

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Hoffman For School Board</b>							
Full Name of Contributor <b>Michael L Collins</b>					Registration Number, if PAC		
Street Address <b>6169 Sugar Maple Drive</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>check # 5206</b>		
City <b>Westerville</b>	State <b>O   H</b>	Zip Code <b>43082</b>	M <b>1   0</b>	D <b>2   5</b>	Y <b>0   9</b>	Amount <b>75.00</b>	
Full Name of Contributor <b>Cindy Crowe</b>					Registration Number, if PAC		
Street Address <b>8545 Button Bush Lane</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>check # 6792</b>		
City <b>Westerville</b>	State <b>O   H</b>	Zip Code <b>43082</b>	M <b>1   0</b>	D <b>2   6</b>	Y <b>0   9</b>	Amount <b>75.00</b>	
Full Name of Contributor <b>Marjorie N Hoffman</b>					Registration Number, if PAC		
Street Address <b>605 Hackberry Dr</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Cash</b>		
City <b>Westerville</b>	State <b>O   H</b>	Zip Code <b>43081</b>	M <b>1   0</b>	D <b>2   6</b>	Y <b>0   9</b>	Amount <b>100.00</b>	
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	
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 appear. [R.C. 3517.10(B)(4)]

Page Total \$ 250.00