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Statement of Contributions Received

Prescribed by Secretary of State 3/05

N 60 : 1 P II	···					 		
Name of Committee in Full	D :							
The Committee to Elect Jennifer	Ртісе							
Full Name of Contributor		Registration Number, if PAC						
Jennifer Price								
Street Address	1 ' '	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
1173 Rice Avenue	commu	communications					check	
City	State	Zip Code	М	D	Y	Amount	•	
Gahanna	OH	43230	0 2	0 4	1 5	ŀ	300.00	
Full Name of Contributor			Registra	tion Num	ber, if PA	ıC		
Susan Jagers			- 1					
Street Address	Employer/Occup	ation/Labor Organization*	-			Form (Cash, Check, etc.)		
1543 Wyandotte Road	Initiativ	Initiative Consultin					check	
City	State	Zip Code	М	D	Y	Amount		
Grandview	ОН	43212	012	10	1 5	ł	100.00	
Full Name of Contributor		10212			ber, if PA	C	100.00	
Carl Tisone					,			
Street Address	Employer/Occup	ation/Labor Organization*		•		Form (Cash, Check, etc.)		
585 Wickham Way	retired					check		
City	State	Zip Code	Тм	Ð	Y	Amount		
Gahanna	OTH	43230	0 2		1 5	, moun	200.00	
Full Name of Contributor	1012	43230			ber, if PA		200.00	
			Kegisua	aon man	oci, ii ra	·C		
Jennifer Collis Street Address	JE10	ation/Labor Organization*			-	E 40 L'G		
	' ' '	- L				Form (Cash, Check, etc.)		
183 Bellebroke Drive		new School	1	<u> </u>			check	
City	State	Zip Code	M	D	Y	Amount		
Pataskala	OH	43062	0 2				250.00	
Full Name of Contributor Registration Number, if PAC								
Melissa Marotta								
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
4019 Prince George Lane						check		
City	State	Zip Code	М	D	Y	Amount		
New Albany	OH	43054	012	1 9	1 5		75.00	
Full Name of Contributor	- <u>-</u>	·	Registra	tion Num	ber, if PA	С		
Lisa Dawes								
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*			Form (Cash, Ch	eck, etc.)		
1833 Chateaugav Way					check			
City	State	Zip Code	М	D	Y	Amount		
Blacklick	OIH	43004	013	211	1 5		100.00	
Full Name of Contributor					ber, if PA			
Erin Shannon								
Street Address	Employer/Occup	ation/Labor Organization*		•		Form (Cash, Ch	eck, etc.)	
8215 Havens Road		Community Relations			check			
City	State	Zip Code	М	Ð	Y	Amount		
Blacklick	О Н	43004	0 3	Ι.	1 5		150.00	
Full Name of Contributor	1012	1 40004			ber, if PA	<u>. </u>	150.00	
Steve Price					, u . A	_		
reet Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)				ect etc.)				
1173 Rice Avenue		investment officer State Zip Code M D Y		credit				
Colorana	l	I	M	D			25.00	
Gahanna	O H	43230	1013	<u> UTZ </u>	1 5		25.00	

Page Total \$	1,200.00

^{*} 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)]