



Statement of Contributions Received

Form 31-A
ORC 3517.10

Full Name of Committee PETERSON FOR DUBLIN				
Full Name of Contributor BEATRICE FISHMAN			Registration Number, if PAC	
Street Address 8577 TOWNBERRY CT.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City DUBLIN	State OH	Zip Code 43017	Date (MM/DD/YYYY) 11/06/17	Amount 150.00
Full Name of Contributor CHANDANA BADDAM			Registration Number, if PAC	
Street Address 10440 MACKENZIE WAY		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City DUBLIN	State OH	Zip Code 43017	Date (MM/DD/YYYY) 11/06/17	Amount 150.00
Full Name of Contributor AMAR VADLAMUDI			Registration Number, if PAC	
Street Address 455 METRO PL. SW #270		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City DUBLIN	State OH	Zip Code 43017	Date (MM/DD/YYYY) 11/06/17	Amount 150.00
Full Name of Contributor KIRAN BEERAVELLI			Registration Number, if PAC	
Street Address 7942 CARAMAN AVE.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City DUBLIN	State OH	Zip Code 43016	Date (MM/DD/YYYY) 11/06/17	Amount 150.00
Full Name of Contributor HAARESHA BEERAVELLI			Registration Number, if PAC	
Street Address 7942 CARAMAN AVE.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City DUBLIN	State OH	Zip Code 43016	Date (MM/DD/YYYY) 11/06/17	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 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)]