

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 GENERAL MISCELLANEOUS COLLECTIONS OF SMALL DOLLA						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City COLUMBUS	State O H	Zip Code	M 	D 	Y 	Amount 0.00	
Full Name of Contributor EDDA SCHURTER						Registration Number, if PAC	
Street Address 7338 DEER VALLEY CROSSING			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City POWELL	State O H	Zip Code 43065	M 0 9	D 1 2	Y 1 2	Amount 25.00	
Full Name of Contributor WENDY S RAREY						Registration Number, if PAC	
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 0 8	D 3 0	Y 1 2	Amount 20.00	
Full Name of Contributor ELIZABETH G GOMIA						Registration Number, if PAC	
Street Address 346 PINNEY DRIVE			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City WORTHINGTON	State O H	Zip Code 43085	M 0 9	D 0 7	Y 1 2	Amount 10.00	
Full Name of Contributor LYNN ABBY DOBB						Registration Number, if PAC	
Street Address 477 SOMERTON DRIVE			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City WESTERVILLE	State O H	Zip Code 43082	M 0 9	D 0 6	Y 1 2	Amount 20.00	
Full Name of Contributor KRISTEN EVANGELISTA						Registration Number, if PAC	
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 0 8	D 3 0	Y 1 2	Amount 10.00	
Full Name of Contributor AMY M STOMIEROSKI						Registration Number, if PAC	
Street Address 1705 MILFORD AVENEUE			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City COLUMBUS	State O H	Zip Code 43224	M 0 9	D 1 1	Y 1 2	Amount 10.00	
Full Name of Contributor LISA A BROSNHAN						Registration Number, if PAC	
Street Address 494 HOWLAND DRIVE			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City GAHANNA	State O H	Zip Code 43230	M 0 9	D 1 7	Y 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)]