

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full LEVYFACTS.COM									
Full Name of Contributor JAMES E. BURGESS							Registration Number, if PAC		
Street Address 4930 HONEYSUCKLE BLVD				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK	
City COLUMBUS		State O H		Zip Code 43230		M 0 8		D 2 4	
						Y 1 1		Amount 350.00	
Full Name of Contributor DOUG KRINSKY							Registration Number, if PAC		
Street Address 5405 BLACKHAWK FOREST DR				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK	
City WESTERVILLE		State O H		Zip Code 43082		M 0 8		D 2 4	
						Y 1 1		Amount 100.00	
Full Name of Contributor ROBERT EDWARDS							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CARD	
City WESTERVILLE		State O H		Zip Code		M 0 8		D 2 4	
						Y 1 1		Amount 1.00	
Full Name of Contributor JAMES E BURGESS							Registration Number, if PAC		
Street Address 4930 HONEYSUCKLE BLVD				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK	
City COLUMBUS		State O H		Zip Code 43230		M 0 8		D 2 5	
						Y 1 1		Amount 83.26	
Full Name of Contributor JOHN SODT							Registration Number, if PAC		
Street Address 708 AUTUMN TREE PL				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK	
City WESTERVILLE		State O H		Zip Code 43081		M 0 8		D 2 6	
						Y 1 1		Amount 50.00	
Full Name of Contributor CASH							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization* 4TH FRIDAY EVENT				Form (Cash, Check, etc.) CASH	
City		State		Zip Code		M 0 8		D 2 6	
						Y 1 1		Amount 10.00	
Full Name of Contributor JOANNE GROSE							Registration Number, if PAC		
Street Address 602 MICHAEL AVE				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CARD	
City WESTERVILLE		State O H		Zip Code 43081		M 0 8		D 3 0	
						Y 1 1		Amount 100.00	
Full Name of Contributor JEFF JASWA							Registration Number, if PAC		
Street Address 467 MAINSAIL DR				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CARD	
City WESTERVILLE		State O H		Zip Code 43081		M 0 9		D 0 4	
						Y 1 1		Amount 300.00	

* 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)]

Page Total \$ 994.26