31-A
R.C. 3517.10

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						Registration Number, if PAC	
HOMEBOUND HELPERS INC.							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
3797 BROADWAY						CHECK	
City	State	Zip Code	M	D	Y	Amount	
GROVE CITY	OH	43123	09	13	12	250.00	
Full Name of Contributor						Registration Number, if PAC	
WEST SIDE TAXI							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
6930 TANYA TERR						CHECK	
City	State	Zip Code	M	D	Y	Amount	
REYNOLDSBURG	OH	43068	09	17	12	275.00	
Full Name of Contributor						Registration Number, if PAC	
A-1 PREFERRED SOURCES INC.							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
1855 E DUBLIN GRANVILLE RD 204						CHECK	
City	State	Zip Code	M	D	Y	Amount	
COLUMBUS	OH	43229	09	18	12	2,500.00	
Full Name of Contributor						Registration Number, if PAC	
EDDA SCHURTER							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
7338 DEER VALLEY CROSSING						CHECK	
City	State	Zip Code	M	D	Y	Amount	
POWELL	OH	43065	09	12	12	100.00	
Full Name of Contributor						Registration Number, if PAC	
LISABETH E MACKE							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
609 PARK OVERLOOK DRIVE						CHECK	
City	State	Zip Code	M	D	Y	Amount	
WORTHINGTON	OH	43085	08	30	12	25.00	
Full Name of Contributor						Registration Number, if PAC	
REBECCA AULT							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
1321 CLOVE COURT						CHECK	
City	State	Zip Code	M	D	Y	Amount	
GALLOWAY	OH	43119	09	06	12	50.00	
Full Name of Contributor						Registration Number, if PAC	
CASLEO CORPORATION							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
4032 DOMAIN DRIVE						CHECK	
City	State	Zip Code	M	D	Y	Amount	
COLUMBUS	OH	43230	09	06	12	3,300.00	
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	

* 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 $160, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Page Total $ 6,500.00