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Statement of Loans Received

Prescribed by Secretary of State3/05

					escribed b	, secret	.,	23, 03				
Full Name of Committee												
Hoffman for School B	oard											
From Whom Received								Prior Ar			Amt. Incurred this Period	
Kevin W Hoffman										1,2	00.00	0.00
Address												Outstanding Balance
1147 Tidewater Ct												Forgiven
City		Zip Code		Loa	ıns Receiv	ed This	Period				Paym	ents This Period
Westerville	OH	43082	2		Date			Amount		Dat	e	Amount
Date Loan was originally	М	D	Y	М	D	Y	\$		М	D	Y	i \$
Incurred	1 0	0 1	0 9						0 1 2	0 9	0 9	367.49
Registration Number, if PAC				М	D	Y			М	D	Y	
Employer/Occupation/Labor Organization*		······································		М	D	Y			М	D	Y	
BMW Financial Service												
From Whom Received									Prior Aı	nount	<u>ir kumuminan parina</u>	Amt. Incurred this Period
Address						·				10 E		Outstanding Balance
City	State	Zip Code	Zip Code Loans Received This Period						Payments This Period Date Amount			
Date Loan was originally	М	D	ΙΥ	М	Date D	ΙΥ	le.	Amount	<u></u> М	T D	ΙΥ	Amount
Incurred	lvi		<u> </u>				J.					J
Registration Number, if PAC				М	D	Y			М	D	Y	paguran de de constante de cons
Employer/Occupation/Labor Organization*				М	D	Y			М	D	Y	
From Whom Received									Prior Aı	nount	ing tanàna dia kaominina dia 64	Amt, Incurred this Period
Address								·····				Outstanding Balance
City	State	Zip Code	2	Los	ıns Recei	ed This	Period				Pavm	ents This Period
				1	Date			Amount		Dat		Amount
Date Loan was originally	М	D	Y	М	D	Y	\$		М	D	Y	\$
Incurred												
Registration Number, if PAC	2			М	D	Y			М	D	Y	
Employer/Occupation/Labor Organization*				М	D	Y		CCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCC	М	D	Y	
Employer/Occupation/Labor Organization* * Required for contributions over \$100 to statewide and general assemble				y candidat	es. If cont	ributor is	s self-emp	loyed, occupatio		e of the in	idividual's	

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-
Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Total Outstanding Balance to the cover page (Form No. 30-A)

1	Total prior amount \$	1,200.00
2	Total received this period \$	0.00 (To Form No. 31-A-2)
3	Total Payments this Period \$	367.49 (also record on Form 31-B)
4	Total Outstanding Balance \$	0.00 (To Form No. 30-A)

^{*} Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation and the name of the individual's business, if any, rather than employer should be listed. If two ormore employees donate 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)