Statement of Contributions Received

Page _____

Prescribed by Secretary of State 03/05

Name of Committee in Full							
COMMITTEE TO SAVE SENIOR	R SERVICES						
Full Name of Contributor LIFE CARE ALLIANCE			Registra	tion Numb	er, if PA	C	
Street Address 1699 MOUND STREET	Employer/Occu	pation/Labor Organization		<u>-</u>		Form (Cash, Check, etc.) CHECK	
City COLUMBUS	State OH	Zip Code 43223	0 3	1 6	1 2	Amount \$20,000.00	
Full Name of Contributor FROM FORM 31-E			Registra	ition Numb	er, it PA	ic .	
Street Address	Employer/Occu	Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) CASH	
City	State OH	Zip Code	0 4	0 6	1 2	Amount \$125.00	
II Name of Contributor TERI MOORE			Registra	Registration Number, if PAC			
Street Address 2793 FIRST STREET	Employer/Occu RETAIL	pation/Labor Organization*	· · · · · · · · · · · · · · · · · · ·			Form (Cash, Check, etc.) CHECK	
City FT MYERS	State FL	Zip Code 33916	0 5	2 9	1 2	Amount \$100.00	
Full Name of Contributor Registration Number, if PAC						AC .	
Street Address	Employer/Occu	pation/Labor Organization*	- 5.			Form (Cash, Check, etc.)	
City	State OH	Zip Code	M	D	Y	Amount	
Full Name of Contributor Registration Number, if PAC						AC	
Street Address .	Employer/Occu	pation/Labor Organization*		,	_	Form (Cash, Check, etc.)	
City	State OH	Zip Code	М	D	Y	Amount	
Full Name of Contributor				Registration Number, if PAC			
Street Address	Employen Occu	Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)	
City	State OH	Zip Code	M	D	1	Amount	
Full Name of Contributor			Registra	ition Numb	er, if IV	\C	
Street Address	Employer Occu	Employer, Occupation/Labor Organization				Form (Cash, Check, etc.)	
City	State	Zip Code	M	Di	Y	Amount	
Full Name of Contributor Registration Number, if I					er, it 12	lc	
Street Address	Employer/Occu	ployer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State OH	Zip Code	M	D	Y	Amount	

* 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 also appear. [R.C. 3517.10(B)(4)]

Page Total \$20,225.00