

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee for Crysta Pennington									
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 0 D 5 Y 2		Amount \$100.00	
Full Name of Contributor Paul E. Morrison						Registration Number, if PAC			
Street Address 1001 Esther Drive			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check			
City Columbus			State OH <input checked="" type="checkbox"/>	Zip Code 43207		M 0 D 5 Y 2		Amount \$74.00	
Full Name of Contributor Dreama Bogart						Registration Number, if PAC			
Street Address PO Box 30402			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash			
City Columbus			State OH <input checked="" type="checkbox"/>	Zip Code 43230		M 0 D 5 Y 2		Amount \$74.00	
Full Name of Contributor Unique Image Hair Supply LLC						Registration Number, if PAC			
Street Address 2410 Home Acre Drive			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) debit - paypal			
City Columbus			State OH <input checked="" type="checkbox"/>	Zip Code 43231		M 0 D 5 Y 2		Amount \$48.25	
Full Name of Contributor Necol R. Washington						Registration Number, if PAC			
Street Address 8067 Harvest Moon Drive			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) debit - paypal			
City Reynoldsburg			State OH <input checked="" type="checkbox"/>	Zip Code 43068		M 0 D 6 Y 0		Amount \$96.80	
Full Name of Contributor Kenneth Blumenthal						Registration Number, if PAC			
Street Address 155 West Main Street, Apt. 1705			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check			
City Columbus			State OH <input checked="" type="checkbox"/>	Zip Code 43215		M 0 D 5 Y 1		Amount \$300.00	
Full Name of Contributor Cooper & Pennington Co., LPA						Registration Number, if PAC			
Street Address 3055 Cleveland Avenue			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check			
City Columbus			State OH <input checked="" type="checkbox"/>	Zip Code 43224		M 0 D 6 Y 1		Amount \$1,500.00	
Full Name of Contributor Jason Bichsel						Registration Number, if PAC			
Street Address 296 Tappan Street			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash			
City Columbus			State OH <input checked="" type="checkbox"/>	Zip Code 43201		M 0 D 6 Y 2		Amount \$100.00	

* 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)]