Statement of Contributions Received



Prescribed by Secretary of State 03/05

			milena cumpromoneco	THE CONTRACTOR OF THE CONTRACT	Salaran Salaran Communication		
Name of Committee in Full Citizens for Roseann Hicks							
Full Name of Contributor June C. Riggs			Registra	tion Nu	mber, if P	AC	
Street Address 5520 Copenhagen Dr.	Employer/Occupation/Labor Organization* Ceva Logistics					Form (Cash, Check, etc.) Cash	
City Westerville	State OH	Zip Code 43081	0 ^M 7	D 7	0 9	Amount \$20.00	
Full Name of Contributor Raymond Townsend			Registration Number, if PAC				
Street Address 137 Meadow Way	Employer/Occup Bob Dani				Form (Cash, Check, etc.) Cash		
City Pataskala	State OH	Zip Code 43062	0 ^M 7	2 B	0 Y	Amount \$25.00	
Full Name of Contributor Denise H. Porter	1.741		Registra	tion Nu	mber, if F		
Street Address 133 Fairlawn Dr.	Retired Vo	pation/Labor Organization* eterinarian				Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43214	0 ^M 8	0 ^D 1		Amount \$250.00	
Full Name of Contributor Gloria Apple			Registra	tion Nu	mber, if F	:	
Street Address 940 Marland Dr. S.	Employer/Occupation/Labor Organization* Yogi's Hoagies		Property and a			Form (Cash, Check, etc.) Cash	
City Columbus	State OH	Zip Code 43224	0 8	0 3	p ^Y 9	Amount \$50.00	
Full Name of Contributor Jerry W. Mollette				Registration Number, if PAC			
Street Address 334 E. Jeffrey Place	Retired	pation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43214	0 ^M 8	0 5		Amount \$25.00	
Full Name of Contributor Carrie E. Glaeden				Registration Number, if PAC			
Street Address 4377 Bridgeside Place	Employer/Occupation/Labor Organization* Judge-Franklin County					Form (Cash, Check, etc.) Check	
City New Albany	State OH	Zip Code 43054		0 B		Amount \$75.00	
Full Name of Contributor Donna L. Turrin			Registration Number, if PAC				
Street Address 461 Deerwood Ave. E.	Employer/Occup Retired				Form (Cash, Check, etc.) Check		
City Gahanna	State OH	Zip Code 43230	м 0 8	1 O		Amount \$10.00	
Full Name of Contributor Gloria Apple			Registra	tion Nu	mber, if I		
Street Address 940 Marland Dr. S.	Employer/Occupation/Labor Organization* Yogi's Hoagies			,		Form (Cash, Check, etc.) Cash	
City Columbus	State OH	Zip Code 43224	м 0 8	1 C	0 9	Amount \$50.00	

Page Total \$505.00

^{*} 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)]