

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

FILED
09 OCT 20 PM 3: 06
FRANKLIN COUNTY
BOARD 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 checked="" type="checkbox"/>	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	\$	\$0.00
2. Total monetary contributions (From Form No. 31-A)	\$	\$4,799.00
3. Total other income (From Form No. 31-A-2)	\$	\$0.00
4. Total funds available (sum of lines 1, 2, 3)	\$	\$4,799.00
5. Total monetary expenditures (From Form No. 31-B)	\$	\$2,476.76
6. Balance on hand (line 4 minus line 5)	\$	\$2,322.24
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	\$680.00
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

10/20/09
Date

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens for Roseann Hicks							
Full Name of Contributor Lori Merritt					Registration Number, if PAC		
Street Address 6622 Devonhill Rd.			Employer/Occupation/Labor Organization* Ohio Youth Advocates			Form (Cash, Check, etc.) Cash	
City Columbus		State OH	Zip Code 43229	M 0	D 2	Y 1	Amount \$20.00
Full Name of Contributor Danny D. Hicks					Registration Number, if PAC		
Street Address 920 Garden Rd.			Employer/Occupation/Labor Organization* Matheny Motors			Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43224	M 0	D 3	Y 2	Amount \$25.00
Full Name of Contributor John Corrado					Registration Number, if PAC		
Street Address 11910 Kilbourne Rd.			Employer/Occupation/Labor Organization* Jcorr Heating and Cooling			Form (Cash, Check, etc.) Cash	
City Sunbury		State OH	Zip Code 43074	M 0	D 4	Y 2	Amount \$15.00
Full Name of Contributor Mark Higdon					Registration Number, if PAC		
Street Address 210 Westview Ave.			Employer/Occupation/Labor Organization* Northland Area Business Association			Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43214	M 0	D 4	Y 2	Amount \$50.00
Full Name of Contributor Gloria Apple					Registration Number, if PAC		
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	M 0	D 5	Y 0	Amount \$20.00
Full Name of Contributor Richard Buzzelh					Registration Number, if PAC		
Street Address 1015 E. Lincoln Ave.			Employer/Occupation/Labor Organization* Century Graphics			Form (Cash, Check, etc.) Cash	
City Columbus		State OH	Zip Code 43229	M 0	D 5	Y 0	Amount \$20.00
Full Name of Contributor Mark Dornfeld					Registration Number, if PAC		
Street Address 13544 Church View Dr.			Employer/Occupation/Labor Organization* US Food Service			Form (Cash, Check, etc.) Cash	
City Pickerington		State OH	Zip Code 43147	M 0	D 5	Y 0	Amount \$25.00
Full Name of Contributor James Hazelbakor					Registration Number, if PAC		
Street Address 2889 Chatsworth Way			Employer/Occupation/Labor Organization* RJ Aluminum			Form (Cash, Check, etc.) Cash	
City Reynoldsburg		State OH	Zip Code 43060	M 0	D 5	Y 0	Amount \$50.00

* 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)]

