Page	6

## **Statement of Other Income**

Prescribed by Secretary of State 2/01

					-	
Name of Committee in Full Hoffman for School Board						
Hoffman for School Board Full Name			IDan:	ion N.	hor if D	
			Registration Number, if PAC			
Kevin Hoffman					1 7	<u> </u>
Address 1147 Tidewater Ct	Type*		м 1   1	$\begin{vmatrix} D \\ 2 \end{vmatrix} 9$	$\begin{vmatrix} \mathbf{r} \\ 1 \end{vmatrix} 3$	Amount 781.60
City	State	Zip Code	Form(Cash,Check,etc)			
Westerville	OH	43082	Ck #3832			
Full Name		1 1002	Registration Number, if PAC			
			"," "		,	
Address	Type*		М	D	Y	Amount
City	State	Zip Code	Form(Ca	ash,Checl	k,etc)	
Full Name		Registration Number, if PAC				
Address	Type*		М	D	Y	Amount
						<u></u>
City	State	Zip Code	Form(Ca	ash,Chec	k,etc)	
Full Name			Registra	egistration Number, if PAC		
Address	Type*	ā .	М	D	Y	Amount
City	State	Zip Code	Fоrm(Ca	ash,Chec	k,etc)	
			Į .			** \$*
Full Name		Registration Number, if PAC				
Address	Type*		M	D	Y	Amount
Address	Type		.		1 1	ranoual
City	State	Zip Code	Form(C	ash Chec	k etc)	
Chy		Lip code	Form(Cash,Check,etc)			
Full Name		Registration Number, if PAC				
Address	Type*		М	D	Y	Amount
City	State	Zip Code	Form(C	ash,Chec	k,etc)	
			1			1 m 2 m
Full Name			Registration Number, if PAC			
	T*		11	l n	Y	Amount
Address	Type*		M	D	'	Amount
O'r.	State	Zip Code	Form(C	ach Chao	k eta)	
City	State	Zip Code	Form(Cash,Check,etc)		K,CiC)	
Full Name	<u>L1</u>		Registration Number, if PAC			
t un transc			1.00,130,1			
Address	Type*		M	D	Y	Amount
City	State	Zip Code	Form(C	ash,Chec	k,etc)	
1						
<u> </u>						

SA for the sale of committee assets, or LN for payments received on a loan made.

Page Total \$ 781.60\_

<sup>\*</sup> Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, place the letters IN for any investment or interest income carned by the committee,