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## **In-Kind Contributions Received**

Prescribed by Secretary of State 3/05

N 60 1 1 1 1 1			
Name of Committee in Full			
Hoffman For School Board	<del></del>		
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC
Kevin W Hoffman			
Street Address	Description of Item or Service		M D Y Fair Market Value
1147 Tidewater Ct	Mailing labels		110 0 1 1 1 3 30.00
City	State Zip Code		Received at Fundraising Event?
Westerville	lo I H	43082	YES NO
Full Name of Contributor	Employer, Occup	pation, Labor Organization *	Registration Number, if PAC
Kevin W Hoffman		•	
Street Address	Description of Item or Service		M D Y Fair Market Value
1147 Tidewater Ct	Stamps		110 011 113 330.00
City	State	Zip Code	Received at Fundraising Event?
Westerville	lo TH	43082	YES NO
Full Name of Contributor	11 /	pation, Labor Organization *	Registration Number, if PAC
Kevin W Hoffman	Enquoyen occu	ABOL IZON OIÇAMZAĞII	registration remach, if 1770
Street Address	Description of Ite	em or Service	M D Y Fair Market Value
1147 Tidewater Ct		siness cards	0 9 1 3 1 3  22.45
City	State	Zip Code	Received at Fundraising Event?
Westerville	1_ 1 77	43082	YES NO
Full Name of Contributor	43-4		
run Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address	Description of the		W To Ly Ir: WI.WI
Street Address	Description of Ite	em or Service	M D Y Fair Market Value
o:		Ter a r	
City	State	Zip Code	Received at Fundraising Event?
	<del></del>	1	YES NO
Full Name of Contributor	Employer. Occupation. Labor Organization * Registration Number, if PAC		
Street Address	Description of Ite	em or Service	M D Y Fair Market Value
		_	
City	State	Zip Code	Received at Fundraising Event?
			YES NO
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number. if PAC
Street Address	Description of Item or Service		M D Y Fair Market Value
City	State	Zip Code	Received at Fundraising Event?
			UYES UNO
Full Name of Contributor	Employer, Occup	oation, Labor Organization *	Registration Number, if PAC
Street Address	Description of Item or Service		M D Y Fair Market Value
City	State	Zip Code	Received at Fundraising Event?
		·	☐YES ☐NO
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC
	Sample of the same		1
Street Address	Description of Item or Service		M D Y Fair Market Value
City	State	Zip Code	Received at Fundraising Event?
		,	YES NO

Page Total \$	382.45

<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)]