Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full						
Dingus for Judge					1000	<u> </u>
Full Name of Contributor			Registra	tion Num	ber, if PA	C
Eric Hoffman					naturana and	
Street Address	Employer/Occup	ation/Labor Organization	т.			Form (Cash, Check, etc.)
2722 Bexley Park Rd.					· · · · ·	Check
City	State	Zip Code	M	D	Y	Amount 50.00
Bexley	LO H	43209	THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	1 7		50.00
Full Name of Contributor			Registra	tion Num	ber, if PA	C
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
N/A City	N/A State Zip Code M D			γ	·	N/A Amount
	State	Zip Code	М	D	Y	Amount
N/A Full Name of Contributor	N A	I N/A				
Full Name of Contributor			Registra	tion Nun	iber, if PA	.C
Street Address	Employer/Occup	ation/Labor Organization	ı*		2)) 	Form (Cash, Check, etc.)
					N/A Amount	
N/A City	N/A State	Zip Code	М	D	Y	Amount
	N A					
N/A Full Name of Contributor			Registra	tion Nun	nber, if PA	C
Street Address	Employer/Occup	oation/Labor Organization	<u> </u>	NAME OF TAXABLE PARTY.		Form (Cash, Check, etc.)
NT / A						
Street Address N/A City	N/A State	Zip Code	М	D	Y	N/A Amount
	N A				200	
N/A Full Name of Contributor	1 1		Registra	tion Nun	nber, if PA	A.C.
Street Address	Employer/Occup	pation/Labor Organization	_		***************************************	Form (Cash, Check, etc.)
NT / A					3	
N/A City	N/A State	Zip Code	М	D	ΤΥ	N/A Amount
NI / A	N A	N/A		1		
N/A Full Name of Contributor	1 1 V 2 1	1 1 1 1 1	Registra	tion Nun	nber, if PA	AC
run maine of Conditoutor					,	
Street Address	Employer/Occup	1*			Form (Cash, Check, etc.)	
	1 ' '				N/A	
N/A City	N/A State	Zip Code	М	D	Y	Amount
N/A	N A					
Full Name of Contributor		- American de la companya del companya de la companya del companya de la companya	Registra	tion Nun	nber, if P/	ΛC
Cross Address	Employer/Occur	pation/Labor Organization	n*			Form (Cash, Check, etc.)
Street Address	N/A				N/A	
N/A City	IN/A State	Zip Code	М	D	ΙΥ	Amount
	N A	N/A	***			
N/A Full Name of Contributor			Registra	ation Nur	nber, if P	\C
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)
N/A	N/A				N/A	
City	State	Zip Code	М	D	Y	Amount
N/A	N A	N/A				
1 Y / 1 1		<u> La constanta de la constanta</u>		,	_	

Page Total \$	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)]