

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 Shoemaker, Howarth & Taylor, LLP				Registration Number, if PAC			
Street Address 471 E. Broad Street, Ste.2001		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	2	0	250.00
City Columbus		State O	Zip Code 43215	Form(Cash,Check,etc) check			
Full Name of Contributor Diane Glimcher				Registration Number, if PAC			
Street Address 10 N. Drexel Ave.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	2	0	500.00
City Columbus		State O	Zip Code 43209	Form(Cash,Check,etc) check			
Full Name of Contributor NiSource, Inc. PAC				Registration Number, if PAC FEC3C00051979			
Street Address 191 W. Nationwide Blvd. Ste 200		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	2	0	500.00
City Columbus		State O	Zip Code 43215	Form(Cash,Check,etc) check			
Full Name of Contributor Casto Family Funding, LLC				Registration Number, if PAC			
Street Address 191 W. Nationwide Blvd. Ste 200		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	22	0	1,000.00
City Columbus		State O	Zip Code 43215-2568	Form(Cash,Check,etc) check			
Full Name of Contributor Michael J. Deascentis II				Registration Number, if PAC			
Street Address 2800 Corporate Exchange Dr.		Employer/Occupation/Labor Organization* Lifestyle Communties/CEC		M	D	Y	Amount
				0	2	0	500.00
City Columbus		State O	Zip Code 43231	Form(Cash,Check,etc) check			
Full Name of Contributor Jeffrey Brown				Registration Number, if PAC			
Street Address 37 W. Broad Street		Employer/Occupation/Labor Organization* Smith & Hale		M	D	Y	Amount
				0	2	0	500.00
City Columbus		State O	Zip Code 43215	Form(Cash,Check,etc) check			
Full Name of Contributor AT&T Ohio Employee PAC				Registration Number, if PAC C00377044			
Street Address 150 E. Gay Street, Room 4A		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	2	0	1,000.00
City Columbus		State O	Zip Code 43215	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 \$ 4,250.00