

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 KINKAID RANDALL & CRAINE						Registration Number, if PAC							
Street Address 2201 RIVERSIDE DR			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK						
City COLUMBUS		State O H		Zip Code 43221		M 0 9		D 2 0		Y 1 2		Amount 10.00	
Full Name of Contributor INDEPENDENT US TAXI LLC						Registration Number, if PAC							
Street Address 3272 KADY LN			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK						
City COLUMBUS		State O H		Zip Code 43232		M 0 9		D 3 0		Y 1 2		Amount 100.00	
Full Name of Contributor FRIENDLY TRANSPORTATION SERVICES INC.						Registration Number, if PAC							
Street Address 7594 SLATE RIDGE BLVD			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK						
City REYNOLDSBURG		State O H		Zip Code 43068		M 0 9		D 3 0		Y 1 2		Amount 500.00	
Full Name of Contributor LBS INTERNATIONAL DBA FRIENDLY CARE AGENCY						Registration Number, if PAC							
Street Address 7594 SLATE RIDGE BLVD			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK						
City REYNOLDSBURG		State O H		Zip Code 43068		M 0 9		D 3 0		Y 1 2		Amount 500.00	
Full Name of Contributor BOBCAQT RADIO SERVICES INC.						Registration Number, if PAC							
Street Address 5549 NAICHE RD			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK						
City COLUMBUS		State O H		Zip Code 43213-3508		M 1 0		D 0 4		Y 1 2		Amount 1,000.00	
Full Name of Contributor ACME ENTERPRISES INC.						Registration Number, if PAC							
Street Address 1398 WINDRUSH CIR			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK						
City BLACKLICK		State O H		Zip Code 43004-9809		M 1 0		D 0 4		Y 1 2		Amount 250.00	
Full Name of Contributor COLUMBUS GREEN CABS INC.						Registration Number, if PAC							
Street Address 1989 CAMARO AVE			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK						
City COLUMBUS		State O H		Zip Code 43207		M 1 0		D 0 4		Y 1 2		Amount 10,000.00	
Full Name of Contributor NATIONAL CHURCH RESIDENCES HEALTH CARE						Registration Number, if PAC							
Street Address 2335 NORTH BANK DR			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK						
City COLUMBUS		State O H		Zip Code 43220		M 1 0		D 2 2		Y 1 2		Amount 8,000.00	

* 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 \$ 20,360.00