

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full LEVYFACTS.COM							
Full Name of Contributor Producerism					Registration Number, if PAC		
Street Address 627 W Main St		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit		
City Westerville	State O H	Zip Code 43081	M 0 2	D 1 1	Y 1 2	Amount 20.00	
Full Name of Contributor Craig Damico					Registration Number, if PAC		
Street Address 6833 Collingwood Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Westerville	State O H	Zip Code 43082	M 0 2	D 1 1	Y 1 2	Amount 100.00	
Full Name of Contributor Heidi Marshall					Registration Number, if PAC		
Street Address 1222 Breakers Ct.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Westerville	State O H	Zip Code 43082	M 0 2	D 1 1	Y 1 2	Amount 50.00	
Full Name of Contributor Mary Medors					Registration Number, if PAC		
Street Address 761 Andrew Ave.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash		
City Westerville	State O H	Zip Code 43081	M 0 2	D 1 1	Y 1 2	Amount 50.00	
Full Name of Contributor Dwight Dunlap					Registration Number, if PAC		
Street Address 22 Windsor Village Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Westerville	State O H	Zip Code 43081	M 0 2	D 1 1	Y 1 2	Amount 25.00	
Full Name of Contributor Timothy Kuhn					Registration Number, if PAC		
Street Address 6729 Meadow Glen Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Westerville	State O H	Zip Code 43081	M 0 2	D 1 3	Y 1 2	Amount 25.00	
Full Name of Contributor Luke Davis					Registration Number, if PAC		
Street Address 4465 Wrangell Pl		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43230	M 0 2	D 1 4	Y 1 2	Amount 99.00	
Full Name of Contributor Treasures in Stitches					Registration Number, if PAC		
Street Address 3955 Deer Knoll Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit		
City Gahanna	State O H	Zip Code 43230	M 0 2	D 1 5	Y 1 2	Amount 10.00	

* 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)]