1

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full								
LEVYFACTS.COM					D is a Not in the Control of the Con			
Full Name of Contributor					Registration Number, if PAC			
Intentionally left blank - Amende						E (C1- Ch1)		
Street Address	Employer/Occi	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City	State	Zip Code	М	D	Y	Amount		
	1							
Full Name of Contributor Registration Number, if P.						.C		
Intentionally left blank - Amende								
Street Address	Employer/Occu	spation/Labor Organization*		Form (Cash, Check, etc.)				
City	State	Zip Code	М	D	Y	Amount		
,								
Full Name of Contributor	. 1	Registration Number, if P						
Intentionally left blank - Amende	ed Return							
Street Address		Employer/Occupation/Labor Organization*						
City	State	Zip Code	М	D	Y	Amount		
			_					
Full Name of Contributor			Registra	ition Num	noer, if PA	.C		
Carol Hribar			<u> </u>					
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
387 Mainsail Dr.						Credit		
City	State	Zip Code	М	D	Y	Amount		
Westerville	O H	43081	1 2	1 4	1 1	500.00		
Full Name of Contributor			Registra	tion Nun	iber, if PA	AC .		
William Roebuck						_		
Street Address	Employer/Occi				Form (Cash, Check, etc.)			
5769 Blackhawk Forest Dr.				1 -	r	Credit		
City	State	Zip Code	M	D	Y	Amount		
Westerville	O H	43082	1 2			50.00		
Full Name of Contributor			Registra	ition Nun	ber, if PA	iC		
Kurt Hinterschied	la 1 /a			-		E 10 1 01 1 11		
Street Address	Employer/Occi	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit		
921 S. Hempsted Rd.	C	22 · O. I.	1.77	D	Y	Amount		
City	State O H	Zip Code 43081	M		1 1			
Westerville Full Name of Contributor	10111	43061	1 Z	rion Nur	J I I I iber, if PA	T00.00		
3			ixcgisu2	tuon 14m	ibet, ii i i			
Doug Rankin Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)		
516 Woodview Rd	isinpioyei/ occi				Credit			
City	State	Zip Code	М	D	Y	Amount		
Westerville	ОТН	·	1 2	31	1111	100.00		
Full Name of Contributor Registration Number, if PA								
Anonymous cash at meeting								
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
						CASH		
City	State	Zip Code	М	D	Y	Amount		
Westerville	OLH		0 1	0 5	1 2	80.00		
					1 11	nama of the		

Page Total \$ 830.00

^{*} 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)]