Statement of Contributions Received

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Prescribed by Secretary of State 03/05

Name of Committee in Full Heckman for Westerville					
Full Name of Contributor Jennifer E. Brown			Registration Number, if PAC NA		
Street Address 343 N West St	Employer/Occupation/Labor Organization* NA			Form (Cash, Check, etc.) Check	
City Westerville	State OH	Zip Code 43082	0 9 1 4 1 7	Amount \$25.00	
Full Name of Contributor Kristin Hollis			Registration Number, if P. NA	Registration Number, if PAC NA	
Street Address 2522 San Joaquin Ct	Employer/Occu NA			Form (Cash, Check, etc.) Credit Card	
City San Diego	State CA	Zip Code 92109	0 9 2 1 1 7	Amount \$25.00	
Full Name of Contributor Virginia Harris NA					
Street Address 427 Mariemont Dr W	NA	pation/Labor Organization		Form (Cash, Check, etc.) Credit Card	
City Westerville	OH OH	Zip Code 43081	$\begin{bmatrix} M \\ 0 \end{bmatrix} 9 \begin{bmatrix} 1 \\ 1 \end{bmatrix} 7 \begin{bmatrix} 1 \\ 1 \end{bmatrix} 7$	Amount \$25.00	
Full Name of Contributor Tom Cochrane	Registration Nur				
Street Address 4878 Smoketalk Ln	NA	pation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Westerville	State OH	Zip Code 43081	0 9 2 4 1 7	Amount \$60.00	
Full Name of Contributor Ann L. Morahan NA Registration Number, if PAC NA					
Street Address 1032 Bluesail Dr	NA NA	ipation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Westerville	State OH	Zip Code 43081	$\begin{bmatrix} 0 & 9 & 2 & 3 & 1 & 7 \end{bmatrix}$	Amount \$100.00	
Full Name of Contributor Jeff Heckman, Sr.			Registration Number, if PAC NA		
Street Address 163 Parkview Avenue	NA	ipation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Westerville	State OH	Zip Code 43081	1 0 0 7 1 7	Amount \$300.00	
Full Name of Contributor Peters Improving Westerville			Registration Number, if PAC NA		
Street Address 1028 Talltree Ct	Employer/Occupation/Labor Organization NA			Form (Cash, Check, etc.) Check	
City Westerville	State OH	Zip Code 43081	1 0 0 7 1 7	Amount \$300.00	
Full Name of Contributor Eric L. Rozenman Registration Number, if I					
Street Address 9315 Hamilton Dr	NA	upation/Labor Organization		Form (Cash, Check, etc.) Check	
City Fairfax	State VA	Zip Code 22031	M D Y 1 7	Amount \$50.00	

Page Total \$885.00

^{*} 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)]