



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

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

Full Name of Committee <b>PETERSON FOR DUBLIN</b>				
Full Name of Contributor <b>ROBERT ADAMEK</b>			Registration Number, if PAC	
Street Address <b>4897 LYTFIELD DR.</b>	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) <b>09/28/17</b>	Amount <b>150.00</b>
City <b>DUBLIN</b>	State <b>OH</b>	Zip Code <b>43017</b>	Form (Cash, Check, Etc) <b>CHECK</b>	
Full Name of Contributor <b>CAROL ZIMMERMAN</b>			Registration Number, if PAC	
Street Address <b>8866 CROFTON BAY CT.</b>	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) <b>09/28/17</b>	Amount <b>150.00</b>
City <b>DUBLIN</b>	State <b>OH</b>	Zip Code <b>43017</b>	Form (Cash, Check, Etc) <b>CHECK</b>	
Full Name of Contributor <b>KATHERINE HARTER</b>			Registration Number, if PAC	
Street Address <b>7825 HOLISTON CT.</b>	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) <b>09/28/17</b>	Amount <b>100.00</b>
City <b>DUBLIN</b>	State <b>OH</b>	Zip Code <b>43016</b>	Form (Cash, Check, Etc) <b>CHECK</b>	
Full Name of Contributor <b>JILL KEENAN</b>			Registration Number, if PAC	
Street Address <b>6805 AUBURN MURPHY DR #20</b>	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) <b>09/28/17</b>	Amount <b>100.00</b>
City <b>DUBLIN</b>	State <b>OH</b>	Zip Code <b>43017</b>	Form (Cash, Check, Etc) <b>CHECK</b>	
Full Name of Contributor <b>LYNN MAY</b>			Registration Number, if PAC	
Street Address <b>5247 REDDINGTON DR.</b>	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) <b>09/28/17</b>	Amount <b>50.00</b>
City <b>DUBLIN</b>	State <b>OH</b>	Zip Code <b>43017</b>	Form (Cash, Check, Etc) <b>CHECK</b>	

\* 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 \$ **550.00**