

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 CMAGE/CWA LOCAL 4502									
Street Address 1350 W 5TH AVENUE, SUITE 300				Employer/Occupation/Labor Organization*				Registration Number, if PAC	
City COLUMBUS		State O H		Zip Code 43212-2907		M D Y 0 9 1 2 1 2		Form (Cash, Check, etc.) CHECK	
Full Name of Contributor EDDA SCHURTER				Registration Number, if PAC				Amount 2,000.00	
Street Address 7338 DEER VALLEY CROSSING				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK	
City POWELL		State O H		Zip Code 43065		M D Y 0 9 1 2 1 2		Amount 25.00	
Full Name of Contributor WENDY S RAREY				Registration Number, if PAC				Amount 25.00	
Street Address 3415 CEDAR HILL RD NW				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK	
City CANAL WINCHESTER		State O H		Zip Code 43110		M D Y 0 8 3 0 1 2		Amount 20.00	
Full Name of Contributor ELIZABETH G GOMIA				Registration Number, if PAC				Amount 20.00	
Street Address 346 PINNEY DRIVE				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK	
City WORTHINGTON		State O H		Zip Code 43085		M D Y 0 9 0 7 1 2		Amount 10.00	
Full Name of Contributor LYNN ABBY DOBB				Registration Number, if PAC				Amount 10.00	
Street Address 477 SOMERTON DRIVE				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK	
City WESTERVILLE		State O H		Zip Code 43082		M D Y 0 9 0 6 1 2		Amount 20.00	
Full Name of Contributor KRISTEN EVANGELISTA				Registration Number, if PAC				Amount 20.00	
Street Address 15519 EAST STATE RT 37				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK	
City SUNBURY		State O H		Zip Code 43074		M D Y 0 8 3 0 1 2		Amount 10.00	
Full Name of Contributor AMY M STOMIEROSKI				Registration Number, if PAC				Amount 10.00	
Street Address 1705 MILFORD AVENEUE				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK	
City COLUMBUS		State O H		Zip Code 43224		M D Y 0 9 1 1 1 2		Amount 10.00	
Full Name of Contributor LISA A BROSNAN				Registration Number, if PAC				Amount 10.00	
Street Address 494 HOWLAND DRIVE				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK	
City GAHANNA		State O H		Zip Code 43230		M D Y 0 9 1 7 1 2		Amount 20.00	

* 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 \$ **2,115.00**