

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Hoffman for School Board							
Full Name of Contributor Marjorie N Hoffman					Registration Number, if PAC		
Street Address 8220 Julian Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Westerville	State O H	Zip Code 43082	M 0 9	D 1 5	Y 1 3	Amount 100.00	
Full Name of Contributor Robb Rexroad					Registration Number, if PAC		
Street Address 1224 Springtree Ln		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) paypal		
City Westerville	State O H	Zip Code 43081	M 0 9	D 1 1	Y 1 3	Amount 100.00	
Full Name of Contributor Jeannette Talamo					Registration Number, if PAC		
Street Address 406 Olde English Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) paypal		
City Westerville	State O H	Zip Code 43082	M 0 9	D 1 6	Y 1 3	Amount 100.00	
Full Name of Contributor Susan Briggs					Registration Number, if PAC		
Street Address 8270 Rookery Wav		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) paypal		
City Westerville	State O H	Zip Code 43082	M 0 9	D 1 2	Y 1 3	Amount 40.00	
Full Name of Contributor Margaret Higgins					Registration Number, if PAC		
Street Address 5720 Medallion Dr West		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Westerville	State O H	Zip Code 43082	M 0 9	D 3 0	Y 1 3	Amount 100.00	
Full Name of Contributor Kathy Cocuzzi					Registration Number, if PAC		
Street Address 1029 Bluesail Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Westerville	State O H	Zip Code 43081	M 0 9	D 1 9	Y 1 3	Amount 50.00	
Full Name of Contributor Alfred Hammond					Registration Number, if PAC		
Street Address 549 Illinois Ct		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash		
City Westerville	State O H	Zip Code 43081	M 1 0	D 1 9	Y 1 3	Amount 100.00	
Full Name of Contributor Charles Willmore					Registration Number, if PAC		
Street Address 7015 Central College Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) paypal		
City New Albany	State O H	Zip Code 43054	M 1 0	D 1 8	Y 1 3	Amount 50.00	

* 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 appear. [R.C. 3517.10(B)(4)]