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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				Registrat	ion Numb	er, if PA	С	.]	
CASH				<u> </u>					
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)				ck, etc.)	
	TEA	PAI	RTY EVENT				CASH		
City	State		Zip Code	М	D	Y	Amount		
WESTERVILLE	\perp_{O}	Н	43081	1 0	1 1	$1 \mid 1$		75.00	
Full Name of Contributor	1		<u> </u>	Registrat	ion Numl	er, if PA	С		
RICHARD HAHN				1					
Street Address	Employer/	Occupa	tion/Labor Organization*	-			Form (Cash, Che	ck, etc.)	
1041 BRIMLEY PL	' '	·					CHECK		
City	State	e	Zip Code	М	D	Y	Amount		
-		H	43081	$ _{1} _{0} $	1 1	1 1 1		100.00	
WESTERVILLE	101		45001			ber, if PA	C	100.00	
Full Name of Contributor				7.05					
WEBB SNOW	Complement	O	riant abor Organization*				Form (Cash, Che	ck. etc.)	
Street Address	Employer	Employer/Occupation/Labor Organization*						CARD	
7777 SOFTRUSH DR	 		Tr. 0.1	М	D	Υ	Amount		
City	Stat		Zîp Code			, 	Amount	25.00	
WESTERVILLE	0	Н	43082	10	1 4	111		23.00	
Full Name of Contributor				Registrat	ion Num	ber, II PA	C		
JAMES HAGLE								ī	
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Che	ck, etc.)	
540 WOODVIEW RD							CHECK		
City	Stat		Zip Code	M _.	D	Y	Amount		
WESTERVILLE	0	Н	43081	1 0	1 5	1 1		25.00	
Full Name of Contributor				Registrat	ion Num	ber, if PA	.C		
RICK MERCURIOR									
Street Address	Employer/	Оссира	ntion/Labor Organization*				Form (Cash, Che		
6275 SUNBURY RD							CHECK		
City	Stat	e –	Zip Code	М	D	Y	Amount	_	
WESTERVILLE	101	Н	43082	110	1 5	$1 \mid 1$		50.00	
Full Name of Contributor				Registra	tion Num	ber, if PA	.C		
MATTHEW MEZYDLO				1					
Street Address	Employer	Oceuu	ation/Labor Organization*				Form (Cash, Che	ck, etc.)	
181 WALNUT RIDGE LN							CHECK		
	Star	le	Zip Code	М	D	Y	Amount		
City	0	H	43081	1110	1116	1 1	1	50.00	
WESTERVILLE			45001			ber, if PA		00.00	
Full Name of Contributor				i vegisira		,			
CAROL HRIBAR	lis i	/0	ation/Labor Organization*				Form (Cash, Che	eck etc.)	
Street Address	Employer	Occup	ation/Labor Organization				CARD	.c., e.e.,	
387 MAINSAIL DR	_		<u> </u>	1 1/	- 15	Y	Amount		
City	Sta		Zip Code	M	D	Ι.	Amount	200.00	
WESTERVILLE	0	H	43081	$1 \mid 0$	1 8		<u>L</u>	200.00	
Full Name of Contributor				Registra	uon Num	ber, if PA	10		
CAROL HRIBAR							Form (Cash, Che	ander ota V	
Street Address	Employer	/Occup	ation/Labor Organization*					eck, etc.)	
387 MAINSAIL DR							CARD		
City	Sta		Zip Code	М	D	Y	Amount	E00.00	
WESTERVILLE	0	$H_{\underline{}}$	430\\$1	10	2 1	1 1	6+h-	500.00	

* 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)]

Page Total \$ 1,025.00