

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 GENERAL MISCELLANEOUS COLLECTIONS OF SMALL DOLLA						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
COLUMBUS	O H						
Full Name of Contributor PRIME HOME CARE LLC						Registration Number, if PAC	
Street Address 2775 WEST US HWY 22 & 3, SUITE 1		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City	State	Zip Code	M	D	Y	Amount	
MAINEVILLE	O H	45039	0 8	1 7	1 2	500.00	
Full Name of Contributor SECURITY ONE SYSTEMS INC.						Registration Number, if PAC	
Street Address PO BOX 73		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City	State	Zip Code	M	D	Y	Amount	
PATASKALA	O H	43062	0 8	2 2	1 2	1,500.00	
Full Name of Contributor BARBARA L. SULLIVAN						Registration Number, if PAC	
Street Address 4607 GILLENBURY LOOP E		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK	
City	State	Zip Code	M	D	Y	Amount	
GROVE CITY	O H	43123	0 8	2 7	1 2	150.00	
Full Name of Contributor TARGET MICROSYSTEMS INC.						Registration Number, if PAC	
Street Address 115 AULD RIDGE WAY		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK	
City	State	Zip Code	M	D	Y	Amount	
HEBRON	O H	43025	0 8	2 3	1 2	1,300.00	
Full Name of Contributor KAREN L HEUSER						Registration Number, if PAC	
Street Address 6609 HARMONY CHURCH ROAD		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK	
City	State	Zip Code	M	D	Y	Amount	
JOHNSTOWN	O H	43031	0 8	1 6	1 2	18.00	
Full Name of Contributor DEBORAH L EYER						Registration Number, if PAC	
Street Address 14195 JOHNSTOWN-UTICA ROAD		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK	
City	State	Zip Code	M	D	Y	Amount	
JOHNSTOWN	O H	43031	0 8	1 6	1 2	9.00	
Full Name of Contributor AMY M STOMIEROSKI						Registration Number, if PAC	
Street Address 1705 MILFORD AVENUE		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK	
City	State	Zip Code	M	D	Y	Amount	
COLUMBUS	O H	43224	0 8	1 6	1 2	13.00	

* 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)]