Page	2	
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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full					_			
Hoffman for School Board								
Full Name of Contributor				Register	tion Nun	aber, if PA	<u></u>	
Marjorie N Hoffman				ive gibble	auon 14m	JUCI, II I A		
Street Address	Employer/	Occumz	ation/Labor Organization*				Form (Cash, Check, etc.)	
8220 Julian Dr		o o o o o o					check	
City	Stat	e	Zip Code	М	D	Y	Amount	
Westerville	loī	Н	43082		1 5		100.	በበ
Full Name of Contributor	<u>, </u>		10002			iber, if PA		-
Robb Rexroad								
Street Address	Employer/	Occupa	tion/Labor Organization*	-	_		Form (Cash, Check, etc.)	
1224 Springtree Ln							pavpal	
City	Stat	c	Zip Code	М	D	Y	Amount	
Westerville	101	Н	43081	019	111	113	100.	.00
Full Name of Contributor						ber. if PA		-
Jeannette Talamo								
Street Address	Employer/	Occupa	tion/Labor Organization*				Form (Cash, Check, etc.)	
406 Olde English Dr							paypal	
City	Stat	c	Zip Code	М	D	Y	Amount	
Westerville	01	Н	43082	019	116	1 3	100.	.00
Full Name of Contributor			<u> </u>	Registra	tion Nun	iber, if PA	С	
Susan Briggs								
Street Address	Employer/	Оссира	tion/Labor Organization*	-	•		Form (Cash, Check, etc.)	
8270 Rookery Way							paypal	
City	Stat	c	Zip Code	М	Ð	Y	Amount	
Westerville	01	Н	43082	0 9	1 2	1 3	40.	.00
Full Name of Contributor				Registra	tion Nun	ber, if PA	Ċ	
Margaret Higgins				1				
Street Address	Employer/	Occupa	ition/Labor Organization*		_		Form (Cash. Check, etc.)	
5720 Medallion Dr West							check	
City	Stat		Zip Code	M	D .	Y.	Amount	
Westerville	01	Н	43082			1 3	100.	00
	Full Name of Contributor Registration Number, if PAC							
Kathy Cocuzzi								
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)				
1029 Bluesail Dr	ļ		1_,	1		1	check	
City	Stat	H	Zip Code	M	D	Y	Amount	00
Westerville	0	11	43081			1 3		UU
Full Name of Contributor				Registra	tion Nun	ber, if PA	C	
Alfred Hammond	Ir	0	tion/Labor Organization*	<u> </u>			Form (Cash, Check, etc.)	
Street Address	Employer	Occupa	luon/Laoor Organization*				_ ` .	
549 Illinois Ct	Cont		Zip Code	LM	l n	Y	Cash Amount	
City IAI a base 111 a	Stat		1 .	M	р 119		100.	٥٥
Westerville Full Name of Contributor	101	• •	43081			ber, if PA		00
Charles Willmore				in Eisua	wei mil		_	
Street Address	Employer	Occurs	tion/Labor Organization*				Form (Cash, Check, etc.)	
7015 Central College Rd		upa	Organization				paypal	
City	Stat		Zip Code	Тм	l D	ΙΥ	Pay par Amount	
New Albany	loī		43054			1 3		00

Page Total \$	640.00

^{*} 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)]