

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Heckman for Westerville							
Full Name of Contributor Franklin County Democratic Party - Kim Marinello						Registration Number, if PAC NA	
Street Address 340 E Fulton St			Employer/Occupation/Labor Organization* NA			Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43215		M 1	D 0	Y 1
						Amount \$500.00	
Full Name of Contributor Franklin County Democratic Party - Kim Marinello						Registration Number, if PAC NA	
Street Address 340 E Fulton St			Employer/Occupation/Labor Organization* NA			Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43215		M 1	D 1	Y 0
						Amount \$500.00	
Full Name of Contributor Delaware County Democratic Party - John Schmarr						Registration Number, if PAC NA	
Street Address 12 1/2 N Sandusky St #872			Employer/Occupation/Labor Organization* NA			Form (Cash, Check, etc.) Check	
City Delaware		State OH	Zip Code 43015		M 1	D 0	Y 2
						Amount \$876.00	
Full Name of Contributor Carol Burris						Registration Number, if PAC NA	
Street Address 113 Parkview Ave			Employer/Occupation/Labor Organization* NA			Form (Cash, Check, etc.) Check	
City Westerville		State OH	Zip Code 43081		M 1	D 0	Y 2
						Amount \$25.00	
Full Name of Contributor Jay Groat						Registration Number, if PAC NA	
Street Address 293 Castile Ln			Employer/Occupation/Labor Organization* NA			Form (Cash, Check, etc.) Check	
City Westerville		State OH	Zip Code 43081		M 1	D 0	Y 2
						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	

* 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)]