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## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full						
Committee to Save Senior Services			D. Control Number (CDAC)			
ull Name of Contributor			Registration Number, if PAC			
See Attached Page 3	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)
Street Address	Employer/Occu	ipation/Labor Organization				rom (ousi, enough energ
City	State	Zip Code	M	D	Y	Amount
City			1 1			1,115.00
Full Name of Contributor			Registra	tion Num	ber, if PA	
See Attached Page 4						
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)
City	State	Zip Code	M	D	Y	Amount
						34,440.00
Full Name of Contributor			Registra	ition Nun	iber, if PA	AC .
See Attached Page 5						F (Carlo Charlo etc.)
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
	Stato	7in Code	M	D	Y	Amount
City	State	Zip Code	IVI		'	23,870.00
Full Name of Contributor			Registra	tion Nun	nber, if PA	
run Name of Conditionor					,	
Street Address	Employer/Occi	upation/Labor Organization*				Form (Cash, Check, etc.)
		•				
City	State	Zip Code	М	D	Y	Amount
Full Name of Contributor			Registra	ation Nun	nber, if PA	AC
Street Address Employer/Occupation/Labor Organization			Form (Cash			Form (Cash, Check, etc.)
				1 5	1 17	
City	State	Zip Code	M	D	Y	Amount
			Registr	ation Nur	nber, if P	AC .
Full Name of Contributor			Registr	ation ival	11001, 11 1 1	
treet Address Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
Street Address	2					
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor			Registr	ation Nur	nber, if P	AC
Street Address Employer/Occupation/Labor Organ			Form (Cash, Check, etc.)			Form (Cash, Check, etc.)
					<b></b>	
City	State	Zip Code	М	D	Y	Amount
			- P		-1 if D	10
Full Name of Contributor			Registr	ation ivui	mber, if P	AC
Street Address Employer/Occupation/Labor Organization*				_		Form (Cash, Check, etc.)
tet Address Employer/Occupation/Labor Organization*						
City	State	Zip Code	M	D	Y	Amount
eny						
				44		64

\* 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 \$ 59,425.00