CAMPAIGN FINANCE REPORT

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

-Instructions on reverse-						
Filer Identification	Report	1.		2.		3.
Number:	Filed By:					
Name of Filing Committee, Candidate or Lobbyist:	othy M. HOFI	ک ک				
Street Address: 450 501	NSET BLUG	<i>(</i> .				
City: X/ER MITA	96E	State:	Zip Code:	614		
TYPE/CYCLE 1. OF REPORT 4.	2.	3. 6.				A CONTRACTOR OF THE CONTRACTOR
Place x to the right of report type/cycle	YEAR		\sim		7.51.83	A STATE OF THE STA
Name of Office Sought by Candidate:		1/ 1 06 1 2007	District Number	Office Code	Party Code	County Code
MERCEN COUNTY RECORDER OF DEEDS Month Day Year				071+	DEM	43
Summary of Receipts	FROM: 10 123 121	007TO: <u>// 1261 20</u> 07				<u>}</u>
and Expenditures:		ar mo. day year			(S) 2 (E) 6 E	€7.2.5.5 €7.2.5.5
A. Amount Brought Forward From Last Report S — — —				2001	ELERA	
B. Total Monetary Contributions and Receipts (From Schedule I)				J DEC	CESE	
C. Total Funds Available (Surn of Lines A and	-0-]	3	OR CER		
D. Total Expenditures (From Schedule III)		-0-	1	Ė	COL	<u>.</u>
E. Ending Cash Balance (Subtract Line D from Line C)				ס ב	MISS MISS	
F. Value of In-Kind Contributions Received (From Schedule II)		-0-		12. 12.	NON	
G. Unpaid Debts and Obligations (From Schedule IV)			1			