

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full The Committee to Elect Jennifer Price							
Full Name of Contributor Margo Price					Registration Number, if PAC		
Street Address 3806 Trellis Lane		Employer/Occupation/Labor Organization* retired nurse			Form (Cash, Check, etc.) credit		
City Gahanna	State O H	Zip Code 43230-8481	M 0 3	D 0 4	Y 1 5	Amount 500.00	
Full Name of Contributor Greg Figurski					Registration Number, if PAC		
Street Address 1394 Hanbury Ct.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) credit		
City Gahanna	State O H	Zip Code 43230	M 0 3	D 1 1	Y 1 5	Amount 69.77	
Full Name of Contributor Jennifer Price					Registration Number, if PAC		
Street Address 1173 Rice Avenue		Employer/Occupation/Labor Organization* Bishop Hartley High School			Form (Cash, Check, etc.) credit		
City Gahanna	State O H	Zip Code 43230	M 0 3	D 1 1	Y 1 5	Amount 25.00	
Full Name of Contributor Jane Peters					Registration Number, if PAC		
Street Address 284 Crossing Creek		Employer/Occupation/Labor Organization* advertising			Form (Cash, Check, etc.) credit		
City Gahanna	State O H	Zip Code 43230	M 0 3	D 1 9	Y 1 5	Amount 100.00	
Full Name of Contributor John Singleton					Registration Number, if PAC		
Street Address 175 S. Third Street, Suite 200		Employer/Occupation/Labor Organization* John Singleton & Associates			Form (Cash, Check, etc.) credit		
City Columbus	State O H	Zip Code 43215	M 0 3	D 2 7	Y 1 5	Amount 50.00	
Full Name of Contributor Campaign Fundraiser Per Form 31-E					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) N/A		
City Gahanna	State O H	Zip Code 43230	M 0 3	D 1 2	Y 1 5	Amount 1,005.00	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	

* 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)]

Page Total \$ **1,749.77**