

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee for Crysta Pennington									
Full Name of Contributor Orville Lynch						Registration Number, if PAC			
Street Address 447 Chatfield Park			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash			
City Columbus			State OH <input checked="" type="checkbox"/>		Zip Code 43219		M D Y 0 4 2 0 1 6		Amount \$50.00
Full Name of Contributor Kevin Payne						Registration Number, if PAC			
Street Address 275 Reinhard Avenue			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash			
City Columbus			State OH <input checked="" type="checkbox"/>		Zip Code 43206		M D Y 0 4 2 0 1 6		Amount \$20.00
Full Name of Contributor Shannon Rice						Registration Number, if PAC			
Street Address 5531 Wolf Run Drive			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) debit - paypal			
City Columbus			State OH <input checked="" type="checkbox"/>		Zip Code 43230		M D Y 0 4 2 7 1 6		Amount \$28.83
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 <input checked="" type="checkbox"/>		Zip Code 45426		M D Y 0 5 0 2 1 6		Amount \$485.20
Full Name of Contributor Jeffrey Mackey						Registration Number, if PAC			
Street Address 1538 Melrose Avenue			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check			
City Columbus			State OH <input checked="" type="checkbox"/>		Zip Code 43224		M D Y 0 5 0 5 1 6		Amount \$35.00
Full Name of Contributor Michael Sexton						Registration Number, if PAC			
Street Address 984 Highland Street			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check			
City Columbus			State OH <input checked="" type="checkbox"/>		Zip Code 43201		M D Y 0 5 0 5 1 6		Amount \$100.00
Full Name of Contributor Peter L. Coratola, Sr.						Registration Number, if PAC			
Street Address 8330 Strasbourg Court			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check			
City Dublin			State OH <input checked="" type="checkbox"/>		Zip Code 43017		M D Y 0 5 0 5 1 6		Amount \$100.00
Full Name of Contributor Katherine Wolfe						Registration Number, if PAC			
Street Address 1247 Forsythe Ave.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check			
City Columbus			State OH <input checked="" type="checkbox"/>		Zip Code 43201		M D Y 0 5 0 5 1 6		Amount \$50.00

* 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 **\$869.03**