| 3 | l  | -, | A  |    |     |    |
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## **Statement of Contributions Received**

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| Page |   |  |
|      |   |  |

Prescribed by Secretary of State 03/05

| <del></del>  |                |   |          |                             |             |                                   |  |
|--|----------------|---|----------|-----------------------------|-------------|-----------------------------------|--|
| Name of Committee in Full Daphne Moehring for Gahann | a School Board |   |          |                             |             |                                   |  |
| Full Name of Contributor  Jeanie Hoffman             |                |   | Registra | ation Nur                   | mber, if P  | 'AC                               |  |
| Street Address<br>708 Waybaugh                       | Employer/Occur | pation/Labor Organization               |          |                             |             | Form (Cash, Check, etc.)<br>Check |  |
| City<br>Gahanna                                      | State<br>OH    | Zip Code<br>43230                       | 0 9      | 1 2                         | 1 5         | Amount<br>\$25.00                 |  |
| Full Name of Contributor                             |                |   | Registra | ation Nur                   | mber, if P  | AC                                |  |
| Street Address                                       | Employer/Occup | Employer/Occupation/Labor Organization  |          |                             |             | Form (Cash, Check, etc.)          |  |
| City   | State<br>OH    | Zip Code                                | M        | D                           | Y           | Amount                            |  |
| Full Name of Contributor                             | Registra       | Registration Number, if PAC             |          |                             |             |                                   |  |
| Street Address                                       | Employer/Occup | Employer/Occupation/Labor Organization* |          |                             |             |                                   |  |
| City   | State<br>OH    | Zip Code                                | M        | D                           | Y           | Amount                            |  |
| Full Name of Contributor                             |                |   | Registra | Registration Number, if PAC |             |                                   |  |
| Street Address                                       | Employer/Occup | pation/Labor Organization               |          |                             |             | Form (Cash, Check, etc.)          |  |
| City   | State<br>OH    | Zip Code                                | M        | D                           | Y           | Amount                            |  |
| Full Name of Contributor                             |                |   | Registra | ation Nur                   | mber, if Pa | AC                                |  |
| Street Address                                       | Employer/Occup | pation/Labor Organization               |          |                             |             | Form (Cash, Check, etc.)          |  |
| City   | State<br>OH    | Zip Code                                | М        | D                           | Y           | Amount                            |  |
| Full Name of Contributor                             |                |   | Registra | nion Nur                    | mber, if Pa | AC                                |  |
| Street Address                                       | Employer/Occup | Employer/Occupation/Labor Organization  |          |                             |             | Form (Cash, Check, etc.)          |  |
| City   | Strate<br>OH   | Zip Code                                | M        | D                           | Y           | Amount                            |  |
| Full Name of Contributor                             |                |   | Registra | Registration Number, if PAC |             |                                   |  |
| Street Address                                       | Employer/Occup | pation/Labor Organization               |          |                             |             | Form (Cash, Check, etc.)          |  |
| City   | State<br>OH    | Zip Code                                | M        | D                           | Y           | Amount                            |  |
| Full Name of Contributor Registration Number, if I   |                |   |          |                             |             | AC                                |  |
| Street Address                                       | Employer/Occup | pation/Labor Organization®              |          |                             |             | Form (Cash, Check, etc.)          |  |
| City   | State<br>OH    | Zip Code                                | M        | D                           | Y           | Amount                            |  |

Page Total \$25.00

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