## Page 11

## **Statement of Contributions Received**

Prescribed by Secretary of State 03/05

Name of Committee in Full Heckman for Westerville					
Full Name of Contributor			_	Registration Number, if PAC	
Jay Groat			NA		
Street Address	,	pation/Labor Organization	<del></del>	Form (Cash, Check, etc.)	
293 Castile Ln	NA NA	1		Check	
City Westerville	State OH	Zip Code 43081	1 0 2 2	1 7 Amount \$50.00	
Full Name of Contributor			Registration Number, if PAC		
Craig E. Young			NA		
Street Address				Form (Cash, Check, etc.)	
765 Collingwood Dr		NA		Check	
City	State	Zip Code 43081	M D 1 0	Y Amount 1 7 \$50.00	
Westerville	OH	43001			
Full Name of Contributor  Benjamin Heckman			Registration Num	Registration Number, if PAC NA	
Street Address	Employer/Occu	pation/Labor Organization	<del> </del>	Form (Cash, Check, etc.)	
15 E Gay Street	NA			Credit Card	
City Columbus	State OH	Zip Code 43215	M D D 1 1	1 7 Amount 1 7 \$100.00	
l	011		Registration Num		
Full Name of Contributor			Registration Num	oer, ii PAC	
Street Address	Employer/Occu	upation/Labor Organization®	<u></u>	Form (Cash, Check, etc.)	
City	State	Zip Code	M D	Y Amount	
	ОН				
Full Name of Contributor			Registration Num	ber, if PAC	
Street Address	Employer/Occupation/Labor Organization*		<b></b>	Form (Cash, Check, etc.)	
ì					
City	State	Zip Code	M D	Y Amount	
<u> </u>	OH			l ionio	
Full Name of Contributor			Registration Num	Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
<u> </u>		17: 01:		Y Amount	
City	State OH	Zip Code	M D	Y Amount	
Full Name of Contributor	011		Registration Num	oher if PAC	
Full Name of Contributor			Registration (valid	oci, ii i i i c	
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
<u> </u>					
City	State OH	Zip Code	M D	Y Amount	
Full Name of Contributor			Registration Number, if PAC		
	<u>-</u> -				
Street Address	Employer/Occu	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.			
City	State	Zip Code	M D	Y Amount	
·	ОН				

Page Total \$200.00

<sup>\*</sup> 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)]