

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Peterson for Dublin						
Full Name of Contributor Dennis M. Eshbaugh				Registration Number, if PAC		
Street Address 1917 Fraley Drive		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43235	M 0	D 9	Y 2013	Amount 150.00
Full Name of Contributor Strategic Impact Consulting LLC-Dave Celona				Registration Number, if PAC		
Street Address 3106 Zoe Ct.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check		
City Galena	State OH	Zip Code 43021	M 0	D 9	Y 3013	Amount 150.00
Full Name of Contributor Joel R. Campbell				Registration Number, if PAC		
Street Address 575 South Third Street		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check		
City Columbus	State OH	Zip Code 43215	M 1	D 0	Y 0513	Amount 150
Full Name of Contributor Gregory M. Franken				Registration Number, if PAC		
Street Address 7990 Caraway Ave		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check		
City Dublin	State OH	Zip Code 43016	M 1	D 0	Y 0513	Amount 150.00
Full Name of Contributor Robin R. Campbell				Registration Number, if PAC		
Street Address 5565 Brand Rd.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check		
City Dublin	State OH	Zip Code 43017	M 1	D 0	Y 0913	Amount 150.00
Full Name of Contributor Wiles, Boyle, Buukholder, Bringardner L.P.A P.A.C.				Registration Number, if PAC 7384		
Street Address 300 Spruce Street		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check		
City Columbus	State OH	Zip Code 43215	M 1	D 0	Y 0913	Amount 150.00
Full Name of Contributor William P. Jacob				Registration Number, if PAC		
Street Address 8326 Autumnwood Way		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check		
City Dublin	State OH	Zip Code 43017	M 1	D 0	Y 1113	Amount 150.
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount

* 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)]