

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Peterson for Dublin									
Full Name of Contributor Gary J. Gottfried						Registration Number, if PAC			
Street Address 608 Office Parkway			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check			
City Westerville			State OH	Zip Code 43082		M 0	D 1	Y 06	Amount 150.00
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
City			State	Zip Code		M	D	Y	Amount
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
City			State	Zip Code		M	D	Y	Amount
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Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
City			State	Zip Code		M	D	Y	Amount

* 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)]