

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.)			

* 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
\$650.00

Total expenditures this event
\$0.00

Page Total \$ **\$650.00**