



**Statement of Contributions Received
at a Social or Fund-Raising Event**

Form 31-E
R.C. 3517.10(B)

| | | | | |
|--|--|---|-----------------------------|--------------------------------------|
| Full Name of Committee PETERSON FOR DUBLIN | | | | |
| Full Name of Contributor BRUCE BURKHOLDER | | | Registration Number, if PAC | |
| Street Address 10291 SYLVIAN DR. | | Employer/Occupation/Labor Organization* | | Date (MM/DD/YYYY) 09/28/17 |
| City DUBLIN | | State OH | Zip Code 43017 | Amount 150.00 |
| Form (Cash, Check, Etc) CHECK | | | | |
| Full Name of Contributor PAM WILSON | | | Registration Number, if PAC | |
| Street Address 7110 COVENTRY WOODS CT. | | Employer/Occupation/Labor Organization* | | Date (MM/DD/YYYY) 09/28/17 |
| City DUBLIN | | State OH | Zip Code 43017 | Amount 50.00 |
| Form (Cash, Check, Etc) CHECK | | | | |
| Full Name of Contributor | | | Registration Number, if PAC | |
| Street Address | | Employer/Occupation/Labor Organization* | | Date (MM/DD/YYYY) |
| City | | State | Zip Code | Amount |
| Form (Cash, Check, Etc) | | | | |
| Full Name of Contributor | | | Registration Number, if PAC | |
| Street Address | | Employer/Occupation/Labor Organization* | | Date (MM/DD/YYYY) |
| City | | State | Zip Code | Amount |
| Form (Cash, Check, Etc) | | | | |
| Full Name of Contributor | | | Registration Number, if PAC | |
| Street Address | | Employer/Occupation/Labor Organization* | | Date (MM/DD/YYYY) |
| City | | State | Zip Code | Amount |
| Form (Cash, Check, Etc) | | | | |

* 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)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total Contributions This Event
3,135

Total Expenditures This Event
0

Page Total \$ **200.00**