

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee for Crysta Pennington									
Full Name of Contributor MIKROMED LLC						Registration Number, if PAC			
Street Address 8895 Locherbie Court			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Dublin		State OH	Zip Code 43017		M 0	D 2	Y 1	Amount \$400.00	
Full Name of Contributor Carla Morrow						Registration Number, if PAC			
Street Address 4631 Sylvan Oak Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) debit-paypal		
City Trotwood		State OH	Zip Code 45426		M 0	D 2	Y 3	Amount \$100.00	
Full Name of Contributor Richard Pfeiffer						Registration Number, if PAC			
Street Address 238 East Royal Forest Boulevard			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus		State OH	Zip Code 43214		M 0	D 2	Y 4	Amount \$100.00	
Full Name of Contributor Friends of Sandra Williams						Registration Number, if PAC			
Street Address 12518 Fairhill Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Cleveland		State OH	Zip Code 44120		M 0	D 2	Y 8	Amount \$100.00	
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State OH	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	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	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	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 **\$700.00**