

Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee										
Vote Hahn Committee						•				
From Whom Received							Prior Am			Amt. Incurred this Period
Peter W. Hahn							\$0.00			\$2,469.00
Address										Outstanding Balance
4245 Reedbury Lane										\$2,469.00
		Ta: a .		_						
City	St ate	Zip Code	Loans Received This Period				Payments This Period Date Amount			
Columbus	ОН	43220	Date Amount							
	M	D Y	M	D _i	Y	\$	M	D	Y	\$
Date Loan was	1 1	0 3 1 1	1 1	0 3	1 1	\$2,000.00				
originally Incurred	. 1		M		Yı		M	D	Y	
Registration Number, if PAC			1 1	0 3	1 1	\$469.00	IVI		,	
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Employer/Occupation/Labor Organization*			М	D	Y		M	D	Y	
From Whom Received			1	!		<u> </u>	Prior Am	ount		Amt. Incurred this Period
From whom Received							I not All	- ant		House this i crive
		<u> </u>								6 1 6 1
Address										Outstanding Balance
City State Zip Code OH										
			Loans Received This Period Date Amount				Payments This Period Date Amount			This Period Amount
	M	D Y	M	D D	Y	\$	M	D	Y.	\$
Date Loan was			"	,	-					1
originally Incurred										
Registration Number, if PAC		•	М	D	Y		M	D	Y	
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Employer/Occupation/Labor Organization	1*		M	D.	Yi	·	M	D _i	Y	
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From Whom Received				•			Prior Am	ount		Amt. Incurred this Period
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Address						 -				Outstanding Balance
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City	State	Zip Code	I	Loan	Receiv	ed This Period		· P.	ayments '	This Period
OH			Date Amount				Date Amount			
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Date Loan was) department					-			
originally Incurred			M	D	Y:	-	M	D	Y	
Registration Number, if PAC			M	ש)		M			
Employer/Occupation/Labor Organization*			M	D.	Y _i		M	D.	Y	
Employer/Occupation Easts Organizatio	•		"	2	-					
* Required for contributions from inc	lividuals c	ver \$100 to statewic	e and oc	neral as	sembly	candidates. If contribu	tor is self	employed	I the occ	cupation and the name of

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Outstanding Balance to the Cover page (Form No. 30-A).

Total prior amount \$\$0.	00 .	
² Total received this period \$	\$2,469.00	(To Form No. 31-A-2)
³ Total payments this period \$_	\$0.00	(To Form No. 31-B)
⁴ Total Outstanding Balance \$	\$2,469.00	(To Form No. 30-A)

^{*} 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)]