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 | | | |
| PENNI GROVER | | | | Registra | igon raun | 001, 11 1 7 1 | | |
| Street Address | Employer/Oc | cupat | ion/Labor Organization* | | _ | | Form (Cash, Chec | k, etc.) |
| 382 OAKHILL DR | Employer | oup | on taber organization | | | | CHECK | ,, |
| City | State | T | Zip Code | М | T D | Y | Amount | |
| WESTERVILLE | 1 | Η | 43081 | 10 | 018 | 1 1 | | 25.00 |
| Full Name of Contributor | Registration Number, if PAC | | | | | | | |
| JAMES BARNHARD | | | | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) | | | k, etc.) |
| 5950 COMMONWEALTH DR | | | | | | | CHECK | |
| City | State | | Zip Code | М | D | Y | Amount | |
| WESTERVILLE | O 1 | Н | 43082 | 1 0 | 018 | 111 | _ | 75.00 |
| Full Name of Contributor | | | • | Registra | ation Num | ber, if PA | С | |
| LOUIS VESCO | | | | | | | _ | |
| Street Address | Employer/Oc | cupat | ion/Labor Organization* | | | | Form (Cash, Chec | k, etc.) |
| 406 WYNDHAM PARK S | | | | | | | CHECK_ | |
| City | State | | Zip Code | М | D | Y | Amount | |
| WESTERVILLE | O 1 | Н | 43082 | $1 \mid 0$ | 0 8 | 1 1 | | 25.00 |
| Full Name of Contributor | _ | | | Registra | ation Num | ber, if PA | С | |
| VICKI STADGE | | | | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) | | | | |
| 359 WINDCROFT DR | | | | CHECK | | | | |
| City | State | 1 | Zip Code | М | D | Y | Amount | |
| WESTERVILLE | | H | 43082 | | 0 8 | | <u> </u> | 10.00 |
| Full Name of Contributor | | | | Registra | ation Num | iber, if PA | .C | |
| MAUREEN GREER | _ | | | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | | | | | Form (Cash, Chec | k, etc.) |
| 601 BROOK RUN DR | | | | | | 1 | CHECK | |
| City | State | | Zip Code | M | D | Y | Amount | 20.00 |
| WESTERVILLE | | Н | 43081 | _ | 0 8 | | <u> </u> | 20.00 |
| Full Name of Contributor | | | | Registra | ation Num | idet, it PA | .C | |
| FRANCES HOSA | | | | | _ | | Form (Cash, Chec | ls ota) |
| Street Address | Employer/Occupation/Labor Organization* | | | | | | CHECK | K, etc.) |
| 4960 WINDY BUFF CT | 54.44 | Т | 7: | М | T D | Y | Amount | |
| City | State O | | Zip Code 43081 | | 018 | | | 25.00 |
| WESTERVILLE Full Name of Contributor | | | 43001 | | ation Nur | | | 23.00 |
| | | | | Kegisti | anton rear | ib¢i, ii i i i | | |
| CASH Street Address | Employer/Or | ccupat | ion/Labor Organization* | | | | Form (Cash, Chec | k. etc.) |
| Succe Address | LEVYFACTS EVENT | | | | | | CASH | ,, |
| City | State | | Zip Code | М | D | Y | Amount | , |
| WESTERVILLE | OH | | 43081 | 1 0 | 0 8 | 111 | | 40.00 |
| Full Name of Contributor | | | | | ation Num | | .C | , |
| MATT WATTENBARGER | | | | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | | | | | Form (Cash, Chec | k, etc.) |
| 29 OLD COUNTY LINE RD | | | | | CARD | | | |
| City | State | | Zip Code | М | D | Y | Amount | |
| WESTERVILLE | | Н | 43081 | 1 0 | 0 9 | 1 1 | <u></u> | 75.00 |
| | | | | | | | | |

Page Total \$ 295.00

^{*} 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)]