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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full					-	
LEVYFACTS.COM						
Full Name of Contributor	Registration Number, if PAC					
Cash						
Street Address	Employer/Occu			Form (Cash, Che	ck, etc.)	
Anonymous			Cash			
City	State	Zip Code	M D	Y	Amount	
			0 2 2	7 1 2		20.00
Full Name of Contributor	<u> </u>	•	Registration N	umber, if PA	.C	
Cash						
Street Address	Employer/Occu	<u> </u>		Form (Cash, Check, etc.)		
Anonymous in the mail	<i>'</i>			Cash		
City	State	Zip Code	M D	Y	Amount	
			0 2 2	8 1 2		50.00
Full Name of Contributor			Registration N	ımber, if PA	C.	
James McLeaster						
Street Address	Employer/Occu			Form (Cash, Che	ck, etc.)	
1188 Forest Rise Dr			Credit			
City	State	Zip Code	M D	Y	Amount	
Westerville	O H	43081	0 2 2	8 1 2		50.00
Full Name of Contributor			Registration N	umber, if PA	rC .	
Janusz Satala						
Street Address	Employer/Occu	Form (Cash, Check, etc.)				
198 S. Spring Rd.			Check			
City	State	Zip Code	M D	Y	Amount	
Westerville	O H	43081	0 2 2			20.00
Full Name of Contributor			Registration N	umber, if P∧	VC.	
Dennis Miller						
Street Address	Employer/Occu			Form (Cash, Check, etc.)		
1191 Forest Rise Dr.			<u> </u>		Check	
City	State	Zip Code	M D	Y	Amount	ar 00
Westerville	O H	43081	0 3 0			25.00
Full Name of Contributor			Registration N	umber, if PA	AC	
Matt Wattenbarger					T	
Street Address	Employer/Occu	Form (Cash, Check, etc.)				
29 Old County Line Rd		In a :		1 17	Credit	
City	State	Zip Code	M D	7 1 1 2 2	Amount	100.00
Westerville	O H	43081	0 3 0			100.00
Full Name of Contributor			Registration N	umber, if PF	ic.	
James Burgess	<u> </u>	pation/Labor Organization*			Form (Cash, Che	olc ato \
Street Address	Employer/Occi			Form (Cash, Check, etc.) Check		
4930 Honeysuckle Blvd	Carac	Zip Code	M D	Y	Amount	
City	State	1	0 3 1			110.00
Columbus	<u> </u>	43230	Registration N			110.00
Full Name of Contributor			Kegistiation i	amoet, it t		
Street Address	Employer/Occi			Form (Cash, Che	eck, etc.)	
City	State	Zip Code	M D	Y	Amount	
			anloyed the ecoupe		C.4	

* 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 \$ 375.00