Statement of Contributions Received

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Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens for Roseann Hicks						
Full Name of Contributor Gloria Apple			Registratio	on Numb	er, if PA	
Street Address 940 Marland Dr. S.	Employer/Occupat				Form (Cash, Check, etc.) Cash	
City Columbus	State OH	Zip Code 43224	0 7 C	D 7	y 0 9	Amount \$50.00
Full Name of Contributor Registration Number, if PAC					C An analysis susacina is a second	
James L. Morton						
Street Address 6040 Northgap Dr.	Employer/Occupat Retired				Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43229	0 7 1	D 1 2	Y 0 9	Amount \$100.00
Full Name of Contributor Brent Graham	Orași Estave Posta	Registration Number, if PAC				
Street Address 64 Park St.	Employer/Occupate	ion/Labor Organization* 1993 (1997) and Tan 1897 (1998)				Form (Cash, Check, etc.) Cash
City Canal Winchester	State OH	Zip Code 43110	м 0 7	D 3	0 9	Amount \$25.00
Full Name of Contributor Herb Zollinger			Registrati	on Numl	er, if PA	C
Street Address 14637 Morse Rd.	Employer/Occupat Retired	ion/Labor Organization*				Form (Cash, Check, etc.) Cash
City Pataskala	State OH	Zip Code 43062	0 ^M 7	D 3	Y) 9	Amount \$14.00
Full Name of Contributor Cynthia L. Ruccia			Registration Number, if PAC			
Street Address 1036 Grandon Ave.	Employer/Occupation/Labor Organization* Mary Kay Consultant					Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43209	0 ^M 7	D 1 4	0 9	Amount \$37.75
Full Name of Contributor Parker Brown			Registration Number, if PAC			
Street Address 1407 Shanley Dr.	Employer/Occupat Retired	ion/Labor Organization*				Form (Cash, Check, etc.) Cash
City Columbus	State OH	Zip Code 43224	0 ^M 7	D 1 6) 9	Amount \$20.00
Full Name of Contributor Bryan Cooper			Registration Number, if PAC			
Street Address 9580 Dublin Rd.	Employer/Occupation/Labor Organization* Columbus Distributing					Form (Cash, Check, etc.) Cash
City Powell	State OH	Zip Code 43065	0 7	D 1 6	Y 0 9	Amount \$10.00
Full Name of Contributor Contributions from Fund Raiser Form 31-E Registration Number, if PA					ic	
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State OH	Zip Code	M 7	D 2 6	0 9	Amount \$210.00

Page Total \$466.75

^{*} 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)]