

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee for Crysta Pennington									
Full Name of Contributor Theresa Banks						Registration Number, if PAC			
Street Address 5846 Parliament Drive			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash			
City Columbus		State OH	Zip Code 43213		M 0	D 5	Y 0	Y 5	Amount \$25.00
Full Name of Contributor Dana Milligan						Registration Number, if PAC			
Street Address 90 Northwoods Blvd.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash			
City Columbus		State OH	Zip Code 43235		M 5	D 0	Y 5	Y 1	Amount \$50.00
Full Name of Contributor Ibrahim Yaser						Registration Number, if PAC			
Street Address 8338 Harvest Wind Drive			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash			
City Westerville		State OH	Zip Code 43082		M 0	D 5	Y 1	Y 3	Amount \$60.00
Full Name of Contributor Keith B. Key Enterprises, LLC						Registration Number, if PAC			
Street Address 4249 Easton Way, Suite 220			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check			
City Columbus		State OH	Zip Code 43219		M 0	D 5	Y 1	Y 6	Amount \$100.00
Full Name of Contributor Leo P. Ross						Registration Number, if PAC			
Street Address PO Box 248104			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check			
City Columbus		State OH	Zip Code 43224		M 0	D 5	Y 1	Y 9	Amount \$74.00
Full Name of Contributor Catherine White						Registration Number, if PAC			
Street Address 145 East Livingston Ave.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check			
City Columbus		State OH	Zip Code 43215		M 0	D 5	Y 2	Y 0	Amount \$74.00
Full Name of Contributor Joan Wolf						Registration Number, if PAC			
Street Address 1708 Southwest Street			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check			
City Richmond		State IN	Zip Code 47374		M 0	D 5	Y 2	Y 0	Amount \$74.00
Full Name of Contributor Jonathan W. Klein						Registration Number, if PAC			
Street Address 101 Heather Lane			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check			
City Powell		State OH	Zip Code 43065		M 0	D 5	Y 2	Y 0	Amount \$74.00

* 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 **\$531.00**