JON HUSTED
Ohio Secretary of State

Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee
PETERSON FOR DUBLIN

Full Name of Contributor	Registration Number, if PAC
KARI HERTEL	

Street Address	Employer/Occupation/Labor Organization*	Form (Cash, Check, etc.)
4607 WUERTZ CT.		CHECK

City	State	Zip Code	Date (MM/DD/YYYY)	Amount
DUBLIN	OHIO	43016	10/9/17	150.00

Full Name of Contributor	Registration Number, if PAC
SCOTT GRUNDEL	

Street Address	Employer/Occupation/Labor Organization*	Form (Cash, Check, etc.)
5186 REDDINGTON DR.		CHECK

City	State	Zip Code	Date (MM/DD/YYYY)	Amount
DUBLIN	OHIO	43017	10/4/17	50.00

Full Name of Contributor	Registration Number, if PAC
JOHN REINER	

Street Address	Employer/Occupation/Labor Organization*	Form (Cash, Check, etc.)
8977 TURIN HILL CT. N		CHECK

City	State	Zip Code	Date (MM/DD/YYYY)	Amount
DUBLIN	OHIO	43017	10/4/17	150.00

Full Name of Contributor	Registration Number, if PAC
LEKHA SHAH	

Street Address	Employer/Occupation/Labor Organization*	Form (Cash, Check, etc.)
6268 BELLOW VALLEY DR.		CHECK

City	State	Zip Code	Date (MM/DD/YYYY)	Amount
DUBLIN	OHIO	43016	10/11/17	150.00

Full Name of Contributor	Registration Number, if PAC
SUMMIT SHAH	

Street Address	Employer/Occupation/Labor Organization*	Form (Cash, Check, etc.)
6268 BELLOW VALLEY DR.		CHECK

City	State	Zip Code	Date (MM/DD/YYYY)	Amount
DUBLIN	OHIO	43016	10/11/17	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 $ 650.00