

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full LEVYFACTS.COM										
Full Name of Contributor Producerism						Registration Number, if PAC				
Street Address 627 W Main St			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit			
City Westerville			State O H		Zip Code 43081		M 0	D 2	Y 1 1 2	Amount 20.00
Full Name of Contributor Craig Damico						Registration Number, if PAC				
Street Address 6833 Collingwood Dr.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check			
City Westerville			State O H		Zip Code 43082		M 0	D 2	Y 1 1 2	Amount 100.00
Full Name of Contributor Heidi Marshall						Registration Number, if PAC				
Street Address 1222 Breakers Ct.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check			
City Westerville			State O H		Zip Code 43082		M 0	D 2	Y 1 1 2	Amount 50.00
Full Name of Contributor Mary Medors						Registration Number, if PAC				
Street Address 761 Andrew Ave.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash			
City Westerville			State O H		Zip Code 43081		M 0	D 2	Y 1 1 2	Amount 50.00
Full Name of Contributor Dwight Dunlap						Registration Number, if PAC				
Street Address 22 Windsor Village Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check			
City Westerville			State O H		Zip Code 43081		M 0	D 2	Y 1 1 2	Amount 25.00
Full Name of Contributor Timothy Kuhn						Registration Number, if PAC				
Street Address 6729 Meadow Glen Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check			
City Westerville			State O H		Zip Code 43081		M 0	D 2	Y 1 3 2	Amount 25.00
Full Name of Contributor Luke Davis						Registration Number, if PAC				
Street Address 4465 Wrangell Pl			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check			
City Columbus			State O H		Zip Code 43230		M 0	D 2	Y 1 4 2	Amount 99.00
Full Name of Contributor Treasures in Stitches						Registration Number, if PAC				
Street Address 3955 Deer Knoll Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit			
City Gahanna			State O H		Zip Code 43230		M 0	D 2	Y 1 5 2	Amount 10.00

* 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)]