

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee for Crysta Pennington									
Full Name of Contributor Stephen Torsell						Registration Number, if PAC			
Street Address 5574 Lilac Ave.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check			
City Grove City			State OH <input checked="" type="checkbox"/>	Zip Code 43123		M 1	D 0	Y 2	Amount \$50.00
Full Name of Contributor Bridget E. Coontz						Registration Number, if PAC			
Street Address 6363 Morrissey Place			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check			
City Dublin			State OH <input checked="" type="checkbox"/>	Zip Code 43016		M 1	D 0	Y 7	Amount \$50.00
Full Name of Contributor Al Warner						Registration Number, if PAC			
Street Address 800 Cross Pointe Rd., Suite P			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash			
City Gahanna			State OH <input checked="" type="checkbox"/>	Zip Code 43230		M 1	D 0	Y 1	Amount \$100.00
Full Name of Contributor Stephanie M. Howell						Registration Number, if PAC			
Street Address 3566 Motts Place Court			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) debit - paypal			
City Canal Winchester			State OH <input checked="" type="checkbox"/>	Zip Code 43110		M 0	D 6	Y 0	Amount \$48.25
Full Name of Contributor Carla Morrow						Registration Number, if PAC			
Street Address 4631 Sylvan Oak Drive			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) debit - paypal			
City Trotwood			State OH <input checked="" type="checkbox"/>	Zip Code 45426		M 0	D 6	Y 1	Amount \$145.35
Full Name of Contributor Adria Tippins						Registration Number, if PAC			
Street Address 2908 Huntington Grove Sq.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) debit - paypal			
City Alexandria			State VA <input checked="" type="checkbox"/>	Zip Code 22306		M 0	D 7	Y 2	Amount \$72.52
Full Name of Contributor Jessica Cooper						Registration Number, if PAC			
Street Address 3770 Willowtree Lane			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) debit - paypal			
City Columbus			State OH <input checked="" type="checkbox"/>	Zip Code 43207		M 0	D 7	Y 3	Amount \$9.41
Full Name of Contributor Sue K. Foley						Registration Number, if PAC			
Street Address 4898 Sharon Ave.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) debit - paypal			
City Columbus			State OH <input checked="" type="checkbox"/>	Zip Code 43214		M 0	D 9	Y 0	Amount \$96.80

* 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)]