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*	Form (Cash, Check, etc.)	City	State	Zip Code	M	D	Y	Amount
TRISHA K GIBSON		1620 NORTH STAR RD		CHECK	COLUMBUS	OH	43212-2459	10	19	12	15.00
LISABETH E MACKE		509 PARK OVERVIEW DR		CHECK	WORTHINGTON	OH	43085-3692	10	19	12	7.00
BEVERLY ANN RACER		5592 ST RT 37 NW		CHECK	MALTA	OH	43758	10	19	12	17.50
MICHELE L CLEARY		3191 INNIS BROOK CT		CHECK	PICKERINGTON	OH	43147	10	19	12	15.00
OHIO HEALTH PARENT		PO BOX 9		CHECK	COLUMBUS	OH	43216	10	19	12	5,000.00
THE NEIGHBORHOOD HOUSE INC.		1000 ATCHESON ST		CHECK	COLUMBUS	OH	43203	10	25	12	231.00
LKIBLER FINANCIAL GROUP LLC		2307 VILLAGE PARK CT		CHECK	MANSFIELD	OH	44906	10	18	12	100.00
NATIONWIDE MUTUAL INSURANCE COMPANY		ONE NATIONWIDE PLAZA		CHECK	COLUMBUS	OH	43215-2220	10	10	12	5,000.00

* Required for contributions from individuals over $100 to statewide and general assembly candidates. [illegible]

Page Total $ 10,385.50