

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full LEVYFACTS.COM							
Full Name of Contributor PENNI GROVER					Registration Number, if PAC		
Street Address 382 OAKHILL DR		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City WESTERVILLE	State O H	Zip Code 43081	M 1 0	D 0 8	Y 1 1	Amount 25.00	
Full Name of Contributor JAMES BARNHARD					Registration Number, if PAC		
Street Address 5950 COMMONWEALTH DR		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City WESTERVILLE	State O H	Zip Code 43082	M 1 0	D 0 8	Y 1 1	Amount 75.00	
Full Name of Contributor LOUIS VESCO					Registration Number, if PAC		
Street Address 406 WYNDHAM PARK S		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City WESTERVILLE	State O H	Zip Code 43082	M 1 0	D 0 8	Y 1 1	Amount 25.00	
Full Name of Contributor VICKI STADGE					Registration Number, if PAC		
Street Address 359 WINDCROFT DR		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City WESTERVILLE	State O H	Zip Code 43082	M 1 0	D 0 8	Y 1 1	Amount 10.00	
Full Name of Contributor MAUREEN GREER					Registration Number, if PAC		
Street Address 601 BROOK RUN DR		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City WESTERVILLE	State O H	Zip Code 43081	M 1 0	D 0 8	Y 1 1	Amount 20.00	
Full Name of Contributor FRANCES HOSA					Registration Number, if PAC		
Street Address 4960 WINDY BUFF CT		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City WESTERVILLE	State O H	Zip Code 43081	M 1 0	D 0 8	Y 1 1	Amount 25.00	
Full Name of Contributor CASH					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization* LEVYFACTS EVENT			Form (Cash, Check, etc.) CASH		
City WESTERVILLE	State OH 	Zip Code 43081	M 1 0	D 0 8	Y 1 1	Amount 40.00	
Full Name of Contributor MATT WATTENBARGER					Registration Number, if PAC		
Street Address 29 OLD COUNTY LINE RD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CARD		
City WESTERVILLE	State O H	Zip Code 43081	M 1 0	D 0 9	Y 1 1	Amount 75.00	

* 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)]