Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full							
LEVYFACTS.COM Full Name of Contributor			Pagistro	tion Num	har if DA		
1			Registra	inoii Nuin	ioci, ii i z		
JEFFERY LUTZ Street Address	Employar/Out	pation/Labor Organization*				Form (Cash, Check, etc.)	
f .	Employer/Occil	ipation/Labor Organization					
127 PATTI CIT		In: O 1	1		Y	CARD	
City	State O H	Zip Code	I M	D	Ι.	Amount 20.00	
WESTERVILLE	O H	43081	1 0		111		
Full Name of Contributor			Registra	tion Num	iber, ii PA		
MATT WATTENBARGER		pation/Labor Organization*		_			
Street Address	Employer/Occi				Form (Cash, Check, etc.)		
29 OLD COUNTY LINE RD				1 -	1	CARD	
City	State	Zîp Code	M	D	Y	Amount	
WESTERVILLE	O H	43081	1 0			50.00	
Full Name of Contributor	Registration Number, if PAC					AC .	
WILLIAM PAGE							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
828 WACKEMAN CT			.	,	· · · · · · · · · · · · · · · · · · ·	CHECK	
City	State	Zip Code	M	D.	Y	Amount	
WESTERVILLE	O H	43081	1 0	1 5	111	50.00	
Full Name of Contributor		<u>.</u>	Registra	ation Num	ber, if PA	AC .	
Street Address Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
				_			
City	State	Zip Code	M	D	Y	Amount	
				l l _	l i		
Full Name of Contributor			Registra	ation Num	ber, if PA	AC .	
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Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
City	State	Zip Code	М	Đ	Y	Amount	
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Full Name of Contributor		· · · · · · · · · · · · · · · · · · ·	Registra	ation Num	ber, if PA	AC .	
Street Address	Employer/Occi	pation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	М	D	Y	Amount	
		'		1 1			
Full Name of Contributor			Registra	ation Nun	ber, if PA	AC	
, an rame or connection							
Street Address	Employer/Occi		Form (Cash, Check, etc.)				
Street / tubess							
City	State	Zip Code	М	D	Y	Amount	
City		Zip Code	"				
Full Name of Contributor			Registr	ation Num	ber, if P/	AC	
Full Name of Contributor Registration Number, if PAC							
Street Address Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
Street Address Employer/Occupation/Labor Organization*						on (Caon, Check, etc.)	
	State	Zip Code	М	D	ΙΥ	Amount	
City	State	Zip Code	141		'		
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* 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 \$ _____120.00_