

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full LEVYFACTS.COM							
Full Name of Contributor CASH					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
		TEA PARTY EVENT				CASH	
City	State	Zip Code	M	D	Y	Amount	
WESTERVILLE	O H	43081	1 0	1 1	1 1	75.00	
Full Name of Contributor RICHARD HAHN					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
1041 BRIMLEY PL						CHECK	
City	State	Zip Code	M	D	Y	Amount	
WESTERVILLE	O H	43081	1 0	1 1	1 1	100.00	
Full Name of Contributor WEBB SNOW					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
7777 SOFTRUSH DR						CARD	
City	State	Zip Code	M	D	Y	Amount	
WESTERVILLE	O H	43082	1 0	1 4	1 1	25.00	
Full Name of Contributor JAMES HAGLE					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
540 WOODVIEW RD						CHECK	
City	State	Zip Code	M	D	Y	Amount	
WESTERVILLE	O H	43081	1 0	1 5	1 1	25.00	
Full Name of Contributor RICK MERCURIOR					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
6275 SUNBURY RD						CHECK	
City	State	Zip Code	M	D	Y	Amount	
WESTERVILLE	O H	43082	1 0	1 5	1 1	50.00	
Full Name of Contributor MATTHEW MEZYDLO					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
181 WALNUT RIDGE LN						CHECK	
City	State	Zip Code	M	D	Y	Amount	
WESTERVILLE	O H	43081	1 0	1 6	1 1	50.00	
Full Name of Contributor CAROL HRIBAR					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
387 MAINSAIL DR						CARD	
City	State	Zip Code	M	D	Y	Amount	
WESTERVILLE	O H	43081	1 0	1 8	1 1	200.00	
Full Name of Contributor CAROL HRIBAR					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
387 MAINSAIL DR						CARD	
City	State	Zip Code	M	D	Y	Amount	
WESTERVILLE	O H	43081	1 0	2 1	1 1	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