

In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full The Committee to Elect Jennifer Price				
Full Name of Contributor Kelley Treon	Employer, Occupation, Labor Organization* CPA, self-employed		Registration Number, if PAC	
Street Address 683 Crossing Creek South	Description of Item or Service refreshments at meet the candidate event		M 0	D 4
City Gahanna	State OH	Zip Code 43230	Y 1	Fair Market Value \$35.00
Received at Fundraising Event?			<input type="radio"/> YES <input checked="" type="radio"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, if PAC	
Street Address	Description of Item or Service		M	D
City	State	Zip Code	Y	Fair Market Value
Received at Fundraising Event?			<input type="radio"/> YES <input type="radio"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, if PAC	
Street Address	Description of Item or Service		M	D
City	State	Zip Code	Y	Fair Market Value
Received at Fundraising Event?			<input type="radio"/> YES <input type="radio"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, if PAC	
Street Address	Description of Item or Service		M	D
City	State	Zip Code	Y	Fair Market Value
Received at Fundraising Event?			<input type="radio"/> YES <input type="radio"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, if PAC	
Street Address	Description of Item or Service		M	D
City	State	Zip Code	Y	Fair Market Value
Received at Fundraising Event?			<input type="radio"/> YES <input type="radio"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, if PAC	
Street Address	Description of Item or Service		M	D
City	State	Zip Code	Y	Fair Market Value
Received at Fundraising Event?			<input type="radio"/> YES <input type="radio"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, if PAC	
Street Address	Description of Item or Service		M	D
City	State	Zip Code	Y	Fair Market Value
Received at Fundraising Event?			<input type="radio"/> YES <input type="radio"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, if PAC	
Street Address	Description of Item or Service		M	D
City	State	Zip Code	Y	Fair Market Value
Received at Fundraising Event?			<input type="radio"/> YES <input type="radio"/> NO	

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and 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)]