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R.	С.:	351	17.	10

Statement of Contributions Received

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Prescribed by Secretary of State 03/05

Name of Committee in Full					
Citizens for Mike Heyeck					
Full Name of Contributor Michael & Fernanda Heyeck			Registratio	on Number, if	PAC
Street Address 113 Ormsbee Avenue	Employer/Occi	<u> </u>		Form (Cash, Check, etc.) Check	
City Westerville	State OH	Zip Code 43081	0 8 2	D Y 2 4 1 7	Amount \$15,275.00
Full Name of Contributor			Registratio	on Number, if	PAC
Street Address	Employer/Occu	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/Occu	upation/Labor Organization*	<u> </u>		Form (Cash, Check, etc.)
City	State OH	Zip Code	M	D Y	Amount
Full Name of Contributor			Registratio	on Number, if	PAC
Street Address	Employer/Occu	upation/Labor Organization*	<u></u>		Form (Cash, Check, etc.)
City	State OH	Zip Code	M	DY	Amount
Full Name of Contributor			Registratio	on Number, if	PAC
Street Address	Employer/Occu	!		Form (Cash, Check, etc.)	
City	State OH	Zip Code	M	D Y	Amount
Full Name of Contributor	Registration Number, if PAC				
Street Address	Employer/Occu		Form (Cash, Check, etc.		
City	State OH	Zip Code	M	D Y	Amount
Full Name of Contributor	Registratio	on Number, if	PAC		
Street Address	Employer/Occu		Form (Cash, Check, etc.)		
City	State OH	Zip Code	M	D Y	Amount
Full Name of Contributor Registration N					PAC
Street Address	Employer/Occi	Employer/Occupation/Labor Organization			
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)]