Page <u>1</u>	

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full							-	
	LEVYFACTS.COM							
Full Name of Contributor	Registration Number, if PAC							
Susanne Kelly	- In	of an A Construction				Form (Cash Cha	ock etc.)	
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
646 E. College Ave			- 1		- 17	Cash		
City	State	Zip Code	M	D	Y	Amount	20.00	
Wes <u>terville</u>	O H	43081	0 2	1 9	1 2		20.00	
Full Name of Contributor			Registrat	ion Numb	er, it PA	C		
Dolbow Insurance Agency	,							
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
212 S. State St						Check		
City	State	Zip Code	M ,	D	Y	Amount		
Westerville	O H	43081	0 2	2 2	1 2		100.00	
Full Name of Contributor	<u> </u>		Registrat	ion Numb	per, if PA	С		
Robert Edwards	. <u></u>			_				
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
Mill Wind Dr.	1				Credit			
City	State	Zip Code	М	D	Y	Amount		
Westerville	O H	43082	0 2	2 3	1 2		100.00	
Full Name of Contributor			Registra	tion Numb	ber, if PA	С		
James Burgess								
Street Address	Employer/Oceu	pation/Labor Organization*				Form (Cash, Ch	eck, etc.)	
174 Barcelona Ave					Cash			
City	State	Zip Code	М	D	Y	Amount		
Westerville	О Н	43081	0 2	2 3	1 2	!	30.00	
Full Name of Contributor			Registra	tion Numl	ber, if PA	C		
Linda Beucler								
Street Address	Employer/Occu				Form (Cash, Ch	eck, etc.)		
482 S. Otterbein Ave	}	-				Check		
City	State	Zip Code	М	D	Y	Amount		
· ·	ОН	43081	0 2	213	1 2		10.00	
Westerville Full Name of Contributor	101	15001		tion Num		ıC		
Cash Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Ch	eck, etc.)	
	Employer occupation Education Signatures			Cash				
Annonymous in the mail	State	Zip Code	М	D	Y	Amount		
City			012	2 4	112		200.00	
Full Name of Contributor		<u>-</u>		tion Num				
Deborah Leighty	Employer/Occi	pation/Labor Organization*				Form (Cash, Ch	neck, etc.)	
Street Address	Ешрюуелоссі				Credit			
491 Old Mill Dr	State	Zip Code	М	D	Y	Amount		
City	OH		0 2	1 .			50.00	
Westerville	<u> </u>	43062		ttion Num			\$0.00	
Full Name of Contributor			, central					
Webb Snow	Employer/Occupation/Labor Organization* Fo				Form (Cash, Cl	neck, etc.)		
Street Address	Employer/Occupation Labor Organization			Credit				
7777 Softbrush Dr.		Zip Code	М	D	Y	Amount		
City	State O H			I .		1	25.00	
Westerville	O H	43082	0 2	<u>1410</u>	1112			

Page Total \$ 535.00

^{*} 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 appear. [R.C. 3517.10(B)(4)]