

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

|   |  |                    |  |                          |  |                             |  |               |                              |
|---|--|--------------------|--|--------------------------|--|-----------------------------|--|---------------|------------------------------|
| Name of Committee in Full<br><b>COMMITTEE TO SAVE SENIOR SERVICES</b> |  |                    |  |                          |  |                             |  |               |                              |
| Full Name of Contributor<br><b>LIFE CARE ALLIANCE</b>                 |  |                    |  |                          |  | Registration Number, if PAC |  |               |                              |
| Street Address<br><b>1699 MOUND STREET</b>                            |  |                    | Employer/Occupation/Labor Organization*                  |                          |  |                             | Form (Cash, Check, etc.)<br><b>CHECK</b> |               |                              |
| City<br><b>COLUMBUS</b>   |  | State<br><b>OH</b> |  | Zip Code<br><b>43223</b> |  | M<br><b>0</b>               | D<br><b>3</b>                            | Y<br><b>1</b> | Amount<br><b>\$20,000.00</b> |
| Full Name of Contributor<br><b>FROM FORM 31-E</b>                     |  |                    |  |                          |  | Registration Number, if PAC |  |               |                              |
| Street Address  |  |                    | Employer/Occupation/Labor Organization*                  |                          |  |                             | Form (Cash, Check, etc.)<br><b>CASH</b>  |               |                              |
| City  |  | State<br><b>OH</b> |  | Zip Code                 |  | M<br><b>0</b>               | D<br><b>4</b>                            | Y<br><b>0</b> | Amount<br><b>\$125.00</b>    |
| Full Name of Contributor<br><b>TERI MOORE</b>                         |  |                    |  |                          |  | Registration Number, if PAC |  |               |                              |
| Street Address<br><b>2793 FIRST STREET</b>                            |  |                    | Employer/Occupation/Labor Organization*<br><b>RETAIL</b> |                          |  |                             | Form (Cash, Check, etc.)<br><b>CHECK</b> |               |                              |
| City<br><b>FT MYERS</b>   |  | State<br><b>FL</b> |  | Zip Code<br><b>33916</b> |  | M<br><b>0</b>               | D<br><b>5</b>                            | Y<br><b>2</b> | Amount<br><b>\$100.00</b>    |
| Full Name of Contributor  |  |                    |  |                          |  | Registration Number, if PAC |  |               |                              |
| Street Address  |  |                    | Employer/Occupation/Labor Organization*                  |                          |  |                             | Form (Cash, Check, etc.)                 |               |                              |
| City  |  | State<br><b>OH</b> |  | Zip Code                 |  | M                           | D  | Y             | Amount                       |
| Full Name of Contributor  |  |                    |  |                          |  | Registration Number, if PAC |  |               |                              |
| Street Address  |  |                    | Employer/Occupation/Labor Organization*                  |                          |  |                             | Form (Cash, Check, etc.)                 |               |                              |
| City  |  | State<br><b>OH</b> |  | Zip Code                 |  | M                           | D  | Y             | Amount                       |
| Full Name of Contributor  |  |                    |  |                          |  | Registration Number, if PAC |  |               |                              |
| Street Address  |  |                    | Employer/Occupation/Labor Organization*                  |                          |  |                             | Form (Cash, Check, etc.)                 |               |                              |
| City  |  | State<br><b>OH</b> |  | Zip Code                 |  | M                           | D  | Y             | Amount                       |
| Full Name of Contributor  |  |                    |  |                          |  | Registration Number, if PAC |  |               |                              |
| Street Address  |  |                    | Employer/Occupation/Labor Organization*                  |                          |  |                             | Form (Cash, Check, etc.)                 |               |                              |
| City  |  | State<br><b>OH</b> |  | 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**