

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 TRISHA K GIBSON						Registration Number, if PAC			
Street Address 1620 NORTH STAR RD			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City COLUMBUS		State O H		Zip Code 43212-2459		M 1		D 0	
						Y 1 2		Amount 15.00	
Full Name of Contributor LISABETH E MACKE						Registration Number, if PAC			
Street Address 509 PARK OVERVIEW DR			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City WORTHINGTON		State O H		Zip Code 43085-3692		M 1		D 0	
						Y 1 2		Amount 7.00	
Full Name of Contributor BEVERLY ANN RACER						Registration Number, if PAC			
Street Address 5592 ST RT 37 NW			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City MALTA		State O H		Zip Code 43758		M 1		D 0	
						Y 1 2		Amount 17.50	
Full Name of Contributor MICHELE L CLEARY						Registration Number, if PAC			
Street Address 3191 INNIS BROOK CT			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City PICKERINGTON		State O H		Zip Code 43147		M 1		D 0	
						Y 1 2		Amount 15.00	
Full Name of Contributor OHIO HEALTH PARENT						Registration Number, if PAC			
Street Address PO BOX 9			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City COLUMBUS		State O H		Zip Code 43216		M 1		D 0	
						Y 1 2		Amount 5,000.00	
Full Name of Contributor THE NEIGHBORHOOD HOUSE INC.						Registration Number, if PAC			
Street Address 1000 ATCHESON ST			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City COLUMBUS		State O H		Zip Code 43203		M 1		D 0	
						Y 2 5		Amount 231.00	
Full Name of Contributor LKIBLER FINANCIAL GROUP LLC						Registration Number, if PAC			
Street Address 2307 VILLAGE PARK CT			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City MANSFIELD		State O H		Zip Code 44906		M 1		D 0	
						Y 1 8		Amount 100.00	
Full Name of Contributor NATIONWIDE MUTUAL INSURANCE COMPANY						Registration Number, if PAC			
Street Address ONE NATIONWIDE PLAZA			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City COLUMBUS		State O H		Zip Code 43215-2220		M 1		D 0	
						Y 1 2		Amount 5,000.00	

* Returned for contributors from individuals over \$100 to statewide and general assembly candidates. If contributors self-employed, their occupation and the name of the employer must be listed. If two or more employees contribute separately, each must appear. If a contributor is a member of any organization, the name of the organization must appear. (R.C. 3517.10-3517.10-14)

Page Total \$ 10,385.50