



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Citizens for Tarazi				
Full Name of Contributor Derar Musa			Registration Number, if PAC	
Street Address 1251 Worthington Heights Blvd.	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43235	Date (MM/DD/YYYY) 05/31/2019	Amount 1000
Full Name of Contributor Mouhamed N Tarazi			Registration Number, if PAC	
Street Address 3818 Stonestrow Ct. East	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Hilliard	State OH	Zip Code 43026	Date (MM/DD/YYYY) 06/01/2019	Amount 2000
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)]