

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee for Crysta Pennington										
Full Name of Contributor Hans Strayer						Registration Number, if PAC				
Street Address 7240 Muirfield Drive; Suite 120			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash				
City Dublin		State OH <input checked="" type="checkbox"/>	Zip Code 43017		M 0		D 4		Y 0716	
						Amount \$50.00				
Full Name of Contributor Mathias Manner						Registration Number, if PAC				
Street Address 1414 East Broad Street			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash				
City Columbus		State OH <input checked="" type="checkbox"/>	Zip Code 43205		M 0		D 4		Y 0716	
						Amount \$90.00				
Full Name of Contributor Emmanuel Olawale						Registration Number, if PAC				
Street Address 3417 Courtland Drive			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check				
City Lewis Center		State OH <input checked="" type="checkbox"/>	Zip Code 43035		M 0		D 4		Y 0716	
						Amount \$50.00				
Full Name of Contributor						Registration Number, if PAC				
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)				
City		State OH <input checked="" type="checkbox"/>	Zip Code		M		D		Y	
						Amount				
Full Name of Contributor						Registration Number, if PAC				
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)				
City		State OH <input checked="" type="checkbox"/>	Zip Code		M		D		Y	
						Amount				
Full Name of Contributor						Registration Number, if PAC				
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)				
City		State OH <input checked="" type="checkbox"/>	Zip Code		M		D		Y	
						Amount				
Full Name of Contributor						Registration Number, if PAC				
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)				
City		State OH <input checked="" type="checkbox"/>	Zip Code		M		D		Y	
						Amount				
Full Name of Contributor						Registration Number, if PAC				
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)				
City		State OH <input checked="" type="checkbox"/>	Zip Code		M		D		Y	
						Amount				

* 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 **\$190.00**