



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

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

Full Name of Committee KEEP HILLIARD BEAUTIFUL				
Full Name of Contributor RAFEEQ REHMAN			Registration Number, if PAC	
Street Address 5066 SILVER WOODS LANE	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) 10/07/2018	Amount 100.00	
City DUBLIN	State OH <input type="checkbox"/>	Zip Code 43016	Form (Cash, Check, Etc) CHECK	
Full Name of Contributor AJMAL SHAMIM			Registration Number, if PAC	
Street Address 5054 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 OMAR TARAZI			Registration Number, if PAC	
Street Address 5635 SANDBROOK	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) 10/07/2018	Amount 150.00	
City HILLIARD	State OH <input type="checkbox"/>	Zip Code 43026	Form (Cash, Check, Etc) CHECK	
Full Name of Contributor SHUJA UDDIN			Registration Number, if PAC	
Street Address 3064 HEMLOCK EDGE DR.	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) 10/07/2018	Amount 50.00	
City HILLIARD	State OH <input type="checkbox"/>	Zip Code 43026	Form (Cash, Check, Etc) CHECK	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY)	Amount	
City	State <input type="checkbox"/>	Zip Code	Form (Cash, Check, Etc)	

* 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
700.00

Total Expenditures This Event
22.81

Page Total \$ **350.00**