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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						Registration Number, if PAC				
JAMES E. BURGESS										
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Che	· ·		
4930 HONEYSUCKLE BLVD				CHECK						
City	State		Zip Code	М	D	Y	Amount			
COLUMBUS	01	H	43230	0 8	2 4	1 1		350.00		
Full Name of Contributor				Registrat	ion Numl	рег, if PA	С			
DOUG KRINSKY										
Street Address	Employer/O				Form (Cash, Che	ek, etc.)				
5405 BLACKHAWK FOREST DR							CHECK			
City	State	-	Zip Code	М	D	Y	Amount			
WESTERVILLE		Н	43082	0 8	2 4	1 1		100.00		
Full Name of Contributor		_				ber, if PA	С			
ROBERT EDWARDS										
Street Address	Employer/O	Employer/Occupation/Labor Organization*					Form (Cash, Che	ck, etc.)		
Sifet Address	Address Inproven Occupation East Of gamzanov						CARD			
City	State		Zip Code	Тм	D	Y	Amount			
		Н	S.P Code	018	2 4	1 1		1.00		
WESTERVILLE			<u> </u>			ber, if PA	<u> </u>	1.00		
Full Name of Contributor				Registra	iton rumi	oc.,	C			
JAMES E BURGESS	E1/O		ai-uff ah'an Onsanination*				Form (Cash, Che	ack etc.)		
Street Address	Employer/Occupation/Labor Organization*									
4930 HONEYSUCKLE BLVD				T	CHECK					
City	State	ы	Zip Code	M	D	Y	Amount	02.27		
COLUMBUS	0	H	43230	0 8	2 5	1 1		83.26_		
Full Name of Contributor			ı	Registra	tion Num	ber, if PA	C			
JOHN SODT										
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)			
708 AUTUMN TREE PL							CHECK			
City	State		Zip Code	M	D	Y	Amount			
WESTERVILLE		H	43081		2 6			50.00		
Full Name of Contributor				Registra	tion Num	ber, if PA	.c			
CASH										
Street Address	Employer/Occupation/Labor Organization* 4TH FRIDAY EVENT						Form (Cash, Ch	eck, etc.)		
							CASH			
City	State		Zip Code	М	Ð	Y	Amount			
	1			0 8	2 6	1 1		10.00		
Full Name of Contributor			<u> </u>			ber, if PA				
JOANNE GROSE										
Street Address	Employer/C	ccupa	ation/Labor Organization*				Form (Cash, Ch	eck, etc.)		
602 MICHAEL AVE							CARD			
City	State		Zip Code	М	D	Υ	Amount			
WESTERVILLE	II	Н	43081	0 8	310	1 1		100.00		
Full Name of Contributor			10001			ber, if PA	vC.			
JEFF JASWA										
Street Address	Employer/C	Эссио:	ation/Labor Organization*				Form (Cash, Ch	eck, etc.)		
467 MAINSAIL DR	Language Company of Santana						CARD			
City	State		Zip Code	М	D	Y	Amount			
WESTERVILLE		Н	43081		0 4			300.00		
I VYESTERVILLE	101		10001	マ ! フ	U; I	1 4 1 4				

Page Total \$ 994.26

^{*} 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)]