

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee for Crysta Pennington										
Full Name of Contributor Erica Wallace						Registration Number, if PAC				
Street Address 15123 Kroll Lane			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) debit - paypal			
City Haymarket			State VA <input checked="" type="checkbox"/>		Zip Code 20169		M 0 9 2 5 1 6		D Y Amount \$96.80	
Full Name of Contributor						Registration Number, if PAC				
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
City			State OH <input checked="" type="checkbox"/>		Zip Code		M D Y		Amount	
Full Name of Contributor						Registration Number, if PAC				
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
City			State OH <input checked="" type="checkbox"/>		Zip Code		M D Y		Amount	
Full Name of Contributor						Registration Number, if PAC				
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
City			State OH <input checked="" type="checkbox"/>		Zip Code		M D Y		Amount	
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City			State OH <input checked="" type="checkbox"/>		Zip Code		M D Y		Amount	
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City			State OH <input checked="" type="checkbox"/>		Zip Code		M D Y		Amount	
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Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
City			State OH <input checked="" type="checkbox"/>		Zip Code		M D Y		Amount	

* 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 \$96.80