

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full COMMITTEE TO SAVE SENIOR SERVICES									
Full Name of Contributor COLUMBUS SPEECH AND HEARING CENTER									
Street Address 510 E NORTH BROADWAY ST				Employer/Occupation/Labor Organization*				Registration Number, if PAC	
City COLUMBUS		State O H		Zip Code 43214		M D Y 0 9 0 7 1 2		Form (Cash, Check, etc.) CHECK	
Full Name of Contributor EVELYN McCLANAHAN								Amount 1,000.00	
Street Address 3633 AMANDA NORTHERN RD									
City CARROLL				State O H		Zip Code 43112-9689		M D Y 0 9 0 5 1 2	
Full Name of Contributor TAMERA LANE								Form (Cash, Check, etc.) CHECK	
Street Address 11938 ELGIN DRIVE				Employer/Occupation/Labor Organization*				Amount 75.00	
City ORIENT		State O H		Zip Code 43146		M D Y 0 9 1 2 1 2		Registration Number, if PAC	
Full Name of Contributor LINDA SALISBURY								Form (Cash, Check, etc.) CHECK	
Street Address 1725 WARD RD				Employer/Occupation/Labor Organization*				Amount 8.00	
City COLUMBUS		State O H		Zip Code 43224		M D Y 0 9 0 7 1 2		Registration Number, if PAC	
Full Name of Contributor WILLIAM J RENNER								Form (Cash, Check, etc.) CHECK	
Street Address 3238 NOREEN CT				Employer/Occupation/Labor Organization*				Amount 25.00	
City COLUMBUS		State O H		Zip Code 43221		M D Y 0 9 0 7 1 2		Registration Number, if PAC	
Full Name of Contributor LINDA SALISBURY								Form (Cash, Check, etc.) CHECK	
Street Address 1725 WARD RD				Employer/Occupation/Labor Organization*				Amount 25.00	
City COLUMBUS		State O H		Zip Code 43224		M D Y 0 8 2 4 1 2		Registration Number, if PAC	
Full Name of Contributor WILLIAM J RENNER								Form (Cash, Check, etc.) CHECK	
Street Address 3238 NOREEN CT				Employer/Occupation/Labor Organization*				Amount 25.00	
City COLUMBUS		State O H		Zip Code 43221		M D Y 0 7 2 9 1 2		Registration Number, if PAC	
Full Name of Contributor WILLIAM J RENNER								Form (Cash, Check, etc.) CHECK	
Street Address 3238 NOREEN CT				Employer/Occupation/Labor Organization*				Amount 20.00	
City COLUMBUS		State O H		Zip Code 43221		M D Y 0 9 1 0 1 2		Registration Number, if PAC	

* 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 appear. (R.C. 3517.10(B)(4))

Page Total \$ 1,203.00