

Ohio Campaign Finance Report

FILED

Prescribed by Secretary of State 3/05

08 JAN 31 PM 4: 23

Full Name of Committee Citizens for Habash							Registration Number, if PAC, Y BOARD OF ELECTIONS			
Full Name of Candidate Matthew D. Habash										
Street Address 404 S. Chesterfield Road						Office Sought		District City of Colum		
City Columbus						State O H		Zip Code 43209-1916		
Type of Report (place X to the left of report type)	Pre-Primary		Post-Primary		Pre-General		Post-General		Annual Year X 2007	
	July		August		September		Termination			
	Monthly		Monthly		Monthly		Termination		Semiannual	
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Report Electronically filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Date of Election		M	D	Y

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box. No other forms are required at a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$	12,301.47
2. Total monetary contributions (From Form No. 31-A)	\$	0.00
3. Total other income (From Form No. 31-A-2)	\$	0.00
4. Total funds available (sum of lines 1, 2, 3)	\$	12,301.47
5. Total monetary expenditures (From Form No. 31-B)	\$	8,512.50
6. Balance on hand (line 4 minus line 5)	\$	3,788.97
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	
12. Value of independent expenditures made (From Form No. 31-U)	\$	
13. For Electronic Filing Entities only	\$	
Sum of lines 2, 7 and amount of any new loans received this period	\$	

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE

Patricia M. Logsdon

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

1/30/07

Date

Contribution pages <u>0</u>

Expenditure pages <u>2</u>

Other pages <u>0</u>

Total pages <u>2</u>

Statement of Expenditures

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Name of Committee in Full													
Citizens for Habash													
To Whom Paid							M	D	Y	Amount			
Patricia M. Logsdon							0	2	1	3	0	7	662.50
Address				Purpose									
404 S. Chesterfield road				Fee									
City			State		Zip Code		Check Number						
Columbus			O H		43209		1107						
To Whom Paid							M	D	Y	Amount			
P.L.A.Y.							0	2	2	0	0	7	500.00
Address				Purpose									
90 West Broad Street				Golf outing contribution									
City			State		Zip Code		Check Number						
Columbus			O H				1108						
To Whom Paid							M	D	Y	Amount			
Columbus Medical Assn. Foudnation							0	4	0	5	0	7	500.00
Address				Purpose									
431 E. Broad Strete				contribution									
City			State		Zip Code		Check Number						
Columbus			O H		43215		1109						
To Whom Paid							M	D	Y	Amount			
YWCA Columbus							0	4	0	5	0	7	1,250.00
Address				Purpose									
65 S. Fourth Street				contribution									
City			State		Zip Code		Check Number						
Columbus			O H		43215		1111						
To Whom Paid							M	D	Y	Amount			
The Greater Common Good							0	5	1	1	0	7	2,000.00
Address				Purpose									
2821 Kensington				contribution									
City			State		Zip Code		Check Number						
Columbus			O H		43214		1112						
To Whom Paid							M	D	Y	Amount			
The Rebounders Club							0	5	1	1	0	7	250.00
Address				Purpose									
PO Box 711				contribution									
City			State		Zip Code		Check Number						
Columbus			O H				1113						
To Whom Paid							M	D	Y	Amount			
Joe R. Logsdon							0	7	0	2	0	7	350.00
Address				Purpose									
404 S. Chesterfield road				Reimburse for HRC tickets purchased									
City			State		Zip Code		Check Number						
Columbus			O H		43209		1115						
To Whom Paid							M	D	Y	Amount			
Shambala Institute							0	7	1	1	0	7	500.00
Address				Purpose									
6029 Cunard St., Ste. 5				Contribution/scholarship									
City			State		Zip Code		Check Number						
Halifax, Nova Scotia							1116						

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Name of Committee in Full Citizens for Habash							
To Whom Paid Coleman for Columbus				M	D	Y	Amount
				1	0	0	500.00
Address 550 E. Walnut Street		Purpose Contribution					
City Columbus	State O	H	Zip Code 43215	Check Number 1118			
To Whom Paid Committee for Patsy A. Thomas				M	D	Y	Amount
				1	0	0	2,000.00
Address 250 West Street		Purpose Contribution					
City Columbus	State O	H	Zip Code 43215	Check Number 1119			
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City	State		Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City	State		Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City	State		Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City	State		Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City	State		Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount