Event Date	Jan 31 06
Page	1

## Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

N							
Name of Committee in Full							
Citizens for Habash To Whom Paid			- L M	l p	Lý	Th	
_			M	D	Y	Amount	
US Bank/Arvey Supplies  Address	Purpose		0 1	2 4	0 6	62.51	
P.O. Box 7970408	1	20					
1.O. BOX 7970408 City	Invitations State Zip Code Check Number						
St. Louis	$M \mid O$	63179	Check	1071			
To Whom Paid	I IVI C	03177	M	D D	Y	Amount	
Fawcett Center				1 7			
Address	Purpose		0 2	1-1/	1010		
2400 Olentangy River Road	food and	beverages					
City	State	Zip Code	Check 1	Check Number			
Columbus	OH	43210		1078	}		
To Whom Paid				D	Y	Amount	
Address	Purpose						
City	State	Zip Code	Check ?	Number			
To Whom Paid			M	D	Y	Amount	
	1_						
Address	Purpose						
City	0	Tz: 0.1	Iot 12	. 1			
City	State	Zip Code	Check 1	vumber			
To Whom Paid		<u> </u>	M	D	Y	Amount	
10 WHOM FAIG					1 1	7 dilouit	
Address	Purpose					<b>L</b>	
City	State	Zip Code	Check 1	Vumber			
To Whom Paid			M	D	Y	Amount	
Address	Purpose						
City	State	Check 1	Check Number				
To Whom Paid					Y	Amount	
Address	Purpose						
City	State	Zip Code	Check N	Number			
	t l	1					

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.