31-A R.C. 3517.10

Page	1	

## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Butt								
Name of Committee in Full								
Citizens for Mike Heveck					Davidson Number 160AC			
			Registration Number, if PAC					
Michael & Fernanda Heyeck	16 1 10					r 10 1 01 1 13		
Street Address		oation/Labor Organization*				Form (Cash, Check, etc.)		
113 Ormsbee Avenue	N/A		1			Check		
City	State	Zip Code	М	D	Y	Amount		
Westerville	OH	43081	1 0		1 3	1,407.00		
Full Name of Contributor Registration Number, if PAC								
Street Address	Employer/Occu	nation/Labor Organization*		Form (Cash, Check, etc.)				
						1		
City	State	Zip Code	М	D	Y	Amount		
	1 1							
Full Name of Contributor	ber, if PA	С						
Street Address	Employer/Occuj	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City	State	Zip Code	М	D	Y	Amount		
·	1 1			Į				
Full Name of Contributor		Registration Number, if P/						
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
		··•						
City	State	Zip Code	M	D	Y	Amount		
Full Name of Contributor	!	<u> </u>	Registro	tion Num	her if PA	Ċ		
Full Name of Contributor Registration Number, if PAC								
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City	State	Zíp Code	M	D	Y	Amount		
Full Name of Contributor	<u> </u>		Registra	tion Nur	ber, if PA	C		
Street Address	Employer/Occu	pation/Labor Organization*	Form (Cash, Check, etc.)					
City	State	Zip Code	М	D	Y	Amount		
	<b>l</b> .				1 1			
Full Name of Contributor	<u></u>	Registration No				С		
Street Address	Employer/Deev	nation/Labor Orogoization*	L			Form (Cash, Clicck, etc.)		
SHEET Address	панриченосси	Employer/Occupation/Labor Organization*				tothi (Cash, Citch, Cit.)		
City	State	Zip Code	М	D	Y	Amount		
					<u> </u>			
Full Name of Contributor Registration Number, if PA					C .			
Street Address	Employer/Occu	pation/Labor Organization*	Form (Cash, Check, etc.)					
City	State	Zip Code	M	D	Y	Amount		

\* 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 \$ 1,407.00