



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee PETERSEN FOR DUBLIN				
Full Name of Contributor VISA BODDY			Registration Number, if PAC	
Street Address 2606 N. 109th DR. #208		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City OMAHA	State NE	Zip Code	Date (MM/DD/YYYY) 11/06/17	Amount 100.00
Full Name of Contributor KOTE SWARA NALLUR			Registration Number, if PAC	
Street Address 4751 VISTA RIDGE DR.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City DUBLIN	State OH	Zip Code 43017	Date (MM/DD/YYYY) 12/06/17	Amount 100.00
Full Name of Contributor JYOTUSNA VADADA			Registration Number, if PAC	
Street Address 8109 LOMBARD WAY		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City DUBLIN	State OH	Zip Code 43016	Date (MM/DD/YYYY) 11/06/17	Amount 150.00
Full Name of Contributor ISAAC WILES BLEX HOLDER & TEEN LLC			Registration Number, if PAC	
Street Address 2 MIRANDA PL. #700		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City COLUMBUS	State OH	Zip Code 43215	Date (MM/DD/YYYY) 11/06/17	Amount 150.00
Full Name of Contributor GRAELAND PARTNERS LLC			Registration Number, if PAC	
Street Address 3783 NORTH HIGH ST.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City COLUMBUS	State OH	Zip Code 43215	Date (MM/DD/YYYY) 11/06/17	Amount 150.00

*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)]