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Statement of Contributions Received

Prescribed by Secretary of State 3/05

	-0-								
Name of Committee in Full									
Hoffman for School Board									
Full Name of Contributor				Registration Number, if PAC					
Jacquelyn A Asbury									
Street Address	Employer/Occ	cupation/Labor Organization	on*			Form (Cash, Chee	ck, etc.)		
5173 Somerset Ave						check			
City	State	Zip Code	М	D	Y	Amount			
Westerville	OIF	1 43082	1 0	310	1 3		100.00		
Full Name of Contributor					ber, if PA	C			
Kimberly Murgas			i						
Street Address	Employer/Occ	Employer/Occupation/Labor Organization* Form (Cash, C				Form (Cash, Che	ck, etc.)		
1218 Sea Shell Dr						paypal			
City	State	Zip Code	М	Q	Y	Amount			
Westerville	OIL		1 0	I .	L .		50.00		
Full Name of Contributor	0 1	- 1 45002			ber, if PA		50.00		
ruit waine of Controllion			Registra	non man	iber, ir i				
C	r110	7 - 1 - 0 - i - i - i				Form (Cosh, Cho	ali ata l		
Street Address	Employer/Occ	cupation/Labor Organization	on*	Form (Cash, Check					
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City	State	Zip Code	M	D	Y	Amount			
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Full Name of Contributor			Registra	tion Nun	nber, if PA	vC			
Street Address	Employer/Oc	cupation/Labor Organization	on*		•	Form (Cash, Che	ck, etc.)		
City	State	Zip Code	М	D	Y	Amount			
Full Name of Contributor	 		Registra	tion Nun	nber, if PA	VC			
Street Address	Employer/Oc	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)							
		•				1			
City	State	Zip Code	М	D	Y	Amount			
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Full Name of Contributor			Registra	tion Nuc	nber, if P/	VC			
run Name of Controllor			it vg.s						
Street Address	E-malovar/Oa	cupation/Labor Organizati	on*			Form (Cash, Che	eck etc.)		
Sileet Aduless	Employenoe	cupation ration Organizate	011			Torm (Cazin, Circ	ou, ac.,		
Zer.	CALA	7:- C-4-	M	D	Y	Amount			
City	State	Zip Code	1	"	',	Amount			
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Full Name of Contributor			Registra	ation Nur	nber, if PA	AC .			
						To			
Street Address	dress Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)				
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City	State	Zip Code	М	D	Y	Amount			
					11				
Full Name of Contributor	, .		Registra	ation Nur	nber, if Pa	AC .			
						-			
Street Address	Employer/Oc	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)				eck, etc.)			
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City	State	Zip Code	М	D	Y	Amount			
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* 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