



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Petersen For DUBLIN				
Full Name of Contributor BIA BUILD PAC of CENTRAL OHIO			Registration Number, if PAC NA	
Street Address 445 EXECUTIVE CAMER DR.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City WESTERVILLE	State OH	Zip Code 43082	Date (MM/DD/YYYY) 11/21/17	Amount 150.00
Full Name of Contributor DAVID YBACK			Registration Number, if PAC	
Street Address 7173 LOVENTON WOODS CT.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City DUBLIN	State OH	Zip Code 43017	Date (MM/DD/YYYY) 11/22/17	Amount 100.00
Full Name of Contributor CHARUL YBACK			Registration Number, if PAC	
Street Address 7173 LOVENTON WOODS CT.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City DUBLIN	State OH	Zip Code 43017	Date (MM/DD/YYYY) 11/22/17	Amount 100.00
Full Name of Contributor GREGG SCHMIDT			Registration Number, if PAC	
Street Address 1188 S. HILLY ST.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City COLUMBUS	State OH	Zip Code 43206	Date (MM/DD/YYYY) 10/26/17	Amount 150.00
Full Name of Contributor JEFFREY DODGION			Registration Number, if PAC	
Street Address 1188 SOUTH HILLY STREET		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City COLUMBUS	State OH	Zip Code 43206	Date (MM/DD/YYYY) 10/26/17	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 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)]