



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee PETERSON FOR DUBLIN				
Full Name of Contributor GERALD KOSICKI			Registration Number, if PAC	
Street Address 4313 LUNADOTIE WOODS BLVD.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City DUBLIN	State OHIO	Zip Code 43016	Date (MM/DD/YYYY) 10/1/17	Amount 100.00
Full Name of Contributor EARL CANTRELL			Registration Number, if PAC	
Street Address 5300 CEMETARY RD.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City HILLIARD	State OHIO	Zip Code 43026	Date (MM/DD/YYYY) 10/3/17	Amount 150.00
Full Name of Contributor FRANK RAY			Registration Number, if PAC	
Street Address P.O. BOX 21444		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City COLUMBUS	State OHIO	Zip Code 43221	Date (MM/DD/YYYY) 10/02/17	Amount 150.00
Full Name of Contributor CAROL RAY			Registration Number, if PAC	
Street Address P.O. BOX 21444		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City COLUMBUS	State OHIO	Zip Code 43221	Date (MM/DD/YYYY) 10/02/17	Amount 150.00
Full Name of Contributor ANDREW BARBIN			Registration Number, if PAC	
Street Address 7780 SEFTON PARK DR.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City COLUMBUS	State OHIO	Zip Code 43235	Date (MM/DD/YYYY) 10/04/17	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 \$ 700.00