

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee for Crysta Pennington									
Full Name of Contributor Malcolm King						Registration Number, if PAC			
Street Address 1636 Sale Road			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash			
City Columbus			State OH <input checked="" type="checkbox"/>		Zip Code 43224		M D Y 0 7 1 9 1 6		Amount \$25.00
Full Name of Contributor Kristien Carter						Registration Number, if PAC			
Street Address 103 Camshire Court			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash			
City Blacklick			State OH <input checked="" type="checkbox"/>		Zip Code 43004		M D Y 0 7 1 9 1 6		Amount \$25.00
Full Name of Contributor Nathaniel Carter						Registration Number, if PAC			
Street Address 6335 Bellmeadow Drive			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check			
City Columbus			State OH <input checked="" type="checkbox"/>		Zip Code 43229		M D Y 0 7 1 9 1 6		Amount \$25.00
Full Name of Contributor Nancy Hayes-King						Registration Number, if PAC			
Street Address 651 Waybaugh Drive			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check			
City Gahanna			State OH <input checked="" type="checkbox"/>		Zip Code 43230		M D Y 0 7 1 9 1 6		Amount \$50.00
Full Name of Contributor Anita Marie Hogan						Registration Number, if PAC			
Street Address 1636 Sale Road			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check			
City Columbus			State OH <input checked="" type="checkbox"/>		Zip Code 43224		M D Y 0 7 1 9 1 6		Amount \$25.00
Full Name of Contributor Barbara Horlocker						Registration Number, if PAC			
Street Address 404 Cherrington Ave.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check			
City Westerville			State OH <input checked="" type="checkbox"/>		Zip Code 43081		M D Y 0 7 1 9 1 6		Amount \$50.00
Full Name of Contributor Thomas Waldeck						Registration Number, if PAC			
Street Address 1027 Peggys Cove			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check			
City Reynoldsburg			State OH <input checked="" type="checkbox"/>		Zip Code 43068		M D Y 0 7 1 9 1 6		Amount \$50.00
Full Name of Contributor Ann McNeal						Registration Number, if PAC			
Street Address 376 Town Court East			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check			
City Gahanna			State OH <input checked="" type="checkbox"/>		Zip Code 43230		M D Y 0 7 1 9 1 6		Amount \$40.00

* 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 **\$290.00**