



Filing ID #10041206

FINANCIAL DISCLOSURE REPORT

Clerk of the House of Representatives • Legislative Resource Center • 135 Cannon Building • Washington, DC 20515

FILER INFORMATION

Name: Bob Peterson
Status: Congressional Candidate
State/District: OH15

FILING INFORMATION

Filing Type: Candidate Report
Filing Year: 2021
Filing Date: 07/4/2021
Period Covered: 01/01/2020– 06/19/2021

SCHEDULE A: ASSETS AND "UNEARNED" INCOME

Asset	Owner	Value of Asset	Income Type(s)	Income Current Year to Filing	Income Preceding Year
Goodview, LLC [PS] DESCRIPTION: Stock in property holding company		Undetermined	None		
Ohio Public Employees Retirement System [PE] DESCRIPTION: State of Ohio retirement plan		\$250,001 - \$500,000	None		
Peterson Farms [RP] LOCATION: Sabina / Fayette, OH, US		\$500,001 - \$1,000,000	None		
Peterson Farms, LLC [FA] LOCATION: Sabina/Fayette, OH, US DESCRIPTION: Farmland in Fayette County, Ohio		\$250,001 - \$500,000	Rent	\$5,001 - \$15,000	\$5,001 - \$15,000
Robert & Lisa Peterson Farmland [RP] LOCATION: Sabina / Fayette, OH, US DESCRIPTION: Privately owned farmland	JT	\$1,000,001 - \$5,000,000	None		

* For the complete list of asset type abbreviations, please visit <https://fd.house.gov/reference/asset-type-codes.aspx>.

SCHEDULE C: EARNED INCOME

Source	Type	Amount Current Year to Filing	Amount Preceding Year
State of Ohio	Salary	\$43,600.00	\$89,322.00
Peterson Farms	Salary	N/A	\$141,748.00

SCHEDULE D: LIABILITIES

Owner	Creditor	Date Incurred	Type	Amount of Liability
	Farm Credit	2010	Land	\$500,001 - \$1,000,000

SCHEDULE E: POSITIONS

Position	Name of Organization
Senator	Ohio Senate
Member	Peterson Farms, LLC

SCHEDULE F: AGREEMENTS

None disclosed.

SCHEDULE J: COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

None disclosed.

EXCLUSIONS OF SPOUSE, DEPENDENT, OR TRUST INFORMATION

Trusts: Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?

☐ Yes ☒ No

Exemption: Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?

☒ Yes ☐ No

CERTIFICATION AND SIGNATURE

☒ I CERTIFY that the statements I have made on the attached Financial Disclosure Report are true, complete, and correct to the best of my knowledge and belief.

Digitally Signed: Bob Peterson , 07/4/2021