

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Vote Hahn Committee							
Full Name of Contributor John Jolley				Registration Number, if PAC			
Street Address 143 Sarwil Dr.		Employer/Occupation/Labor Organization* Dinsmore & Shohl, LLP/Attorney			Form (Cash, Check, etc.) Check		
City Canal Winchester	State OH	Zip Code 43110	M 1	D 1	Y 0	Amount \$50.00	
Full Name of Contributor Robert C. Hahn				Registration Number, if PAC			
Street Address 9464 Creek Bend Trail		Employer/Occupation/Labor Organization* Univ. of Michigan-Flint/Consultant			Form (Cash, Check, etc.) Check		
City Davison	State MI	Zip Code 48423	M 1	D 1	Y 0	Amount \$1,000.00	
Full Name of Contributor Nicole M. Loucks				Registration Number, if PAC			
Street Address 188 E. Royal Forest Blvd.		Employer/Occupation/Labor Organization* Dinsmore & Shohl, LLP/Attorney			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43214	M 1	D 1	Y 2	Amount \$100.00	
Full Name of Contributor David M. Abromowitz				Registration Number, if PAC			
Street Address 4951 Brooksvew Cir.		Employer/Occupation/Labor Organization* Dinsmore & Shohl, LLP/Attorney			Form (Cash, Check, etc.) Check		
City New Albany	State OH	Zip Code 43054	M 1	D 1	Y 0	Amount \$100.00	
Full Name of Contributor Thomas W. Hess				Registration Number, if PAC			
Street Address 191 W. Nationwide Blvd.		Employer/Occupation/Labor Organization* Dinsmore & Shohl, LLP/Attorney			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43215	M 1	D 0	Y 2	Amount \$25.00	
Full Name of Contributor Larry L. Lanham, II				Registration Number, if PAC			
Street Address 1971 Waterbrook Lane		Employer/Occupation/Labor Organization* OhioHealth/Attorney			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43209	M 1	D 0	Y 2	Amount \$50.00	
Full Name of Contributor Charles E. Ticknor, III				Registration Number, if PAC			
Street Address 1049 Grandview Ave.		Employer/Occupation/Labor Organization* Dinsmore & Shohl, LLP/Attorney			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43212	M 1	D 0	Y 2	Amount \$100.00	
Full Name of Contributor Megan Gilligan				Registration Number, if PAC			
Street Address 1420 Castleton Road		Employer/Occupation/Labor Organization* Retired			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43220	M 1	D 0	Y 2	Amount \$50.00	

* 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)]

Page Total **\$1,475.00**