

## Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens for Fosselman										
Full Name of Contributor Jeffrey C. Heckman						Registration Number, if PAC				
Street Address 163 Parkview Avenue			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check			
City Westerville			State OH		Zip Code 43081		M 1	D 0	Y 5	Amount 50.00
Full Name of Contributor Laura L. Ehninger						Registration Number, if PAC				
Street Address 251 Fairdale Avenue			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check			
City Westerville			State OH		Zip Code 43081		M	D	Y	Amount 50.00
Full Name of Contributor						Registration Number, if PAC				
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
City			State		Zip Code		M	D	Y	Amount
Full Name of Contributor						Registration Number, if PAC				
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
City			State		Zip Code		M	D	Y	Amount
Full Name of Contributor						Registration Number, if PAC				
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
City			State		Zip Code		M	D	Y	Amount
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City			State		Zip Code		M	D	Y	Amount
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City			State		Zip Code		M	D	Y	Amount
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City			State		Zip Code		M	D	Y	Amount
Full Name of Contributor						Registration Number, if PAC				
Street Address			Employer/Occupation/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 also appear. [R.C. 3517.10(B)(4)]

Page Total \$ 100.00