

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

HEBERLING FOR OHIO

ADDRESS (number and street)

400 SHADYLAWN DRIVE



Check if different than previously reported. (ACC)

AMHERST

OH

44001

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C C00938621

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

STATE ▼ DISTRICT

OH

05

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the State of

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the State of

5. Covering Period

M M / D D / Y Y Y Y

04

D D / Y Y Y Y

16

Y Y Y Y

2026

through

M M / D D / Y Y Y Y

06

D D / Y Y Y Y

30

Y Y Y Y

2026

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Heberling, Kyle, L, ,

Signature of Treasurer

Heberling, Kyle, L, ,

Date

M M / D D / Y Y Y Y

07

D D / Y Y Y Y

13

Y Y Y Y

2026

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office
Use
Only**FEC FORM 3**
(Revised 05/2016)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

HEBERLING FOR OHIO

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	6		2	0	2	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	2	6

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	200.00	200.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	200.00	200.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	5743.58	10764.79
(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	5743.58	10764.79
8. Cash on Hand at Close of Reporting Period (from Line 27)	130.11	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	12197.55	

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov.

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

HEBERLING FOR OHIO

Report Covering the Period:

From:

M M / D D / Y Y Y Y
04 16 2026

To:

M M / D D / Y Y Y Y
06 30 2026**I. RECEIPTS****COLUMN A**
Total This Period**COLUMN B**
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than
Political Committees

(i) Itemized (use Schedule A).....

(ii) Unitemized

(iii) TOTAL of contributions
from individuals ▶

(b) Political Party Committees.....

(c) Other Political Committees
(such as PACs)

(d) The Candidate

(e) TOTAL CONTRIBUTIONS
(other than loans)
(add Lines 11(a)(iii), (b), (c), and (d))..12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES

13. LOANS:

(a) Made or Guaranteed by the
Candidate.....

(b) All Other Loans.....

(c) TOTAL LOANS
(add Lines 13(a) and (b)).....14. OFFSETS TO OPERATING
EXPENDITURES
(Refunds, Rebates, etc.) 15. OTHER RECEIPTS
(Dividends, Interest, etc.) 16. **TOTAL RECEIPTS** (add Lines
11(e), 12, 13(c), 14, and 15)
(Carry Total to Line 24, page 4)..... ▶

0.00

200.00

200.00

0.00

0.00

0.00

200.00

0.00

5600.00

0.00

5600.00

0.00

0.00

5800.00

0.00

200.00

200.00

0.00

0.00

0.00

200.00

0.00

10700.00

0.00

10700.00

0.00

0.00

10900.00

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 05/2016)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	5743.58	10764.79
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	5.10	5.10
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	5748.68	10769.89

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	78.79
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	5800.00
25. SUBTOTAL (add Line 23 and Line 24).....	5878.79
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	5748.68
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	130.11

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 5 OF 14

☐ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☒ 13a ☐ 13b ☐ 14 ☐ 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

HEBERLING FOR OHIO

Full Name (Last, First, Middle Initial)

Heberling, Martin, , ,

A.

Mailing Address 400 SHADYLAWN DRIVE

City

AMHERST

State

OH

Zip Code

44001

FEC ID number of contributing
federal political committee.

C H2OH05070

Name of Employer

LORAIN CITY SCHOOLS

Occupation

TEACHER

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

6700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 22 / 2026

Transaction ID : SA13A.4125

Amount of Each Receipt this Period

1600.00

☐ Memo Item

FOOTE PRINTING MAILER - LOANS MADE

B.

Full Name (Last, First, Middle Initial)

Heberling, Martin, , ,

Mailing Address 400 SHADYLAWN DRIVE

City

AMHERST

State

OH

Zip Code

44001

FEC ID number of contributing
federal political committee.

C H2OH05070

Name of Employer

LORAIN CITY SCHOOLS

Occupation

TEACHER

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

8700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 01 / 2026

Transaction ID : SA13A.4130

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Candidate Loan

C.

Full Name (Last, First, Middle Initial)

Heberling, Martin, , ,

Mailing Address 400 SHADYLAWN DRIVE

City

AMHERST

State

OH

Zip Code

44001

FEC ID number of contributing
federal political committee.

C H2OH05070

Name of Employer

LORAIN CITY SCHOOLS

Occupation

TEACHER

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

10700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 06 / 2026

Transaction ID : SA13A.4131

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Candidate Loan

SUBTOTAL of Receipts This Page (optional)..... ►

5600.00

TOTAL This Period (last page this line number only)..... ►

5600.00

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 6 OF 14

☒ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

HEBERLING FOR OHIO

Full Name (Last, First, Middle Initial)

A. FOOTE PRINTING

Mailing Address 2800 E 55TH ST

City
CLEVELANDState
OHZip Code
44104Purpose of Disbursement
Campaign Palm Cards

006

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	7		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

1540.38

Transaction ID : SB17.4129

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. FOOTE PRINTING

Mailing Address 2800 E 55TH ST

City
CLEVELANDState
OHZip Code
44104Purpose of Disbursement
Campaign Mailer

006

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	7		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

4203.20

Transaction ID : SB17.4136

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

5743.58

TOTAL This Period (last page this line number only).....▶

5743.58

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 7 OF 14

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4101

HEBERLING FOR OHIO

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

Heberling, Martin, , ,

Mailing Address

400 SHADYLAWN DRIVE

City

AMHERST

State

OH

ZIP Code

44001

☒ Personal Funds of the Candidate

Original Amount of Loan

5100.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5100.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
04 13 / 2026

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

NONE

0.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

5100.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 8 OF 14

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4125

HEBERLING FOR OHIO

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

Heberling, Martin, , ,

Mailing Address

400 SHADYLAWN DRIVE

City

AMHERST

State

OH

ZIP Code

44001

☒ Personal Funds of the Candidate

Original Amount of Loan

1600.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1600.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
04 / 22 / 2026M M / D D / Y Y Y Y
/ / NONEM M / D D / Y Y Y Y
/ /M M / D D / Y Y Y Y
/ /M M / D D / Y Y Y Y
/ /M M / D D / Y Y Y Y
/ /M M / D D / Y Y Y Y
/ /M M / D D / Y Y Y Y
/ /M M / D D / Y Y Y Y
/ /

0.00 % (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

1600.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 9 OF 14

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4130

HEBERLING FOR OHIO

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

Heberling, Martin, , ,

Mailing Address

400 SHADYLAWN DRIVE

City

AMHERST

State

OH

ZIP Code

44001

☒ Personal Funds of the Candidate

Original Amount of Loan

2000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

2000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
05 01 / 2026

M M / D D / Y Y Y Y

none

0.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

2000.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 10 OF 14

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4131

HEBERLING FOR OHIO

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

Heberling, Martin, , ,

Mailing Address

400 SHADYLAWN DRIVE

City

AMHERST

State

OH

ZIP Code

44001

☒ Personal Funds of the Candidate

Original Amount of Loan

2000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

2000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
05 06 / 2026M M / D D / Y Y Y Y
noneY Y Y Y
none

0.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

2000.00

TOTALS This Period (last page in this line only).....▶

10700.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate
schedule(s)
for each
numbered line)

PAGE 11 OF 14

FOR LINE NUMBER:
(check only one)

☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

HEBERLING FOR OHIO

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Heberling, Martin, , ,

Nature of Debt (Purpose):

LAKE SCREEN PRINTING

Mailing Address 400 SHADYLAWN DRIVE

City

AMHERST

State

OH

Zip Code

44001

Outstanding Balance Beginning This Period

26.63

Transaction ID : SD10.4104

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

26.63

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Heberling, Martin, , ,

Nature of Debt (Purpose):

LS PIXEL CONNECTION

Mailing Address 400 SHADYLAWN DRIVE

City

AMHERST

State

OH

Zip Code

44001

Outstanding Balance Beginning This Period

361.02

Transaction ID : SD10.4105

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

361.02

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Heberling, Martin, , ,

Nature of Debt (Purpose):

FOOTE PRINTING

Mailing Address 400 SHADYLAWN DRIVE

City

AMHERST

State

OH

Zip Code

44001

Outstanding Balance Beginning This Period

291.33

Transaction ID : SD10.4106

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

291.33

1) **SUBTOTALS** This Period This Page (optional)

678.98

2) **TOTALS** This Period (last page this line number only)

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate
schedule(s)
for each
numbered line)

PAGE 12 OF 14

FOR LINE NUMBER:
(check only one)

☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

HEBERLING FOR OHIO

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Heberling, Martin, , ,

Nature of Debt (Purpose):
LS PIXEL CONNECTION

Mailing Address 400 SHADYLAWN DRIVE

City
AMHERST

State
OH

Zip Code
44001

Outstanding Balance Beginning This Period

191.65

Transaction ID : SD10.4108

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

191.65

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Heberling, Martin, , ,

Nature of Debt (Purpose):
PIXEL CONNECTION

Mailing Address 400 SHADYLAWN DRIVE

City
AMHERST

State
OH

Zip Code
44001

Outstanding Balance Beginning This Period

78.60

Transaction ID : SD10.4109

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

78.60

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Heberling, Martin, , ,

Nature of Debt (Purpose):
SQSP WEBSITE CHARGE

Mailing Address 400 SHADYLAWN DRIVE

City
AMHERST

State
OH

Zip Code
44001

Outstanding Balance Beginning This Period

38.34

Transaction ID : SD10.4110

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

38.34

1) **SUBTOTALS** This Period This Page (optional)

308.59

2) **TOTALS** This Period (last page this line number only)

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 13 OF 14

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

HEBERLING FOR OHIO

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Heberling, Martin, , ,

Nature of Debt (Purpose):

PIXEL CONNECTION

Mailing Address 400 SHADYLAWN DRIVE

City

AMHERST

State

OH

Zip Code

44001

Outstanding Balance Beginning This Period

105.80

Transaction ID : SD10.4111

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

105.80

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Heberling, Martin, , ,

Nature of Debt (Purpose):

PIXEL CONNECTION

Mailing Address 400 SHADYLAWN DRIVE

City

AMHERST

State

OH

Zip Code

44001

Outstanding Balance Beginning This Period

41.01

Transaction ID : SD10.4112

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

41.01

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Heberling, Martin, , ,

Nature of Debt (Purpose):

LAKE SCREEN PRINTING - CAMPAIGN
SHIRT

Mailing Address 400 SHADYLAWN DRIVE

City

AMHERST

State

OH

Zip Code

44001

Outstanding Balance Beginning This Period

324.83

Transaction ID : SD10.4113

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

324.83

1) **SUBTOTALS** This Period This Page (optional)

471.64

2) **TOTALS** This Period (last page this line number only) 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) 4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 14 OF 14

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

HEBERLING FOR OHIO

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Heberling, Martin, , ,

Nature of Debt (Purpose):

SQSP WEBSITE FEE

Mailing Address 400 SHADYLAWN DRIVE

City

AMHERST

State

OH

Zip Code

44001

Outstanding Balance Beginning This Period

38.34

Transaction ID : SD10.4114

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

38.34

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)

38.34

2) **TOTALS** This Period (last page this line number only)

1497.55

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)

10700.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

12197.55