



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

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

Full Name of Committee <b>PETERSON FOR DUBLIN</b>				
Full Name of Contributor <b>KEVIN KELLY</b>			Registration Number, if PAC	
Street Address <b>306 WOODSFIELD CT.</b>	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) <b>09/28/17</b>	Amount <b>100.00</b>
City <b>PAWELL</b>	State <b>OH</b>	Zip Code <b>43065</b>	Form (Cash, Check, Etc) <b>CHECK</b>	
Full Name of Contributor <b>KRISTEN MCKEE</b>			Registration Number, if PAC	
Street Address <b>7127 CANTON WOODS DR.</b>	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) <b>9/28/17</b>	Amount <b>20.00</b>
City <b>DUBLIN</b>	State <b>OH</b>	Zip Code <b>43017</b>	Form (Cash, Check, Etc) <b>CASH</b>	
Full Name of Contributor <b>KYLE MCKEE</b>			Registration Number, if PAC	
Street Address <b>7127 CANTON WOODS DR.</b>	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) <b>09/28/17</b>	Amount <b>20.00</b>
City <b>DUBLIN</b>	State <b>OH</b>	Zip Code <b>43017</b>	Form (Cash, Check, Etc) <b>CASH</b>	
Full Name of Contributor <b>JEFFREY LEWIS</b>			Registration Number, if PAC	
Street Address <b>4474 SUMMIT RIDGE DR.</b>	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) <b>09/28/17</b>	Amount <b>150.00</b>
City <b>LOPPEZ ARLINGTON</b>	State <b>OH</b>	Zip Code <b>43220</b>	Form (Cash, Check, Etc) <b>CHECK</b>	
Full Name of Contributor <b>GREER SEIDENSTICKER</b>			Registration Number, if PAC	
Street Address <b>7287 PENNYROYAL PL.</b>	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) <b>9/28/17</b>	Amount <b>100.00</b>
City <b>DUBLIN</b>	State <b>OH</b>	Zip Code <b>43017</b>	Form (Cash, Check, Etc) <b>CHECK</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)]

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

**3,135**

Total Expenditures This Event

**0**

Page Total \$

**390.00**