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## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Earl						
Name of Committee in Full COMMITTEE TO SAVE S	SENIOR SERVICES					
Full Name of Contributor	Registra	Registration Number, if PAC				
MISC CASH SALES (COI	RECTION OF DEPOS	IT)				
Street Address	Employer/Occu	pation/Labor Organization*	<del>                                     </del>			Form (Cash, Check, etc.)
Succi Addiess		r				CASH
City	State	Zip Code	М	D	Y	Amount
City	1	•	111	0 3	0 7	(0.50
Full Name of Contributor					ber, if PA	
Tan Name of Conditionor			ľ			
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
City	State	Zip Code	М	D	Y	Amount
			<b>i</b> 1			
Full Name of Contributor			Registra	tion Num	ber, if PA	С
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*			·	Form (Cash, Check, etc.)
City	State	Zip Code	M	D	Y	Amount
	1					
Full Name of Contributor			Registra	tion Num	ber, if PA	C
·			1			
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
-						
City	State	Zip Code	М	D	Y	Amount
	<b>i</b> 1					
Full Name of Contributor			Registra	tion Num	ber, if PA	C
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
City	State	Zip Code	M	D	Y	Amount
			<u> </u>			
Full Name of Contributor			Registra	tion Nun	ber, if PA	iC
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
City	State	Zip Code	М	D	Y	Amount
Full Name of Contributor			Registra	tion Nun	ber, if PA	vC .
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
	·					
City	State	Zip Code	М	D	Y	Amount
	1					
Full Name of Contributor			Registra	tion Nun	ber, if PA	AC .
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
City	State	Zip Code	М	D	Y	Amount
aguired for contributions from individuals over \$10	V) to statewide and general assembly can	didates if contributor is se	If-employed the	occupatio	n and the	name of the

<sup>\*</sup> 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)]