



**Statement of Contributions Received  
at a Social or Fund-Raising Event**

Form 31-E  
R.C. 3517.10(B)

<b>Full Name of Committee</b> KEEP HILLIARD BEAUTIFUL				
Full Name of Contributor MUHAMMAD AKHTAR			Registration Number, if PAC	
Street Address 5027 NOOR PARK CIRCLE	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 10/07/2018	Amount 50.00
City DUBLIN	State OH <input type="checkbox"/>	Zip Code 43016	Form (Cash, Check, Etc) CHECK	
Full Name of Contributor AMINA BARHUMI			Registration Number, if PAC	
Street Address 4707 NADINE PARK DR.	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 10/07/2018	Amount 100.00
City HILLIARD	State OH <input type="checkbox"/>	Zip Code 43026	Form (Cash, Check, Etc) CHECK	
Full Name of Contributor WAHEED GUL			Registration Number, if PAC	
Street Address 5088 SILVER WOODS LANE	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 10/07/2018	Amount 50.00
City DUBLIN	State OH <input type="checkbox"/>	Zip Code 43016	Form (Cash, Check, Etc) CHECK	
Full Name of Contributor MUHAMMAD IBRAHIM KHAN			Registration Number, if PAC	
Street Address 5012 SILVER WOODS LANE	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 10/07/2018	Amount 50.00
City DUBLIN	State OH <input type="checkbox"/>	Zip Code 43016	Form (Cash, Check, Etc) CHECK	
Full Name of Contributor AMMAR KHWAM			Registration Number, if PAC	
Street Address 5092 MONTCROFT DR.	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 10/07/2018	Amount 100.00
City HILLIARD	State OH <input type="checkbox"/>	Zip Code 43026	Form (Cash, Check, Etc) CHECK	

\* 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)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total Contributions This Event

Total Expenditures This Event

Page Total \$ 350.00