

Statement of Expenditures

Prescribed by Secretary of State 2/01

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|---|--|--|---|--|---------------------------------|--------|--------|--------|-----------------------------|
| Name of Committee in Full Committee for Crysta Pennington | | | | | | | | | |
| To Whom Paid Carla Morrow | | | | | | M 0 | D 2 | Y 1 | Amount \$3,000.00 |
| Address 4631 Sylvan Oak Drive | | | Purpose Repayment of Campaign Loan | | | | | | |
| City Trotwood | | State OH | Zip Code 45426 | | Check Number 07839007 | | | | |
| To Whom Paid Crysta Pennington | | | | | | M 0 | D 2 | Y 1 | Amount \$342.83 |
| Address 5515 Wolf Run Drive | | | Purpose Repayment of Campaign Loan | | | | | | |
| City Gahanna | | State OH | Zip Code 43230 | | Check Number 07839008 | | | | |
| To Whom Paid American Kidney Fund, Inc. | | | | | | M 0 | D 6 | Y 2 | Amount \$5.00 |
| Address 11921 Rockville Pike, Suite 300 | | | Purpose Charity Contribution to Close Committee Account | | | | | | |
| City Rockville | | State MD <input checked="" type="checkbox"/> | Zip Code 20852 | | Check Number 07838291 | | | | |
| To Whom Paid | | | | | | M | D | Y | Amount |
| Address | | | Purpose | | | | | | |
| City | | State OH | Zip Code | | Check Number | | | | |
| To Whom Paid | | | | | | M | D | Y | Amount |
| Address | | | Purpose | | | | | | |
| City | | State OH | Zip Code | | Check Number | | | | |
| To Whom Paid | | | | | | M | D | Y | Amount |
| Address | | | Purpose | | | | | | |
| City | | State OH | Zip Code | | Check Number | | | | |
| To Whom Paid | | | | | | M | D | Y | Amount |
| Address | | | Purpose | | | | | | |
| City | | State OH | Zip Code | | Check Number | | | | |
| To Whom Paid | | | | | | M | D | Y | Amount |
| Address | | | Purpose | | | | | | |
| City | | State OH | Zip Code | | Check Number | | | | |

Page Total **\$3,347.83**