

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 DONNA J MCKINLEY						Registration Number, if PAC			
Street Address 7864 TRAPHILL CT			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City COLOUMBUS		State O	H	Zip Code 43235-5933		M 0	D 9	Y 2	Amount 100.00
Full Name of Contributor DEFENSE AND AEROSPACE INC.						Registration Number, if PAC			
Street Address 5378 CLUB DR			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City WESWTERVILLE		State O	H	Zip Code 43082		M 0	D 9	Y 2	Amount 100.00
Full Name of Contributor AMY D. FUNK						Registration Number, if PAC			
Street Address 5074 NORMANDT DR			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City GALENA		State O	H	Zip Code 43021		M 0	D 9	Y 2	Amount 150.00
Full Name of Contributor DHULMAR HEALTH CARE SERVICES INC.						Registration Number, if PAC			
Street Address 4889 SINCLAIR RD STE 110			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City COLUMBUS		State O	H	Zip Code 43229		M 0	D 9	Y 2	Amount 200.00
Full Name of Contributor THE CLINTONVILLE-BEECHWOLD COMMUNITY RESOURCES						Registration Number, if PAC			
Street Address 14 W LAKEVIEW AVE			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City COLUMBUS		State O	H	Zip Code 43202		M 0	D 9	Y 1	Amount 303.00
Full Name of Contributor HHCI SERVICES INC.						Registration Number, if PAC			
Street Address 6797 N HIGH STREET, SUITE 113			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City WORTHINGTON		State O	H	Zip Code 43085		M 0	D 9	Y 1	Amount 3,000.00
Full Name of Contributor MICHELLE L HENRY						Registration Number, if PAC			
Street Address 3524 E DESHLER AVE			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City COLUMBUS		State O	H	Zip Code 43227-3570		M 0	D 9	Y 2	Amount 210.48
Full Name of Contributor REBECCA J HALL						Registration Number, if PAC			
Street Address 1448 CLIFF CT APT C			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City COLUMBUS		State O	H	Zip Code 43204-3621		M 1	D 0	Y 5	Amount 45.00

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

Page Total \$ **4,108.48**