

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full LEVYFACTS.COM									
Full Name of Contributor CAROL HRIBAR						Registration Number, if PAC			
Street Address 387 MAINSAIL DR			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CARD		
City WESTERVILLE		State O H	Zip Code 43081		M 0 9	D 3 0	Y 1 1	Amount 50.00	
Full Name of Contributor TERESA RUH						Registration Number, if PAC			
Street Address 278 WEDGEWOOD CT			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CARD		
City WESTERVILLE		State O H	Zip Code 43081		M 1 0	D 0 1	Y 1 1	Amount 20.00	
Full Name of Contributor ROBERT YOPKO						Registration Number, if PAC			
Street Address 5660 TRAVIS PTE CT			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City WESTERVILLE		State O H	Zip Code 43082		M 1 0	D 0 1	Y 1 1	Amount 25.00	
Full Name of Contributor RALPH HOFFMAN						Registration Number, if PAC			
Street Address 5665 VANATTA RD			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City CENTERBURG		State O H	Zip Code 43011		M 1 0	D 0 1	Y 1 1	Amount 100.00	
Full Name of Contributor MARY VAN FLEET						Registration Number, if PAC			
Street Address 1206 WEDGEWOOD TERRACE			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CARD		
City WESTERVILLE		State O H	Zip Code 43082		M 1 0	D 0 3	Y 1 1	Amount 75.00	
Full Name of Contributor STEVE CURRY						Registration Number, if PAC			
Street Address 377 WINDCROFT DR			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CARD		
City WESTERVILLE		State O H	Zip Code 43082		M 1 0	D 0 4	Y 1 1	Amount 50.00	
Full Name of Contributor LISA HUDSON						Registration Number, if PAC			
Street Address 352 EASTWOOD AVE			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CARD		
City WESTERVILLE		State O H	Zip Code 43081		M 1 0	D 0 5	Y 1 1	Amount 25.00	
Full Name of Contributor JOHN SODT						Registration Number, if PAC			
Street Address 708 AUTUMN TREE PL			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CARD		
City WESTERVILLE		State O H	Zip Code 43081		M 1 0	D 0 5	Y 1 1	Amount 50.00	

* 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 \$ **395.00**