

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 Anthony Auten			Registration Number, if PAC		
Street Address 5761 Travis Point Ct	Employer/Occupation/Labor Organization*	M 0	D 2	Y 2	Amount \$150.00
City Westerville	State OH	Zip Code 43082	Form (Cash, Check, etc.) check		
Full Name of Contributor Ron Khasawneh			Registration Number, if PAC		
Street Address 1170 Old Henderson Rd., Suite 116	Employer/Occupation/Labor Organization*	M 0	D 2	Y 2	Amount \$150.00
City Columbus	State OH	Zip Code 43220	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 0	D 2	Y 2	Amount \$150.00
City Canal Winchester	State OH	Zip Code 43110	Form (Cash, Check, etc.) check		
Full Name of Contributor Mary J. Nienaber			Registration Number, if PAC		
Street Address 2211 Green Island Dr.	Employer/Occupation/Labor Organization*	M 0	D 2	Y 2	Amount \$50.00
City Columbus	State OH	Zip Code 43228	Form (Cash, Check, etc.) check		
Full Name of Contributor Robert N. Burman			Registration Number, if PAC		
Street Address 601 S. High St.	Employer/Occupation/Labor Organization*	M 0	D 2	Y 2	Amount \$450.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) check		
Full Name of Contributor Chrissie A. Powers			Registration Number, if PAC		
Street Address 150 E. Mound St., Suite 105	Employer/Occupation/Labor Organization*	M 0	D 2	Y 2	Amount \$50.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) check		
Full Name of Contributor Amy Weis			Registration Number, if PAC		
Street Address 503 S. Front St., Suite 200	Employer/Occupation/Labor Organization*	M 0	D 2	Y 2	Amount \$150.00
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 \$ **\$1,150.00**