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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   |                 |   | In '-                                    | dian No         | lan iCD t  | C                        |
|   |                 |   | Registra                                 | tion Num        | ber, ii PA |                          |
| Michael L Collins                                   |                 | / / / 1 O · · · · · · · · ·             |  |                 |            | (C-1, (1-1, -t-)         |
| Street Address                                      | Employer/Occu   | pation/Labor Organization*              |  |                 |            | Form (Cash, Check, etc.) |
| 6169 Sugar Maple Drive                              |                 | Tara .                                  |  | 1 -             | · · · ·    | check # 5206             |
| City IA7 and a small a                              | State O H       | Zip Code<br>43082                       | $\begin{bmatrix} M \\ 1 \end{bmatrix} 0$ | D               | у<br>0   9 | Amount 75.00             |
| Westerville Full Name of Contributor                | IOIH            | 43082                                   |  | 2 5<br>tion Num |            |                          |
| Cindy Crowe   |                 |   | Registra                                 | uon num         | oer, ii rA | C                        |
| Street Address                                      | Employer/Occur  | oation/Labor Organization*              | <u> </u>                                 |                 |            | Form (Cash, Check, etc.) |
| 8545 Button Bush Lane                               |                 |   |  |                 |            | check # 6792             |
| City  | State           | Zip Code                                | М  | D               | Y          | Amount                   |
| Westerville   | $O \mid H$      | 43082                                   | 1 0                                      | 2 6             | 0   9      | 75.00                    |
| Full Name of Contributor                            |                 | 1000                                    |  | tion Num        |            |                          |
| Marjorie N Hoffman                                  |                 |   |  |                 |            |                          |
| Street Address                                      | Employer/Occu   | pation/Labor Organization*              | B  |                 |            | Form (Cash, Check, etc.) |
| 605 Hackberry Dr                                    |                 |   |  |                 |            | Cash                     |
| City  | State           | Zip Code                                | М  | D               | Y          | Amount                   |
| Westerville   | OH              | 43081                                   | 1   0                                    | 2 6             | 0 9        | 100.00                   |
| Full Name of Contributor                            |                 |   | Registra                                 | ition Num       | ber, if PA | C                        |
| Street Address                                      | Employer/Occu   | Employer/Occupation/Labor Organization* |  |                 |            |                          |
| City  | State           | Zip Code                                | M  | D               | Y          | Amount                   |
| Full Name of Contributor Registration Number, if PA |                 |   |  |                 |            | C                        |
| Charles Address                                     | Family on (Oggy | nation/Labor Organization*              |  |                 |            | Form (Cash, Check, etc.) |
| Street Address                                      | Employer/Occu   | Employer/Occupation/Labor Organization* |  |                 |            |                          |
| City  | State           | Zip Code                                | М  | D               | Y          | Amount                   |
| Full Name of Contributor                            | C               |   |  |                 |            |                          |
| Street Address                                      | Employer/Occu   | Employer/Occupation/Labor Organization* |  |                 |            |                          |
| City  | State           | Zip Code                                | М  | D               | Y          | Amount                   |
|   |                 |   |  |                 |            |                          |
| Full Name of Contributor Registration Number, if PA |                 |   |  |                 |            | C                        |
| Street Address                                      | Employer/Occu   | Employer/Occupation/Labor Organization* |  |                 |            | Form (Cash, Check, etc.) |
| City  | State           | Zip Code                                | M  | D               | Y          | Amount                   |
|   |                 |   |  |                 | l 'CE '    |                          |
| Full Name of Contributor Registration Number, if PA |                 |   |  |                 | .c         |                          |
| Street Address                                      | Employer/Occu   | Employer/Occupation/Labor Organization* |  |                 |            | Form (Cash, Check, etc.) |
| City  | State           | Zip Code                                | М  | D               | Y          | Amount                   |
|   |                 |   |  | · Lewis         |            | J.,                      |

Page Total \$ 250.00

<sup>\*</sup> 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)]