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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		1	Registratio	on Number	r, if PAC	2	
SUSAN MENTRAK							
Street Address	Employer/Occup	oation/Labor Organization*				Form (Cash, Check	i, etc.)
250 STORINGTON RD	_				$\Box$	CARD	
City	State	Zip Code	М	D		Amount	
WESTERVILLE	0   H	43081	110	0 6	$1 \mid 1$		9.00_
Full Name of Contributor			Registration	on Numbe	r, if PAC	Ē	
PAUL MOORE							
Street Address	Employer/Occup	oation/Labor Organization*				Form (Cash, Check	c, etc.)
603 VALLEY WOOD CT						CARD	
City	State	Zip Code	M	D	Y	Amount	
WESTERVILLE	OIH	43081	1 0	016	$1 \mid 1$		50.00
Full Name of Contributor				on Numbe	r, if PA	2	
RODERICK CLAY							
Street Address	Employer/Occur	pation/Labor Organization*		_		Form (Cash, Check	k, etc.)
433 MARY AVE						CHECK	
City	State	Zip Code	М	D	Y	Amount	
	OIH	43081	110	016	1   1		390.00
WESTERVILLE Full Name of Contributor		10001		on Numbe		С	
V			ľ				
GREGORY PLUTCHAK	Employer/Occu	pation/Labor Organization*				Form (Cash, Chec	k, etc.)
Street Address	Employenoccu	Employen overapation states of gamestan			CHECK		
564 HACKBERRY DR	State	Zip Code	ТмТ	D	Y	Amount	
City		43081	1 0	1	1   1		100.00
WESTERVILLE	O   FI	43001		ion Numbe		С.	100.00
Full Name of Contributor			Kegisiiati	ion realise		•	
SUE KING	- Ic 1 /6	and the Commitment of the Comm				Form (Cash, Chec	k etc.)
Street Address	Employer/Occu	Employer/Occupation/Labdr Organization*		CHECK			
2548 HOME ACRE DR		Test and	T., T	D	Y	Amount	
City	State	Zip Code	M	L		Amount	25.00
COLUMBUS	_ O   H	43281			1 1		23.00
Full Name of Contributor			Registrati	ion Numbe	er, ii eza	·C	
JAMES HARRISON				_		E (Cook Choo	l. ara V
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
7160 JACQUELINE CT						CHECK	
City	State	Zip Codé	M	D	Y	Amount	F0.00
WESTERVILLE	0 H	43082	110	0 8	1   I	<u></u>	50.00
Full Name of Contributor			Registrat	ion Numb	er, it PA	i.C	
JM VAN FLEET							
Street Address	Employer/Occi	ipation/Labor Organization*				Form (Cash, Chec	ck, etc.)
1206 WEDGEWOOD TERRACE						CHECK	
City	State	Zip Code	M	D	Y	Amount	E0.00
WESTERVILLE	OIH	43082	1 0			<u> </u>	50.00
Full Name of Contributor			Registrat	tion Numb	er, if PA	AC .	
GERRY WYSCARVER							
Street Address	Employer/Occi	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
6253 LANGTON CIR					CHECK		
City	State	Zip Code	M	D	Y	Amount	80.00
WESTERVILLE	0   H	43081	1 0	0 8	1   1		20.00
					1.1	name of the	

\* 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 \$	694.00