

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 0 9 2 7 0 6	Amount \$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 0 9 2 7 0 6	Amount \$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 0 9 2 7 0 6	Amount \$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 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 Katherine Press			Registration Number, if PAC	
Street Address 1124 Black Gold Place	Employer/Occupation/Labor Organization*		M D Y 0 9 2 7 0 6	Amount \$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 0 9 2 7 0 6	Amount \$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 0 9 2 7 0 6	Amount \$25.00
City Columbus	State OH	Zip Code 43214	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 \$ **\$350.00**