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Statement of Contributions Received

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Prescribed by Secretary of State 03/05

N					
Name of Committee in Full Committee for Crysta Pennington		_			
Full Name of Contributor Vorys Sater Seymour and Pease LLP			Registration Number, if P.	AC	
Street Address 52 E. Gay St., P.O. Box 1008	Employer/Occupa	ttion/Labor Organization*		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215	0 6 1 0 1 6	Amount \$500.00	
Full Name of Contributor Crabbe, Brown & James, Attorneys at La	Registration Number, if P.	AC			
Street Address 500 S. Front St.		ation/Labor Organization		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215	M D Y D 6 2 1 1 6	Amount \$250.00	
Full Name of Contributor Affordable Real Estate Company	Contributor Registration Number, if			AC	
Street Address 6100 Channingway Blvd.	Employer/Occupa	ntion/Labor Organization	•	Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43232	0 7 1 1 1 6	Amount \$200.00	
Full Name of Contributor Mark A. Serrot			Registration Number, if P		
Street Address 789 Northwest Blvd., Apt. A		ation/Labor Organization		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43212	M D Y D T D T D T D T D T D T D T D T D T D T D T D T D T D T T	Amount \$300.00	
Full Name of Contributor Thomas Morrow Registration Number, if PAC					
Street Address 674 Arbors Circle	Employer/Occupa	ation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43230	0 7 1 4 1 6	Amount \$500.00	
Full Name of Contributor LebaRae Shaw Registration Number, if P				AC	
Street Address 3140 Valerie Arms Dr., #1	Employer/Occupa	ation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Dayton	State OH	Zip Code 45405	M D Vi	Amount \$25.00	
Full Name of Contributor Jaime R. Guerra			Registration Number, if F	_	
Street Address 3760 Canon Ridge Place	Employer/Occupa	ation/Labor Organization		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43230	M D Y 1 8 1 6	Amount \$40.00	
Full Name of Contributor James Banks					
Street Address P.O.Box 40	Employer/Occup	ation/Labor Organization		Form (Cash, Check, etc.) Cash	
City Dublin	State OH	Zip Code 43017	0 7 1 9 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)]