



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee PETTERSON FOR DUBLIN				
Full Name of Contributor DANIEL HAWKINS			Registration Number, if PAC	
Street Address 8119 BARLOW ROAD		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City WESTERVILLE	State OHIO	Zip Code 43081	Date (MM/DD/YYYY) 4/24/17	Amount 150.00
Full Name of Contributor AMY HAWKINS			Registration Number, if PAC	
Street Address 8119 BARLOW ROAD		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City WESTERVILLE	State OHIO	Zip Code 43081	Date (MM/DD/YYYY) 4/24/17	Amount 150.00
Full Name of Contributor JOEL CAMPBELL			Registration Number, if PAC	
Street Address 575 SOUTH THIRD ST.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City COLUMBUS	State OHIO	Zip Code 43215	Date (MM/DD/YYYY) 4/24/17	Amount 150.00
Full Name of Contributor BRADLEY BARBIN			Registration Number, if PAC	
Street Address 7780 SEFTON PARK		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City COLUMBUS	State OHIO	Zip Code 43235	Date (MM/DD/YYYY) 4/24/17	Amount 150.00
Full Name of Contributor JONATHAN THACK			Registration Number, if PAC	
Street Address 8323 AMBERLEIGH LANE		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City DUBLIN	State OHIO	Zip Code 43007	Date (MM/DD/YYYY) 4/24/17	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

PAGE TOTAL \$ 750.00