

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 WOLFE ENTERPRISES INC.						Registration Number, if PAC			
Street Address 34 S THIRD STREET			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City COLUMBUS			State O H		Zip Code 43215		M D Y 1 0 1 7 1 2		Amount 5,000.00
Full Name of Contributor HUNTINGTON NATIONAL BANK						Registration Number, if PAC			
Street Address PO BOX 1558			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City COLUMBUS			State O H		Zip Code 43219		M D Y 1 0 1 1 1 2		Amount 3,000.00
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City			State		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		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		Zip Code		M D Y		Amount
Full Name of Contributor						Registration Number, if PAC			
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City			State		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		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		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		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 limit on the statement, the organization of which the employees are members, if any, must appear. (R.C. 3517.10)(B)(4)

Page Total \$ 8,000.00