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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full								
LEVYFACTS.COM								
Full Name of Contributor			Registra	Registration Number, if PAC				
Mike Jones			and the same of th					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
7740 Red Bank Rd.	Jones Builders/self-employ			wner		Cash		
City	State	Zip Code	М	D	Y	Amount		
Westerville	OH	43081	1 0	2 9	0 9		100.00	
Full Name of Contributor Registration Number, if PAC								
Tracy McVee								
Street Address	Employer/Occupation/Labor Organization*			A, 100 A A A A A A A A A A A A A A A A A A		Form (Cash, Check, etc.)		
433 Mill Wind						Check		
City	State	Zip Code	М	D	Y	Amount		
Westerville	OH	43081	1 1	0 2	0 9		100.00	
Full Name of Contributor			Registra	tion Nun	ber, if PA	C		
James Burkhamer								
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
1255 North Hamilton Rd #127						Cash		
City	State	Zip Code	М	D	Y	Amount		
Columbus	OH	43230	1 0	2 9	0 9		100.00	
Full Name of Contributor Registration Number, if PA						C		
Robert Edwards								
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
476 Mill Wind Dr.						Cash		
City	State	Zip Code	М	D	Y	Amount		
Westerville	OH	43082	1 0	er benemen er en	0 9	Macrosophia and a service of the ser	100.00	
Full Name of Contributor			Registra	ition Num	ber, if PA	.C		
	·······							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
					· · · · · · · · · · · · · · · · · · ·			
City	State	Zip Code	M	D	Y	Amount		
Full Name of Contributor Registration Number, if PA								
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Che	eck, etc.)	
O'L.			<u> </u>	· · · · · · · · · · · · · · · · · · ·	1			
City	State	Zip Code	М	D	Y	Amount		
Data Variation of the Control of the								
Full Name of Contributor				Registration Number, if PAC				
Street Address	ddress Employer/Occupation/Labor Organization*					Form (Cash, Che	ck, etc.)	
O.L.								
City	State	Zip Code	M	D	Y	Amount		
Full Name of Contributor Registration Number, if PAC								
							•	
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
Fig.	0			T =				
City	State	Zip Code	M	D	Y	Amount		
provided for contributions from [1] [1] [1] [1]								

Page Total \$ 400.00

^{*} 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)]