

Event Date	1/31/06
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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	Employer/Occupation/Labor Organization* Law Firm		M D Y 0 1 0 2 0 6	Amount 250.00
City Columbus	State O H	Zip Code 43215	Form (Cash, Check, etc) check	
Full Name of Contributor Peter G. Witko			Registration Number, if PAC	
Street Address 9 Whitlaw Lane	Employer/Occupation/Labor Organization* Malcolm Pirnie		M D Y 0 2 0 7 0 6	Amount 250.00
City Chappaqua	State N Y	Zip Code 10514	Form (Cash, Check, etc) check	
Full Name of Contributor Richard P. Brownell			Registration Number, if PAC	
Street Address 104 Corporate Park Drive	Employer/Occupation/Labor Organization* Malcolm Pirnie		M D Y 0 2 0 7 0 6	Amount 250.00
City White Plains	State N Y	Zip Code 10602	Form (Cash, Check, etc) check	
Full Name of Contributor A. James Siebert III			Registration Number, if PAC	
Street Address 1040 Bluesail Drive	Employer/Occupation/Labor Organization* DLZ/ President		M D Y 0 3 2 0 0 6	Amount 250.00
City Westerville	State O H	Zip Code 43081	Form (Cash, Check, etc) check	
Full Name of Contributor David C. Hetzler			Registration Number, if PAC	
Street Address 6121 Huntley Road	Employer/Occupation/Labor Organization* Malcolm Pirnie		M D Y 0 3 2 0 0 6	Amount 250.00
City Columbus	State O H	Zip Code 43229	Form (Cash, Check, etc) check	
Full Name of Contributor I.B.E.W. C.O.P.E.			Registration Number, if PAC	
Street Address 900 Seventh Street NW	Employer/Occupation/Labor Organization* Labor Organization		M D Y 0 3 2 0 0 6	Amount 1,000.00
City Washington	State D C	Zip Code 2001	Form (Cash, Check, etc) check	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State	Zip Code	Form (Cash, Check, etc)	

* 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

22,700.00

Total expenditures this event

1,245.35

Page Total \$ 2,250.00