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**	
FORM 31-E SUMMARY - ALL LESS THAN $25.00								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
							CASH	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
COLUMBUS	OH						3,065.17	
Full Name of Contributor							**Registration Number, if PAC**	
PRIME HOME CARE LLC								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
2775 WEST US HWY 22 & 3, SUITE 1							Check	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
MAINEVILLE	OH	45039	08	17	12		500.00	
Full Name of Contributor							**Registration Number, if PAC**	
SECURITY ONE SYSTEMS INC.								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
PO BOX 73							check	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
PATASKALA	OH	43062	08	22	12		1,500.00	
Full Name of Contributor							**Registration Number, if PAC**	
BARBARA L. SULLIVAN								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
4607 GILLENBURY LOOP E							CHECK	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
GROVE CITY	OH	43123	08	27	12		150.00	
Full Name of Contributor							**Registration Number, if PAC**	
TARGET MICROSYSTEMS INC.								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
115 AULD RIDGE WAY							CHECK	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
HEBRON	OH	43025	08	23	12		1,300.00	
Full Name of Contributor							**Registration Number, if PAC**	
KAREN L HEUSER								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
6609 HARMONY CHURCH ROAD							CHECK	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
JOHNSTOWN	OH	43031	08	16	12		18.00	
Full Name of Contributor							**Registration Number, if PAC**	
DEBORAH L EYER								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
14195 JOHNSTOWN-UTICA ROAD							CHECK	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
JOHNSTOWN	OH	43031	08	16	12		9.00	
Full Name of Contributor							**Registration Number, if PAC**	
AMY M STOMIEROSKI								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
1705 MILFORD AVENUE							CHECK	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
COLUMBUS	OH	43224	08	16	12		10.00	

* 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 $ 6,552.17