31-A
R.C. 3517.10

Page 2

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full								
LEVYFACTS.COM								
Full Name of Contributor							**Registration Number, if PAC**	
JAMES BURGESS								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
174 BARCELONA AVE							CHECK	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
WESTERVILLE	OH	43081	09	06	11		500.00	
Full Name of Contributor							**Registration Number, if PAC**	
KURT HINTERSCHIED								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
921 S HEMPSTEAD RD							CHECK	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
WESTERVILLE	OH	43081	09	07	11		100.00	
Full Name of Contributor							**Registration Number, if PAC**	
CASH								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
	9.12 MEETING EVENT						CASH	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
WESTERVILLE	OH	43081	09	08	11		42.00	
Full Name of Contributor							**Registration Number, if PAC**	
ERIC NORDMAN								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
96 E COLLEGE AVE							CHECK	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
WESTERVILLE	OH	43081	09	08	11		25.00	
Full Name of Contributor							**Registration Number, if PAC**	
MARGARET DUFFY								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
14 S SPRING RD							CARD	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
WESTERVILLE	OH	43081	09	11	11		35.00	
Full Name of Contributor							**Registration Number, if PAC**	
CASH								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
	TEA PARTY EVENT						CASH	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
WESTERVILLE	OH	43081					90.00	
Full Name of Contributor							**Registration Number, if PAC**	
WILLIAM YUHAS								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
74 MARLENE DR							CHECK	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
WESTERVILLE	OH	43081	09	13	11		25.00	
Full Name of Contributor							**Registration Number, if PAC**	
THOMAS OSIF								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
496 STRATION SQ							CHECK	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
WESTERVILLE	OH	43082	09	13	11		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)]

Page Total $ 867.00