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| Event Date | 3-12-15 |
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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<br><b>The Committee to Elect Jennifer Price</b> |                                                                                |                               |                                         |                |                |                         |
| Full Name of Contributor<br><b>John Gabrielli</b>                         |                                                                                |                               | Registration Number, if PAC             |                |                |                         |
| Street Address<br><b>7100 Pleasant Colony Circle</b>                      | Employer/Occupation/Labor Organization*<br><b>Executive, Abercrombie &amp;</b> |                               | M<br><b>03</b>                          | D<br><b>12</b> | Y<br><b>15</b> | Amount<br><b>100.00</b> |
| City<br><b>Blacklick</b>                                                  | State<br><b>O   H</b>                                                          | Zip Code<br><b>43004-7117</b> | Form (Cash, Check, etc)<br><b>check</b> |                |                |                         |
| Full Name of Contributor<br><b>Theresa Wacker</b>                         |                                                                                |                               | Registration Number, if PAC             |                |                |                         |
| Street Address<br><b>919 Hartney Drive</b>                                | Employer/Occupation/Labor Organization*<br><b>public relations</b>             |                               | M<br><b>03</b>                          | D<br><b>11</b> | Y<br><b>15</b> | Amount<br><b>75.00</b>  |
| City<br><b>Gahanna</b>                                                    | State<br><b>O   H</b>                                                          | Zip Code<br><b>43230</b>      | Form (Cash, Check, etc)<br><b>check</b> |                |                |                         |
| Full Name of Contributor<br><b>Christine M. Mokris</b>                    |                                                                                |                               | Registration Number, if PAC             |                |                |                         |
| Street Address<br><b>850 Moon Glow Ct.</b>                                | Employer/Occupation/Labor Organization*                                        |                               | M<br><b>03</b>                          | D<br><b>11</b> | Y<br><b>15</b> | Amount<br><b>50.00</b>  |
| City<br><b>Gahanna</b>                                                    | State<br><b>O   H</b>                                                          | Zip Code<br><b>43230</b>      | Form (Cash, Check, etc)<br><b>check</b> |                |                |                         |
| Full Name of Contributor<br><b>Niall Lynch</b>                            |                                                                                |                               | Registration Number, if PAC             |                |                |                         |
| Street Address<br><b>686 Audra Ct.</b>                                    | Employer/Occupation/Labor Organization*                                        |                               | M<br><b>03</b>                          | D<br><b>11</b> | Y<br><b>15</b> | Amount<br><b>50.00</b>  |
| City<br><b>Gahanna</b>                                                    | State<br><b>O   H</b>                                                          | Zip Code<br><b>43230</b>      | Form (Cash, Check, etc)<br><b>check</b> |                |                |                         |
| Full Name of Contributor<br><b>Susan L. Stovall</b>                       |                                                                                |                               | Registration Number, if PAC             |                |                |                         |
| Street Address<br><b>3060 Reynoldsburg New Albany Road</b>                | Employer/Occupation/Labor Organization*<br><b>sonographer</b>                  |                               | M<br><b>03</b>                          | D<br><b>11</b> | Y<br><b>15</b> | Amount<br><b>50.00</b>  |
| City<br><b>New Albany</b>                                                 | State<br><b>O   H</b>                                                          | Zip Code<br><b>43054-8434</b> | Form (Cash, Check, etc)<br><b>check</b> |                |                |                         |
| Full Name of Contributor<br><b>Patricia Wood</b>                          |                                                                                |                               | Registration Number, if PAC             |                |                |                         |
| Street Address<br><b>630 Sycamore Mill Dr.</b>                            | Employer/Occupation/Labor Organization*<br><b>retired</b>                      |                               | M<br><b>03</b>                          | D<br><b>11</b> | Y<br><b>15</b> | Amount<br><b>50.00</b>  |
| City<br><b>Gahanna</b>                                                    | State<br><b>O   H</b>                                                          | Zip Code<br><b>43230</b>      | Form (Cash, Check, etc)<br><b>check</b> |                |                |                         |
| Full Name of Contributor<br><b>Anthony Sciambi</b>                        |                                                                                |                               | Registration Number, if PAC             |                |                |                         |
| Street Address<br><b>505 Haversham Ct. S.</b>                             | Employer/Occupation/Labor Organization*                                        |                               | M<br><b>03</b>                          | D<br><b>11</b> | Y<br><b>15</b> | Amount<br><b>100.00</b> |
| City<br><b>Gahanna</b>                                                    | State<br><b>O   H</b>                                                          | Zip Code<br><b>43230</b>      | Form (Cash, Check, etc)<br><b>check</b> |                |                |                         |

\* 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 \$ 475.00