

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 TERRI MILLER						Registration Number, if PAC			
Street Address 5145 BRESSLER DR			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City HILLIARD	State O	H H	Zip Code 43026	M 1	D 0	Y 1	Amount 75.00		
Full Name of Contributor FCTFOA						Registration Number, if PAC			
Street Address PO BOX 163412			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State O	H H	Zip Code 43216-3412	M 1	D 0	Y 1	Amount 100.00		
Full Name of Contributor CINDY L FARSON						Registration Number, if PAC			
Street Address 718 S 5TH ST			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State O	H H	Zip Code 43206	M 1	D 0	Y 8	Amount 50.00		
Full Name of Contributor JUDITH BRACHMAN						Registration Number, if PAC			
Street Address 311 N DREXEL AVE			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State O	H H	Zip Code 43209	M 1	D 0	Y 1	Amount 100.00		
Full Name of Contributor CHARISSE LEE						Registration Number, if PAC			
Street Address 375 S GRANT AVE, APT E			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State O	H H	Zip Code 43215-5556	M 0	D 9	Y 1	Amount 60.00		
Full Name of Contributor CATHOLIC SOCIAL SERVICES INC.						Registration Number, if PAC			
Street Address 197 E GAY ST			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State O	H H	Zip Code 43215	M 1	D 0	Y 1	Amount 3,300.00		
Full Name of Contributor NORTHWEST COUNSELING SERVICES						Registration Number, if PAC			
Street Address 1560 FISHINGER RD			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State O	H H	Zip Code 43221-2108	M 1	D 0	Y 9	Amount 1,000.00		
Full Name of Contributor FERROTHERM						Registration Number, if PAC			
Street Address 4758 WARNER RD			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City CLEVELAND	State O	H H	Zip Code 44125	M 0	D 9	Y 2	Amount 200.00		

* 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 \$ 4,885.00