



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee							
Full Name of Committee Citizens for Tarazi							
Full Name of Contributor Registration Numb					er, if PAC		
Saleem Ahmad			ļ				
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
9952 Creek Landing Way				check			
City	State	Zip Code	Date (MM/DI	D/YYY)	Amount		
Dayton	ОН	45458		09/13/2019	250		
Full Name of Contributor	<u></u>		<u></u>	Registration Number	er, if PAC		
Abdul Wase					!		
Street Address	Employer	r/Occupation/Labor Or		Form (Cash, Check, etc.)			
10743 Falls Creek Ln.		Check					
City	State	Zip Code	Date (MM/DI	D/YYY)	Amount		
Dublin	ОН	45458		09/14/2019	500		
Full Name of Contributor			-	Registration Number	er, if PAC		
Raja Nazir							
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
5540 Terrace Crk				check			
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount		
Dayton	ОН	45459	09/07/2019		250		
Full Name of Contributor				Registration Number	er, if PAC		
Niaz Usman							
Street Address	Employer	r/Occupation/Labor Org	ganization*		Form (Cash, Check, etc.)		
10818 Mariam Lane		check					
City	State	Zip Code	Date (MM/DD	DMYYY)	Amount		
Centerville	ОН	45458	09/07/2019		250		
Full Name of Contributor			Registration Numbe	er, if PAC			
yed Fareed Hasan							
Street Address	Employer	r/Occupation/Labor Org	ganization*		Form (Cash, Check, etc.)		
1306 Waters Edge Dr.		paypal					
City	State	Zip Code	Date (MM/DD/YYYY)		Amount		
Centerville	ОН	45459	09/19/2019 250				

Page Total	1500	

^{*}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)]