## **Statement of Contributions Received**

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Prescribed by Secretary of State 03/05

Name of Committee in Full Vote Hahn Committee				
Full Name of Contributor	· ·		Registration Number, if F	PAC
John and Lisa Jolley			L	
Street Address 143 Sarwil Dr.	Employer/Occu	epation/Labor Organization*		Form (Cash, Check, etc.) Check
City	State	Zip Code	TMI DITY	Amount
Canal Winchester	ОН	43110	1 1 p 3 1 1	\$50.00
Full Name of Contributor			Registration Number, if F	AC .
Robert C. and Karen Hahn				
Street Address	Employer/Occu	Employer/Occupation/Labor Organization		Form (Cash, Check, etc.)
9464 Creek Bend Trail				Check
City	State	Zip Code	MON	Amount
Davison .	MI	48423		\$1,000.00
Full Name of Contributor Nicole M. Loucks			Registration Number, if F	'AC
Street Address	Employer/Occu	pation/Labor Organization		Form (Cash, Check, etc.)
188 E. Royal Forest Blvd.				Check
Ciry	State	Zip Code	M D Y	Amount
Columbus	ОН	43214	1 1 2 1 1 1	\$100.00
Full Name of Contributor			Registration Number, if P	AC
David M. Abromowitz				
Street Address	Employer/Occu	pation/Labor Organization		Form (Cash, Check, etc.)
4951 Brooksview Cir.				Check
City	State	Zip Code	MIDIN	Amount
New Albany	ОН	43054		\$100.00
Full Name of Contributor Thomas W. Hess			Registration Number, if P	AC
Street Address	Employer/Occu	pation/Labor Organization		Form (Cash, Check, etc.)
191 W. Nationwide Blvd.		padois sales viganiani		Check
City	State	Zip Code	M D Y	Amount
Columbus	OH	43215	1 0 2 8 1 1	\$25.00
Full Name of Contributor			Registration Number, if P	PAC
Larry L. Lanham, II				
Street Address	Employer/Occu	pation/Labor Organization	<b>L</b>	Form (Cash, Check, etc.)
1971 Waterbrook Lane		, , , , , , , , , , , , , , , , , , ,		Check
City	State	Zip Code	MDY	Amount
Columbus	ОН	43209	1 0 2 0 1 1	\$50.00
Full Name of Contributor	1 1	!	Registration Number, if P	PAC
Charles E. Ticknor, III				
Street Address	Employer/Occu	pation/Labor Organization		Form (Cash, Check, etc.)
1049 Grandview Ave.		paner save via		Check
City	State	Zip Code	M D Y	Amount
Columbus	OH	43212	hþþhhh	\$100.00
Full Name of Contributor			Registration Number, if F	PAC
Megan Gilligan				
Street Address	Employer/Occu	pation/Labor Organization	<b>t</b>	Form (Cash, Check, etc.)
1420 Castleton Road				Check
City	State	Zip Code	MOY	Amount
Columbus	OH	43220	M D Y 1	\$50.00

<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 also appear. [R.C. 3517.10(B)(4)]