

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee COMMITTEE TO SAVE SENIOR SERVICES						Registration Number, if PAC					
Full Name of Candidate											
Street Address 280 EAST BROAD STREET, ROOM 300					Office Sought		District				
City COLUMBUS,						State OH	Zip Code 43215-4527				
Type of Report (place X to the left of report type)	Pre-Primary		Post-Primary		Pre-General		Post-General		Annual Year		
	July	August	September	Termination	X	2007		Semiannual			
Monthly	Monthly	Monthly									
Amended Report? <input type="checkbox"/> Yes <input checked="" 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.

FILED
08 JAN 31 AM 8:01
FRANKLIN COUNTY
BOARD OF ELECTIONS

1. Amount brought forward from last report	\$ 24,656.23
2. Total monetary contributions (From Form No. 31-A)	\$ (0.50)
3. Total other income (From Form No. 31-A-2)	\$ 0.00
4. Total funds available (sum of lines 1, 2, 3)	\$ 24,655.73
5. Total monetary expenditures (From Form No. 31-B)	\$ 12,936.74
6. Balance on hand (line 4 minus line 5)	\$ 11,718.99
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$
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)

James G. May
Signature

01/26/2008
Date

Contribution pages 1

Expenditure pages 1

Other pages 0

Total pages 2

Statement of Contributions Received

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Name of Committee in Full COMMITTEE TO SAVE SENIOR SERVICES						
Full Name of Contributor MISC CASH SALES (CORRECTION OF DEPOSIT)				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CASH	
City	State	Zip Code	M	D	Y	Amount (0.50)
			1	0	3	0
			7			
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
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 Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full COMMITTEE TO SAVE SENIOR SERVICES										
To Whom Paid ARTINA PROMOTIONAL PRODUCTS						M	D	Y	Amount	
						1	2	27	07	4,775.00
Address 215 NORTH 4TH STREET			Purpose ADVERTISING BAGS AND PROMOTIONAL ITEMS							
City COLUMBUS		State O	H	Zip Code 43215	Check Number 1124					
To Whom Paid JW CLEARY PROMOTIONAL PRODUCTS						M	D	Y	Amount	
						1	2	27	07	5,897.94
Address 1511 NORTHWEST BOULEVARD			Purpose PLASTIC YARD SIGNS							
City COLUMBUS		State O	H	Zip Code 43212	Check Number 1122					
To Whom Paid COLUMBUS MESSENGER						M	D	Y	Amount	
									2,438.80	
Address 3500 SULLIVANT AVENUE			Purpose CMAPAGN POSTCARDS AND DOOR HANGERS							
City COLUMBUS		State O	H	Zip Code 43204	Check Number 1123					
To Whom Paid CITY OF COLUMBUS						M	D	Y	Amount	
						0	9	12	07	(175.00)
Address 90 WEST BROAD STREET			Purpose SIGN PERMIT (FEE WAIVED and Check Voided)							
City COLUMBUS		State O	H	Zip Code 43215	Check Number 1092					
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					