## **Statement of Contributions Received** at a Social or Fund-Raising Event Prescribed by Secretary of State 03.05

| Event | Date 01/15/2013 |
|-------|-----------------|
| Page  |                 |

| Name of Commutee in Full                                      |   |                             |
|---|---|-----------------------------|
|   | SENUOR SERVICES                         |                             |
| Full Name of Contributor  CONTRIBUTIONS OF \$ 2               | 16 -0 1500                              | Registration Number, if PAC |
|   | -> OL LE>>                              | tion* M D Y Amount          |
| Street Address  | Employer:Occupation Labor Organizat     | 611510 (1.00                |
| City  | Sta te Zip Code                         | Form (Cash, Check, etc.)    |
| Full Name of Contributor                                      |   | Registration Number, if PAC |
| Street Address  | Employer: Occupation/Labor Organiza     | ntion* M D Y Amount         |
| City  | Sta te Zip Code                         | Form (Cash, Check, etc.)    |
| Full Name of Contributor                                      |   | Registration Number, if PAC |
| Street Address  | Employer/Occupation/Labor Organiza      | ntion* M D Y Amount         |
| City  | Sta te Zip Code                         | Form (Cash, Check, etc.)    |
| Full Name of Contributor                                      | Registration Number, if PAC             |                             |
| Street Address  | Employer/Occupation/Labor Organization* |                             |
| City  | Sta te Zip Code                         | Form (Cash, Check, etc.)    |
| Full Name of Contributor                                      |   | Registration Number, if PAC |
| Street Address  | Employer/Occupation/Labor Organiza      |                             |
| City  | Sta te Zip Code                         | Form (Cash, Check, etc.)    |
| Full Name of Contributor                                      |   | Registration Number, if PAC |
| Street Address  | Employer/Occupation/Labor Organiza      | ation* M D Y Amount         |
| City  | Sta te Zip Code                         | Form (Cash, Check, etc.)    |
| Full Name of Contributor                                      |   | Registration Number, if PAC |
| Street Address  | Employer Occupation/Labor Organiza      | ation* M D Y Amount         |
| City  | Sta te Zip Code                         | Form (Cash, Check, etc.)    |
| City  8 Required for contributions from individuals over \$10 |   |                             |

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,  $[R.C.\,3517.10(B)(4)]$ 

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

| fotal contributions this event |  | Го | Total expenditures this event. |  |  |  |
|--------------------------------|--|----|--------------------------------|--|--|--|
|                                |  |    |                                |  |  |  |

| Page Total S 1.00 |
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