

Event Date	<u>3-12-15</u>
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Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full The Committee to Elect Jennifer Price					
Full Name of Contributor Leon Hughes Jr.				Registration Number, if PAC	
Street Address 5535 Naiche Road	Employer/Occupation/Labor Organization*		M 0	D 3	Y 15
City Columbus	State OH	Zip Code 43213-3508	Form (Cash, Check, etc) check		Amount 25.00
Full Name of Contributor Jody Dickson				Registration Number, if PAC	
Street Address 322 Highmeadow Ct.	Employer/Occupation/Labor Organization* United Airlines		M 0	D 3	Y 15
City Gahanna	State OH	Zip Code 43230	Form (Cash, Check, etc) check		Amount 25.00
Full Name of Contributor Danielle Piccione				Registration Number, if PAC	
Street Address 3877 Preserve Crossing Blvd	Employer/Occupation/Labor Organization* L-Brands		M 0	D 3	Y 15
City Columbus	State OH	Zip Code 43230	Form (Cash, Check, etc) check		Amount 25.00
Full Name of Contributor Olga M. Hesch				Registration Number, if PAC	
Street Address 7260 Refugee Road	Employer/Occupation/Labor Organization*		M 0	D 3	Y 15
City Pickerington	State OH	Zip Code 43147	Form (Cash, Check, etc) check		Amount 25.00
Full Name of Contributor John Henry				Registration Number, if PAC	
Street Address 2590 South State Rt. 605	Employer/Occupation/Labor Organization* self-employed		M 0	D 3	Y 15
City Galena	State OH	Zip Code 43021	Form (Cash, Check, etc) cash		Amount 50.00
Full Name of Contributor Scott Wade				Registration Number, if PAC	
Street Address 7456 Fallsview Circle	Employer/Occupation/Labor Organization*		M 0	D 3	Y 15
City Delaware	State OH	Zip Code 43015	Form (Cash, Check, etc)		Amount 50.00
Full Name of Contributor Jeff Tisone				Registration Number, if PAC	
Street Address 10171 Choctaw Dr.	Employer/Occupation/Labor Organization* Ohio Basement Authority		M 0	D 3	Y 15
City Canal Winchester	State OH	Zip Code 43110	Form (Cash, Check, etc)		Amount 30.00

* 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 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

Total expenditures this event

Page Total \$ 230.00