

# In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>COMMITTEE TO SAVE SENIOR SERVICES</b>		REG NUMBER: <b>11946.49</b>	
Full Name of Contributor <b>CINDY FARSON</b>	Employer, Occupation, Labor Organization * <b>CENTR OH AAA</b>	Registration Number, if PAC	
Street Address <b>718 S 5TH STREET</b>	Description of Item or Service <b>SIGN PURCH 4 LEVY</b>	M <b>1</b>	D <b>2</b>
City <b>COLUMBUS</b>	State <b>OH</b>	Y <b>1</b>	Fair Market Value <b>238.12</b>
Zip Code <b>43206</b>		Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor <b>MICHELLE HENRY</b>	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address <b>3524 EAST DESHLER AVENUE</b>	Description of Item or Service <b>STAMPS &amp; PIZZA</b>	M <b>1</b>	D <b>2</b>
City <b>COLUMBUS</b>	State <b>OH</b>	Y <b>1</b>	Fair Market Value <b>154.25</b>
Zip Code <b>43227-3570</b>		Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor <b>BARBARA SULLIVAN</b>	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address <b>4607 GILLENBURY LOOP EAST</b>	Description of Item or Service <b>THANK YOU CARDS</b>	M <b>1</b>	D <b>2</b>
City <b>GROVE CITY</b>	State <b>OH</b>	Y <b>1</b>	Fair Market Value <b>10.00</b>
Zip Code <b>43123</b>		Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address	Description of Item or Service	M	D
City	State	Y	Fair Market Value
Zip Code		Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address	Description of Item or Service	M	D
City	State	Y	Fair Market Value
Zip Code		Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address	Description of Item or Service	M	D
City	State	Y	Fair Market Value
Zip Code		Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address	Description of Item or Service	M	D
City	State	Y	Fair Market Value
Zip Code		Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	

\* 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)]