

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

FILED

09 OCT 29 AM 10:58

Full Name of Committee Citizens for Roseann Hicks					Registration Number, if PAC FRANKLIN COUNTY BOARD OF ELECTIONS					
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 checked="" type="checkbox"/>	5-DAY Pre-General	<input type="checkbox"/>	Post-General	<input type="checkbox"/>	Annual Year
	<input type="checkbox"/>	July Monthly	<input type="checkbox"/>	August Monthly	<input type="checkbox"/>	September Monthly	<input 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	\$	\$2,322.24
2. Total monetary contributions (From Form No. 31-A)	\$	\$225.00
3. Total other income (From Form No. 31-A-2)	\$	\$0.00
4. Total funds available (sum of lines 1, 2, 3)	\$	\$2,547.24
5. Total monetary expenditures (From Form No. 31-B)	\$	\$481.87
6. Balance on hand (line 4 minus line 5)	\$	\$2,065.37
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
Print Name and Title (Treasurer and Deputy Treasurer only)

Danny Dale Hicks, Jr.
Signature

10/29/09
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 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 1909	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 1909	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 2209	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 2209	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 2309	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)]

