

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Heckman for Westerville									
Full Name of Contributor Carie Martin						Registration Number, if PAC NA			
Street Address 29 Hoffman Avenue			Employer/Occupation/Labor Organization* Franklin University				Form (Cash, Check, etc.) Credit Card		
City Columbus	State OH	Zip Code 43205	M 0	D 6	Y 1	Y 2	Y 1	Y 7	Amount \$50.00
Full Name of Contributor Alexander Heckman						Registration Number, if PAC NA			
Street Address 913 Lakeway Ct E			Employer/Occupation/Labor Organization* Franklin University				Form (Cash, Check, etc.) Credit		
City Westerville	State OH	Zip Code 43081	M 0	D 3	Y 2	Y 7	Y 1	Y 7	Amount \$105.00
Full Name of Contributor Mary Evelyn Canter						Registration Number, if PAC NA			
Street Address 5170 Jous0ting Ln			Employer/Occupation/Labor Organization* Retired				Form (Cash, Check, etc.) Cash		
City Columbus	State OH	Zip Code 43231	M 0	D 7	Y 0	Y 4	Y 1	Y 7	Amount \$20.00
Full Name of Contributor Alexander Heckman						Registration Number, if PAC NA			
Street Address 913 Lakeway Ct E			Employer/Occupation/Labor Organization* Franklin University				Form (Cash, Check, etc.) Credit Card		
City Westerville	State OH	Zip Code 43081	M 0	D 4	Y 2	Y 8	Y 1	Y 7	Amount \$20.00
Full Name of Contributor Committee to Elect Valerie Cumming						Registration Number, if PAC NA			
Street Address 116 S. Hempstead Rd			Employer/Occupation/Labor Organization* NA				Form (Cash, Check, etc.) Check		
City Westerville	State OH	Zip Code 43081	M 0	D 6	Y 2	Y 9	Y 1	Y 7	Amount \$41.98
Full Name of Contributor Committee to Elect Valerie Cumming						Registration Number, if PAC NA			
Street Address 116 S. Hempstead Rd			Employer/Occupation/Labor Organization* NA				Form (Cash, Check, etc.) Check		
City Westerville	State OH	Zip Code 43081	M 0	D 7	Y 1	Y 7	Y 1	Y 7	Amount \$25.65
Full Name of Contributor Committee to Elect Valerie Cumming						Registration Number, if PAC NA			
Street Address 116 S. Hempstead Rd			Employer/Occupation/Labor Organization* NA				Form (Cash, Check, etc.) Check		
City Westerville	State OH	Zip Code 43081	M 0	D 7	Y 2	Y 7	Y 1	Y 7	Amount \$58.05
Full Name of Contributor Peters Improving Westerville						Registration Number, if PAC NA			
Street Address 71 Belpre Pl. W			Employer/Occupation/Labor Organization* NA				Form (Cash, Check, etc.) Check		
City Westerville	State OH	Zip Code 43081	M 0	D 7	Y 2	Y 7	Y 1	Y 7	Amount \$41.98

* 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)]