## **Statement of Contributions Received**

Page 2

Prescribed by Secretary of State 03/05

Name of Committee in Full Heckman for Westerville					
Full Name of Contributor  Jeff Heckman, Sr.			Registration Number, if P.	Registration Number, if PAC	
Street Address 163 Parkview Avenue	Employer/Occupation/Labor Organization* EV Bishoff Company		101	Form (Cash, Check, etc.) Check	
City Westerville	State OH	Zip Code 43081	0 6 1 D 1 7	Amount \$100.00	
Full Name of Contributor Sarah L. Ortman			Registration Number, if P.	Registration Number, if PAC  NA	
Street Address 6037 Lambright St	Employer/Occu Retired	Employer/Occupation/Labor Organization Retired		Form (Cash, Check, etc.) Check	
City <b>Westerville</b>	State OH	Zip Code 43081	0 7 1 1 1 7	Amount \$60.00	
Full Name of Contributor  Jeffrey Wolf			Registration Number, if PAC  NA		
Street Address 6128 Olde Orchard Drive	Employer/Occu Continent	<u>-</u>		Form (Cash, Check, etc.) Check	
City Columbus	Stake OH	Zip Code 43213	0 7 0 8 1 7	Amount \$100.00	
Full Name of Contributor  Keena M. Smith			Registration Number, if P <b>NA</b>		
Street Address 1638 Minturn Dr.	Employer/Occupation/Labor Organization*  Deputy County Administrator		r	Form (Cash, Check, etc.) Check	
City New Albany	State OH	Zip Code 43054	0 6 2 0 1 7	Amount \$200.00	
Full Name of Contributor  Kathleen A Slaven			Registration Number, if F	AC	
Street Address 1259 Cloverleaf Rd	Employer/Occupation/Labor Organization* Retired			Form (Cash, Check, etc.)  Cash	
City Westerville	State OH	Zip Code 43081	0 7 0 4 1 7	Amount \$20.00	
Full Name of Contributor Charles Lieber			Registration Number, if F	Registration Number, if PAC  NA	
Street Address 5619 Chowning Way	Employer/Occupation/Labor Organization* NA			Form (Cash, Check, etc.) Cash	
City Columbus	State OH	Zip Code 43213	0 7 1 D 1 7	Amount \$40.00	
Full Name of Contributor Theodore Chaney			Registration Number, if F	PAC	
Street Address 22 E Walnut	Employer/Occupation/Labor Organization* Retired			Form (Cash, Check, etc.)  Cash	
City Westerville	Stake OH	Zip Code 43081	0 7 0 4 1 7	Amount \$20.00	
Full Name of Contributor  Patrick Brobeck  Registration Number, if  NA					
Street Address 745 Montmorency Dr E	Employer/Occupation/Labor Organization* Office of the Attorney General			Form (Cash, Check, etc.) Check	
City Pickerington	State OH	Zip Code 43147	M D Y O 6 2 3 1 7	Amount <b>\$250.00</b>	

Page Total \$790.00

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 also appear. [R.C. 3517.10(B)(4)]