



# Ohio Campaign Finance Report

Form 30-A

ORC 3517.10

Committee Name <i>Citizens for Bapurov</i>		Office Sought <i>County Recorder</i>		District
Street Address <i>1819 Troy St</i>		City <i>Dayton</i>	State <i>OH</i>	Zip <i>45404</i>
Candidate Name OR PAC Registration Number <i>Adil Bapurov</i>		Treasurer Name <i>Evan Erickson</i>		Election Date (MM/DD/YYYY) <i>11/6/2018</i>
<b>Type of Report</b> (choose one): <input type="checkbox"/> Annual <input type="checkbox"/> Semiannual <input type="checkbox"/> Pre-Primary <input checked="" type="checkbox"/> Post-Primary <input type="checkbox"/> Pre-General <input type="checkbox"/> Post-General				
Statewide Candidates Only: <input type="checkbox"/> July Monthly <input type="checkbox"/> August Monthly <input type="checkbox"/> September Monthly				Year <div style="border: 1px solid black; padding: 2px; display: inline-block;"><i>2018</i></div>
<b>Amended Report</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<b>Termination</b> <input type="checkbox"/> Check this box if the committee wishes to terminate with this report		<b>Short Form Report</b> (R.C. 3517.10(H)) <input type="checkbox"/> Check this box if the committee is filing a short term report. See attached instructions.

1. Amount brought forward from last report	<i>88,777.26</i>
2. Total monetary contributions (From Forms 31-A and 31-E)	<i>9711<sup>00</sup></i>
3. Total other income (From Form 31-A-2)	<i>0.00</i>
4. Total funds available (sum of lines 1, 2, 3)	<i>98,488.26</i>
5. Total monetary expenditures (From Forms 31-B and 31-F)	<i>771.67</i>
6. Balance on hand (line 4 minus line 5)	<i>97716.59</i>
7. Value of in-kind contributions received (From Form 31-J-1)	
8. Value of in-kind contributions made (From Form 31-J-2)	
9. Outstanding loans owed by committee (From Form 31-C)	<i>90,000.00</i>
10. Outstanding debts owed by committee (From Form 31-N)	
11. Outstanding loans owed to committee (From Form 31-K)	
12. Value of independent expenditures made (From Form 31-U)	

2018 JUL 31 PM 3:53

**THIS STATEMENT IS MADE UNDER PENALTY OF ELECTION FALSIFICATION.  
WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.**

Signature of Treasurer or Deputy Treasurer

*7/3/2018*

Date (MM/DD/YYYY)

Contribution Pages

Expenditure Pages

Other Pages

Total Pages



**Statement of Contributions Received**

Form 31-A

ORC 3517.10

<b>Full Name of Committee</b> Citizens for Raquirov				
<b>Full Name of Contributor</b> From fundraiser 4/22/18 - Form 31-E			<b>Registration Number, if PAC</b>	
<b>Street Address</b> see attached		<b>Employer/Occupation/Labor Organization*</b>		<b>Form (Cash, Check, etc.)</b>
<b>City</b>	<b>State</b> OH	<b>Zip Code</b>	<b>Date (MM/DD/YYYY)</b> 4/22/2018	<b>Amount</b> 3,950
<b>Full Name of Contributor</b> Remzi Oten			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 4831 E Cpp De Oro Dr		<b>Employer/Occupation/Labor Organization*</b> Businessman		<b>Form (Cash, Check, etc.)</b> Electronic
<b>City</b> Anaheim	<b>State</b> CA	<b>Zip Code</b> 92807	<b>Date (MM/DD/YYYY)</b> 04/26/2018	<b>Amount</b> 200.00
<b>Full Name of Contributor</b> Javid Museynov			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 414 Mackensack Ave, apt 1309		<b>Employer/Occupation/Labor Organization*</b> Data Scientist		<b>Form (Cash, Check, etc.)</b> Electronic
<b>City</b> Mackensack	<b>State</b> NJ	<b>Zip Code</b> 07601	<b>Date (MM/DD/YYYY)</b> 5/13/2018	<b>Amount</b> 250.00
<b>Full Name of Contributor</b> Sergin Oktay			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 2807 Mulberry Ct		<b>Employer/Occupation/Labor Organization*</b> Intellectual Property Protection		<b>Form (Cash, Check, etc.)</b> Electronic
<b>City</b> Poughkeepsie	<b>State</b> NY	<b>Zip Code</b> 12603	<b>Date (MM/DD/YYYY)</b> 5/13/2018	<b>Amount</b> 100.00
<b>Full Name of Contributor</b> Patrick Talmon			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 4931 Butterworth Pl NW		<b>Employer/Occupation/Labor Organization*</b> Retired		<b>Form (Cash, Check, etc.)</b> Electronic
<b>City</b> Washington	<b>State</b> DC	<b>Zip Code</b> 20016	<b>Date (MM/DD/YYYY)</b> 5/14/2018	<b>Amount</b> 200.00

\*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)]



**Statement of Contributions Received**

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Form 31-A

ORC 3517.10

Full Name of Committee <i>Citizens for Baguiron</i>				
Full Name of Contributor <i>Ismail Rustamov</i>			Registration Number, if PAC	
Street Address <i>1915 Farrell Ave, # B</i>		Employer/Occupation/Labor Organization* <i>Chemist</i>		Form (Cash, Check, etc.) <i>Check</i>
City <i>Redondo Beach</i>	State <i>CA</i>	Zip Code <i>90278</i>	Date (MM/DD/YYYY) <i>5/23/18</i>	Amount <i>500.00</i>
Full Name of Contributor <i>Mujeeb Siddiqui</i>			Registration Number, if PAC	
Street Address <i>10775 Falls Creek Ln</i>		Employer/Occupation/Labor Organization* <i>Surgeon</i>		Form (Cash, Check, etc.) <i>Check</i>
City <i>Centerville</i>	State <i>OH</i>	Zip Code <i>45458</i>	Date (MM/DD/YYYY) <i>5/13/18</i>	Amount <i>100.00</i>
Full Name of Contributor <i>Hamid Arazli Nikkhah</i>			Registration Number, if PAC	
Street Address <i>6103 Beddingfield Ct</i>		Employer/Occupation/Labor Organization* <i>Linguist</i>		Form (Cash, Check, etc.) <i>Electronic</i>
City <i>Centerville</i>	State <i>VA</i>	Zip Code <i>20121</i>	Date (MM/DD/YYYY) <i>6/15/18</i>	Amount <i>50</i>
Full Name of Contributor <i>Zeki Gokce</i>			Registration Number, if PAC	
Street Address <i>2202 Tobarra Ln</i>		Employer/Occupation/Labor Organization* <i>Engineer</i>		Form (Cash, Check, etc.) <i>Electronic</i>
City <i>League City</i>	State <i>TX</i>	Zip Code <i>77573</i>	Date (MM/DD/YYYY) <i>6/16/18</i>	Amount <i>25</i>
Full Name of Contributor <i>Lala Rapirov</i>			Registration Number, if PAC	
Street Address <i>1716 Strine Dr</i>		Employer/Occupation/Labor Organization* <i>Broker</i>		Form (Cash, Check, etc.) <i>Electronic</i>
City <i>McLean</i>	State <i>VA</i>	Zip Code <i>22101</i>	Date (MM/DD/YYYY) <i>6/16/18</i>	Amount <i>100</i>

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**Statement of Contributions Received**

Form 31-A

ORC 3517.10

Full Name of Committee <i>Citizens for Baguirar</i>				
Full Name of Contributor <i>Selcuk Oner</i>			Registration Number, if PAC	
Street Address <i>2961 Millbrook Dr #203</i>		Employer/Occupation/Labor Organization* <i>Retired</i>		Form (Cash, Check, etc.) <i>Electronic</i>
City <i>Algonquin</i>	State <i>IL</i>	Zip Code <i>60102</i>	Date (MM/DD/YYYY) <i>6/16/18</i>	Amount <i>20.00</i>
Full Name of Contributor <i>Gulcan Oner</i>			Registration Number, if PAC	
Street Address <i>2961 Millbrook Dr #203</i>		Employer/Occupation/Labor Organization* <i>Dentist</i>		Form (Cash, Check, etc.) <i>Electronic</i>
City <i>Algonquin</i>	State <i>IL</i>	Zip Code <i>60102</i>	Date (MM/DD/YYYY) <i>6/16/18</i>	Amount <i>10.00</i>
Full Name of Contributor <i>Zaur Bayramli</i>			Registration Number, if PAC	
Street Address <i>4237 Fox Lake Dr</i>		Employer/Occupation/Labor Organization* <i>Manager</i>		Form (Cash, Check, etc.) <i>Electronic</i>
City <i>Fairfax</i>	State <i>VA</i>	Zip Code <i>22033</i>	Date (MM/DD/YYYY) <i>6/17/18</i>	Amount <i>25.00</i>
Full Name of Contributor <i>Ali ElMusseini</i>			Registration Number, if PAC	
Street Address <i>159 W. Broadway #501</i>		Employer/Occupation/Labor Organization* <i>President</i>		Form (Cash, Check, etc.) <i>Electronic</i>
City <i>Salt Lake City</i>	State <i>UT</i>	Zip Code <i>84101</i>	Date (MM/DD/YYYY) <i>6/18/2018</i>	Amount <i>250.00</i>
Full Name of Contributor <i>Sevne Bayramli</i>			Registration Number, if PAC	
Street Address <i>4237 Fox Lake Dr</i>		Employer/Occupation/Labor Organization* <i>Technician</i>		Form (Cash, Check, etc.) <i>Electronic</i>
City <i>Fairfax</i>	State <i>VA</i>	Zip Code <i>22033</i>	Date (MM/DD/YYYY) <i>6/17/18</i>	Amount <i>25.00</i>

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**Statement of Contributions Received**

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Form 31-A

ORC 3517.10

Full Name of Committee <i>Citizens for Bapurov</i>				
Full Name of Contributor <i>Ali Sadgurtlu</i>			Registration Number, if PAC	
Street Address <i>359 Chilean Ave</i>		Employer/Occupation/Labor Organization* <i>Businessman</i>		Form (Cash, Check, etc.) <i>Electronic</i>
City <i>Palm Beach</i>	State <i>OH FL</i>	Zip Code <i>33480</i>	Date (MM/DD/YYYY) <i>6/19/2018</i>	Amount <i>100<sup>00</sup></i>
Full Name of Contributor <i>Mete Oner</i>			Registration Number, if PAC	
Street Address <i>1 Kingsmill Ct</i>		Employer/Occupation/Labor Organization* <i>Manager</i>		Form (Cash, Check, etc.) <i>Electronic</i>
City <i>Algonquin</i>	State <i>OH IL</i>	Zip Code <i>60102</i>	Date (MM/DD/YYYY) <i>6/19/2018</i>	Amount <i>10<sup>00</sup></i>
Full Name of Contributor <i>Vusal Rajabov</i>			Registration Number, if PAC	
Street Address <i>2901 W. Say Houston Pkwy</i>		Employer/Occupation/Labor Organization* <i>Team Leader</i>		Form (Cash, Check, etc.) <i>Electronic</i>
City <i>Houston</i>	State <i>OH TX</i>	Zip Code <i>77043</i>	Date (MM/DD/YYYY) <i>6/20/18</i>	Amount <i>100<sup>00</sup></i>
Full Name of Contributor <i>Hatice Oner</i>			Registration Number, if PAC	
Street Address <i>1 Kingsmill Ct</i>		Employer/Occupation/Labor Organization* <i>Banker</i>		Form (Cash, Check, etc.) <i>Electronic</i>
City <i>Algonquin</i>	State <i>OH IL</i>	Zip Code <i>60102</i>	Date (MM/DD/YYYY) <i>6/19/2018</i>	Amount <i>10<sup>00</sup></i>
Full Name of Contributor <i>Pirouz Khanlou</i>			Registration Number, if PAC	
Street Address <i>1790 Bial Ln</i>		Employer/Occupation/Labor Organization* <i>Architect</i>		Form (Cash, Check, etc.) <i>Electronic</i>
City <i>Los Angeles</i>	State <i>OH CA</i>	Zip Code <i>90077</i>	Date (MM/DD/YYYY) <i>6/21/2018</i>	Amount <i>1000<sup>00</sup></i>

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**Statement of Contributions Received**

Form 31-A

ORC 3517.10

Full Name of Committee <i>Citizens for Bagunov</i>				
Full Name of Contributor <i>Sarvat Maharramli</i>			Registration Number, if PAC	
Street Address <i>15 Salton</i>		Employer/Occupation/Labor Organization* <i>Management Consultant</i>		Form (Cash, Check, etc.) <i>Electronic</i>
City <i>Irvine</i>	State <i>CA</i>	Zip Code <i>92602</i>	Date (MM/DD/YYYY) <i>5/23/2018</i>	Amount <i>33.00</i>
Full Name of Contributor <i>Alpay Soyoguz</i>			Registration Number, if PAC	
Street Address <i>555 California St, #4925</i>		Employer/Occupation/Labor Organization* <i>Consultant</i>		Form (Cash, Check, etc.) <i>Electronic</i>
City <i>San Francisco</i>	State <i>CA</i>	Zip Code <i>94104</i>	Date (MM/DD/YYYY) <i>5/23/2018</i>	Amount <i>250.00</i>
Full Name of Contributor <i>Makan Yavuz</i>			Registration Number, if PAC	
Street Address <i>4315 S. Mulholland St</i>		Employer/Occupation/Labor Organization* <i>Professor</i>		Form (Cash, Check, etc.) <i>Electronic</i>
City <i>Salt Lake City</i>	State <i>UT</i>	Zip Code <i>84124</i>	Date (MM/DD/YYYY) <i>5/14/2018</i>	Amount <i>250.00</i>
Full Name of Contributor <i>Mohammadali Novin</i>			Registration Number, if PAC	
Street Address <i>7520 King St</i>		Employer/Occupation/Labor Organization* <i>Student</i>		Form (Cash, Check, etc.) <i>Electronic</i>
City <i>Alexandria</i>	State <i>VA</i>	Zip Code <i>22302</i>	Date (MM/DD/YYYY) <i>5/30/2018</i>	Amount <i>50.00</i>
Full Name of Contributor <i>Laura Elekdge</i>			Registration Number, if PAC	
Street Address <i>4400 NW Westover Pl</i>		Employer/Occupation/Labor Organization* <i>Homemaker</i>		Form (Cash, Check, etc.) <i>Electronic</i>
City <i>Washington</i>	State <i>DC</i>	Zip Code <i>20016</i>	Date (MM/DD/YYYY) <i>6/4/2018</i>	Amount <i>250.00</i>

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**Statement of Contributions Received**

Form 31-A

ORC 3517.10

Full Name of Committee <i>Citizens for Baguirov</i>				
Full Name of Contributor <i>Ali Gholami</i>			Registration Number, if PAC	
Street Address <i>6106 Rocky Way Ct</i>		Employer/Occupation/Labor Organization* <i>Construction Inspector</i>		Form (Cash, Check, etc.) <i>Electronic</i>
City <i>Centerville</i>	State <i>VA</i>	Zip Code <i>20120</i>	Date (MM/DD/YYYY) <i>6/6/2018</i>	Amount <i>20.00</i>
Full Name of Contributor <i>Khabib Azarsina</i>			Registration Number, if PAC	
Street Address <i>2939 Smith Farm Way</i>		Employer/Occupation/Labor Organization* <i>IT Manager</i>		Form (Cash, Check, etc.) <i>Electronic</i>
City <i>Merndon</i>	State <i>VA</i>	Zip Code <i>20171</i>	Date (MM/DD/YYYY) <i>6/10/2018</i>	Amount <i>100.00</i>
Full Name of Contributor <i>Farzin Farzad</i>			Registration Number, if PAC	
Street Address <i>11713 Fairfax Woods Way #9305</i>		Employer/Occupation/Labor Organization* <i>HR analyst</i>		Form (Cash, Check, etc.) <i>Electronic</i>
City <i>Fairfax</i>	State <i>VA</i>	Zip Code <i>22030</i>	Date (MM/DD/YYYY) <i>5/15/2018</i>	Amount <i>100.00</i>
Full Name of Contributor <i>Florence Arkne Whitten</i>			Registration Number, if PAC	
Street Address <i>129 Old Spanish Bluff Rd</i>		Employer/Occupation/Labor Organization* <i>Retired</i>		Form (Cash, Check, etc.) <i>Check</i>
City <i>East Palatka</i>	State <i>FL</i>	Zip Code <i>32131</i>	Date (MM/DD/YYYY) <i>05/23/2018</i>	Amount <i>100.00</i>
Full Name of Contributor <i>Engin Holmstrom</i>			Registration Number, if PAC	
Street Address <i>18508 Perdido Bay Ter</i>		Employer/Occupation/Labor Organization* <i>Retired</i>		Form (Cash, Check, etc.) <i>Check</i>
City <i>Leesburg</i>	State <i>VA</i>	Zip Code <i>20176</i>	Date (MM/DD/YYYY) <i>05/30/2018</i>	Amount <i>100.00</i>

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**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> Citizens for Baguirov				
<b>Full Name of Contributor</b> RAJA NAJIR			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 5540 Terrace Creek	<b>Employer/Occupation/Labor Organization*</b> PHYSICIAN	<b>Date (MM/DD/YYYY)</b> 4/22/18	<b>Amount</b> 250	
<b>City</b> Dayton	<b>State</b> OH <input checked="" type="checkbox"/>	<b>Zip Code</b> 45459	<b>Form (Cash, Check, Etc)</b> Check	
<b>Full Name of Contributor</b> Shazia Subzwari			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 9617 Olde Georgetown	<b>Employer/Occupation/Labor Organization*</b> (Nurse) Accelerate HHC	<b>Date (MM/DD/YYYY)</b> 4/22/18	<b>Amount</b> 250.00	
<b>City</b> Dayton	<b>State</b> OH <input checked="" type="checkbox"/>	<b>Zip Code</b> 45458	<b>Form (Cash, Check, Etc)</b> Check	
<b>Full Name of Contributor</b> MOHAMMED R KHAN			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 10857 WATERBURY ROAD LN	<b>Employer/Occupation/Labor Organization*</b> PHYSICIAN	<b>Date (MM/DD/YYYY)</b> 04/24/18	<b>Amount</b> 250	
<b>City</b> DAYTON	<b>State</b> OH <input checked="" type="checkbox"/>	<b>Zip Code</b> 45458	<b>Form (Cash, Check, Etc)</b> Check	
<b>Full Name of Contributor</b> Aliq Usman			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 10818 MARIAM LN	<b>Employer/Occupation/Labor Organization*</b> PHYSICIAN	<b>Date (MM/DD/YYYY)</b>	<b>Amount</b> 250.00	
<b>City</b> CENTERVILLE	<b>State</b> OH <input checked="" type="checkbox"/>	<b>Zip Code</b> 45458	<b>Form (Cash, Check, Etc)</b> Check	
<b>Full Name of Contributor</b> Rabio Wase			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 10743 Falls Church Creek Ave	<b>Employer/Occupation/Labor Organization*</b> Homemaker	<b>Date (MM/DD/YYYY)</b> 4/22/2018	<b>Amount</b> 100	
<b>City</b> Centerville	<b>State</b> OH <input checked="" type="checkbox"/>	<b>Zip Code</b> 45458	<b>Form (Cash, Check, Etc)</b> Cash	

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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  
3950

Total Expenditures This Event  
550

Page Total \$ 1100.00





**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> Citizens for Baguirov				
Full Name of Contributor <u>Fauzia Shalov</u>			Registration Number, if PAC	
Street Address <u>3483 King Edward way</u>		Employer/Occupation/Labor Organization* <u>Homemaker</u>		Amount <u>100</u>
City <u>Beavercreek OH 45431</u>	State OH <input checked="" type="checkbox"/>	Zip Code	Form (Cash, Check, Etc) <u>Cash</u>	
Full Name of Contributor <u>Ramiz Shalov</u>			Registration Number, if PAC	
Street Address <u>3483 King Edward</u>		Employer/Occupation/Labor Organization* <u>Student</u>		Amount <u>50</u>
City <u>Beavercreek OH</u>	State OH <input checked="" type="checkbox"/>	Zip Code <u>45431</u>	Form (Cash, Check, Etc) <u>Cash</u>	
Full Name of Contributor <u>Ali Shakhmurov</u>			Registration Number, if PAC	
Street Address <u>1415 Day St</u>		Employer/Occupation/Labor Organization* <u>APL</u>		Amount <u>\$125</u>
City <u>Dayton</u>	State OH <input checked="" type="checkbox"/>	Zip Code <u>45404</u>	Form (Cash, Check, Etc) <u>Check</u>	
Full Name of Contributor <u>Ismat Shakhbendarov</u>			Registration Number, if PAC	
Street Address <u>629 Maryland Ave</u>		Employer/Occupation/Labor Organization*		Amount <u>\$125</u>
City <u>Dayton, Ohio</u>	State OH <input checked="" type="checkbox"/>	Zip Code <u>45404</u>	Form (Cash, Check, Etc) <u>Check</u>	
Full Name of Contributor <u>DR. &amp; MRS ABDUL WASE</u> <u>RABIA WASE</u>			Registration Number, if PAC	
Street Address <u>10743 FALLS CREEK AVE</u>		Employer/Occupation/Labor Organization* <u>Premier</u>		Amount <u>100</u>
City <u>Centerville</u>	State OH <input checked="" type="checkbox"/>	Zip Code <u>45458</u>	Form (Cash, Check, Etc) <u>Cash</u>	

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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 \$ 500



**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> Citizens for Baguirov				
Full Name of Contributor <u>AMINA HUSAIN</u>			Registration Number, if PAC	
Street Address <u>4370 PARAGON RD</u>	Employer/Occupation/Labor Organization* <u>Physicians MD</u>		Date (MM/DD/YYYY) <u>9/22/18</u>	Amount <u>500.00</u>
City <u>Dayton</u>	State <u>OH</u>	Zip Code <u>45458</u>	Form (Cash, <u>Check</u> , Etc) <u>check</u>	
Full Name of Contributor <u>Basel Yarnes</u>			Registration Number, if PAC	
Street Address <u>1576 W Alex Bell Rd</u>	Employer/Occupation/Labor Organization* <u>Physician</u>		Date (MM/DD/YYYY)	Amount <u>250 -</u>
City <u>Dayton</u>	State <u>OH</u>	Zip Code <u>45459</u>	Form (Cash, <u>Check</u> , Etc) <u>check</u>	
Full Name of Contributor <u>Saira Sethi</u>			Registration Number, if PAC	
Street Address <u>642 Grand Wood Ct</u>	Employer/Occupation/Labor Organization* <u>Business</u>		Date (MM/DD/YYYY)	Amount <u>\$250.00</u>
City <u>Springboro</u>	State <u>OH</u>	Zip Code <u>45666</u>	Form (Cash, <u>Check</u> , Etc) <u>check</u>	
Full Name of Contributor <u>Madeem Ahmed</u>			Registration Number, if PAC	
Street Address <u>11189 Ashby Meadows</u> <u>Dayton</u>	Employer/Occupation/Labor Organization* <u>Physician</u>		Date (MM/DD/YYYY)	Amount <u>\$250.00</u>
City <u>Dayton</u>	State <u>OH</u>	Zip Code <u>45458</u>	Form (Cash, <u>Check</u> , Etc) <u>check</u>	
Full Name of Contributor <u>IRSHAD HUSSAIN</u>			Registration Number, if PAC	
Street Address <u>965 Oldc Stealing way</u>	Employer/Occupation/Labor Organization* <u>PHN / Physician</u>		Date (MM/DD/YYYY)	Amount <u>\$250 / -</u>
City <u>Dayton</u>	State <u>OH</u>	Zip Code <u>45459</u>	Form (Cash, <u>Check</u> , Etc) <u>check</u>	

\* 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 \$ 1500





**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> Citizens for Baguirov				
Full Name of Contributor <u>Islam Shakhbaniarov</u>			Registration Number, if PAC	
Street Address <u>4305 Limerick Lane</u>	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) <u>4/22/18</u>	Amount <u>250.00</u>
City <u>Dayton</u>	State <u>OH</u>	Zip Code <u>45440</u>	Form (Cash, Check, Etc) <u>Check</u>	
Full Name of Contributor <u>Shahid Iqbal</u>			Registration Number, if PAC	
Street Address <u>3483 King Edward way</u>	Employer/Occupation/Labor Organization* <u>Entrepreneur</u>		Date (MM/DD/YYYY)	Amount <u>100.00</u>
City <u>Beavercreek</u>	State <u>OH</u>	Zip Code <u>45431</u>	Form (Cash, Check, Etc) <u>Cash</u>	
Full Name of Contributor <u>Jameel Khan</u>			Registration Number, if PAC	
Street Address <u>8529 Aspen Row</u>	Employer/Occupation/Labor Organization* <u>Orthodontist</u>		Date (MM/DD/YYYY)	Amount <u>250.00</u>
City <u>Waynesville</u>	State <u>OH</u>	Zip Code <u>45068</u>	Form (Cash, Check, Etc) <u>Check</u>	
Full Name of Contributor <u>Ali Niazi</u>			Registration Number, if PAC	
Street Address <u>57 Crockett Dr.</u>	Employer/Occupation/Labor Organization* <u>Bank Manager</u>		Date (MM/DD/YYYY)	Amount <u>100.00</u>
City <u>Springboro</u>	State <u>OH</u>	Zip Code <u>45066</u>	Form (Cash, Check, Etc) <u>Check</u>	
Full Name of Contributor <u>Museeb Siddique</u>			Registration Number, if PAC	
Street Address <u>10775 Falls Creek</u>	Employer/Occupation/Labor Organization* <u>M.D.</u>		Date (MM/DD/YYYY)	Amount <u>150.00</u>
City <u>Centerville</u>	State	Zip Code <u>45458</u>	Form (Cash, Check, Etc) <u>Check</u>	

\* 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 \$ 850



**Statement of Expenditures**

Form 31-B

R.C. 3517.10

<b>Full Name of Committee</b> <i>Citizens for Bepure</i>			
<b>To Whom Paid</b> <i>Pasha Grill</i>		<b>Date (MM/DD/YYYY)</b> <i>4/22/2018</i>	<b>Amount</b> <i>550.00</i>
<b>Street Address</b> <i>72 Plum St</i>		<b>Purpose</b> <i>Fundraising</i>	
<b>City</b> <i>Dayton</i>	<b>State</b> <i>OH</i>	<b>Zip Code</b> <i>45440</i>	<b>Check Number</b> <i>Debit Card</i>
<b>To Whom Paid</b> <i>Vistaprint</i>		<b>Date (MM/DD/YYYY)</b> <i>5/11/2018</i>	<b>Amount</b> <i>54.92</i>
<b>Street Address</b> <i>95 Hayden Ave</i>		<b>Purpose</b> <i>Cards</i>	
<b>City</b> <i>Lexington</i>	<b>State</b> <i>MA</i>	<b>Zip Code</b> <i>02421</i>	<b>Check Number</b> <i>Debit</i>
<b>To Whom Paid</b> <i>Allied Shirts</i>		<b>Date (MM/DD/YYYY)</b> <i>5/11/2018</i>	<b>Amount</b> <i>131.65</i>
<b>Street Address</b> <i>11525 Stonehollow Dr, Ste 100</i>		<b>Purpose</b> <i>Shirts</i>	
<b>City</b> <i>Austin</i>	<b>State</b> <i>TX</i>	<b>Zip Code</b> <i>78758</i>	<b>Check Number</b> <i>Debit</i>
<b>To Whom Paid</b> <i>Nation Builder</i>		<b>Date (MM/DD/YYYY)</b> <i>5/18/2018</i>	<b>Amount</b> <i>29.00</i>
<b>Street Address</b> <i>520 S. Grand Ave, 2nd Fl</i>		<b>Purpose</b> <i>Website</i>	
<b>City</b> <i>Los Angeles</i>	<b>State</b> <i>CA</i>	<b>Zip Code</b> <i>90071</i>	<b>Check Number</b> <i>Debit</i>
<b>To Whom Paid</b> <i>PayPal</i>		<b>Date (MM/DD/YYYY)</b> <i>04/26/2018</i>	<b>Amount</b> <i>6.10</i>
<b>Street Address</b> <i>2211 N. 1st St</i>		<b>Purpose</b> <i>Processing fee</i>	
<b>City</b> <i>San Jose</i>	<b>State</b> <i>CA</i>	<b>Zip Code</b> <i>95131</i>	<b>Check Number</b> <i>Electronic</i>

Page Total \$ 771.67



# Statement of Loans Received

Form 31-C

R.C. 3517.10

<b>Full Name of Committee</b> Citizens for Baguiron							
<b>From Whom Received</b> Adul Baguiron					<b>Prior Amount</b> 90,000	<b>Amt. Incurred this Period</b> 0.00	
<b>Street Address</b> 1817 Troy St						<b>Outstanding Balance</b> 90,000.	
<b>City</b> Dayton	<b>State</b> OH	<b>Zip Code</b> 45401	<b>Loans Received This Period</b>		<b>Payments This Period</b>		
<b>Date Loan was Originally Incurred (MM/DD/YYYY)</b> 01/31/2018			<b>Date of Loan (MM/DD/YYYY)</b>	<b>Amount</b>	<b>Date of Payment (MM/DD/YYYY)</b>	<b>Amount</b>	
<b>Registration Number, if PAC</b>			<b>Date of Loan (MM/DD/YYYY)</b>	<b>Amount</b>	<b>Date of Payment (MM/DD/YYYY)</b>	<b>Amount</b>	
<b>Employer/Occupation/Labor Organization*</b>			<b>Date of Loan (MM/DD/YYYY)</b>	<b>Amount</b>	<b>Date of Payment (MM/DD/YYYY)</b>	<b>Amount</b>	
<b>From Whom Received</b>					<b>Prior Amount</b>	<b>Amt. Incurred this Period</b>	
<b>Street Address</b>						<b>Outstanding Balance</b>	
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Loans Received This Period</b>		<b>Payments This Period</b>		
<b>Date Loan was Originally Incurred (MM/DD/YYYY)</b>			<b>Date of Loan (MM/DD/YYYY)</b>	<b>Amount</b>	<b>Date of Payment (MM/DD/YYYY)</b>	<b>Amount</b>	
<b>Registration Number, if PAC</b>			<b>Date of Loan (MM/DD/YYYY)</b>	<b>Amount</b>	<b>Date of Payment (MM/DD/YYYY)</b>	<b>Amount</b>	
<b>Employer/Occupation/Labor Organization*</b>			<b>Date of Loan (MM/DD/YYYY)</b>	<b>Amount</b>	<b>Date of Payment (MM/DD/YYYY)</b>	<b>Amount</b>	

\* 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)]

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Outstanding Balance to the Cover page (Form No. 30-A).

Total Prior Amount \$ 90,000.00

Total Received This Period \$ 0.00 (also record on Form 31-A-2)

Total Payments Received this Period \$ 0.00 (also record on Form 31-B)

Total Outstanding Balance \$ 90,000.00 (also record on Form 30-A)