

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Citizens for Habash</b>							
Full Name of Contributor <b>Robert Howarth</b>						Registration Number, if PAC	
Street Address <b>471 E. Broad Street</b>			Employer/Occupation/Labor Organization* <b>Shoemaker Howarth &amp; Taylor</b>			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>		State <b>O   H</b>	Zip Code <b>43215</b>	M <b>0   7</b>	D <b>1   9</b>	Y <b>0   6</b>	Amount <b>500.00</b>
Full Name of Contributor <b>Adam Flatto</b>						Registration Number, if PAC	
Street Address <b>136 E. 64th St.</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>New York</b>		State <b>N   Y</b>	Zip Code <b>10021</b>	M <b>0   8</b>	D <b>2   8</b>	Y <b>0   6</b>	Amount <b>1,000.00</b>
Full Name of Contributor <b>Edgar A. Lampert</b>						Registration Number, if PAC	
Street Address <b>667 Madison Ave.</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>New York</b>		State <b>N   Y</b>	Zip Code <b>10021</b>	M <b>0   8</b>	D <b>2   8</b>	Y <b>0   6</b>	Amount <b>1,000.00</b>
Full Name of Contributor <b>Abigail Wexner</b>						Registration Number, if PAC	
Street Address <b>One Whitebarn Road</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>check</b>	
City <b>New Albany</b>		State <b>O   H</b>	Zip Code <b>43054</b>	M <b>1   2</b>	D <b>0   7</b>	Y <b>0   6</b>	Amount <b>5,000.00</b>
Full Name of Contributor <b>Columbus Apartment Association</b>						Registration Number, if PAC <b>OH 146</b>	
Street Address <b>1225 Dublin Road</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>		State <b>O   H</b>	Zip Code <b>43215</b>	M <b>1   2</b>	D <b>0   7</b>	Y <b>0   6</b>	Amount <b>1,500.00</b>
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State	Zip Code	M	D	Y	Amount
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State	Zip Code	M	D	Y	Amount
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State	Zip Code	M	D	Y	Amount

\* 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)]