

# Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Citizens for Habash</b>					
Full Name of Contributor <b>Stephen John Habash</b>				Registration Number, if PAC	
Street Address <b>4851 Inisheer Court</b>	Employer/Occupation/Labor Organization* <b>Habash Reasoner &amp; Frazier</b>		M <b>0</b>	D <b>2</b>	Y <b>0106</b>
City <b>Dublin</b>	State <b>O</b>	Zip Code <b>H 43017</b>	Form(Cash, Check, etc) <b>check</b>		Amount <b>500.00</b>
Full Name of Contributor <b>James P. Joyce</b>				Registration Number, if PAC	
Street Address <b>1335 Dublin Road, Ste. 100B</b>	Employer/Occupation/Labor Organization* <b>HR Gray, President</b>		M <b>0</b>	D <b>2</b>	Y <b>0106</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>H 43215</b>	Form(Cash, Check, etc) <b>check</b>		Amount <b>250.00</b>
Full Name of Contributor <b>James P. Joyce</b>				Registration Number, if PAC	
Street Address <b>1335 Dublin Road, Ste. 100B</b>	Employer/Occupation/Labor Organization* <b>HR Gray, President</b>		M <b>0</b>	D <b>2</b>	Y <b>0106</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>H 43215</b>	Form(Cash, Check, etc) <b>check</b>		Amount <b>750.00</b>
Full Name of Contributor <b>Keith R. Goodwin</b>				Registration Number, if PAC	
Street Address <b>115 Walnut Woods Court</b>	Employer/Occupation/Labor Organization* <b>Children's Hospital/CEO</b>		M <b>0</b>	D <b>2</b>	Y <b>0106</b>
City <b>Gahanna</b>	State <b>O</b>	Zip Code <b>H 43230</b>	Form(Cash, Check, etc) <b>check</b>		Amount <b>500.00</b>
Full Name of Contributor <b>Paul R. Schlegel</b>				Registration Number, if PAC	
Street Address <b>2636 Berwyn Road</b>	Employer/Occupation/Labor Organization* <b>Ch2M Hill/VP</b>		M <b>0</b>	D <b>2</b>	Y <b>010500</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>H 43221</b>	Form(Cash, Check, etc) <b>check</b>		Amount <b>500.00</b>
Full Name of Contributor <b>BIA Build PAC of Central Ohio</b>				Registration Number, if PAC	
Street Address <b>495 Executive Campus Drive</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>2</b>	Y <b>0906</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>H</b>	Form(Cash, Check, etc) <b>check</b>		Amount <b>1,000.00</b>
Full Name of Contributor <b>Nationwide Better Citizenship Fd</b>				Registration Number, if PAC <b>OH259</b>	
Street Address <b>One Nationwide Plaza 1-32-06</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>2</b>	Y <b>1706</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>H 43215</b>	Form(Cash, Check, etc) <b>check</b>		Amount <b>500.00</b>

\* 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 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

Total expenditures this event

Page Total \$ 4,000.00