



Committee Name <i>Citizens for Bagurov</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 Bagurov</i>	Treasurer Name <i>Evan Erickson</i>	Election Date (MM/DD/YYYY) <i>11/6/2018</i>	
Type of Report (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			
Amended Report <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Termination <input type="checkbox"/> Check this box if the committee wishes to terminate with this report	Short Form Report (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	88,777.26
2. Total monetary contributions (From Forms 31-A and 31-E)	9711.00
3. Total other income (From Form 31-A-2)	0.00
4. Total funds available (sum of lines 1, 2, 3)	98,488.26
5. Total monetary expenditures (From Forms 31-B and 31-F)	771.67
6. Balance on hand (line 4 minus line 5)	97716.59
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)	90,000.00
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)	

**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

Date (MM/DD/YYYY)

Contribution Pages

Expenditure Pages

Other Pages

Total Pages



Statement of Contributions Received

Page _____

Form 31-A

ORC 3517.10

Full Name of Committee

Citizens for Baguров

Full Name of Contributor		Registration Number, if PAC		
<i>From fundraiser 4/22/18 - Form 31-E</i>				
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
<i>see attached</i>				
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
	OH		<i>9/22/2018</i>	<i>3,950</i>
Full Name of Contributor		Registration Number, if PAC		
<i>Remzi Oten</i>				
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
<i>9831 E 29th De Oro Dr</i>	<i>Businessman</i>			<i>Electronic</i>
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
<i>Anaheim</i>	CA	<i>92807</i>	<i>09/26/2018</i>	<i>200.00</i>
Full Name of Contributor		Registration Number, if PAC		
<i>Javid Museynov</i>				
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
<i>719 Hackensack Ave, apt 1309</i>	<i>Data Scientist</i>			<i>Electronic</i>
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
<i>Hackensack</i>	NJ	<i>07601</i>	<i>5/13/2018</i>	<i>250.00</i>
Full Name of Contributor		Registration Number, if PAC		
<i>Sergin Oktay</i>				
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
<i>2807 Mulberry Ct</i>	<i>Intellectual Property Protection</i>			<i>Electronic</i>
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
<i>Poughkeepsie</i>	NY	<i>12603</i>	<i>5/13/2018</i>	<i>100.00</i>
Full Name of Contributor		Registration Number, if PAC		
<i>Patrick Tolman</i>				
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
<i>7931 Butterworth Pl NW</i>	<i>Retired</i>			<i>Electronic</i>
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
<i>Washington</i>	DC	<i>20016</i>	<i>5/14/2018</i>	<i>200.00</i>

*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)]

Page Total *750 + 3950*



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee <i>Citizens for Bagayev</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>			Registration Number, if PAC	
Full Name of Contributor <i>Majeeb Siddiqui</i>				
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>			Registration Number, if PAC	
Full Name of Contributor <i>Hamid Arazli Nikkhah</i>				
Street Address <i>6103 Beddingfield Ct</i>		Employer/Occupation/Labor Organization* <i>Impulse</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>			Registration Number, if PAC	
Full Name of Contributor <i>Zeki Gokce</i>				
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>			Registration Number, if PAC	
Full Name of Contributor <i>Lala Rapimov</i>				
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>			Registration Number, if PAC	

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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>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>9237 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 El Kusseini</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>Servine Bayramli</i>			Registration Number, if PAC	
Street Address <i>9237 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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Page Total 330



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 Sofgurtlu</i>			Registration Number, if PAC	
Street Address <i>359 Chilean Ave</i>		Employer/Occupation/Labor Organization* <i>Businessman</i>		
City <i>Palm Beach</i>		State <i>OH</i>	Zip Code <i>33980</i>	Date (MM/DD/YYYY) <i>6/19/2018</i>
Amount <i>100.00</i>		Form (Cash, Check, etc.) <i>Electronic</i>		
Full Name of Contributor <i>Mete Oner</i>				
Street Address <i>1 Kingsmill Ct</i>		Employer/Occupation/Labor Organization* <i>Manager</i>		
City <i>Algomaquin</i>		State <i>OH IL</i>	Zip Code <i>60102</i>	Date (MM/DD/YYYY) <i>6/19/2018</i>
Amount <i>10.00</i>		Form (Cash, Check, etc.) <i>Electronic</i>		
Full Name of Contributor <i>Vusal Rajabov</i>				
Street Address <i>2901 W. Sam Houston Pkwy</i>		Employer/Occupation/Labor Organization* <i>Team Leader</i>		
City <i>Houston</i>		State <i>OH TX</i>	Zip Code <i>77093</i>	Date (MM/DD/YYYY) <i>6/20/18</i>
Amount <i>100.00</i>		Form (Cash, Check, etc.) <i>Electronic</i>		
Full Name of Contributor <i>Mattice Oner</i>				
Street Address <i>1 Kingsmill Ct</i>		Employer/Occupation/Labor Organization* <i>Banker</i>		
City <i>Algomaquin</i>		State <i>OH IL</i>	Zip Code <i>60102</i>	Date (MM/DD/YYYY) <i>6/19/2018</i>
Amount <i>10.00</i>		Form (Cash, Check, etc.) <i>Electronic</i>		
Full Name of Contributor <i>Pirouz Khanlou</i>				
Street Address <i>1790 Rialto</i>		Employer/Occupation/Labor Organization* <i>Architect</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>1000.00</i>		Form (Cash, Check, etc.) <i>Electronic</i>		

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Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee <i>Citizens for Baguio</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>				
Street Address <i>555 California St, #9925</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>97107</i>	Date (MM/DD/YYYY) <i>5/23/2018</i>
Amount <i>250.00</i>				
Full Name of Contributor <i>Hakan Yavuz</i>				
Street Address <i>9315 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>89124</i>	Date (MM/DD/YYYY) <i>5/19/2018</i>
Amount <i>250.00</i>				
Full Name of Contributor <i>Mohammadali Novin</i>				
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 Elekdag</i>				
Street Address <i>7900 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>6/1/2018</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>
Full Name of Contributor <i>Kabib 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>Merrilon</i>		State <i>- VA</i>	Zip Code <i>20171</i>	Date (MM/DD/YYYY) <i>6/10/2018</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>PR 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>
Full Name of Contributor <i>Florence Arkene Whitter</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>
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>20.00</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)

Full Name of Committee Citizens for Bagirov			
Full Name of Contributor RAJA HASSIR		Registration Number, if PAC	
Street Address 5590 Terrace Creek	Employer/Occupation/Labor Organization* PTTYS15, LLC	Date (MM/DD/YYYY) 4/22/18	Amount 250
City Dayton	State <input type="checkbox"/> OH Zip Code 45259	Form (Cash, Check, Etc) Check	
Full Name of Contributor Sharica Subzwari		Registration Number, if PAC	
Street Address 9617 Old Georgetown Accelerate HHC	Employer/Occupation/Labor Organization* Nurse	Date (MM/DD/YYYY) 4/22/18	Amount 250.00
City Dayton	State <input type="checkbox"/> OH Zip Code 45458	Form (Cash, Check, Etc) Check	
Full Name of Contributor MOHAMED R KHAN		Registration Number, if PAC	
Street Address 10857 WATERBURY RIDGE LN	Employer/Occupation/Labor Organization* PTTYS15, LLC	Date (MM/DD/YYYY) 04/24/18	Amount 250
City Dayton	State <input type="checkbox"/> OH Zip Code 45458	Form (Cash, Check, Etc) Check	
Full Name of Contributor Alwaj Uesman		Registration Number, if PAC	
Street Address 10818 MARIAM LN	Employer/Occupation/Labor Organization* PTTYS15, LLC	Date (MM/DD/YYYY) 4/22/18	Amount 250.00
City CENTERVILLE	State <input type="checkbox"/> OH Zip Code 453158	Form (Cash, Check, Etc) Check	
Full Name of Contributor Rabia Wase		Registration Number, if PAC	
Street Address 10743 Falls Church Creek Rd	Employer/Occupation/Labor Organization* Homemaker	Date (MM/DD/YYYY) 4/22/2018	Amount 100
City Centerville	State <input type="checkbox"/> OH Zip Code 453158	Form (Cash, Check, Etc) 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)

Full Name of Committee Citizens for Bagirov			
Full Name of Contributor <i>Fauzia Shalud</i>		Registration Number, if PAC	
Street Address <i>3483 King Edward way</i>	Employer/Occupation/Labor Organization* <i>Homemaker</i>		Date (MM/DD/YYYY) <i>4-22-18</i>
City <i>Beavercreek OH 45431</i>	State <i>OH</i>	Zip Code <i>45431</i>	Amount <i>100.00</i>
Form (Cash, Check, Etc) <i>Cash</i>			
Full Name of Contributor <i>Ramiz Shalud</i>			
Street Address <i>3483 King Edward</i>	Employer/Occupation/Labor Organization* <i>Student</i>		Date (MM/DD/YYYY) <i>4-22-18</i>
City <i>Beavercreek OH</i>	State <i>OH</i>	Zip Code <i>45431</i>	Amount <i>50.00</i>
Form (Cash, Check, Etc) <i>Cash</i>			
Full Name of Contributor <i>Ali Shakhbandarov</i>			
Street Address <i>1415 Ray st</i>	Employer/Occupation/Labor Organization* <i>APL</i>		Date (MM/DD/YYYY) <i>4-22-18</i>
City <i>Dayton</i>	State <i>OH</i>	Zip Code <i>45404</i>	Amount <i>\$125.00</i>
Form (Cash, Check, Etc) <i>Check</i>			
Full Name of Contributor <i>Ismat Shakhbandarov</i>			
Street Address <i>609 Maryland Ave</i>	Employer/Occupation/Labor Organization* <i></i>		Date (MM/DD/YYYY) <i>4-22-18</i>
City <i>Dayton, Ohio</i>	State <i>OH</i>	Zip Code <i>45404</i>	Amount <i>\$125.00</i>
Form (Cash, Check, Etc) <i>Check</i>			
Full Name of Contributor <i>DR. & MRS ABDUL WASE</i>			
<i>RABIA WASE</i>		Registration Number, if PAC	
Street Address <i>10743 FALLS CREEK AVE</i>	Employer/Occupation/Labor Organization* <i>Premier</i>		Date (MM/DD/YYYY) <i>4/22/2018</i>
City <i>Centerville</i>	State <i>OH</i>	Zip Code <i>45458</i>	Amount <i>100.00</i>
Form (Cash, Check, Etc) <i>Cash</i>			

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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 \$ 500.00



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

Form 31-E

R.C. 3517.10(B)

Full Name of Committee Citizens for Baguirov				
Full Name of Contributor			Registration Number, if PAC	
AMINA HUSAIN				
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
6370 PARAGON Rd	Physicians MD		4/22/18	500.00
City	State	Zip Code	Form (Cash, Check, Etc)	
Dayton	OH	45458	check	
Full Name of Contributor				
Base 1 Yanes				
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
1576 W Alex Bell Rd	Physician			250 -
City	State	Zip Code	Form (Cash, Check, Etc)	
Dayton	OH	45459	check	
Full Name of Contributor				
Saira Sethi				
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
641 Grand Blvd Et	Business			250 -
City	State	Zip Code	Form (Cash, Check, Etc)	
Springboro	OH	45066	check	
Full Name of Contributor				
Nadeem Ahmed				
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
11189 Ashby Meadow Village	Physician			250.00
City	State	Zip Code	Form (Cash, Check, Etc)	
Dayton	OH	45458	check	
Full Name of Contributor				
IRSHAD HUSSAIN				
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
965 Old Steling Way	FIN Physician			250 / -
City	State	Zip Code	Form (Cash, Check, Etc)	
Dayton	OH	45459	check	

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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 \$ 1500



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

Form 31-E

R.C. 3517.10(B)

Full Name of Committee Citizens for Bagirov				
Full Name of Contributor			Registration Number, if PAC	
<i>Islam Shahzandarov</i>				
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
<i>9305 Limerick Lane</i>			<i>9/22/18</i>	<i>250.00</i>
City	State	Zip Code	Form (Cash, <input checked="" type="checkbox"/> Check, Etc)	
<i>Dayton</i>	<i>OH</i>	<i>45440</i>	<i>Check</i>	
Full Name of Contributor				
<i>Shahid Iqbal</i>				
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
<i>3483 King Edward way Entrepreneur</i>				<i>100.00</i>
City	State	Zip Code	Form (Cash, <input checked="" type="checkbox"/> Check, Etc)	
<i>Beaver Creek</i>	<i>OH</i>	<i>45431</i>	<i>Cash</i>	
Full Name of Contributor				
<i>Jameel Khan</i>				
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
<i>8529 Aspen Row</i>	<i>Orthodontist</i>			<i>250.00</i>
City	State	Zip Code	Form (Cash, <input checked="" type="checkbox"/> Check, Etc)	
<i>Waynesville</i>	<i>OH</i>	<i>45068</i>	<i>Check</i>	
Full Name of Contributor				
<i>Ali Niazi</i>				
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
<i>57 Crockett Dr.</i>	<i>Bank Manager</i>			<i>100.00</i>
City	State	Zip Code	Form (Cash, <input checked="" type="checkbox"/> Check, Etc)	
<i>Springboro</i>	<i>OH</i>	<i>45066</i>	<i>Check</i>	
Full Name of Contributor				
<i>Mu Jeekh Siddique</i>				
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
<i>10775 Fall Creek</i>	<i>M.D.</i>			<i>150.00</i>
City	State	Zip Code	Form (Cash, <input checked="" type="checkbox"/> Check, Etc)	
<i>Centerville</i>		<i>451458</i>	<i>Check</i>	

* 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

Full Name of Committee

Citizens for Bepuiner

To Whom Paid	Pasha Grill	Date (MM/DD/YYYY)	Amount
Street Address	72 Plum St	Purpose	Fundraising
City	Dayton	State	OH
To Whom Paid	Vistaprint	Zip Code	95990
Street Address	95 Hayden Ave	Check Number	Debit Card
City	Lexington	Date (MM/DD/YYYY)	Amount
To Whom Paid	Allied Shirts	MA	54.92
Street Address	11525 Stonehollow Dr, Ste 100	Purpose	Cards
City	Austin	Zip Code	02421
To Whom Paid	Nation Builder	Check Number	Debit
Street Address	520 S. Grand Ave, 2nd Fl	Date (MM/DD/YYYY)	Amount
City	Los Angeles	TX	131.65
To Whom Paid	PayPal	78758	29.00
Street Address	2211 N. 1st St	Purpose	Website
City	San Jose	CA	6.10
State	CA	Zip Code	95131
Check Number	Electronic		

Page Total \$ 771.67



Statement of Loans Received

Form 31-C

R.C. 3517.10

Full Name of Committee

Citizens for Baguiron

From Whom Received <i>Adil Baguiron</i>			Prior Amount <i>90,000</i>	Amt. Incurred this Period <i>0.00</i>
Street Address <i>1819 Troy St</i>			Outstanding Balance <i>90,000</i>	
City <i>Dayton</i>	State <i>OH</i>	Zip Code <i>45907</i>	Loans Received This Period Date of Loan (MM/DD/YYYY) Amount	
			Date of Loan (MM/DD/YYYY)	Amount
			Date of Payment (MM/DD/YYYY)	Amount
Registration Number, if PAC			Date of Loan (MM/DD/YYYY)	Amount
			Date of Payment (MM/DD/YYYY)	Amount
Employer/Occupation/Labor Organization*			Date of Loan (MM/DD/YYYY)	Amount
			Date of Payment (MM/DD/YYYY)	Amount
From Whom Received			Prior Amount	Amt. Incurred this Period
Street Address			Outstanding Balance	
City	State	Zip Code	Loans Received This Period Date of Loan (MM/DD/YYYY) Amount	
			Date of Loan (MM/DD/YYYY)	Amount
			Date of Payment (MM/DD/YYYY)	Amount
Registration Number, if PAC			Date of Loan (MM/DD/YYYY)	Amount
			Date of Payment (MM/DD/YYYY)	Amount
Employer/Occupation/Labor Organization*			Date of Loan (MM/DD/YYYY)	Amount
			Date of Payment (MM/DD/YYYY)	Amount

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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)