

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee for Crysta Pennington									
Full Name of Contributor Einstein Law, LLC						Registration Number, if PAC			
Street Address 615 Copeland Mill Drive, Suite 1H			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check			
City Westerville		State OH <input checked="" type="checkbox"/>	Zip Code 43081		M 0	D 8	Y 1	Y 0	Amount \$100.00
Full Name of Contributor Bill Hedrick						Registration Number, if PAC			
Street Address 535 West 1st Avenue			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check			
City Columbus		State OH <input checked="" type="checkbox"/>	Zip Code 43215		M 0	D 8	Y 2	Y 2	Amount \$100.00
Full Name of Contributor Kristin J. Bryant						Registration Number, if PAC			
Street Address 387 Cheyenne Way			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check			
City Reynoldsburg		State OH <input checked="" type="checkbox"/>	Zip Code 43068		M 0	D 8	Y 3	Y 1	Amount \$100.00
Full Name of Contributor Linda Leah Reibel						Registration Number, if PAC			
Street Address 39 Orchard Drive			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check			
City Worthington		State OH <input checked="" type="checkbox"/>	Zip Code 43085		M 0	D 8	Y 3	Y 1	Amount \$200.00
Full Name of Contributor Clayborn Law Office, LLC						Registration Number, if PAC			
Street Address 753 S. Front St.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check			
City Columbus		State OH <input checked="" type="checkbox"/>	Zip Code 43206		M 0	D 8	Y 3	Y 1	Amount \$100.00
Full Name of Contributor Mary C. Woods						Registration Number, if PAC			
Street Address 1022 Blind Brook Drive			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check			
City Columbus		State OH <input checked="" type="checkbox"/>	Zip Code 43235		M 0	D 8	Y 3	Y 1	Amount \$100.00
Full Name of Contributor Thomas Waldeck						Registration Number, if PAC			
Street Address 1027 Peggys Cove			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check			
City Reynoldsburg		State OH <input checked="" type="checkbox"/>	Zip Code 43068		M 0	D 8	Y 3	Y 1	Amount \$100.00
Full Name of Contributor John Johnson Law Office LLC						Registration Number, if PAC			
Street Address 501 S. High Street			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check			
City Columbus		State OH <input checked="" type="checkbox"/>	Zip Code 43215		M 0	D 8	Y 3	Y 1	Amount \$100.00

* 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 **\$900.00**