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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				
Ron Dietrich									
Street Address	Employer/O	ccupa	tion/Labor Organization*				Form (Cash, Che	eck, etc.)	
749 Linncrest Dr					·		Credit		
City	State		Zip Code	M	D	Y	Amount	25.00	
Westerville	01	H	43081	0 1	2 2		<u></u>	25.00	
Full Name of Contributor Registration Number, if PAC									
Patrick Bevilacqua	T		tion/Labor Organization*				5 (0) (1	1	
Street Address	Employer/O				Form (Cash, Check, etc.)				
8100 Schott Rd.					· · · · · · · · · · · · · · · · · · ·		Credit		
City	State		Zip Code	М	D	Y	Amount	400.00	
Westerville	0	H	43081	0 1	2 4		<u></u>	100.00	
Full Name of Contributor	Registration Number, if PAC								
Doug Krinsky							(2) C		
Street Address	Employer/O				Form (Cash, Che	eck, etc.)			
5405 Blackhawk Forest Dr.			·				Cash		
City	State		Zip Code	M	D	Y	Amount	400.00	
Westerville	0	H	43082	0 1	2 4		<u>L</u>	100.00	
Full Name of Contributor				Registra	tion Nur	ber, if PA	.C		
Paul Fulton	<u> </u>								
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.) Credit	
233 Boehm Ct.									
City	State		Zip Code	M,	D	Y	Amount		
Westerville	0	<u>H</u>	43081	01	2 5			50.00	
Full Name of Contributor				Registra	tion Num	iber, if PA	.C		
Joanne Grose									
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)	
602 Michael Ave.							Credit		
City	State		Zip Code	M	D	Y	Amount		
Westerville	0	H	43081	0 1	2 5	1 2		50.00	
Full Name of Contributor				Registra	tion Nun	iber, if PA	iC.		
Nancy Knouse									
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)		
113 Lawrence Rd.							Check		
City	State		Zip Code	M	D	Y	Amount		
Westerville	01	<u>H_</u>	43081	0 1	2 6	1 2		25.00	
Full Name of Contributor				Registra	tion Nurr	iber, if PA	ı.C		
David Raun									
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Che	eck, etc.)	
166 Barcelona Ave							Check		
City	State		Zip Code	М	D	Y	Amount		
Westerville	0	H_	43081	0 1	2 6	1 2	<u> </u>	100.00	
Full Name of Contributor Registration Number, if PAC									
John Sodt			<u></u>						
Street Address	Employer/Occupation/Labor Organization*				-		Form (Cash, Check, etc.) Credit		
708 Autumn Tree Place									
City	State		Zip Code	М	D	У	Amount		
Westerville	0	Η_	43081	0 1	2 7	1 2	<u> </u>	150.00	
6 11 1 6100	1 1 11	11	latas If contributor is salf-ame	محام الحجيجا		m and the	f.ba		

Page Total \$ 600.00

^{*} 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)]