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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full				National Commences				
Name of Committee in Full								
Hoffman For School Board				Paristration Number if PAC				
Full Name of Contributor	Registration Number, if PAC							
Susan Litzinger	1 10	Employer/Occupation/Labor Organization*				Form (Cook Charle sta)		
Street Address					Form (Cash, Check, etc.)			
1275 Millstone Sq		BMW Financial Services				cash		
City	State	Zip Code	M	D	Y	Amount		
Westerville	O H	43081	0 9		0 9	100.00		
Full Name of Contributor Registration Number, if PAC								
Ruth Oyer					***************************************			
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
501 Foxtrail Circle W	Ohio Presbyterian Retirement Services							
City	State	Zip Code	М	D	Y	Amount		
Westerville	$O \mid H$	43081	0 9	2 9	0 9	50.00		
Full Name of Contributor		-		tion Num		A CONTRACTOR OF THE PROPERTY O		
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
Direct Additions								
City	State	Zip Code	M	D	Y	Amount		
City	State	Esp Code	'''		1			
7 III			Pagietre	tion Num	her if PA	C		
Full Name of Contributor			Registi	ition ivun	ioci, ii r			
						Form (Coals Chook ofa)		
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
				·	,			
City	State	Zip Code	М	D	Y	Amount		
Full Name of Contributor			Registr	ation Nun	iber, if PA	AC .		
Street Address	Employer/Occup	ation/Labor Organization*		Form (Cash, Check, etc.)				
City	State	Zip Code	М	D	Y	Amount		
Full Name of Contributor			Registr	ation Nun	ber, if PA	AC		
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
, , , , , , , , , , , , , , , , , , ,		S .						
City	State	Zip Code	М	D	Y	Amount		
City		2.0						
Full Name of Contributor			Registr	ation Nun	ber if PA	A.C.		
Full Name of Contributor			Rogisti	4404111411	.1001, 11 1 1			
	In 1 /O	-ti/I-1				Form (Cash, Check, etc.)		
Street Address Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)		
				1 =	7			
City	State	Zip Code	М	D	Y	Amount		
Full Name of Contributor Registration Number, if P.						AC		
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
City	State	Zip Code	М	D	Y	Amount		
				سينسينان				

* 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 \$ 150.00