

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full LEVYFACTS.COM							
Full Name of Contributor CAROL HRIBAR					Registration Number, if PAC		
Street Address 387 MAINSAIL DR		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CARD		
City WESTERVILLE	State O H	Zip Code 43081	M 0 9	D 3 0	Y 1 1	Amount 50.00	
Full Name of Contributor TERESA RUH					Registration Number, if PAC		
Street Address 278 WEDGEWOOD CT		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CARD		
City WESTERVILLE	State O H	Zip Code 43081	M 1 0	D 0 1	Y 1 1	Amount 20.00	
Full Name of Contributor ROBERT YOPKO					Registration Number, if PAC		
Street Address 5660 TRAVIS PTE CT		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City WESTERVILLE	State O H	Zip Code 43082	M 1 0	D 0 1	Y 1 1	Amount 25.00	
Full Name of Contributor RALPH HOFFMAN					Registration Number, if PAC		
Street Address 5665 VANATTA RD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City CENTERBURG	State O H	Zip Code 43011	M 1 0	D 0 1	Y 1 1	Amount 100.00	
Full Name of Contributor MARY VAN FLEET					Registration Number, if PAC		
Street Address 1206 WEDGEWOOD TERRACE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CARD		
City WESTERVILLE	State O H	Zip Code 43082	M 1 0	D 0 3	Y 1 1	Amount 75.00	
Full Name of Contributor STEVE CURRY					Registration Number, if PAC		
Street Address 377 WINDCROFT DR		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CARD		
City WESTERVILLE	State O H	Zip Code 43082	M 1 0	D 0 4	Y 1 1	Amount 50.00	
Full Name of Contributor LISA HUDSON					Registration Number, if PAC		
Street Address 352 EASTWOOD AVE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CARD		
City WESTERVILLE	State O H	Zip Code 43081	M 1 0	D 0 5	Y 1 1	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.) CARD		
City WESTERVILLE	State O H	Zip Code 43081	M 1 0	D 0 5	Y 1 1	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)]