| 31- | A | | |
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| R.C. | 35 | 17. | 10 |

Statement of Contributions Received

| Page | <u>———</u> | |
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Prescribed by Secretary of State 03/05

| Name of Committee in Full | | | - | | | |
|---|--------------------|--|-------------------------|-----------------------------------|--|--|
| Full Name of Contributor Crysta Renee' Pennington | | | Registration Number, if | PAC | | |
| Street Address 5515 Wolf Run Drive | Employer/Occu | pation/Labor Organization | | Form (Cash, Check, etc.) CASH | | |
| City Gahanna | Stake OH | Zip Code 43230 | 1/22/11 | Amount \$100.00 | | |
| Full Name of Contributor Janice Flowers, Attorney at Law, LL | -c | | Registration Number, if | PAC _ | | |
| Street Address 4449 Easton Way; 2d Floor | | pation/Labor Organization lowers, Attorney at | Law, LLC | Form (Cash, Check, etc.) Check | | |
| City Columbus | Stake OH | Zip Code 43219 | 1221 | Amount \$150.00 | | |
| Full Name of Contributor | _ | | Registration Number, if | PAC | | |
| Street Address | Employer/Occu | pation/Labor Organization* | - | Form (Cash, Check, etc.) | | |
| City | Stake OH | Zip Code | M D Y | Amount | | |
| Full Name of Contributor | | | Registration Number, if | TPAC . | | |
| Street Address | Employer/Occu | ipation/Labor Organization | | Form (Cash, Check, etc.) | | |
| City | Stație OH | Zip Code | M D Y | Amount | | |
| Full Name of Contributor | · | | Registration Number, il | FPAC | | |
| Street Address | Employer/Occu | pation/Labor Organization* | | Form (Cash, Check, etc.) | | |
| City | Stake OH | Zip Code | M D Y | Amount | | |
| Full Name of Contributor | | | Registration Number, i | Registration Number, if PAC | | |
| Street Address | Employer/Occu | Employer/Occupation/Labor Organization | | Form (Cash, Check, etc.) | | |
| City | State OH | Zip Code | M D Y | Amount | | |
| Full Name of Contributor | une of Contributor | | Registration Number, i | Registration Number, if PAC | | |
| Street Address | Employer/Occo | Employer/Occupation/Labor Organization Form (Cash, Check | | Form (Cash, Check, etc.) | | |
| City | Stafe OH | Zip Code | M D Y | Amount | | |
| Full Name of Contributor | | | Registration Number, i | FPAC | | |
| Street Address | Employer/Occi | upation/Labor Organization | <u> </u> | Form (Cash, Check, etc.) | | |
| City | State OH | Zip Code | M D Y | Amount | | |

Page Total \$250.00

^{*} 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)]