

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 Wayne Pickford			Registration Number, if PAC	
Street Address 431 Preservation Lane	Employer/Occupation/Labor Organization* Frito Lay		M 0 D 3 Y 1 2 1 5	Amount 25.00
City Gahanna	State O H	Zip Code 43230	Form(Cash,Check,etc) cash	
Full Name of Contributor Jen Collis			Registration Number, if PAC	
Street Address 183 Bellebrooke Dr	Employer/Occupation/Labor Organization* St. Matthew School		M 0 D 3 Y 1 3 1 5	Amount 25.00
City Pataskala	State O H	Zip Code	Form(Cash,Check,etc) cash	
Full Name of Contributor Vil Vina			Registration Number, if PAC	
Street Address 1335 Bingham Mills Drive	Employer/Occupation/Labor Organization* sales		M 0 D 3 Y 1 2 1 5	Amount 50.00
City New Albany	State O H	Zip Code 43230	Form(Cash,Check,etc) credit card	
Full Name of Contributor Angela Jacobsen			Registration Number, if PAC	
Street Address 8652 Gairloch Court	Employer/Occupation/Labor Organization*		M 0 D 3 Y 1 2 1 5	Amount 200.00
City Dublin	State O H	Zip Code 43017	Form(Cash,Check,etc) check	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M 	Amount
City	State 	Zip Code	Form(Cash,Check,etc)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M 	Amount
City	State 	Zip Code	Form(Cash,Check,etc)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M 	Amount
City	State 	Zip Code	Form(Cash,Check,etc)	

* 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

1,005.00

Total expenditures this event

0Page Total \$ 300.00