

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens for Roseann Hicks							
Full Name of Contributor Contributors of \$25 or less				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	6	1	\$273.00
City		State	Zip Code	Form (Cash, Check, etc.)			
		OH					
Full Name of Contributor Kenneth L. Thivener				Registration Number, if PAC			
Street Address 4400 N. 4th St.		Employer/Occupation/Labor Organization* State of Ohio		M	D	Y	Amount
				0	6	1	\$50.00
City Columbus		State OH	Zip Code 43224	Form (Cash, Check, etc.) Check			
Full Name of Contributor Chris Hamilton				Registration Number, if PAC			
Street Address 980 Poling Dr.		Employer/Occupation/Labor Organization* Dublin City Schools		M	D	Y	Amount
				0	6	1	\$40.00
City Columbus		State OH	Zip Code 43224	Form (Cash, Check, etc.) Cash			
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code	Form (Cash, Check, etc.)			
		OH					
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code	Form (Cash, Check, etc.)			
		OH					
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code	Form (Cash, Check, etc.)			
		OH					
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code	Form (Cash, Check, etc.)			
		OH					

* 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)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

\$363.00

Total expenditures this event.

\$0.00

Page Total \$ **\$363.00**