



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee PETERSON for DUBLIN				
Full Name of Contributor RICHARD STAGE			Registration Number, if PAC	
Street Address 2733 WOODGROVE DR.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City GRAVE CITY	State OHIO	Zip Code 43123	Date (MM/DD/YYYY) 9/24/17	Amount 150.00
Full Name of Contributor CATHERINE SCHWARTZ			Registration Number, if PAC	
Street Address 3885 DIXON RD SW		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City DATASKLA	State OHIO	Zip Code 43062	Date (MM/DD/YYYY) 9/24/17	Amount 50.00
Full Name of Contributor ROBIN CAMPBELL			Registration Number, if PAC	
Street Address 5565 BRAND ROAD		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City DUBLIN	State OHIO	Zip Code 43017	Date (MM/DD/YYYY) 9/24/17	Amount 150.00
Full Name of Contributor JUDITH SCHNEIDER			Registration Number, if PAC	
Street Address 5633 MONTRIDGE LANE		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City DUBLIN	State OHIO	Zip Code 43017	Date (MM/DD/YYYY) 9/24/17	Amount 150.00
Full Name of Contributor CHARLES SCHNEIDER			Registration Number, if PAC	
Street Address 5633 MONTRIDGE LANE		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City DUBLIN	State OHIO	Zip Code 43016	Date (MM/DD/YYYY) 9/24/17	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 \$ **650.00**