



**Statement of Expenditures**

Form 31-B

R.C. 3517.10

<b>Full Name of Committee</b> PETERSON FOR DUBLIN			
<b>To Whom Paid</b> OHIO HEALTH FOUNDATION		<b>Date (MM/DD/YYYY)</b> 08/06/2018	<b>Amount</b> 250.00
<b>Street Address</b> 5565 WIND DRIFT DR.		<b>Purpose</b> CHARITABLE CONTRIBUTION AS MAYOR	
<b>City</b> POWELL	<b>State</b> OH	<b>Zip Code</b> 43065	<b>Check Number</b> 1118
<b>To Whom Paid</b>		<b>Date (MM/DD/YYYY)</b>	<b>Amount</b>
<b>Street Address</b>		<b>Purpose</b>	
<b>City</b>	<b>State</b> OH	<b>Zip Code</b>	<b>Check Number</b>
<b>To Whom Paid</b>		<b>Date (MM/DD/YYYY)</b>	<b>Amount</b>
<b>Street Address</b>		<b>Purpose</b>	
<b>City</b>	<b>State</b> OH	<b>Zip Code</b>	<b>Check Number</b>
<b>To Whom Paid</b>		<b>Date (MM/DD/YYYY)</b>	<b>Amount</b>
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<b>City</b>	<b>State</b> OH	<b>Zip Code</b>	<b>Check Number</b>

Page Total \$ **250.00**