31-A
R.C. 3517.10

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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**	
PENNI GROVER								
Street Address	**Employer/Occupation/Labor Organization***							**Form (Cash, Check, etc.)**
382 OAKHILL DR								CHECK
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**
WESTERVILLE	OH	43081	10	08	11			25.00
Full Name of Contributor							**Registration Number, if PAC**	
JAMES BARNHARD								
Street Address	**Employer/Occupation/Labor Organization***							**Form (Cash, Check, etc.)**
5950 COMMONWEALTH DR								CHECK
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**
WESTERVILLE	OH	43082	10	08	11			75.00
Full Name of Contributor							**Registration Number, if PAC**	
LOUIS VESCO								
Street Address	**Employer/Occupation/Labor Organization***							**Form (Cash, Check, etc.)**
406 WYNDHAM PARK S								CHECK
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**
WESTERVILLE	OH	43082	10	08	11			25.00
Full Name of Contributor							**Registration Number, if PAC**	
VICKI STADGE								
Street Address	**Employer/Occupation/Labor Organization***							**Form (Cash, Check, etc.)**
359 WINDCROFT DR								CHECK
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**
WESTERVILLE	OH	43082	10	08	11			10.00
Full Name of Contributor							**Registration Number, if PAC**	
MAUREEN GREER								
Street Address	**Employer/Occupation/Labor Organization***							**Form (Cash, Check, etc.)**
601 BROOK RUN DR								CHECK
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**
WESTERVILLE	OH	43081	10	08	11			20.00
Full Name of Contributor							**Registration Number, if PAC**	
FRANCES HOSA								
Street Address	**Employer/Occupation/Labor Organization***							**Form (Cash, Check, etc.)**
4960 WINDY BUFF CT								CHECK
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**
WESTERVILLE	OH	43081	10	08	11			25.00
Full Name of Contributor							**Registration Number, if PAC**	
CASH								
Street Address	**Employer/Occupation/Labor Organization***							**Form (Cash, Check, etc.)**
	LEVYFACTS EVENT							CASH
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**
WESTERVILLE	OH	43081	10	08	11			40.00
Full Name of Contributor							**Registration Number, if PAC**	
MATT WATTENBARGER								
Street Address	**Employer/Occupation/Labor Organization***							**Form (Cash, Check, etc.)**
29 OLD COUNTY LINE RD								CARD
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**
WESTERVILLE	OH	43081	10	09	11			75.00

* 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 $ 295.00