

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens for Roseann Hicks							
Full Name of Contributor Kularb Young					Registration Number, if PAC		
Street Address 128 Tibet Rd.		Employer/Occupation/Labor Organization* Lamp Lighter			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43202	M 1	D 0	Y 0	Amount \$15.00	
Full Name of Contributor Chuck Swick					Registration Number, if PAC		
Street Address 8570 Fallgold Ln.		Employer/Occupation/Labor Organization* Retired			Form (Cash, Check, etc.) Cash		
City Westerville	State OH	Zip Code 43081	M 1	D 0	Y 0	Amount \$10.00	
Full Name of Contributor Sandy Prosak					Registration Number, if PAC		
Street Address 5546 Aqua St.		Employer/Occupation/Labor Organization* Intake American Health Holding			Form (Cash, Check, etc.) Cash		
City Columbus	State OH	Zip Code 43229	M 1	D 0	Y 0	Amount \$5.00	
Full Name of Contributor Jeff S. Murray					Registration Number, if PAC		
Street Address 2210 Tuliptree Ave.		Employer/Occupation/Labor Organization* Murray Realty			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43229	M 1	D 0	Y 0	Amount \$100.00	
Full Name of Contributor James L. Morton					Registration Number, if PAC		
Street Address 6040 Northgap Dr.		Employer/Occupation/Labor Organization* Retired			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43229	M 1	D 0	Y 1	Amount \$100.00	
Full Name of Contributor Christopher J. Lombardo					Registration Number, if PAC		
Street Address 714 Francis Ave.		Employer/Occupation/Labor Organization* Yogi's Hoagies			Form (Cash, Check, etc.) Cash		
City Columbus	State OH	Zip Code 43209	M 1	D 0	Y 1	Amount \$50.00	
Full Name of Contributor Tony Pfeifer					Registration Number, if PAC		
Street Address 1294 Clement Dr.		Employer/Occupation/Labor Organization* Clinton Township			Form (Cash, Check, etc.) Cash		
City Worthington	State OH	Zip Code 43085	M 1	D 0	Y 1	Amount \$10.00	
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	

* 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)]