

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	CHECK	
COLUMBUS			O H	43224	0 9	1 1	1 2	Amount	10.00
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	CHECK	
GAHANNA			O H	43230	0 9	1 7	1 2	Amount	20.00
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	CHECK	
1358 NOE BIXBY RD			O H	43232	0 9	1 7	1 2	Amount	30.00
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	CHECK	
GROVE CITY			O H	43123	0 9	1 7	1 2	Amount	20.00
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	CHECK	
REBRCCA J HALL			O H	43204-3621	0 9	1 2	1 2	Amount	20.00
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	CHECK	
1448 CLIFF CT, APT C			O H	43204	0 9	2 0	1 2	Amount	10.00
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	CHECK	
COLUMBUS			O H	43204	0 9	1 4	1 2	Amount	10.00
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	CHECK	
TERRI O'CONNOR			O H	43229	0 9	1 7	1 2	Amount	10.00

* 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 \$ 100.00