

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 Thomas J. Katzenmeyer					Registration Number, if PAC			
Street Address 4143 Stargrass Court		Employer/Occupation/Labor Organization* The Limited/ VP			M	D	Y	Amount
					0	2	0	1,000.00
City Hilliard		State O	H	Zip Code 43026-3018	Form(Cash,Check,etc) check			
Full Name of Contributor Jerome G. Solove					Registration Number, if PAC			
Street Address 238 Beech Trail Court		Employer/Occupation/Labor Organization* Jerome Solove Developmer			M	D	Y	Amount
					0	2	0	500.00
City Powell		State O	H	Zip Code 43065	Form(Cash,Check,etc) check			
Full Name of Contributor Richard Herriott					Registration Number, if PAC			
Street Address 1051 Ravine Ridge Drive		Employer/Occupation/Labor Organization* Malcolm Pirnie/VP			M	D	Y	Amount
					0	2	0	250.00
City Worthington		State O	H	Zip Code 43085-2906	Form(Cash,Check,etc) check			
Full Name of Contributor Larke Ummel Recchie					Registration Number, if PAC			
Street Address 3758 Lancaster Road		Employer/Occupation/Labor Organization*			M	D	Y	Amount
					0	2	0	
City Granville		State O	H	Zip Code 4308-2906	Form(Cash,Check,etc) check			
Full Name of Contributor Myra Ruth Coleman					Registration Number, if PAC			
Street Address 1019 Glamorgan St.		Employer/Occupation/Labor Organization* Health Design Plus/Pres.			M	D	Y	Amount
					0	2	0	400.00
City Alliance		State O	H	Zip Code 44601	Form(Cash,Check,etc) check			
Full Name of Contributor John H. Bain					Registration Number, if PAC			
Street Address 2501 Sandover		Employer/Occupation/Labor Organization*			M	D	Y	Amount
					0	2	0	500.00
City Columbus		State O	H	Zip Code 43220	Form(Cash,Check,etc) check			
Full Name of Contributor Frank J. Cipriano					Registration Number, if PAC			
Street Address 39 E. Whittier Street		Employer/Occupation/Labor Organization* Landnet/Owner			M	D	Y	Amount
					0	2	0	500.00
City Columbus		State O	H	Zip Code 43206	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 \$ 3,150.00