

# 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>The Huntington Bancshares Inc. PAC</b>				Registration Number, if PAC <b>C00165589</b>			
Street Address <b>41 S. High Street</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	2	0	500.00
City <b>Columbus</b>		State <b>O</b>   <b>H</b>	Zip Code <b>43215</b>	Form(Cash,Check,etc) <b>check</b>			
Full Name of Contributor <b>Plumbers &amp; Pipefitters L.U. 189</b>				Registration Number, if PAC <b>PCE Entity #6220</b>			
Street Address <b>1250 Kinnear Road</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
		<b>Labor Organization</b>		0	2	0	500.00
City <b>Columbus</b>		State <b>O</b>   <b>H</b>	Zip Code <b>43212</b>	Form(Cash,Check,etc) <b>check</b>			
Full Name of Contributor <b>Porter Wright Morris &amp; Arthur LLP</b>				Registration Number, if PAC			
Street Address <b>41 S. High Street</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	2	0	500.00
City <b>Columbus</b>		State <b>O</b>   <b>H</b>	Zip Code <b>43215</b>	Form(Cash,Check,etc) <b>check</b>			
Full Name of Contributor <b>Thomas L. Kaplin</b>				Registration Number, if PAC			
Street Address <b>207 E. Deshler Avenue</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	2	0	500.00
City <b>Columbus</b>		State <b>O</b>   <b>H</b>	Zip Code <b>43206</b>	Form(Cash,Check,etc) <b>check</b>			
Full Name of Contributor <b>George J. Sicaras Construction</b>				Registration Number, if PAC			
Street Address <b>2460 N. High Street</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	2	0	250.00
City <b>Columbus</b>		State <b>O</b>   <b>H</b>	Zip Code <b>43201</b>	Form(Cash,Check,etc) <b>check</b>			
Full Name of Contributor <b>OhioHealth Star Corp. PAC</b>				Registration Number, if PAC			
Street Address <b>1087 Dennison Ave.</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	2	0	250.00
City <b>Columbus</b>		State <b>O</b>   <b>H</b>	Zip Code <b>43201</b>	Form(Cash,Check,etc) <b>check</b>			
Full Name of Contributor <b>Crabbe Brown &amp; James</b>				Registration Number, if PAC			
Street Address <b>500 S. Front St., Ste 1200</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	2	0	1,000.00
City <b>Columbus</b>		State <b>O</b>   <b>H</b>	Zip Code <b>43215</b>	Form(Cash,Check,etc) <b>check</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 \$ 3,500.00