Statement of Contributions Received



Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens for Roseann Hicks					
Full Name of Contributor			Registration Number, if PAC		
Robert Willis					
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
5354 Brayton Ave.	State of Ohio		IM IN IN	Cash	
City three of the first open and the second of the common of the second	State OH	Zip Code 43232	0 5 1 1 0 9	Amount \$5.00	
Full Name of Contributor. Registration Number, if PAC					
Dorothy S. Teater	T= 1 %	2 N. L. O		Form (Cash, Check, etc.)	
Street Address 3272 Cleave Hill	Employer/Occupation/Labor Organization* Retired		vesit Allefan - regest. Karena	Check	
City Dublin 100 per 10	State OH	Zip Code 43017	0 5 1 5 0 9	Amount \$100.00	
Full Name of Contributor			Registration Number, if PAC		
Margie Globe	in the second			Form (Cash, Check, etc.)	
Street Address 1750 Sale Rd.	Retired	ation/Labor Organization*		Cash	
City Columbus	State OH	Zip Code 43224	0 5 1 5 0 9	Amount \$10.00	
Full Name of Contributor Barbara Epp				AC valati i i mora i mora i se	
Street Address		ation/Labor Organization*		Form (Cash, Check, etc.)	
4640 Sandy Lane Rd.	Yogi's Hoa		1 , 3 1 -1 -1	Cash	
City Columbus	State OH	Zip Code 43224	0 ^M 5 2 6 0 9	Amount \$15.00	
Full Name of Contributor Registration Number, if PAC Richard Burlingame					
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
3921 Chandlee Pl.	Sysco		ा स्था च	Check	
City of the edge of \$55. a Columbus of the process of the edge of	State OH	Zip Code 43230	$\begin{bmatrix} 0 \\ 0 \end{bmatrix} 5 \begin{bmatrix} 2 \\ 2 \end{bmatrix} 6 \begin{bmatrix} 0 \\ 0 \end{bmatrix} 9$	Amount \$25.00	
Full Name of Contributor Gloria Apple				Registration Number, if PAC	
Street Address	Employer/Occurs	etion/I shor Organization*		Form (Cash, Check, etc.)	
940 Marland Dr. S.				Cash	
City Columbus	State OH	Zip Code 43224	0 5 2 7 0 9	Amount \$50.00	
Full Name of Contributor Registration I Paul D. Gibbs			Registration Number, if	PAC	
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
6556 Darling Rd.	Retired		IM Toll 17	Cash	
City Blacklick	State OH	Zip Code 43004	0 5 2 7 0 9	Amount \$20.00	
Full Name of Contributor Registration Number, if PAC Richard A. Irwin					
Street Address P.O. Box 814	Employer/Occupation/Labor Organization* City of Columbus Power and Water			Form (Cash, Check, etc.) Cash	
City	State	Zip Code	M D Y	Amount	
Columbus	ОН	43215	0 5 2 7 0 9	\$25.00	

Page Total \$250.00

^{*} 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)]