

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee for Crysta Pennington																
Full Name of Contributor George D. Pennington						Registration Number, if PAC										
Street Address 620 Southwest Street		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash										
City Richmond		State IN <input checked="" type="checkbox"/>		Zip Code 47374		<table border="1"> <tr> <td>M</td><td>D</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td>0</td> </tr> <tr> <td>2</td><td>1</td><td>6</td> </tr> </table> Amount \$100.00		M	D	Y	0	4	0	2	1	6
M	D	Y														
0	4	0														
2	1	6														
Full Name of Contributor Joan Wolf						Registration Number, if PAC										
Street Address 1708 Southwest Street		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash										
City Richmond		State IN <input checked="" type="checkbox"/>		Zip Code 47374		<table border="1"> <tr> <td>M</td><td>D</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td>0</td> </tr> <tr> <td>2</td><td>1</td><td>6</td> </tr> </table> Amount \$100.00		M	D	Y	0	4	0	2	1	6
M	D	Y														
0	4	0														
2	1	6														
Full Name of Contributor Valerie Shaw						Registration Number, if PAC										
Street Address 3936 Cone Court		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash										
City Dayton		State OH <input checked="" type="checkbox"/>		Zip Code 45417		<table border="1"> <tr> <td>M</td><td>D</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td>0</td> </tr> <tr> <td>2</td><td>1</td><td>6</td> </tr> </table> Amount \$30.00		M	D	Y	0	4	0	2	1	6
M	D	Y														
0	4	0														
2	1	6														
Full Name of Contributor Terrence Coleman						Registration Number, if PAC										
Street Address 3004 Otterbein Avenue		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash										
City Dayton		State OH <input checked="" type="checkbox"/>		Zip Code 45406		<table border="1"> <tr> <td>M</td><td>D</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td>0</td> </tr> <tr> <td>2</td><td>1</td><td>6</td> </tr> </table> Amount \$25.00		M	D	Y	0	4	0	2	1	6
M	D	Y														
0	4	0														
2	1	6														
Full Name of Contributor Sherry Coleman						Registration Number, if PAC										
Street Address 3004 Otterbein Avenue		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash										
City Dayton		State OH <input checked="" type="checkbox"/>		Zip Code 45406		<table border="1"> <tr> <td>M</td><td>D</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td>0</td> </tr> <tr> <td>2</td><td>1</td><td>6</td> </tr> </table> Amount \$25.00		M	D	Y	0	4	0	2	1	6
M	D	Y														
0	4	0														
2	1	6														
Full Name of Contributor Melvin Coleman						Registration Number, if PAC										
Street Address 5460 Dove Tree Blvd.; Apt. #12		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash										
City Moraine		State OH <input checked="" type="checkbox"/>		Zip Code 45439		<table border="1"> <tr> <td>M</td><td>D</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td>0</td> </tr> <tr> <td>2</td><td>1</td><td>6</td> </tr> </table> Amount \$25.00		M	D	Y	0	4	0	2	1	6
M	D	Y														
0	4	0														
2	1	6														
Full Name of Contributor Regina Coleman						Registration Number, if PAC										
Street Address 5460 Dove Tree Blvd.; Apt. #12		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash										
City Moraine		State OH <input checked="" type="checkbox"/>		Zip Code 45439		<table border="1"> <tr> <td>M</td><td>D</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td>0</td> </tr> <tr> <td>2</td><td>1</td><td>6</td> </tr> </table> Amount \$25.00		M	D	Y	0	4	0	2	1	6
M	D	Y														
0	4	0														
2	1	6														
Full Name of Contributor Tracy Sewell						Registration Number, if PAC										
Street Address 4631 Sylvan Oak Drive		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash										
City Trotwood		State OH <input checked="" type="checkbox"/>		Zip Code 45426		<table border="1"> <tr> <td>M</td><td>D</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td>0</td> </tr> <tr> <td>2</td><td>1</td><td>6</td> </tr> </table> Amount \$25.00		M	D	Y	0	4	0	2	1	6
M	D	Y														
0	4	0														
2	1	6														

* 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 **\$355.00**