

# Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

FILED  
08 JAN 31 PM 3:55  
FRANKLIN COUNTY  
BOARD OF ELECTIONS

Full Name of Committee <b>Committee for Jim Mason</b>		Registration Number, if PAC	
Full Name of Candidate <b>James W. Mason</b>			
Street Address <b>125 Autumn Rush Court</b>		Office Sought <b>Franklin County Common Pleas</b>	District <b>Domestic Relations</b>
City <b>Gahanna</b>		State <b>OH</b>	Zip Code <b>43230</b>
Type of Report (place X to the left of report type)	<input type="checkbox"/> Pre-Primary	<input type="checkbox"/> Post-Primary	<input type="checkbox"/> Pre-General
	<input type="checkbox"/> July Monthly	<input type="checkbox"/> August Monthly	<input type="checkbox"/> September Monthly
	<input type="checkbox"/> Termination	<input checked="" type="checkbox"/> Annual Year 2007	
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Report Electronically Filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Date of Election		1 <sup>M</sup>	1 <sup>D</sup> 0 <sup>Y</sup> 7 <sup>Y</sup> 0 <sup>Y</sup> 6 <sup>Y</sup>

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	\$	\$4,558.70
2. Total monetary contributions (From Form No. 31-A)	\$	
3. Total other income (From Form No. 31-A-2)	\$	
4. Total funds available (sum of lines 1, 2, 3)	\$	\$4,558.70
5. Total monetary expenditures (From Form No. 31-B)	\$	\$2,632.11
6. Balance on hand (line 4 minus line 5)	\$	\$1,926.59
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 C. Baker, Treasurer  
Signature

01/29/2008  
Date

Contribution pages 0

Expenditure pages 1

Other pages 3

Total pages 4

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Committee for Jim Mason</b>							
To Whom Paid <b>The Huntington National Bank</b>				M	D	Y	Amount
				1	2	1 5 0 6	\$0.97
Address P.O. Box 1558		Purpose Service charge					
City Columbus	State OH	Zip Code 43216	Check Number				
To Whom Paid <b>Franklin County Republican Party</b>				M	D	Y	Amount
				0	1	1 9 0 7	\$1,250.00
Address 14 East Gay St., 2nd Floor		Purpose Contribution					
City Columbus	State OH	Zip Code 43215	Check Number 1024				
To Whom Paid <b>Kit Knisely</b>				M	D	Y	Amount
				0	1	2 5 0 7	\$131.14
Address 1418 Northam Road		Purpose Reimbursement					
City Columbus	State OH	Zip Code 42331	Check Number 1025				
To Whom Paid <b>Franklin County Republican Party</b>				M	D	Y	Amount
				1	2	2 8 0 7	\$1,250.00
Address 14 East Gay St., 2nd Floor		Purpose Contribution					
City Columbus	State OH	Zip Code 43215	Check Number 1026 - copy outstanding				
To Whom Paid				M	D	Y	Amount
Address							
Purpose							
City	State OH	Zip Code	Check Number				
To Whom Paid				M	D	Y	Amount
Address							
Purpose							
City	State OH	Zip Code	Check Number				
To Whom Paid				M	D	Y	Amount
Address							
Purpose							
City	State OH	Zip Code	Check Number				
To Whom Paid				M	D	Y	Amount
Address							
Purpose							
City	State OH	Zip Code	Check Number				

# Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee <b>Committee for Jim Mason</b>										
From Whom Received <b>James W. Mason</b>						Prior Amount <b>\$24,264.14</b>		Amt. Incurred this Period		
Address <b>125 Autumn Rush Court</b>								Outstanding Balance <b>\$24,264.14</b>		
City <b>Gahanna</b>		State <b>OH</b>	Zip Code <b>43230</b>			<b>Loans Received This Period</b>		<b>Payments This Period</b>		
						Date		Date		
						Amount		Amount		
<b>Date Loan was originally Incurred</b>		M	D	Y	\$	M	D	Y	\$	
1		0	2	0	9	8				
Registration Number, if PAC						M		D	Y	
Employer/Occupation/Labor Organization*						M		D	Y	
From Whom Received						Prior Amount		Amt. Incurred this Period		
Address								Outstanding Balance		
City		State	Zip Code			<b>Loans Received This Period</b>		<b>Payments This Period</b>		
		<b>OH</b>				Date		Date		
						Amount		Amount		
<b>Date Loan was originally Incurred</b>		M	D	Y	\$	M	D	Y	\$	
Registration Number, if PAC						M		D	Y	
Employer/Occupation/Labor Organization*						M		D	Y	
From Whom Received						Prior Amount		Amt. Incurred this Period		
Address								Outstanding Balance		
City		State	Zip Code			<b>Loans Received This Period</b>		<b>Payments This Period</b>		
		<b>OH</b>				Date		Date		
						Amount		Amount		
<b>Date Loan was originally Incurred</b>		M	D	Y	\$	M	D	Y	\$	
Registration Number, if PAC						M		D	Y	
Employer/Occupation/Labor Organization*						M		D	Y	

\* 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)]

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Outstanding Balance to the Cover page (Form No. 30-A).

- 1 Total prior amount \$           \$24,264.14
- 2 Total received this period \$           \$0.00           (To Form No. 31-A-2)
- 3 Total payments this period \$           \$0.00           (To Form No. 31-B)
- 4 Total Outstanding Balance \$           \$24,264.14           (To Form No. 30-A)