

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 D Y Fair Market Value 0 3 1 2 1 5 50.00
City Pataskala		State O H	Zip Code 43062	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor Local Cantina Gahanna		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 D Y Fair Market Value 0 3 1 2 1 5 75.00
City Gahanna		State O H	Zip Code 43230	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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 D Y Fair Market Value 0 2 1 5 1 5 200.00
City Gahanna		State O H	Zip Code 43230	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address		Description of Item or Service		M D Y Fair Market Value
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address		Description of Item or Service		M D Y Fair Market Value
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address		Description of Item or Service		M D Y Fair Market Value
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address		Description of Item or Service		M D Y Fair Market Value
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address		Description of Item or Service		M D Y Fair Market Value
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO

* 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)]