

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee for Crysta Pennington									
Full Name of Contributor Stephen Wolfe						Registration Number, if PAC			
Street Address 1247 Forsythe Ave.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check			
City Columbus			State OH <input checked="" type="checkbox"/>		Zip Code 43201		M 0 D 5 Y 0		Amount \$50.00
Full Name of Contributor Lisa Bell Stafford						Registration Number, if PAC			
Street Address 160 Liberty Street; Apt. 4516			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 0		Amount \$50.00
Full Name of Contributor Franklie D. Tatum						Registration Number, if PAC			
Street Address 3604 Watt Road			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check			
City Gahanna			State OH <input checked="" type="checkbox"/>		Zip Code 43230		M 0 D 5 Y 1		Amount \$50.00
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 <input checked="" type="checkbox"/>		Zip Code 43215		M 0 D 5 Y 1		Amount \$50.00
Full Name of Contributor Bryant Law Offices, LLC						Registration Number, if PAC			
Street Address 538 East Rich Street			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 \$75.00
Full Name of Contributor Shawn Parker						Registration Number, if PAC			
Street Address 9003 Turfway Bend Drive			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check			
City Powell			State OH <input checked="" type="checkbox"/>		Zip Code 43065		M 0 D 5 Y 1		Amount \$100.00
Full Name of Contributor Fashion Wire Press, LLC						Registration Number, if PAC			
Street Address 349 5th Avenue			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check			
City New York			State NY <input checked="" type="checkbox"/>		Zip Code 10016		M 0 D 5 Y 1		Amount \$300.00
Full Name of Contributor Mark Dempsey						Registration Number, if PAC			
Street Address 24 East Mound Street			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash			
City Columbus			State OH <input checked="" type="checkbox"/>		Zip Code 43215		M 0 D 5 Y 1		Amount \$80.00

* 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 **\$755.00**