

In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full The Committee to Elect Jennifer Price				
Full Name of Contributor Jen Bosch	Employer, Occupation, Labor Organization * baker	Registration Number, if PAC		
Street Address 313 Penwood Ct.	Description of Item or Service Cakepops for fundraiser	M 0	D 3	Fair Market Value 50.00
City Pataskala	State OH	Y 1	Y 1	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Zip Code 43062				
Full Name of Contributor Local Cantina Gahanna LLC <i>(Christopher J. Hubbert 100%)</i>	Employer, Occupation, Labor Organization * restaurant	Registration Number, if PAC		
Street Address 101 Mill Street Suite 100	Description of Item or Service Food at fundraiser	M 0	D 3	Fair Market Value 75.00
City Gahanna	State OH	Y 1	Y 1	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Zip Code 43230				
Full Name of Contributor Jennifer Price	Employer, Occupation, Labor Organization *	Registration Number, if PAC		
Street Address 1173 Rice Avenue	Description of Item or Service paper, ink, envelopes	M 0	D 2	Fair Market Value 200.00
City Gahanna	State OH	Y 1	Y 1	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Zip Code 43230				
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC		
Street Address	Description of Item or Service	M 	D 	Fair Market Value
City	State 	Y 	Y 	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Zip Code				
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC		
Street Address	Description of Item or Service	M 	D 	Fair Market Value
City	State 	Y 	Y 	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Zip Code				
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC		
Street Address	Description of Item or Service	M 	D 	Fair Market Value
City	State 	Y 	Y 	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Zip Code				
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Street Address	Description of Item or Service	M 	D 	Fair Market Value
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Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC		
Street Address	Description of Item or Service	M 	D 	Fair Market Value
City	State 	Y 	Y 	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Zip Code				

* 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)]