

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Vote Hahn Committee									
Full Name of Contributor Daniel R. Helmick							Registration Number, if PAC		
Street Address 2050 Ellington Road				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus		State OH		Zip Code 43221		M 0		D 9	
						Y 2		Amount \$150.00	
Full Name of Contributor Robert Tenenbaum							Registration Number, if PAC		
Street Address 2272 Nottingham Road				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus		State OH		Zip Code 43221		M 1		D 0	
						Y 1		Amount \$100.00	
Full Name of Contributor Wells Fargo Advisors, LLC							Registration Number, if PAC		
Street Address One North Jefferson				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City St. Louis		State MO		Zip Code 63103		M 0		D 9	
						Y 2		Amount \$100.00	
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State		Zip Code		M		D	
		OH				Y		Amount	
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State		Zip Code		M		D	
		OH				Y		Amount	
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State		Zip Code		M		D	
		OH				Y		Amount	
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State		Zip Code		M		D	
		OH				Y		Amount	
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State		Zip Code		M		D	
		OH				Y		Amount	

* 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 **\$350.00**