

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Hoffman for School Board							
Full Name Kevin Hoffman				Registration Number, if PAC			
Address 1147 Tidewater Ct		Type* L N			M 1	D 1	Y 3
				Amount 781.60			
City Westerville		State O H	Zip Code 43082		Form(Cash,Check,etc) Ck #3832		
Full Name				Registration Number, if PAC			
Address		Type*			M	D	Y
City		State	Zip Code		Form(Cash,Check,etc)		
Full Name				Registration Number, if PAC			
Address		Type*			M	D	Y
City		State	Zip Code		Form(Cash,Check,etc)		
Full Name				Registration Number, if PAC			
Address		Type*			M	D	Y
City		State	Zip Code		Form(Cash,Check,etc)		
Full Name				Registration Number, if PAC			
Address		Type*			M	D	Y
City		State	Zip Code		Form(Cash,Check,etc)		
Full Name				Registration Number, if PAC			
Address		Type*			M	D	Y
City		State	Zip Code		Form(Cash,Check,etc)		
Full Name				Registration Number, if PAC			
Address		Type*			M	D	Y
City		State	Zip Code		Form(Cash,Check,etc)		

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