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Statement of Other Income

Prescribed by Secretary of State 2/01

				******************	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			
Name of Committee in Full								
Hoffman For School Board			Romin	ion N '	ber, if PA			
Full Name			registrat	.on numl	ou, II PA			
Kevin W Hoffman			34	- D	V	Amount		
Address	Type*		M 1 0	D 0 1	1 1	Amount	1 200 00	
1147 Tidewater Ct	L N	7: C 1	1 0	0 1	0 9		1,200.00	
City	State	Zip Code	Form(Ca		1			
Westerville	OH	43082		Check				
Full Name				Registration Number, if PAC				
Address	Type*		М	D 	Y	Amount		
City	State	Zip Code	Form(Ca	sh,Check	t,etc)			
Full Name				Registration Number, if PAC				
Address	Type*		M	D	Y	Amount		
	-520	2017						
City	State	Zip Code	Form(Ca	sh,Check	(,etc)	10		
Full Name				ion Num	ber, if PA	C		
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Address	Type*		M	D	Y	Amount		
City	State	Zip Code	Form(Ca	ish,Check	k,etc)	1911		
Full Name				tion Num	iber, if PA	\С		
Address	Type*		M	D	Y	Amount		

City	State	Zip Code	Form(Ca	ash,Checl	k,etc)			
Full Name				tion Num	ber, if PA	AC.		
Address	Type*		M	D	Y	Amount		
	- 72	70 N 195488						
City	State	Zip Code	Form(Ca	ash,Checl	k,etc)		19	
Full Name		1	Registration Numb			'C		
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Address	Type*		M	D	Y	Amount		
	22.000						NOTICE THE PARTY OF THE PARTY O	
City	State	Zip Code	Form(Ca	ash,Chec	k,etc)			
ll Name				Registration Number, if PAC				
Address	T*		M	D	Y	Amount		
Address	Type*					. Amount		
City	State	Zip Code	Form(C	ash,Chec	k,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.