip Code 43206	Form (Cash, Check, etc.) Check	
Full Name of Contributor John Lytle			Registration Number, if PAC		
Street Address 16 East Kelso		Employer/Occupation/Labor Organization*		M D Y 0 9 2 7 0 6	Amount \$25.00
City Columbus		State OH	Zip Code 43202	Form (Cash, Check, etc.) Cash	
Full Name of Contributor James K. Lyle			Registration Number, if PAC		
Street Address 2178 Harwich		Employer/Occupation/Labor Organization*		M D Y 0 9 2 7 0 6	Amount \$25.00
City Columbus		State OH	Zip Code 43221	Form (Cash, Check, etc.) Check	
Full Name of Contributor Lorie L. McCaughan			Registration Number, if PAC		
Street Address 5492 Red Bank Rd.		Employer/Occupation/Labor Organization*		M D Y 0 9 2 7 0 6	Amount \$25.00
City Galena		State OH	Zip Code 43021	Form (Cash, Check, etc.) Check	
Full Name of Contributor Debra and David McNichols (Debra DeSanto **)			Registration Number, if PAC		
Street Address 446 Glenmont Ave.		Employer/Occupation/Labor Organization* Self Employed/Attorney		M D Y 0 9 2 7 0 6	Amount 200⁻
City Columbus		State OH	Zip Code 43214	Form (Cash, Check, etc.) Check	
Full Name of Contributor Frederick Meister **			Registration Number, if PAC		
Street Address 150 E. Mound St., Suite 200		Employer/Occupation/Labor Organization* Self Employed/Attorney		M D Y 0 9 2 7 0 6	Amount \$250.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	

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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

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Total expenditures this event.

\$0.00

Page Total \$ 650⁻

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 Tony Mollica				Registration Number, if PAC				
Street Address 1601 Bethel Rd.		Employer/Occupation/Labor Organization*		M	D	Y	Amount	
				0	9	27	06	\$25.00
City Columbus		State OH	Zip Code 43220	Form (Cash, Check, etc.) Cash				
Full Name of Contributor Richard L. Morris Co. LPA (Richard L. Morris **)				Registration Number, if PAC				
Street Address 4605 Morse Rd., Suite 100		Employer/Occupation/Labor Organization* Self Employed/Attorney		M	D	Y	Amount	
				0	9	27	06	\$100.00
City Gahanna		State OH	Zip Code 43230	Form (Cash, Check, etc.) Check				
Full Name of Contributor Jill E. Morrow				Registration Number, if PAC				
Street Address 1309 Carron Drive		Employer/Occupation/Labor Organization*		M	D	Y	Amount	
				0	9	27	06	\$25.00
City Columbus		State OH	Zip Code 43220	Form (Cash, Check, etc.) Check				
Full Name of Contributor Carolyn D. Peterson				Registration Number, if PAC				
Street Address 610 S. 5th St.		Employer/Occupation/Labor Organization*		M	D	Y	Amount	
				0	9	27	06	\$25.00
City Columbus		State OH	Zip Code 43206	Form (Cash, Check, etc.) Check				
Full Name of Contributor Katherine Press				Registration Number, if PAC				
Street Address 1124 Black Gold Place		Employer/Occupation/Labor Organization*		M	D	Y	Amount	
				0	9	27	06	\$100.00
City Gahanna		State OH	Zip Code 43230	Form (Cash, Check, etc.) Check				
Full Name of Contributor John S. Saeger				Registration Number, if PAC				
Street Address 1381 Hamlet St.		Employer/Occupation/Labor Organization*		M	D	Y	Amount	
				0	9	27	06	\$50.00
City Columbus		State OH	Zip Code 43201	Form (Cash, Check, etc.) Check				
Full Name of Contributor Kathi Schear				Registration Number, if PAC				
Street Address 556 Overlook Dr.		Employer/Occupation/Labor Organization*		M	D	Y	Amount	
				0	9	27	06	\$25.00
City Columbus		State OH	Zip Code 43214	Form (Cash, Check, etc.) Check				

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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 \$ \$350.00

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				Registration Number, if PAC			
Gary J. Gottfried Co. LPA (Darice Schlaufman)							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
1265 Neil Avenue		Attorney		0	9	2706	\$50.00
City		State	Zip Code	Form (Cash, Check, etc.)			
Columbus		OH	43201	Check			
Full Name of Contributor				Registration Number, if PAC			
Paul Scott							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
536 South High Street				0	9	2706	\$25.00
City		State	Zip Code	Form (Cash, Check, etc.)			
Columbus		OH	43215	Cash			
Full Name of Contributor				Registration Number, if PAC			
Heather G. Sowald							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
210 Academy Court				0	9	2706	\$300.00
City		State	Zip Code	Form (Cash, Check, etc.)			
Gahanna		OH	43230	Check			
Full Name of Contributor				Registration Number, if PAC			
Dan Starky							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
302 E. Fulton				0	9	2706	\$25.00
City		State	Zip Code	Form (Cash, Check, etc.)			
Columbus		OH	43215	Cash			
Full Name of Contributor				Registration Number, if PAC			
Rebecca Steele							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
1282 Wood Croft Rd. E				0	9	2706	\$25.00
City		State	Zip Code	Form (Cash, Check, etc.)			
Columbus		OH	43204	Cash			
Full Name of Contributor				Registration Number, if PAC			
Elizabeth Stevens							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
6114 Jamison Pl.				0	9	2706	\$25.00
City		State	Zip Code	Form (Cash, Check, etc.)			
Canfield		OH	44406	Check			
Full Name of Contributor				Registration Number, if PAC			
Richard Termuhlen, II							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
495 Columbia Place				0	9	2706	\$25.00
City		State	Zip Code	Form (Cash, Check, etc.)			
Columbus		OH	43209	Check			

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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 \$ 475.00

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						Registration Number, if PAC	
Full Name of Contributor J. Greg Tipton **				Employer/Occupation/Labor Organization*		M D Y Amount	
Street Address 3006 North High Street		Self Employed/Attorney		0 9 2 7 0 6		\$50.00	
City Columbus		State OH	Zip Code 43202	Form (Cash, Check, etc.) Check			
Full Name of Contributor Matthew E. Ulrich						Registration Number, if PAC	
Street Address 2369 Waters Edge Blvd.				Employer/Occupation/Labor Organization*		M D Y Amount	
		Self Employed/Attorney		0 9 2 7 0 6		\$30.00	
City Columbus		State OH	Zip Code 43209	Form (Cash, Check, etc.) Check			
Full Name of Contributor Eugene Weiss **						Registration Number, if PAC	
Street Address 536 South High St.				Employer/Occupation/Labor Organization*		M D Y Amount	
		Self Employed/Attorney		0 9 2 7 0 6		\$50.00	
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) Check			
Full Name of Contributor Tracy Q. Wendt						Registration Number, if PAC	
Street Address 745 Manchester Circle N.				Employer/Occupation/Labor Organization*		M D Y Amount	
				0 9 2 7 0 6		\$25.00	
City Pickerington		State OH	Zip Code 43147	Form (Cash, Check, etc.) Check			
Full Name of Contributor Jack Wong						Registration Number, if PAC	
Street Address 6964 Spruce Pine Drive				Employer/Occupation/Labor Organization*		M D Y Amount	
				0 9 2 7 0 6		\$25.00	
City Columbus		State OH	Zip Code 43235	Form (Cash, Check, etc.) Check			
Full Name of Contributor Jeanne M. Zeller						Registration Number, if PAC	
Street Address 2612 Burlawn Court				Employer/Occupation/Labor Organization*		M D Y Amount	
				0 9 2 7 0 6		\$25.00	
City Columbus		State OH	Zip Code 43235	Form (Cash, Check, etc.) Check			
Full Name of Contributor Matthew Zito						Registration Number, if PAC	
Street Address 125 Frankfort Sq.				Employer/Occupation/Labor Organization*		M D Y Amount	
				0 9 2 7 0 6		\$25.00	
City Columbus		State OH	Zip Code 43206	Form (Cash, Check, etc.) Cash			

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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 \$ 230.00

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 Laura Wiselake (Handwriting illegible)			Registration Number, if PAC		
Street Address 1355 Haylrol (Handwriting illegible)		Employer/Occupation/Labor Organization*		M D Y 0 9 2 7 0 6	Amount \$25.00
City Did not complete sign in form		State OH	Zip Code	Form (Cash, Check, etc.) Cash	
Full Name of Contributor					
Street Address			Employer/Occupation/Labor Organization*		M D Y
City		State OH	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor					
Street Address			Employer/Occupation/Labor Organization*		M D Y
City		State OH	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor					
Street Address			Employer/Occupation/Labor Organization*		M D Y
City		State OH	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor					
Street Address			Employer/Occupation/Labor Organization*		M D Y
City		State OH	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor					
Street Address			Employer/Occupation/Labor Organization*		M D Y
City		State OH	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor					
Street Address			Employer/Occupation/Labor Organization*		M D Y
City		State OH	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor					
Street Address			Employer/Occupation/Labor Organization*		M D Y
City		State OH	Zip Code	Form (Cash, Check, etc.)	

* 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
\$4623 00

Total expenditures this event
\$1,107.10

Page Total \$ **\$25.00**

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full										
Committee for Jim Mason										
To Whom Paid							M	D	Y	Amount
Franklin County Republican Party							0	7	3	\$37.05
Address			Purpose							
14 East Gay St.			Postage							
City		State	Zip Code	Check Number						
Columbus		OH	43215	1004						
To Whom Paid							M	D	Y	Amount
Dan Riedl							0	7	3	\$45.30
Address			Purpose							
c/o 373 S. High St., 13th Floor			Candy for Parades - Reimbursement							
City		State	Zip Code	Check Number						
Columbus		OH	43215	1005						
To Whom Paid							M	D	Y	Amount
Staples							0	8	1	\$19.19
Address			Purpose							
1747 Olentangy River Rd.			Paper Supplies							
City		State	Zip Code	Check Number						
Columbus		OH	43212	1007						
To Whom Paid							M	D	Y	Amount
Kendra Carpenter							0	8	2	\$34.85
Address			Purpose							
250 Civic Center Dr., Suite 500			Campaign Committee Meeting - Reimbursement							
City		State	Zip Code	Check Number						
Columbus		OH	43215	1009						
To Whom Paid							M	D	Y	Amount
Kendra Carpenter							0	8	2	\$44.55
Address			Purpose							
250 Civic Center Dr., Suite 500			Campaign Committee Meeting - Reimbursement							
City		State	Zip Code	Check Number						
Columbus		OH	43215	1010						
To Whom Paid							M	D	Y	Amount
Kendra Carpenter							0	8	2	\$99.66
Address			Purpose							
250 Civic Center Dr., Suite 500			Campaign Committee Meeting - Reimbursement							
City		State	Zip Code	Check Number						
Columbus		OH	43215	1011						
To Whom Paid							M	D	Y	Amount
Graystone Wine Cellar							0	8	2	\$419.21
Address			Purpose							
544 S. Front St.			Fundraiser Food & Venue							
City		State	Zip Code	Check Number						
Columbus		OH	43215	1012						
To Whom Paid							M	D	Y	Amount
King Strategic Communications							0	9	2	\$7,500.00
Address			Purpose							
4605 Morse Rd.			Literature - Direct Mailings							
City		State	Zip Code	Check Number						
Columbus		OH	43230	1014						

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full						
Committee for Jim Mason						
To Whom Paid			M	D	Y	Amount
Victory's			0	9	2	\$1,107.10
Address		Purpose				
547 S. High St.		Fundraiser - Food & venue				
City	State	Zip Code	Check Number			
Columbus	OH	43215	1015			
To Whom Paid			M	D	Y	Amount
Address		Purpose				
City	State	Zip Code	Check Number			
	OH					
To Whom Paid			M	D	Y	Amount
Address		Purpose				
City	State	Zip Code	Check Number			
	OH					
To Whom Paid			M	D	Y	Amount
Address		Purpose				
City	State	Zip Code	Check Number			
	OH					
To Whom Paid			M	D	Y	Amount
Address		Purpose				
City	State	Zip Code	Check Number			
	OH					
To Whom Paid			M	D	Y	Amount
Address		Purpose				
City	State	Zip Code	Check Number			
	OH					
To Whom Paid			M	D	Y	Amount
Address		Purpose				
City	State	Zip Code	Check Number			
	OH					