Page	

## **In-Kind Contributions Received**

Prescribed by Secretary of State 3/05

N. And St. P. H.						, ,
Name of Committee in Full COMMITTEE TO SAVE SENIOR SEI	RVICES	וס	EG NUMI	BFR: 1	11946 49	
COMMITTEE TO SAVE SENIOR SEL	Tr1 0					
Full Name of Contributor	Employer, Occupation, Labor Organization   Registration Number, if PAC  CENTR OH AAA					
CINDY FARSON		<u> </u>		1		
Street Address	Description of It	M D	,	Fair Market Value		
718 S 5TH STREET	SIGN PURCH 4 LEVY		1 2 1	7 1 2	2	238.12
City	State	Zip Code	Received at F	undraising	Event?	
COLUMBUS	O I H	43206	YES	i	VO	
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC			
MICHELLE HENRY			ţ			
Street Address	Description of Item or Service		M D	Y	Fair Market Value	
3524 EAST DESHLER AVENUE	STAMPS & PIZZA		1   2   1	5 1 2	2	154.25
City	State	Zip Code	Received at F			
COLUMBUS	O H	43227-3570	YES		√ NO	
Full Name of Contributor		pation, Labor Organization *	Registration 1			
	Linployer, Occu	pation, carror Organization	Tree Branch I			
BARBARA SULLIVAN	Dagariasian cere	am as Carrias	M D	Y	Fair Market Value	,
Street Address	Description of It			- 1	1	
4607 GILLENBURY LOOP EAST	<del></del>	IK YOU CARDS		5 1 2		10.00
City	State	Zip Code	Received at F			
GROVE CITY	O   H	43123	YES	3	√ NO	
Full Name of Contributor	Employer, Occupation, Labor Organization * Registration Number, if PAC					
Street Address	Description of Item or Service		M D	Y	Fair Market Value	:
					_	
City	State	Zip Code	Received at F			
	ļ		YES		✓NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC			
Street Address	Description of Item or Service		M D	Y	Fair Market Value	:
	_			<u> </u>		
City	State	Zip Code	Received at F	-	Event?	
			YES	S	NO	
Full Name of Contributor	Employer, Occu	pation, Labor Organization *	Registration 1	Number, if I	PAC	
Street Address	Description of Item or Service		M D	) Y	Fair Market Value	:
] · · · · · · · · · · · · · · · · · · ·				$\Box$		
City	State	Zip Code	Received at F	undraising	Event?	
	1		YES	v	No	
Full Name of Contributor	Employer, Occu	pation, Labor Organization *	Registration 1			
		· · · · · · · · · · · · · · · · · · ·				
Street Address	Description of 10	tem or Service	м г	) Y	Fair Market Value	<del></del>
	2.553,61011 01 11					
City	State	Zip Code	Received at I	undraising	Event?	
			YES	_	NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC			
Street Address	Description of It	tem or Service	M E	Y	Fair Market Value	;
City	State	Zip Code	Received at F	undraising		
			YES	S	NO	
			_	_		

Page Total \$	402.37

<sup>•</sup> 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)]