

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 0	D 9
City Columbus		State OH	Zip Code 43206	Y 2	Amount \$25.00
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 0	D 9
City Hilliard		State OH	Zip Code 43026	Y 2	Amount \$25.00
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 0	D 9
City Columbus		State OH	Zip Code 43202	Y 2	Amount \$25.00
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 0	D 9
City Ashville		State OH	Zip Code 43103	Y 2	Amount \$100.00
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 0	D 9
City Columbus		State OH	Zip Code 43206	Y 2	Amount \$25.00
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 0	D 9
City Columbus		State OH	Zip Code 43231	Y 2	Amount \$25.00
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 0	D 9
City Columbus		State OH	Zip Code 43205	Y 2	Amount \$25.00
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**