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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full			
Name of Committee in Full			
LEVYFACTS.COM		Registration Number, if P	AC.
Full Name of Contributor		registration number, it r	
CASH Street Address	Employer/Occupation/Labor Organ	nization*	Form (Cash, Check, etc.)
Succe variety	TEA PARTY EVEN		CASH
City	State Zip Code	M D Y	Amount
WESTERVILLE	O H 43081	$\begin{bmatrix} 1 & 0 & 1 & 1 & 1 \\ 1 & 0 & 1 & 1 & 1 & 1 \end{bmatrix}$	
Full Name of Contributor	0 45001	Registration Number, if P	
RICHARD HAHN			
Street Address	Employer/Occupation/Labor Organ	nization*	Form (Cash, Check, etc.)
1041 BRIMLEY PL			CHECK
City	State Zip Code	M D Y	Amount
WESTERVILLE	O H 43081	1 0 1 1 1 1	100.00
Full Name of Contributor		Registration Number, if P	AC
WEBB SNOW			
Street Address	Employer/Occupation/Labor Organ	nization*	Form (Cash, Check, etc.)
7777 SOFTRUSH DR			CARD
City	State Zip Code	M D Y	Amount
WESTERVILLE	O H 43082	1 0 1 4 1 1	25.00
Full Name of Contributor		Registration Number, if P	AC
JAMES HAGLE	<u> </u>		F (C1 Cl1)
Street Address	Employer/Occupation/Labor Organ	nization*	Form (Cash, Check, etc.)
540 WOODVIEW RD	90-44 20- C- I		CHECK Amount
City MIECTED VIII I E	State Zip Code	$\begin{bmatrix} 1 & 1 & 1 & 1 \\ 1 & 0 & 1 & 5 & 1 \end{bmatrix}$	I
WESTERVILLE Full Name of Contributor	O H 43081	Registration Number, if P	
		registration (varioet, it i	
RICK MERCURIOR Street Address	Employer/Occupation/Labor Orga	nization*	Form (Cash, Check, etc.)
6275 SUNBURY RD	Employer/Openpation (about Orga		CHECK
City	State Zip Code	M D Y	Amount
WESTERVILLE	O H 43082	1 0 1 5 1 1	50.00
Full Name of Contributor	10 1 12002	Registration Number, if F	
MATTHEW MEZYDLO			
Street Address	Employer/Occupation/Labor Orga	nization*	Form (Cash, Check, etc.)
181 WALNUT RIDGE LN			CHECK
City	State Zip Code	M D Y	Amount
WESTERVILLE	O H 43081	1 0 1 6 1	50.00
Full Name of Contributor		Registration Number, if I	
CAROL HRIBAR			
Street Address	Employer/Occupation/Labor Orga	nization*	Form (Cash, Check, etc.)
387 MAINSAIL DR			CARD
City	State Zip Code	M D Y	Amount
WESTERVILLE	O H 43081	1 0 1 8 1 1	
Full Name of Contributor		Registration Number, if F	AC
CAROL HRIBAR	Employed Committee II ab O	wigation*	Form (Cash, Check, etc.)
Street Address	Employer/Occupation/Labor Orga	mzanoh*	CARD
387 MAINSAIL DR	State Zip Code	M D Y	Amount
City	O H 43081	$ \tilde{1} 0 \tilde{2} 1 1 1$	
WESTERVILLE	U 11 45061	1 U Z I I I	

Page Total \$ 1,025.00

^{*} 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)]