

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens for Roseann Hicks									
Full Name of Contributor Jeff Clark						Registration Number, if PAC			
Street Address 3659 Eisenhower Rd.			Employer/Occupation/Labor Organization* Abbott Nutrition				Form (Cash, Check, etc.) Cash		
City Columbus		State OH		Zip Code 43224		M 1	D 0	Y 1	Amount \$20.00
Full Name of Contributor Robert D. Crooks						Registration Number, if PAC			
Street Address 4373 Plantation Dr.			Employer/Occupation/Labor Organization* Retired				Form (Cash, Check, etc.) Check		
City Morganton		State NC		Zip Code 28655		M 1	D 0	Y 1	Amount \$100.00
Full Name of Contributor Clayton Weber						Registration Number, if PAC			
Street Address 243 Bombay Ave.			Employer/Occupation/Labor Organization* CPA				Form (Cash, Check, etc.) Cash		
City Westerville		State OH		Zip Code 43081		M 1	D 0	Y 2	Amount \$30.00
Full Name of Contributor R. A. Carmony						Registration Number, if PAC			
Street Address 6181 Harrington Ct.			Employer/Occupation/Labor Organization* Nationwide Insurance				Form (Cash, Check, etc.) Check		
City Columbus		State OH		Zip Code 43229		M 1	D 0	Y 2	Amount \$25.00
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 2	Amount \$50.00
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State OH		Zip Code		M	D	Y	Amount
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State OH		Zip Code		M	D	Y	Amount
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State OH		Zip Code		M	D	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)]