

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full The Committee to Elect Jennifer Price						
Full Name of Contributor Rick Duff				Registration Number, if PAC		
Street Address 312 Dunbarton Road		Employer/Occupation/Labor Organization* Retired			Form (Cash, Check, etc.) credit card	
City Gahanna	State OH	Zip Code 43230	M 0	D 4	Y 1 6 1 5	Amount \$5.00
Full Name of Contributor Raymond Briya				Registration Number, if PAC		
Street Address 3845 Villa Rosa Drive		Employer/Occupation/Labor Organization* MS Consultants			Form (Cash, Check, etc.) credit card	
City Canfield	State OH	Zip Code 44406	M 0	D 4	Y 2 5 1 5	Amount \$300.00
Full Name of Contributor Carter Headrick				Registration Number, if PAC		
Street Address 8404 E. Otero Circle		Employer/Occupation/Labor Organization* American Heart Association			Form (Cash, Check, etc.) credit card	
City Centennial	State CO	Zip Code 80122	M 0	D 5	Y 0 4 1 5	Amount \$25.00
Full Name of Contributor Jonathon Taylor				Registration Number, if PAC		
Street Address 6417 Shanagan Street		Employer/Occupation/Labor Organization* CAS			Form (Cash, Check, etc.) check	
City Dublin	State OH	Zip Code 43016	M 0	D 4	Y 2 0 1 5	Amount \$250.00
Full Name of Contributor Donna Newlon				Registration Number, if PAC		
Street Address 14538 N. Lost Arrow Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Oro Valley	State AZ	Zip Code 85755	M 0	D 4	Y 2 5 1 5	Amount \$25.00
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State OH	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 OH	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 OH	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 also appear. [R.C. 3517.10(B)(4)]

Page Total **\$605.00**