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In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full		
Heckman for Westerville		
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC
Alexander Heckman	NA	NA
Street Address	Description of Item or Service	M D Y Fair Market Value
913 Lakeway Ct E	Advertisements	0 9 0 1 1 7 \$5.00
City	Stal te Zip Code	Received at Fundraising Event?
Westerville	OH 43081	O YES O NO
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC
Alexander Heckman	NA	NA
Street Address	Description of Item or Service	M D Y Fair Market Value
913 Lakeway Ct E	Advertisements	0 8 2 1 1 7 \$10.00
City	State Zip Code	Received at Fundraising Event?
Westerville	OH 43081	O YES O NO
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC
Alexander Heckman	NA NA	NA
Street Address	Description of Item or Service	M D Y Fair Market Value
913 Lakeway Ct E	Advertisements	0 8 1 9 1 7 \$0.08
City	State Zip Code	Received at Fundraising Event?
Westerville	OH 43081	YES O NO
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC
		NA
Street Address	Description of Item or Service	M D Y Fair Market Value
City	Stal te Zip Code	Received at Fundraising Event? O YES NO
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC
		NA
Street Address	Description of Item or Service	M D Y Fair Market Value
City	State Zip Code	Received at Fundraising Event?
<u> </u>		YES O NO
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC
Street Address	Description of Item or Service	M D Y Fair Market Value
City	Stal te Zip Code	Received at Fundraising Event?
		O YES O NO
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC
Street Address	Description of Item or Service	M D Y Fair Market Value
City	Sta te Zip Code	Received at Fundraising Event? O YES NO
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC
Street Address	Description of Item or Service	M D Y Fair Market Value
City	State Zip Code	Received at Fundraising Event? O YES O NO

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and 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 also appear. [R.C. 3517.10(B)(4)]