

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Habash						
Full Name of Contributor Bricker & Eckler LLP			Registration Number, if PAC OH 821			
Street Address 100 S. Third Street	Employer/Occupation/Labor Organization*		M	D	Y	Amount
			0	2	0	500.00
City Columbus	State O	Zip Code H 43215	Form(Cash,Check,etc) check			
Full Name of Contributor John E. Salo			Registration Number, if PAC			
Street Address 22 Pettee Street	Employer/Occupation/Labor Organization*		M	D	Y	Amount
	Brown & Caldwell		0	2	0	300.00
City Newton Upper Falls	State M	Zip Code A 102464	Form(Cash,Check,etc) check			
Full Name of Contributor Dennis Tinkler			Registration Number, if PAC			
Street Address 920 Ludwig Drive	Employer/Occupation/Labor Organization*		M	D	Y	Amount
	Ch2M Hill/VP		0	2	0	500.00
City Gahanna	State O	Zip Code H 43230	Form(Cash,Check,etc) check			
Full Name of Contributor Vorys Sater Seyour & Pease			Registration Number, if PAC Reg.No. OH109			
Street Address 52 E. Gay Street	Employer/Occupation/Labor Organization*		M	D	Y	Amount
			0	2	0	500.00
City Columbus	State O	Zip Code H 43215	Form(Cash,Check,etc) check			
Full Name of Contributor Gerald S. Jacobs			Registration Number, if PAC			
Street Address 5050 Thornhill Lane	Employer/Occupation/Labor Organization*		M	D	Y	Amount
	American Energy Services		0	2	0	500.00
City Dublin	State O	Zip Code H 43017	Form(Cash,Check,etc) check			
Full Name of Contributor Mark Enochs			Registration Number, if PAC			
Street Address 6589 Brick Court	Employer/Occupation/Labor Organization*		M	D	Y	Amount
	CH2Z Hill/Service Mgr.		0	2	0	500.00
City Canal Winchester	State O	Zip Code H 43110	Form(Cash,Check,etc) check			
Full Name of Contributor Paul R. Schlegel			Registration Number, if PAC			
Street Address 2636 Berwyn Road	Employer/Occupation/Labor Organization*		M	D	Y	Amount
	Ch2M Hill/VP		0	2	0	500.00
City Columbus	State O	Zip Code H 43221	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 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 \$ 3,300.00