

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee for Crysta Pennington									
Full Name of Contributor Misty 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			M 0	D 4	Y 0	Amount \$25.00
Full Name of Contributor Shatona Smith						Registration Number, if PAC			
Street Address 4512 Broadbush Drive			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash			
City Trotwood		State OH <input checked="" type="checkbox"/>	Zip Code 45426			M 0	D 4	Y 0	Amount \$27.00
Full Name of Contributor Bonita Talley						Registration Number, if PAC			
Street Address 1431 Tennyson Avenue			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash			
City Dayton		State OH <input checked="" type="checkbox"/>	Zip Code 45406			M 0	D 4	Y 0	Amount \$35.00
Full Name of Contributor Jalee Sewell						Registration Number, if PAC			
Street Address 885 North Meadows Court			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash			
City Columbus		State OH <input checked="" type="checkbox"/>	Zip Code 43229			M 0	D 4	Y 0	Amount \$30.00
Full Name of Contributor Joni Sanders						Registration Number, if PAC			
Street Address P.O. Box 220			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash			
City Dayton		State OH <input checked="" type="checkbox"/>	Zip Code 45405			M 0	D 4	Y 0	Amount \$30.00
Full Name of Contributor Derrick Reed						Registration Number, if PAC			
Street Address 4400 Woodcliffe Avenue			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash			
City Dayton		State OH <input checked="" type="checkbox"/>	Zip Code 45420			M 0	D 4	Y 0	Amount \$30.00
Full Name of Contributor April Reed						Registration Number, if PAC			
Street Address 4400 Woodcliffe Avenue			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash			
City Dayton		State OH <input checked="" type="checkbox"/>	Zip Code 45420			M 0	D 4	Y 0	Amount \$30.00
Full Name of Contributor Carla Morrow						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			M 0	D 4	Y 0	Amount \$55.00

* 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 **\$262.00**