

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 Robert H. Jeffrey				Registration Number, if PAC	
Street Address 296 Ashbourne Place	Employer/Occupation/Labor Organization* retired		M 0	D 2	Y 0106
City Columbus	State O	Zip Code 43209	Form(Cash,Check,etc) check		Amount 500.00
Full Name of Contributor Mehmet B. Tin				Registration Number, if PAC	
Street Address 2597 Coltsbridge Dr.	Employer/Occupation/Labor Organization* R.D. Zande & Assoc. Inc./C		M 0	D 2	Y 0106
City Lewis Center	State O	Zip Code 43035	Form(Cash,Check,etc) check		Amount 500.00
Full Name of Contributor Mark K. Milligan				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M 0	D 2	Y 0106
City Columbus	State O	Zip Code 43212	Form(Cash,Check,etc) check		Amount 500.00
Full Name of Contributor Ty D. Marsh				Registration Number, if PAC	
Street Address 57 Riverview Park Drive	Employer/Occupation/Labor Organization* Columbus Chamber of Com		M 0	D 2	Y 0106
City Columbus	State O	Zip Code 43214	Form(Cash,Check,etc) check		Amount 250.00
Full Name of Contributor Gregory A. Otey				Registration Number, if PAC	
Street Address 5118 Canterbury Drive	Employer/Occupation/Labor Organization* URS Corporation/VP		M 0	D 2	Y 0106
City Powell	State O	Zip Code 43065	Form(Cash,Check,etc) check		Amount 125.00
Full Name of Contributor Thomas J. Reis				Registration Number, if PAC	
Street Address 6305 Westbrook Place	Employer/Occupation/Labor Organization*		M 0	D 2	Y 0106
City Worthington	State O	Zip Code 43085	Form(Cash,Check,etc) check		Amount 125.00
Full Name of Contributor Jeffrey M. Lauria				Registration Number, if PAC	
Street Address 1745 White Oak Drive	Employer/Occupation/Labor Organization* Malcolm Pirnie/Engineer/		M 0	D 2	Y 0106
City Delaware	State O	Zip Code 43015	Form(Cash,Check,etc) check		Amount 250.00

* 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 \$ 2,250.00