

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens for Roseann Hicks						
Full Name of Contributor Sam Miller				Registration Number, if PAC		
Street Address 120 Marconi Blvd.		Employer/Occupation/Labor Organization* City of Columbus			Form (Cash, Check, etc.) Cash	
City Columbus	State OH	Zip Code 43215	M 0	D 9	Y 0	Amount \$25.00
Full Name of Contributor Ronnie Radabaugn				Registration Number, if PAC		
Street Address 6006 E. Walnut St.		Employer/Occupation/Labor Organization* Columbus Gas of Ohio			Form (Cash, Check, etc.) Cash	
City Westerville	State OH	Zip Code 43081	M 0	D 9	Y 1	Amount \$5.00
Full Name of Contributor Martin McAllister				Registration Number, if PAC		
Street Address 2045 Morse Rd.		Employer/Occupation/Labor Organization* ODNR			Form (Cash, Check, etc.) Cash	
City Columbus	State OH	Zip Code 43229	M 0	D 9	Y 1	Amount \$4.00
Full Name of Contributor Barbara Epp				Registration Number, if PAC		
Street Address 4640 Sandy Lane Rd.		Employer/Occupation/Labor Organization* Yogi's Hoagies			Form (Cash, Check, etc.) Cash	
City Columbus	State OH	Zip Code 43224	M 0	D 9	Y 2	Amount \$50.00
Full Name of Contributor Jack Gabriel				Registration Number, if PAC		
Street Address 6464 Karl Rd.		Employer/Occupation/Labor Organization* Retired			Form (Cash, Check, etc.) Cash	
City Columbus	State OH	Zip Code 43229	M 1	D 0	Y 0	Amount \$20.00
Full Name of Contributor Contributions from Fund Raiser Form 31-E				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State OH	Zip Code	M 1	D 0	Y 0	Amount \$200.00
Full Name of Contributor Shirley M. Cotter				Registration Number, if PAC		
Street Address 111 W. Dunedin Rd.		Employer/Occupation/Labor Organization* Retired			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43214	M 1	D 0	Y 0	Amount \$20.00
Full Name of Contributor Robert L. Croye				Registration Number, if PAC		
Street Address 1282 Fenceway Dr.		Employer/Occupation/Labor Organization* Retired			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43229	M 1	D 0	Y 0	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 **\$374.00**