

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

FILED

07 OCT 25 AM 8:50

Full Name of Committee Committee to Save Senior Services						Registration Number, if PAC IN COUNTY BOARD OF ELECTIONS					
Full Name of Candidate											
Street Address 280 East Broad Street, Room 300						Office Sought			District		
City Columbus						State O H		Zip Code 43215-4527			
Type of Report (place X to the left of report type)	Pre-Primary		Post-Primary		X Pre-General		Post-General		Annual Year		
	July Monthly		August Monthly		September Monthly		Termination		Semiannual		
Amended Report? <input type="checkbox"/> Yes <input type="checkbox"/> No			Report Electronically filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Date of Election			M	D	Y
						1	1	0	6	0	7

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box. No other forms are required at a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$ 19,531.44
2. Total monetary contributions (From Form No. 31-A)	\$ 59,425.00
3. Total other income (From Form No. 31-A-2)	\$ 0.36
4. Total funds available (sum of lines 1, 2, 3)	\$ 78,956.80
5. Total monetary expenditures (From Form No. 31-B)	\$ 8,764.00
6. Balance on hand (line 4 minus line 5)	\$ 70,192.80
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$ 123.88
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$
9. Outstanding loans owed by committee (From Form No. 31-C)	\$
10. Outstanding debts owed by committee (From Form No. 31-N)	\$
11. Outstanding loans owed to committee (From Form No. 31-K)	\$
12. Value of independent expenditures made (From Form No. 31-U)	\$
13. For Electronic Filing Entities only	\$
Sum of lines 2, 7 and amount of any new loans received this period	\$

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE

James G. May, Treasurer

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

Date

Contribution pages 4

Expenditure pages 2

Other pages 3

Total pages 9

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 See Attached Page 3						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State	Zip Code	M	D	Y	Amount 1,115.00
Full Name of Contributor See Attached Page 4						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State	Zip Code	M	D	Y	Amount 34,440.00
Full Name of Contributor See Attached Page 5						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State	Zip Code	M	D	Y	Amount 23,870.00
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State	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	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	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	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	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 appear. [R.C. 3517.10(B)(4)]

STATEMENT OF CONTRIBUTIONS RECEIVED
Attachment to Form 31-A

Committee To Save Senior Services

NAME	ADDRESS	CITY	STATE	ZIPCODE	DATE	AMOUNT	FORM
Thea Coons	217 Willard Dr	Pickerington	OH	43147	04/06/2007	15.00	Check
William J Renner	3238 Noreen Ct	Columbus	OH	43221	04/06/2007	15.00	Check
Donna J. McKinley	7664 Traphill Ct	Columbus	OH	43235	04/09/2007	15.00	Check
Jodie L. Smith	1809 Linnet Ave	Columbus	OH	43223	04/09/2007	25.00	Check
Michelle L. Henry	3524 E. Deshler Ave	Columbus	OH	43227	04/10/2007	20.00	Check
Brenda Coulson	35 Broad Street	Summit Station	OH	43073	04/11/2007	15.00	Check
Rebecca K Harmon	7564 Bingham Ct	Columbus	OH	43235	04/11/2007	25.00	Check
Andrew Capehart	746 Thurber Dr W Apt C	Columbus	OH	43215	04/13/2007	10.00	Check
Kassandra A. Grant	7594 S. Oakbook Dr	Reynoldsburg	OH	43068	04/13/2007	15.00	Check
Melanie R Cooley	1754 Hollow Run Dr	Columbus	OH	43223	04/13/2007	15.00	Check
Terri O'Connor	1172 Redfield Dr	Columbus	OH	43229	04/13/2007	10.00	Check
Misc Sales of T-Shirts (less than \$100 from each person)					04/15/2007	550.00	cash
Camille L. Peterson	329 Iris Trail Dr	Galloway	OH	43119	04/16/2007	15.00	Check
Eric H Gioglio	324 E New England Ave	Worthington	OH	43085	04/16/2007	10.00	Check
Ronnie Mills	5675 Chatford Dr Apt 2	Columbus	OH	43232	04/16/2007	15.00	Check
Teri L. Moore	745 Highland Dr	Columbus	OH	43214	04/16/2007	45.00	Check
Cheryl A. Yost	5925 Roundstone Pl	Dublin	OH	43016	04/17/2007	15.00	Check
Kathleen A. O'Brien	2995 Casper Ave	Hilliard	OH	43026	04/17/2007	15.00	Check
Vicki L. Leonard	3006 Representation Terr	Columbus	OH	43207	04/17/2007	25.00	Check
Amanda A. Ripke	475 E Hudson Apt A3	Columbus	OH	43202	04/18/2007	15.00	Check
Anita F. Di Blasi	4031 Freedom Ridge Ct	Columbus	OH	43230	04/18/2007	15.00	Check
Erikka F. Healy	6371 Sleepy Meadow Blvd W	Grove City	OH	43123	04/18/2007	15.00	Check
Patricia A. O'Connor	199 N Cassingham Rd	Columbus	OH	43209	04/18/2007	10.00	Check
Cheryl L. Wilson	539 S Spring Rd	Westerville	OH	43081	04/19/2007	15.00	Check
Joyce K Kee	1358 Noe Bixby Rd	Columbus	OH	43232	04/19/2007	15.00	Check
Juanita D. Perry	PO Box 30664	Gahanna	OH	43230	04/19/2007	10.00	Check
Kathy Wright	8389 Union Dr	Galloway	OH	43119	04/19/2007	15.00	Check
Melinda J. Rummel	478 Burns Drive N	Westerville	OH	43082	04/19/2007	15.00	Check
Nataliya Mayfield	203 Reo Dr	Chillicothe	OH	45601	04/19/2007	10.00	Check
Sheila Fairley	2946 Sand Dollar Dr	Columbus	OH	43232	04/19/2007	15.00	Check
Tracy L. Hettinger	212 Cole Dr	Johnstown	OH	43031	04/19/2007	15.00	Check
Barbara L. Sullivan	4607 Gillenbury Loop E	Grove City	OH	43123	04/20/2007	15.00	Check
Bryan W. Elyson	4241 Honey Bee Ct	Grove City	OH	43123	04/20/2007	30.00	Check
Janet Y Caldwell	2675 Kenview Rd S	Columbus	OH	43209	04/20/2007	10.00	Check
Rebecca J. Hall	1230 Indianola Ave	Columbus	OH	43201	04/20/2007	15.00	Check
Wendy Tonnous	3415 Cedar Hill Rd NW	Canal Winchester	OH	43110	04/20/2007	10.00	Check

1,115.00

(3)

STATEMENT OF CONTRIBUTIONS RECEIVED
Attachment to Form 31-A

Committee To Save Senior Services

NAME	ADDRESS	CITY	STATE	ZIPCODE	DATE	AMOUNT	FORM
Hazelean F. Washington	1822 Holly Ridge Rd	Columbus	OH	43219	04/23/2007	15.00	Check
Rebecca W Heitz	4937 Atwater Dr	Columbus	OH	43229	05/30/2007	40.00	Check
Donna J. McKinley	7664 Traphill Ct	Columbus	OH	43235	06/08/2007	20.00	Check
James G. May	6011 Weatherburn Pl	Worthington	OH	43085	06/21/2007	35.00	Check
Lisa A Brosnahan	494 Howland Dr	Gahanna	OH	43230	08/12/2007	25.00	Check
Simply EZ of Columbus LTD	3593 Interchange Road	Columbus	OH	43204	08/13/2007	200.00	Check
Susan C. Howson	1352 Inglis Ave	Columbus	OH	43212	08/13/2007	10.00	Check
Kimberly A. Simpson	142 W. Longview Ave	Columbus	OH	43202	08/14/2007	10.00	Check
Lynn Abby Dobb	477 Somerton Dr	Westerville	OH	43082	08/14/2007	15.00	Check
The Sun Home Healthinc.	107 W. William Street	Delaware	OH	43015	08/14/2007	100.00	Check
Casleo Corporation	108 North Cassingham Road	Columbus	OH	43208	08/15/2007	200.00	Check
Employment for Seniors Inc.	4500 E. Broad Street	Columbus	OH	43213	08/15/2007	100.00	Check
Lori J. Whittaker	6180 Clover Pl	Hilliard	OH	43026	08/16/2007	15.00	Check
Target Microsystems Inc.	1852 Blacks Rd SW	Hebron	OH	43025	08/16/2007	30.00	Check
Margaret A. Centafanti	2906 Arrowsmith Dr	Reynoldsburg	OH	43068	08/17/2007	10.00	Check
Caring Hearts Home Health Services Inc.	4327 Donilyn Court Suite C	Columbus	OH	43232	08/20/2007	100.00	Check
Security One Systems Inc.	PO Box 205	Columbus	OH	43004	08/20/2007	200.00	Check
Cerebral Palsy Inc.	440 Industrial Mile Road	Columbus	OH	43228	08/21/2007	100.00	Check
Central Ohio Breathing Assn	1520 Old Henderson Road	Columbus	OH	43220	08/22/2007	300.00	Check
UA Commission on Aging	1945 Ridgeview Road	Columbus	OH	43221	08/22/2007	100.00	Check
ABC Home Services	1100 Beecher Crossing N	Gahanna	OH	43230	08/23/2007	1,000.00	Check
Bruce R. Henke	34 West Poplar Ave, Unit 402	Columbus	OH	43215	08/23/2007	300.00	Check
Franklin Transportation Resources	1110 Morse Road Ste 100	Columbus	OH	43229	08/23/2007	300.00	Check
Independent US Taxi	3272 Kady Ln	Columbus	OH	43232	08/23/2007	100.00	Check
Isabelle Ridgway Care Center	1520 Hawthorne Avenue	Columbus	OH	43203	08/23/2007	200.00	Check
Annette M. Schaaf	143 White Elm Dr	Delaware	OH	43015	08/24/2007	10.00	Check
Columbus Speech & Hearing Center	510 E North Broadway	Columbus	OH	43214	08/24/2007	1,000.00	Check
Covenant Home Health Agency LLC	2105 S Hamilton Rd. Suite 219	Columbus	OH	43232	08/24/2007	100.00	Check
VRI	330 Progress Road	West Carrollton	OH	45449	08/24/2007	2,000.00	Check
Central Ohio Care Services LLC	1250 Chambers Road	Columbus	OH	43212	08/28/2007	300.00	Check
Central Community House	1150 E Main Street	Columbus	OH	43205	08/29/2007	100.00	Check
Life Care Alliance	1699 W. Mound Street	Columbus	OH	43223	08/29/2007	26,000.00	Check
Target Microsystems Inc.	1852 Blacks Rd SW	Hebron	OH	43025	08/29/2007	1,000.00	Check
The Senior Group -Central Community House	1150 E. Main Street	Columbus	OH	43205	08/29/2007	100.00	Check
Clintonville Beechwood Community Resources Center	14 W. Lakeview Avenue	Columbus	OH	43202	08/30/2007	200.00	Check
Clintonville Beechwood Community Resources Center	14 W. Lakeview Ave	Columbus	OH	43202	08/30/2007	105.00	Check

34,440.00 (4)

STATEMENT OF CONTRIBUTIONS RECEIVED
Attachment to Form 31-A

Committee To Save Senior Services

NAME	ADDRESS	CITY	STATE	ZIPCODE	DATE	AMOUNT	FORM
Inga Taxi	1226 Hooverville Dr	Westerville	OH	43082	08/30/2007	200.00	Check
Judith Camp	671 Olde Settler Pl	Columbus	OH	43214	08/30/2007	25.00	Check
The Legal aid society of Columbus	1108 City Park Avenue	Columbus	OH	43205	08/30/2007	200.00	Check
Central Community House Inc.	1150 E Main Street	Columbus	OH	43205	08/31/2007	85.00	Check
Central Ohio German Village Taxi	3463 Halpern Street	Gahanna	OH	43230	09/05/2007	300.00	Check
A-1 Preferred Sources Inc.	1855 E. Dublin-Granville Rd Suite 204	Columbus	OH	43229	09/06/2007	500.00	Check
Dhulmar Transportation	2021 E. Dublin-Granville Road	Columbus	OH	43229	09/07/2007	100.00	Check
Joyce E. Johnson	689 Elizabeth Ave	Columbus	OH	43213	09/07/2007	20.00	Check
Michelle L. Henry	3524 E. Deshler Ave	Columbus	OH	43227	09/07/2007	15.00	Check
Mubeccel Caner	2342 Bristol Rd	Columbus	OH	43221	09/07/2007	10.00	Check
Patricia Scott	3808 Cider Mill Dr	Columbus	OH	43204	09/07/2007	15.00	Check
Quality Life Providers LLC	4115 Main St	Hilliard	OH	43026	09/10/2007	100.00	Check
Diligent Mobility Assistance Wheelchair	700 Morse Road	Columbus	OH	43214	09/11/2007	50.00	Check
The Neighborhood House Inc.	1000 Atcheson Street	Columbus	OH	43203	09/13/2007	100.00	Check
VRI	330 Progress Road	West Carrollton	OH	45449	09/13/2007	105.00	Check
Fund Raising Bake Sales and Yard Sales (No Contributions in excess of \$100 from anyone)					09/14/2007	500.00	cash
Guardain Medical Monitoring Inc.	20800 Southfield Rd	Southfield	MI	48075	09/18/2007	100.00	Check
CMAGE/CWA Local 4502	1350 W. 5th Ave, Suite 300	Columbus	OH	43212	09/19/2007	1,000.00	Check
Antonia M. Carroll	189 S Kellner Rd	Columbus	OH	43209	09/21/2007	500.00	Check
Inga Taxi	1226 Hooverville Dr	Westerville	OH	43082	09/21/2007	1,000.00	Check
Northwest Counseling Services	1560 Fishingier Road	Columbus	OH	43221	09/25/2007	1,000.00	Check
Catholic Social Services, Inc.	197 East Gay Street	Columbus	OH	43215	09/27/2007	1,300.00	Check
HHCI Services Inc.	6797 N. High Street	Columbus	OH	43085	09/27/2007	3,000.00	Check
Columbus Green Cabs Inc.	1989 Camero Avenue	Columbus	OH	43207	09/28/2007	5,000.00	Check
Columbus West Park Services	2731 Clime Road	Columbus	OH	43223	09/28/2007	2,000.00	Check
Thomas J Stewart	1700 Clime Road	Columbus	OH	43223	09/28/2007	2,000.00	Check
Interim Health Care Support Systems	950 Taylor Staion Rd Suite L	Columbus	OH	43230	10/03/2007	1,200.00	Check
Inga Taxi	1226 Hooverville Dr	Westerville	OH	43082	10/05/2007	120.00	Cash
Michelle L. Henry	3524 E. Deshler Ave	Columbus	OH	43227	10/09/2007	50.00	Check
Antonia M. Carroll	189 S. Kellner Rd.	Columbus	OH	43209	10/16/2007	100.00	Check
Diana L. Kubovcik	316 Acton Road	Columbus	OH	43214	10/16/2007	25.00	Check
Diana L. Kubovcik	316 Acton Road	Columbus	OH	43214	10/16/2007	100.00	Check
Heritage Day Health Centers	3341 E. Livingston Avenue	Columbus	OH	43227	10/16/2007	3,000.00	Check
Judith A. Lane	687 Kerr Street	Columbus	OH	43215	10/16/2007	50.00	Check

23,870.00

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full				Registration Number, if PAC			
Committee to Save Senior Services							
Full Name				Amount			
PayPal				0.36			
Address		Type*		M	D	Y	
22 11 N. First Ave		I N		0	4	1	2 0 7
City		State	Zip Code	Form(Cash,Check,etc)			
San Jose		C A	95131	electronic			
Full Name				Registration Number, if PAC			
Address				Amount			
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC			
Address				Amount			
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC			
Address				Amount			
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC			
Address				Amount			
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC			
Address				Amount			
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC			
Address				Amount			
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC			
Address				Amount			
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC			
Address				Amount			
City		State	Zip Code	Form(Cash,Check,etc)			

* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, place the letters IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full COMMITTEE TO SAVE SENIOR SERVICES										
To Whom Paid SEE ATTACHED SCHEDULE PAGE 8							M	D	Y	Amount 8,764.00
Address					Purpose					
City			State	Zip Code	Check Number					
To Whom Paid							M	D	Y	Amount
Address					Purpose					
City			State	Zip Code	Check Number					
To Whom Paid							M	D	Y	Amount
Address					Purpose					
City			State	Zip Code	Check Number					
To Whom Paid							M	D	Y	Amount
Address					Purpose					
City			State	Zip Code	Check Number					
To Whom Paid							M	D	Y	Amount
Address					Purpose					
City			State	Zip Code	Check Number					
To Whom Paid							M	D	Y	Amount
Address					Purpose					
City			State	Zip Code	Check Number					
To Whom Paid							M	D	Y	Amount
Address					Purpose					
City			State	Zip Code	Check Number					
To Whom Paid							M	D	Y	Amount
Address					Purpose					
City			State	Zip Code	Check Number					

COMMITTEE TO SAVE SENIOR SERVICES

31-B

STATEMENT OF EXPENDITURES

PAGE 8

To Whom Paid	Date	Amount	Check Number	Address	City	State	Zipcode	Purpose
LunarPages	02/27/2007	79.40	Bank Draft	100 E. La Hembra Blvd	La Hembra	CA	90631	Website
JW Cleary	04/25/2007	775.43	1089	1511 Northwest Blvd	Columbus	OH	43212	T-Shirts for Campaign
LunarPages	08/08/2007	110.72	Bank Draft	100 E. La Hembra Blvd	La Hembra	CA	90631	Website
Web-N-Type	08/10/2007	165.46	1090	3500 Sullivant Ave	Columbus	OH	43204	Letterhead & Stationery
JW Cleary	08/25/2007	215.65	1091	1511 Northwest Blvd	Columbus	OH	43212	T-Shirts for Campaign
> City of Columbus	09/12/2007	175.00	1092	90 W. Broad Street	Columbus	OH	43215	Sign Permit
> Teri Moore	09/15/2007	45.17	1093	745 Highland Dr	Columbus	OH	43214	Office Supplies
Becky Hartman	09/15/2007	310.61	1094	7564 Bingham Ct	Columbus	OH	43235	Office Supplies
Burgess & Burgess Strategists Inc.	09/15/2007	2,500.00	1095	26100 Lake Shore Blvd	Cleveland	OH	44132	Mailing Lists
> Weisenbach Specialty Printing	10/06/2007	720.56	1096	437 Holtzman Avenue	Columbus	OH	43205	Campaign Buttons
> Fed-EX Kinkos	10/06/2007	465.00	1097	5156 E. Main St	Columbus	OH	43213	Copies
> Antonia M. Carroll	10/06/2007	1,051.00	1098	189 S. Kellner Rd.	Columbus	OH	43209	Political Ad \$250, Postage \$801.
> Antonia M. Carroll	10/12/2007	2,150.00	1099	189 S. Kellner Rd.	Columbus	OH	43209	Postage Stamps
Page Total		8,764.00						

> These Cancelled Checks Not Available at Time of Filing

8

In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee to Save Senior Services			
Full Name of Contributor Vicki Leonard		Employer, Occupation, Labor Organization * Franklin Cty Off on Aging	Registration Number, if PAC
Street Address 3006 Representation Terr		Description of Item or Service Food at Campaign Meeting	M D Y Fair Market Value 1 0 1 6 0 7 80.99
City Columbus		State Zip Code OH 43207	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor Kevin Kinkaid		Employer, Occupation, Labor Organization * Franklin Cty Off on Aging	Registration Number, if PAC
Street Address 119 W. Main Street		Description of Item or Service Food at Campaign Meeting	M D Y Fair Market Value 1 0 1 7 0 7 35.00
City Centerburg		State Zip Code OH 43011	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor Kevin Kincaid		Employer, Occupation, Labor Organization * Franklin Cty Off on Aging	Registration Number, if PAC
Street Address 119 W. Main Street		Description of Item or Service Food at Campaign Meeting	M D Y Fair Market Value 1 0 1 7 0 7 7.89
City Centerburg		State Zip Code OH 43011	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *	Registration Number, if PAC
Street Address		Description of Item or Service	M D Y Fair Market Value
City		State Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *	Registration Number, if PAC
Street Address		Description of Item or Service	M D Y Fair Market Value
City		State Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *	Registration Number, if PAC
Street Address		Description of Item or Service	M D Y Fair Market Value
City		State Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *	Registration Number, if PAC
Street Address		Description of Item or Service	M D Y Fair Market Value
City		State Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *	Registration Number, if PAC
Street Address		Description of Item or Service	M D Y Fair Market Value
City		State Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO

* 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)]