

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full LEVYFACTS.COM									
Full Name of Contributor RICHARD HAHN						Registration Number, if PAC			
Street Address 1041 BRIMLEY PL			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City WESTERVILLE		State O H		Zip Code 43081		M 0	D 9	Y 1 3	Amount 200.00
Full Name of Contributor DOUGLAS RANKIN						Registration Number, if PAC			
Street Address 516 WOODVIEW RD			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City WESTERVILLE		State O H		Zip Code 43081		M 0	D 9	Y 1 3	Amount 300.00
Full Name of Contributor BARBARA ROOD						Registration Number, if PAC			
Street Address 600 E COLLEGE AVE			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City WESTERVILLE		State O H		Zip Code 43081		M 0	D 9	Y 1 4	Amount 100.00
Full Name of Contributor KARL HRIBAR						Registration Number, if PAC			
Street Address 387 MAINSAIL DR			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City WESTERVILLE		State O H		Zip Code 43081		M 0	D 9	Y 1 4	Amount 25.00
Full Name of Contributor JOHN SODT						Registration Number, if PAC			
Street Address 708 AUTUMN TREE PL			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City WESTERVILLE		State O H		Zip Code 43081		M 0	D 9	Y 1 6	Amount 50.00
Full Name of Contributor JANE WILSON						Registration Number, if PAC			
Street Address 42 RUNDLET CT			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CARD		
City WESTERVILLE		State O H		Zip Code 43081		M 0	D 9	Y 1 8	Amount 100.00
Full Name of Contributor STEVE SMITH						Registration Number, if PAC			
Street Address 535 POINTVIEW DR			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CARD		
City WESTERVILLE		State O H		Zip Code 43081		M 0	D 9	Y 2 8	Amount 50.00
Full Name of Contributor MATTHEW GAGNON						Registration Number, if PAC			
Street Address 291 APACHE ST			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CARD		
City WESTERVILLE		State O H		Zip Code 43081		M 0	D 9	Y 2 8	Amount 50.00

* 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)]