

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee for Crysta Pennington						
Full Name of Contributor kathleen Gmeiner				Registration Number, if PAC		
Street Address 463 E. Hinman Ave.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check		
City Columbus		State OH <input checked="" type="checkbox"/>	Zip Code 43207	M 0	D 8	Y 3 1 1 6
				Amount \$100.00		
Full Name of Contributor Frederick Vierow				Registration Number, if PAC		
Street Address 6870 Haymore Ave. West		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 1 1 6
				Amount \$100.00		
Full Name of Contributor The Beane Firm, LLC				Registration Number, if PAC		
Street Address 325 East Livingston Ave.		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 1 1 6
				Amount \$100.00		
Full Name of Contributor Stephen Wolfe				Registration Number, if PAC		
Street Address 1195 Oregon Ave.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check		
City Columbus		State OH <input checked="" type="checkbox"/>	Zip Code 43201	M 0	D 8	Y 3 1 1 6
				Amount \$100.00		
Full Name of Contributor Ryan Donovan				Registration Number, if PAC		
Street Address 800 Yard Street, Suite 300		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Cash		
City Columbus		State OH <input checked="" type="checkbox"/>	Zip Code 43212	M 0	D 8	Y 3 1 1 6
				Amount \$20.00		
Full Name of Contributor Robina Thompson				Registration Number, if PAC		
Street Address 6758 Albany Pond		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Cash		
City New Albany		State OH <input checked="" type="checkbox"/>	Zip Code 43054	M 0	D 8	Y 3 1 1 6
				Amount \$100.00		
Full Name of Contributor Camela Jones				Registration Number, if PAC		
Street Address 8011 Leighlinbridge Way "A"		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Cash		
City Dublin		State OH <input checked="" type="checkbox"/>	Zip Code 43016	M 0	D 8	Y 3 1 1 6
				Amount \$100.00		
Full Name of Contributor Denise Ortiz				Registration Number, if PAC		
Street Address 6408 Portsmouth Drive		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Cash		
City Reynoldsburg		State OH <input checked="" type="checkbox"/>	Zip Code 43068	M 0	D 8	Y 3 1 1 6
				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)]