

# Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Citizens for Roseann Hicks</b>					
Full Name of Contributor <b>Contributors of \$25 or less</b>				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
			0	7	2
City	Sta te	Zip Code	6	0	9
	OH		Amount \$165.00		
Form (Cash, Check, etc.)					
Full Name of Contributor <b>Sally Falk</b>					
Registration Number, if PAC					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
1460 Burnley Sq. N.	Myron Cornish		0	7	2
City	Sta te	Zip Code	6	0	9
Columbus	OH	43229	Amount \$45.00		
Form (Cash, Check, etc.)				Cash	
Full Name of Contributor					
Registration Number, if PAC					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	Sta te	Zip Code			
	OH		Amount		
Form (Cash, Check, etc.)					
Full Name of Contributor					
Registration Number, if PAC					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	Sta te	Zip Code			
	OH		Amount		
Form (Cash, Check, etc.)					
Full Name of Contributor					
Registration Number, if PAC					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	Sta te	Zip Code			
	OH		Amount		
Form (Cash, Check, etc.)					
Full Name of Contributor					
Registration Number, if PAC					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	Sta te	Zip Code			
	OH		Amount		
Form (Cash, Check, etc.)					
Full Name of Contributor					
Registration Number, if PAC					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	Sta te	Zip Code			
	OH		Amount		
Form (Cash, Check, etc.)					

\* 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)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

**\$210.00**

Total expenditures this event.

**\$0.00**

Page Total \$ **\$210.00**