

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Cindy Crowe For School Board							
Full Name of Contributor Alex Heckman					Registration Number, if PAC		
Street Address 913 Lakeway Ct. E.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash	
City Westerville		State O H	Zip Code 43081	M 11	D 16	Y 07	Amount 10.00
Full Name of Contributor					Registration Number, if PAC		
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State O H	Zip Code	M 	D 	Y 17	Amount 0.00
Full Name of Contributor					Registration Number, if PAC		
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State O H	Zip Code	M 	D 	Y 07	Amount 0.00
Full Name of Contributor					Registration Number, if PAC		
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State O H	Zip Code	M 	D 	Y 07	Amount 0.00
Full Name of Contributor					Registration Number, if PAC		
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State O H	Zip Code	M 	D 	Y 07	Amount 0.00
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Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State O H	Zip Code	M 	D 	Y 07	Amount 0.00

* 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)]