

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Heckman for Westerville						
Full Name of Contributor Mara Castricone				Registration Number, if PAC NA		
Street Address 4119 Karl Rd, #305		Employer/Occupation/Labor Organization* NA		Form (Cash, Check, etc.) Cash		
City Columbus	State OH	Zip Code 43219	M 1	D 0	Y 0	Amount \$5.00
Full Name of Contributor Dean Hindenlang				Registration Number, if PAC NA		
Street Address 560 E. Spring St., No. 209		Employer/Occupation/Labor Organization* NA		Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43215	M 1	D 0	Y 1	Amount \$100.00
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 1	D 0	Y 0	Amount \$800.00
Full Name of Contributor John Gatiss IV				Registration Number, if PAC NA		
Street Address 293 Cross Wind Loop		Employer/Occupation/Labor Organization* NA		Form (Cash, Check, etc.) Check		
City Westerville	State OH	Zip Code 43081	M 1	D 0	Y 0	Amount \$50.00
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 1	D 0	Y 0	Amount \$500.00
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)		
City	State OH	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 OH	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 OH	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)]