## **Statement of Loans Received**

				Prescribe	ed by Sec	rctary of	State 3/05					
Full Name of Committee  Vote Hahn Committee												
From Whom Received Peter W. Hahn											Amt. Incurred this Period \$2,469.00	
Address 4245 Reedbury Lane										, , ,	Outstanding Balance \$2,469.00	
City Columbus	Sr ate OH	Zip Code 43220		Loans Received This Period Date Amount					Payments This Period Date Amo			
Date Loan was originally incurred	м 1 1	0 3	1 1	м 1 1	D 0 3	1 1	\$ \$2,000.00	M	D	Y	\$	
Registration Number, if PAC		<del></del>	· · · · · ·	м 1 1	D 0 3	1 1	\$469.00	М	D	Y		
Employer/Occupation/Labor Organization*				М	D	Y		М	D	Y		
From Whom Received								Prior A	mount		Amt. Incurred this Period	
Address									, ""·		Outstanding Balance	
City	St ate OH	Zip Code  Loans Received This Period  Date  Amount						Payments This Period Date Amount				
Date Loan was originally incurred	M	D	Y	М	D	Y	S	M	D.	Y	\$	
Registration Number, if PAC				M	D	Y		M	D	Y		
Employer/Occupation/Labor Organization*				M	D	Y		М	D	Y		
From Whom Received								Prior A	mount		Amt. Incurred this Period	
Address					_					, 7	Outstanding Balance	
City	St ate OH	Zip Code		Loans Received This Period  Date Amount					Payments This Period Date Amount			
Date Loan was originally Incurred	M	D	Y	М	D	Y	S	M	D	Ymasterio	\$	
Registration Number, if PAC				М	D	Y		Miran	D	Y		
Employer/Occupation/Labor Organization*				М	D	Y		M	D	Y		
Required for contributions from inc the individual's business, if any, rath labor organization of which the emp	ner than er	nployer sh	ould be li	sted. If tv	vo or me	ore emp	loyees contribute vi	ibutor is sel a payroll de	f-employeduction as	ed, the oc nd exceed	cupation and the name of I the aggregate of \$100, th	
If a loan is forgiven, write "Forgi Income (Form No. 31-A-2), Tran	iven" in t sfer total	he "Outst of all pay	anding I	Balance' ade in t	' space.	Trans	fer total of all loan he Statement of E	ns received spenditure	l this per s (Form	iod to th No. 31-E	ie Statement of Other 3). Transfer Outstandin	

Balance to the Cover page (Form No. 30-A).

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