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	Street Address	Employer/Occupation/Labor Organization*	City	State	Zip Code	M	D	Y	Form (Cash, Check, etc.)	Amount
CHARISSE LEE		375 S GRANT AVE , APT E		COLUMBUS	OH	43215-5558	10	22	12	CHECK	40.00
WILLIAM J RENNER		3238 NOREEN CT		COLUMBUS	OH	43221	10	30	12	CHECK	18.00
TAMERA LANE		11938 ELGIN DR		ORIENT	OH	43146	11	02	12	CHECK	9.00
JONATHAN D. ADAMS		2855 WEYBRIDGE RD		SHAKER HEIGHTS	OH	44120	10	05	12	CHECK	200.00
BETHANY R DOHNAL		15114 PAYNE RD		MARYSVILLE	OH	43040	08	29	12	CHECK	20.00
MICHELLE L HENRY		3524 E DESHLER AVE		COLUMBUS	OH	43227-3570	10	15	12	CHECK	41.34
NURSE MEDICAL HEALTHCARE SERVICES INC.		3421 FARM BANK WAY		GROVE CITY	OH	43123	10	12	12	CHECK	1,350.00
INTERIM HEALTHCARE OF OHIO		784 MORRISON ROAD		GAHANNA	OH	43230-6642	10	05	12	CHECK	3,500.00

* 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 $ 5,178.34