

Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee Peterson For Dublin													
From Whom Received Sonni Peterson										Prior Amount		Amt. Incurred this Period 150.00	
Address 7300 Penneyroyal Place												Outstanding Balance 150.00	
City Dublin		State OH		Zip Code 43017		Loans Received This Period Date Amount				Payments This Period Date Amount			
Date Loan was originally Incurred		M D Y		M D Y		S		M D Y		S			
11 27 13		11 27 13				150.00							
Registration Number, if PAC						M D Y		M D Y		M D Y			
Employer/Occupation/Labor Organization*						M D Y		M D Y		M D Y			
From Whom Received										Prior Amount		Amt. Incurred this Period	
Address												Outstanding Balance	
City		State		Zip Code		Loans Received This Period Date Amount				Payments This Period Date Amount			
M D Y		M D Y		M D Y		S		M D Y		S			
Date Loan was originally Incurred		M D Y		M D Y		S		M D Y		S			
Registration Number, if PAC						M D Y		M D Y		M D Y			
Employer/Occupation/Labor Organization*						M D Y		M D Y		M D Y			
From Whom Received										Prior Amount		Amt. Incurred this Period	
Address												Outstanding Balance	
City		State		Zip Code		Loans Received This Period Date Amount				Payments This Period Date Amount			
M D Y		M D Y		M D Y		S		M D Y		S			
Date Loan was originally Incurred		M D Y		M D Y		S		M D Y		S			
Registration Number, if PAC						M D Y		M D Y		M D Y			
Employer/Occupation/Labor Organization*						M D Y		M D Y		M D Y			

* 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)]

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Outstanding Balance to the Cover page (Form No. 30-A).

¹ Total prior amount \$ _____

² Total received this period \$ 150.00 (To Form No. 31-A-2)

³ Total payments this period \$ 0 (To Form No. 31-B)

⁴ Total Outstanding Balance \$ 150.00 (To Form No. 30-A)