



# Statement of Contributions Received

Form 31-A

ORC 3517.10

<b>Full Name of Committee</b> Citizens for Tarazi				
Full Name of Contributor Heather Keck			Registration Number, if PAC	
Street Address 3400 HERITAGE OAKS DR		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Paypal
City Hilliard	State OH	Zip Code 43026	Date (MM/DD/YYYY) 03/04/2019	Amount 50
Full Name of Contributor Hassan Ayoub			Registration Number, if PAC	
Street Address 9690 Camarillo Cir		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Plain City	State OH	Zip Code 43064	Date (MM/DD/YYYY) 03/14/2019	Amount 2500
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Paypal
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Paypal
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Paypal
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Paypal
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount

\*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 also appear. [R.C. 3517.10(B)(4)]