

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

FILED
09 DEC -1 PM 3:18

FRANKLIN COUNTY
BUREAU OF ELECTIONS

Full Name of Committee Citizens For Roseann Hicks		Registration Number, if PAC	
Full Name of Candidate Roseann Marie Hicks			
Street Address 920 Garden Rd.		Office Sought City Council	District Columbus
City Columbus		State OH	Zip Code 43224
Type of Report (place X to the left of report type)	<input type="checkbox"/> Pre-Primary	<input type="checkbox"/> Post-Primary	<input type="checkbox"/> Pre-General
	<input type="checkbox"/> July Monthly	<input type="checkbox"/> August Monthly	<input type="checkbox"/> September Monthly
		<input checked="" type="checkbox"/> Post-General	<input type="checkbox"/> Annual Year
		<input checked="" type="checkbox"/> Termination	<input type="checkbox"/> Semiannual
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Report Electronically Filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Date of Election	1 ^M 1 0 ^D 3 0 ^Y 9

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box No other forms are required for a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$	\$2,065.37
2. Total monetary contributions (From Form No. 31-A)	\$	\$100.00
3. Total other income (From Form No. 31-A-2)	\$	\$0.00
4. Total funds available (sum of lines 1, 2, 3)	\$	\$2,165.37
5. Total monetary expenditures (From Form No. 31-B)	\$	\$2,165.37
6. Balance on hand (line 4 minus line 5)	\$	\$0.00
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	\$0.00
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	\$0.00
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	\$0.00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	\$0.00
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	\$0.00
12. Value of independent expenditures made (From Form No. 31-U)	\$	\$0.00
13. For Electronic Filing Entities only Sum of lines 2, 7, and amount of any new loans received this period.	\$	\$0.00

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

Danny Dale Hicks, Jr. Treasurer

Danny Dale Hicks, Jr.
Signature

11/30/09

Print Name and Title (Treasurer and Deputy Treasurer only)

Date

Contribution pages 1

Expenditure pages 1

Other pages 1

Total pages 3

Statement of Contributions Received

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Name of Committee in Full Citizens for Roseann Hicks										
Full Name of Contributor Barcy F. McNeal							Registration Number, if PAC			
Street Address 5169 Springfield Ct.				Employer/Occupation/Labor Organization* Franklin Co. Board of Elections			Form (Cash, Check, etc.) Check			
City Westerville		State OH	Zip Code 43081		M 1	D 0	Y 2	Y 9	Y 0	Y 9
Full Name of Contributor							Registration Number, if PAC			
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
City		State	Zip Code		M	D	Y	Y	Y	Y
Full Name of Contributor							Registration Number, if PAC			
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
City		State	Zip Code		M	D	Y	Y	Y	Y
Full Name of Contributor							Registration Number, if PAC			
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
City		State	Zip Code		M	D	Y	Y	Y	Y
Full Name of Contributor							Registration Number, if PAC			
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
City		State	Zip Code		M	D	Y	Y	Y	Y
Full Name of Contributor							Registration Number, if PAC			
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
City		State	Zip Code		M	D	Y	Y	Y	Y
Full Name of Contributor							Registration Number, if PAC			
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
City		State	Zip Code		M	D	Y	Y	Y	Y
Full Name of Contributor							Registration Number, if PAC			
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
City		State	Zip Code		M	D	Y	Y	Y	Y
Full Name of Contributor							Registration Number, if PAC			
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
City		State	Zip Code		M	D	Y	Y	Y	Y

* 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)]

