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## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

		·				
Name of Committee in Full						
LEVYFACTS.COM						
Fall Name of Contributor			Registration Number, if PA			Č
WILLIAM PAGE						
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)
828 WACKEMAN CT	1					CHECK
City	State	Zip Code	М	D	Y	Amount
WESTERVILLE	$O \mid H$	43081	110	1   5	1   1	50.00
Full Name of Contributor		10001			ber, if PA	- 223
Anonymous in the mail			1		ŕ	
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)
Sueet Address	Employen occup	anoi Baboi Organization				CASH
	State	Zip Code	M	D	Y	Amount
City		Zip Code	111	1 .	1 .	40.00
WESTERVILLE	0 H			16		
Full Name of Contributor			Registra	illon ivilii	iber, if PA	
LINDA HAHN		<del></del>	ļ			n (0   C  1 (1)
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)
350 E PARK ST		····			1	CREDIT
City	State	Zip Code	M.	D	Y	Amount
WESTERVILLE	OH	43081	1 1	2 9	_	25.00
Full Name of Contributor			Registra	ition Num	ber, if PA	.c
ROBERT EDWARDS			<u> </u>			
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)
476 WIND MILL DR						CREDIT
City	State	Zip Code	М	D	Y	Amount
WESTERVILLE	O H	43082	112	017	1 1	1.00
Full Name of Contributor			Registra	ation Nur	ber, if PA	i.C
Street Address	Employer/Occup	nployer/Occupation/Labor Organization*				Fonn (Cash, Check, etc.)
City	State	Zip Code	М	D	Y	Amount
	1 1			1 1		
Full Name of Contributor	<u> </u>		Registra	ation Nun	nber, if PA	C
Tail value of conflound						
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)
Street Hadress						
City	State	Zip Code	М	D	Y	Amount
i chy	1	Lip code	17	1 -	Li	
Full Name of Contributor			Registra	ation Num	nber, if PA	
Pull Name of Controllor			I C gisar	2,7011 1 (011		•
	E-mloves/Occur	ation/Labor Organization*				Form (Cash, Check, etc.)
Street Address	Employer/Occup	anon/Lauor Organization				roim (outsi, outer, ore.)
		Tr. C. I.	1 37	áT	Y	Amount
City	State	Zip Code	M		1 '	Allouic
	_	<u></u>	1000	<u>                                     </u>	-1 :CD/	
Full Name of Contributor Registration Number, if PAC						
					Cum (Cash Charta ata)	
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
				т =	T	<del> </del>
City	State	Zip Code	М	D	Y	Amount
		<u> </u>				L

\* 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 \$ 116.00