



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee PETERSON FOR DUBLIN				
Full Name of Contributor MARCIA TRACK			Registration Number, if PAC	
Street Address 8323 AMB W LEIGH WAY		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 SCOTT ATWAY			Registration Number, if PAC	
Street Address 1080 RETREAT LANE		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City PAWELL	State OHIO	Zip Code 43065	Date (MM/DD/YYYY) 9/24/17	Amount 150.00
Full Name of Contributor JOANNA ATWAY			Registration Number, if PAC	
Street Address 1080 RETREAT LANE		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City PAWELL	State OHIO	Zip Code 43065	Date (MM/DD/YYYY) 9/24/17	Amount 150.00
Full Name of Contributor PAUL BELPI			Registration Number, if PAC	
Street Address 7195 RIVERSIDE DRIVE		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City DUBLIN	State OHIO	Zip Code 43017	Date (MM/DD/YYYY) 09/29/17	Amount 150.00
Full Name of Contributor MARIAN BELPI			Registration Number, if PAC	
Street Address 7195 RIVERSIDE DR.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City DUBLIN	State OHIO	Zip Code 43017	Date (MM/DD/YYYY) 9/29/17	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