

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 LIFE CARE ALLIANCE						Registration Number, if PAC	
Street Address 1699 MOUND STREET		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK	
City COLUMBUS	State O H	Zip Code 43223	M 0	D 8	Y 2 7 1 2	Amount 15,000.00	
Full Name of Contributor LISABETH E MACKE						Registration Number, if PAC	
Street Address 509 PARK OVERLOOK DRIVE		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK	
City WORTHINGTON	State O H	Zip Code 43085	M 0	D 8	Y 1 6 1 2	Amount 13.00	
Full Name of Contributor LORI J WHITTAKER						Registration Number, if PAC	
Street Address 6180 CLOVER PLACE		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK	
City HILLIARD	State O H	Zip Code 43026	M 0	D 8	Y 1 6 1 2	Amount 10.00	
Full Name of Contributor MARGARET HAMPTON						Registration Number, if PAC	
Street Address 5378 CLUB DRIVE		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK	
City WESTERVILLE	State O H	Zip Code 43082	M 0	D 8	Y 2 1 1 2	Amount 20.00	
Full Name of Contributor SIMPLY EZ OF COLUMBUS LTD						Registration Number, if PAC	
Street Address 3593 INTERCHANGE DRIVE		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK	
City COLUMBUS	State O H	Zip Code 43204	M 0	D 8	Y 0 1 1 2	Amount 1,700.00	
Full Name of Contributor ACME ENTERPRISES INC.						Registration Number, if PAC	
Street Address 1399 WINDRUSH CIRCLE		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK	
City BLACKICK	State O H	Zip Code 43004	M 0	D 8	Y 0 7 1 2	Amount 300.00	
Full Name of Contributor INGA TAXI						Registration Number, if PAC	
Street Address 1226 HOOVERVIEW DRIVE		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK	
City WESTERVILLE	State O H	Zip Code 43082	M 0	D 8	Y 0 7 1 2	Amount 6,250.00	
Full Name of Contributor ADULT DAY ENRICHMENT OF NEW ALBANY						Registration Number, if PAC	
Street Address 20 3RD STREET (PO BOX 428)		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK	
City NEW ALBANY	State O H	Zip Code 43054	M 0	D 9	Y 2 8 1 2	Amount 350.00	

* 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 \$ **23,643.00**