Page	8	

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full						
LEVYFACTS.COM			T.:		1075.	-
Full Name of Contributor			Registrati	on Numb	oer, if PA	C
JEFFERY LUTZ						6 10 1 5 1
Street Address	Employer/Occup	nation/Labor Organization	n*			Form (Cash, Check, etc.)
127 PATTI CIT ·						CARD
City	State	Zip Code	М	D	Y	Amount
WESTERVILLE	O H	43081	110	2 1	1 1	20.00
Full Name of Contributor	<u> </u>		Registrat	on Numl	ber, if PA	С
MATT WATTENBARGER						<u></u>
Street Address	Employer/Occu	pation/Labor Organization	n*			Form (Cash, Check, etc.)
29 OLD COUNTY LINE RD						CARD
City	State	Zip Code	М	D	Y	Amount
	OH	43081	$ _{1 0} $	2 3	111	50.00
WESTERVILLE	10111	1 43001	Registrat			
Full Name of Contributor			Registrat	· uiii		: -
	n 1 10	- Alice October 1				Form (Cash, Check, etc.)
Street Address	Employer/Occu	pation/Labor Organizatio				. Sam (Casa, Check, etc.)
		-	1	<u> </u>	T v	Amount
City	State	Zip Code	M	D I	Y	Amount
						<u></u>
Full Name of Contributor			Registrat	ion Num	ber, if PA	AC .
Street Address	Employer/Occu	pation/Labdr Organizatio	n*			Form (Cash, Check, etc.)
		1				
City	State	Zip Code	М	D	Y	Amount
en,					lι	
Full Name of Contributor		<u> </u>	Registrat	ion Num	ber, if PA	C.
The Palite of Controllor			_			
0	Employer/Occu	pation/Labor Organization	m*		_	Form (Cash, Check, etc.)
Street Address	Employence	, and a significant				
	State	Zip Codė	Т м	D	Y	Amount
City	State	Zip Code	1 "	١	1 1	
			D - viet-e	Jan Niem	iber, if P/	<u> </u>
Full Name of Contributor			Registra	non ivum	iber, ii F7	ic .
						Te (C.) Charles and
Street Address	Employer/Occi	pation/Labor Organization	> 1) *			Form (Cash, Check, etc.)
City	State	Zip Code	M	D,	Y	Amount
]	<u></u>
Full Name of Contributor			Registra	tion Nun	iber, if P/	\C
Street Address	Employer/Occu	ipation/Labor Organization	on*			Form (Cash, Check, etc.)
						<u> </u>
City	State	Zip Code	M	D	Y	Amount
			l 1			,
Full Name of Contributor			Registra	tion Nun	nber, if P	۸C
Pull Name of Commontor			١			
	Employar/Occ	upation/Labor Organization	on*			Form (Cash, Check, etc.)
Street Address	LinpioyenOcci	uparion Dator Organizatio	v			
		Zin Code	M	D	Тү	Amount
City	State	Zip Code	141		1 1	,
Company from individuals over \$100 to statewird		111111111111111111111111111111111111111	and amount of the	Nagura et i	yn and the	name of the
to the state of th	s and ganeral assembly car	addates It contributor is:	seu-embiovea, the (/ccu/Jail(an amu ute	. 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 \$	70.00