

## Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>COMMITTEE TO SAVE SENIOR SERVICES</b>							
Full Name of Contributor <b>Cindy Farson</b>					Registration Number, if PAC		
Street Address <b>718 S 5th Street</b>		Employer/Occupation/Labor Organization <b>Central Ohio Area Agency on Aging</b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43206</b>	M <b>1</b>	D <b>2</b>	Y <b>2</b>	Amount <b>\$500.00</b>	
Full Name of Contributor <b>Cindy Farson</b>					Registration Number, if PAC		
Street Address <b>718 S 5th Street</b>		Employer/Occupation/Labor Organization <b>Central Ohio Area Agency on Aging</b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43206</b>	M <b>1</b>	D <b>2</b>	Y <b>0</b>	Amount <b>\$50.00</b>	
Full Name of Contributor <b>Diana Kubovicik</b>					Registration Number, if PAC		
Street Address <b>418 E Weisheimer Road</b>		Employer/Occupation/Labor Organization <b>Central Ohio Area Agency on Aging</b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43214</b>	M <b>1</b>	D <b>0</b>	Y <b>2</b>	Amount <b>\$50.00</b>	
Full Name of Contributor <b>Patricia Callahan</b>					Registration Number, if PAC		
Street Address <b>9436 Swamp Road</b>		Employer/Occupation/Labor Organization <b>Central Ohio Area Agency on Aging</b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Hebron</b>	State <b>OH</b>	Zip Code <b>43025</b>	M <b>1</b>	D <b>2</b>	Y <b>0</b>	Amount <b>\$26.00</b>	
Full Name of Contributor <b>Eric Googlio</b>					Registration Number, if PAC		
Street Address <b>19 W Starr Avenue</b>		Employer/Occupation/Labor Organization <b>Franklin County Office on Aging</b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43215</b>	M <b>1</b>	D <b>2</b>	Y <b>0</b>	Amount <b>\$45.00</b>	
Full Name of Contributor <b>small contributions for Bake Sale \$25 or Less</b>					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization <b>Central Ohio Area Agency on Aging</b>			Form (Cash, Check, etc.) <b>Cash</b>		
City	State <b>OH</b>	Zip Code	M	D	Y	Amount <b>\$174.00</b>	
Full Name of Contributor <b>Small Contributions to Bake Sale \$25 or less</b>					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization <b>Central Ohio Area Agency on Aging</b>			Form (Cash, Check, etc.) <b>Cash</b>		
City	State <b>OH</b>	Zip Code	M	D	Y	Amount <b>\$1,171.18</b>	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization <b>Franklin County Office on Aging</b>			Form (Cash, Check, etc.) <b>Check</b>		
City	State <b>OH</b>	Zip Code	M	D	Y	Amount <b>\$25.00</b>	

\* 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)]