



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Citizens for Tarazi				
Full Name of Contributor Stephanie Kunze			Registration Number, if PAC	
Street Address 5594 Farm Creek Cr.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) paypal
City Hilliard	State OH	Zip Code 43026	Date (MM/DD/YYYY) 10/29/2019	Amount 150
Full Name of Contributor Christopher Lewie			Registration Number, if PAC	
Street Address 5377 Edie Drive		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Hilliard	State OH	Zip Code 43026	Date (MM/DD/YYYY) 10/31/2019	Amount 50
Full Name of Contributor Peter March for City Council			Registration Number, if PAC	
Street Address 3563 Goldenrod St.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Hilliard	State OH	Zip Code 43026	Date (MM/DD/YYYY) 12/03/2019	Amount 1000
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
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.)
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)]