

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee for Crysta Pennington									
Full Name of Contributor Donald Pullen						Registration Number, if PAC			
Street Address 207 Odlin Avenue			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash			
City Dayton		State OH <input checked="" type="checkbox"/>	Zip Code 45405		M 0		D 4	Y 0	Amount \$25.00
Full Name of Contributor Jac'Quate Pullen						Registration Number, if PAC			
Street Address 207 Odlin Avenue			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash			
City Dayton		State OH <input checked="" type="checkbox"/>	Zip Code 45405		M 0		D 4	Y 0	Amount \$25.00
Full Name of Contributor LebaRae Shaw						Registration Number, if PAC			
Street Address 3140 Valerie Arms Drive #1			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check			
City Dayton		State OH <input checked="" type="checkbox"/>	Zip Code 45405		M 0		D 4	Y 0	Amount \$40.00
Full Name of Contributor Paul E. Morrison						Registration Number, if PAC			
Street Address 1001 Esther Drive			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash			
City Columbus		State OH <input checked="" type="checkbox"/>	Zip Code 43207		M 0		D 4	Y 0	Amount \$15.00
Full Name of Contributor Christopher M. Cooper						Registration Number, if PAC			
Street Address 3055 Cleveland Avenue			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash			
City Columbus		State OH <input checked="" type="checkbox"/>	Zip Code 43224		M 0		D 4	Y 0	Amount \$25.00
Full Name of Contributor Karen Phipps						Registration Number, if PAC			
Street Address 4333 Reed Road			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check			
City Columbus		State OH <input checked="" type="checkbox"/>	Zip Code 43220		M 0		D 4	Y 0	Amount \$100.00
Full Name of Contributor Cindi Morehart						Registration Number, if PAC			
Street Address 98 Grandview Drive			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check			
City Dublin		State OH <input checked="" type="checkbox"/>	Zip Code 43017		M 0		D 4	Y 0	Amount \$50.00
Full Name of Contributor Mark C. Brookes						Registration Number, if PAC			
Street Address 5354 North High street			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check			
City Columbus		State OH <input checked="" type="checkbox"/>	Zip Code 43214		M 0		D 4	Y 0	Amount \$25.00

* 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 also appear. [R.C. 3517.10(B)(4)]

Page Total **\$305.00**