Page	<u>3</u>	

## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full					***************************************		
SAVE REYNOLDSBURG SCHOO	ř C						
Full Name of Contributor	A. of the		Registra	ition Num	ber, if PA	C	
DANIEL HOFFMAN					,		
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)	
221 PARADISE VALLEY DR	1 " '	OCCUPATION				CHECK	
221 FARADISE VALLET DR	State	Zip Code	М	D	Y	Amount	
ALEXANDRIA	OH	i	0 3		0 9	270.00	
Full Name of Contributor			CONTRACTOR OF THE PARTY OF THE	ition Num	Contraction of the second		
SMOOT CONSTRUCTION CO							
Street Address	Employer/Occu	pation/Labor Organization*		ALCONO ANTA DE CONTRACTO		Form (Cash, Check, etc.)	
1907 LEONARD AVE	1 " '	PATION				CHECK	
City	State	Zip Code	М	D	Y	Amount	
COLUMBUS	OH	1 <sup>-</sup>	0 4	0 6	0 9	1,000.00	
Full Name of Contributor				ition Num	ALL CONTROL OF THE PROPERTY OF THE PARTY OF		
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	М	D	Y	Amount	
·							
Full Name of Contributor			Registra	ation Num	ber, if PA	.C	
					and the contract of the contra	Branch College	
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)	
					1		
City	State	Zip Code	M	D	Y	Amount	
					<u> </u>		
Full Name of Contributor			Registra	ation Num	iber, if PA	.C	
		~ · · · · · · · · · · · · · · · · · · ·			Newson Section 1997	F(Cook Classes)	
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)	
		77: 0.1		1 -	1 17	A	
City	State	Zip Code	M	D	Y	Amount	
	<u> </u>			l V	han ien	C	
Full Name of Contributor			Registra	ation Num	iver, it PA		
Conna A Julian	[Em=1=v==/0	pation/Labor Organization*			***************************************	Form (Cash, Check, etc.)	
Street Address	Employer/Occu	ipation/Lauor Organization*				a orni (Cașii, Check, etc.)	
C:t	Ctntc	Zin Code	М	l D	Y	Amount	
City	State	Zip Code	IVI			2 mount	
Full Name of Contributor			Registr	ation Num	her if P	I.	
and availe of Contitoutor			rogisti.	arion i tuli	, 11 1 /	<del></del>	
Street Address	Employer/Occ	pation/Labor Organization*				Form (Cash, Check, etc.)	
54001 / 1441055	Zimproyon Good						
City	State	Zip Code	M	D	Y	Amount	
						Example:	
Full Name of Contributor			Registr	ation Nun	ber, if PA	å.C	
			,		•		
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
	' '	- <b>v</b>					
City	State	Zip Code	М	D	Y	Amount	
-						B0000000000000000000000000000000000000	
	1 :			*i		*	

Page Total \$ 1,270.00

<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)]