

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee for Crysta Pennington							
Full Name of Contributor Gary Phillips					Registration Number, if PAC		
Street Address P.O. Box 163271		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State OH <input checked="" type="checkbox"/>	Zip Code 43216	M 0	D 4	Y 0	Amount \$25.00	
Full Name of Contributor Charles Hess, Attorney at Law					Registration Number, if PAC		
Street Address 4230 Tuller Road; Suite 100		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Dublin	State OH <input checked="" type="checkbox"/>	Zip Code 43017	M 0	D 4	Y 0	Amount \$50.00	
Full Name of Contributor Frederick D. Benton, Jr. LPA					Registration Number, if PAC		
Street Address 98 Hamilton Park		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State OH <input checked="" type="checkbox"/>	Zip Code 43203	M 0	D 4	Y 0	Amount \$250.00	
Full Name of Contributor Stephen Wolfe					Registration Number, if PAC		
Street Address 1247 Forsythe Avenue		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State OH <input checked="" type="checkbox"/>	Zip Code 43201	M 0	D 4	Y 0	Amount \$50.00	
Full Name of Contributor Katherine Wolfe					Registration Number, if PAC		
Street Address 1247 Forsythe Avenue		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State OH <input checked="" type="checkbox"/>	Zip Code 43201	M 0	D 4	Y 0	Amount \$50.00	
Full Name of Contributor Umberto A. Debeneditto, Jr.					Registration Number, if PAC		
Street Address 2176 Victoria Park Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State OH <input checked="" type="checkbox"/>	Zip Code 43235	M 0	D 4	Y 0	Amount \$50.00	
Full Name of Contributor Ronald Janes					Registration Number, if PAC		
Street Address 330 South High Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash		
City Columbus	State OH <input checked="" type="checkbox"/>	Zip Code 43215	M 0	D 4	Y 0	Amount \$100.00	
Full Name of Contributor Katherine Chipps					Registration Number, if PAC		
Street Address 4086 Fitzpatrick Boulevard		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash		
City Canal Winchester	State OH <input checked="" type="checkbox"/>	Zip Code 43110	M 0	D 4	Y 0	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 **\$625.00**