

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>LEVYFACTS.COM</b>							
Full Name of Contributor <b>WILLIAM PAGE</b>					Registration Number, if PAC		
Street Address <b>828 WACKEMAN CT</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>		
City <b>WESTERVILLE</b>	State <b>O   H</b>	Zip Code <b>43081</b>	M <b>1   0</b>	D <b>1   5</b>	Y <b>1   1</b>	Amount <b>50.00</b>	
Full Name of Contributor <b>Anonymous in the mail</b>					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CASH</b>		
City <b>WESTERVILLE</b>	State <b>O   H</b>	Zip Code	M <b>1   1</b>	D <b>1   6</b>	Y <b>1   1</b>	Amount <b>40.00</b>	
Full Name of Contributor <b>LINDA HAHN</b>					Registration Number, if PAC		
Street Address <b>350 E PARK ST</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CREDIT</b>		
City <b>WESTERVILLE</b>	State <b>O   H</b>	Zip Code <b>43081</b>	M <b>1   1</b>	D <b>2   9</b>	Y <b>1   1</b>	Amount <b>25.00</b>	
Full Name of Contributor <b>ROBERT EDWARDS</b>					Registration Number, if PAC		
Street Address <b>476 WIND MILL DR</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CREDIT</b>		
City <b>WESTERVILLE</b>	State <b>O   H</b>	Zip Code <b>43082</b>	M <b>1   2</b>	D <b>0   7</b>	Y <b>1   1</b>	Amount <b>1.00</b>	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	

\* 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