

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee for Crysta Pennington									
Full Name of Contributor Stonewall Democrats of Central Ohio						Registration Number, if PAC			
Street Address 700 Morse Road, Suite 105			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check			
City Columbus		State OH <input checked="" type="checkbox"/>	Zip Code 43214		M 0		D 9	Y 0	Amount \$300.00
Full Name of Contributor Nemann Law Offices, LLC						Registration Number, if PAC			
Street Address 1243 S. High 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	Amount \$100.00
Full Name of Contributor Carpenter Lipps & Leland LLP						Registration Number, if PAC			
Street Address 280 N. 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	Amount \$250.00
Full Name of Contributor Keith A. Edwards, Attorney at Law LLC						Registration Number, if PAC			
Street Address 283 S. 3rd St.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check			
City Columbus		State OH <input checked="" type="checkbox"/>	Zip Code 43215		M 0		D 9	Y 0	Amount \$100.00
Full Name of Contributor Joyce A. Clark						Registration Number, if PAC			
Street Address 1790 Bide-A-Wee Park			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check			
City Columbus		State OH <input checked="" type="checkbox"/>	Zip Code 43205		M 0		D 9	Y 1	Amount \$100.00
Full Name of Contributor Cooper & Pennington Co., LPA						Registration Number, if PAC			
Street Address 3055 Cleveland Ave.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check			
City Columbus		State OH <input checked="" type="checkbox"/>	Zip Code 43224		M 1		D 0	Y 0	Amount \$1,600.00
Full Name of Contributor Christopher M. Cooper						Registration Number, if PAC			
Street Address 286 Marjoram Drive			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check			
City Coloumbus		State OH <input checked="" type="checkbox"/>	Zip Code 43230		M 1		D 0	Y 1	Amount \$500.00
Full Name of Contributor Paul E. Morrison						Registration Number, if PAC			
Street Address 1001 Esther Drive			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check			
City Columbus		State OH <input checked="" type="checkbox"/>	Zip Code 43207		M 1		D 0	Y 1	Amount \$200.00

* 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 **\$3,150.00**