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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  Elizabeth Gerbec  For Coch Chal	:, etc.)		
Full Name of Contributor Registration Number, if PAC Elizabeth Gerbec	i, etc.)		
Elizabeth Gerbec	c, etc.)		
	c, etc.)		
	i, etc.)		
Street Address Employer/Occupation/Labor Organization* Form (Cash, Check			
126 Steffan Ct. Credit			
City State Zip Code M D Y Amount	DE 00		
Westerville         O   H   43081         0   2   1   5   1   2	25.00		
Full Name of Contributor Registration Number, if PAC			
Mary Medors			
Street Address Employer/Occupation/Labor Organization* Form (Cash, Check	:, etc.)		
761 Andrew Ave. Check			
City State Zip Code M D Y Amount			
	200.00		
Full Name of Contributor Registration Number, if PAC			
Ellery Block			
Street Address Employer/Occupation/Labor Organization* Form (Cash, Check	:, etc.)		
596 Bay Dr Credit			
City State Zip Code M D Y Amount			
Westerville	99.00		
Full Name of Contributor Registration Number, if PAC			
Russell Tipton			
Street Address Employer/Occupation/Labor Organization* Form (Cash, Check	t, etc.)		
126 Ormsbee Ave.			
City State Zip Code M D Y Amount			
	100.00		
Full Name of Contributor  Registration Number, if PAC	100.00		
Roy Twidt			
Street Address Employer/Occupation/Labor Organization* Form (Cash, Check	. etc.)		
6572 Varick Ln Credit	,,		
City State Zip Code M D Y Amount			
Westerville	50.00		
Full Name of Contributor  Registration Number, if PAC	50.00		
Michael Howard  Street Address Employer/Occupation/Labor Organization* Form (Cash, Check	etc )		
	., c.c.,		
****	205.00		
Westerville         O   H   43081         0   2   1   8   1   2           Full Name of Contributor         Registration Number, if PAC	325.00		
Marcia Trout			
Street Address Employer/Occupation/Labor Organization* Form (Cash, Check	(, etc.)		
197 Mainsail Dr. Credit			
City State Zip Code M D Y Amount	- 00		
Westerville         O   H   43081         0   2   1   8   1   2	5.00		
Full Name of Contributor  Registration Number, if PAC			
Ralph Hoffman			
Street Address Employer/Occupation/Labor Organization* Form (Cash, Check	, etc.)		
5665 Vanatta Rd Check			
City State Zip Code M D Y Amount			
Centerburg O   H   43011   0   2   1   8   1   2	100.00		

Page Total \$ 9	04.00

<sup>\*</sup> 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)]