

# Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>COMMITTEE TO SAVE SENIOR SERVICES</b>						
Full Name of Contributor <b>SMALL DONATIONS UNDER \$25.00 - BAKED SALE</b>				Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
			0	4	211	\$146.75
City	State	Zip Code	Form (Cash, Check, etc.)			
	OH		CASH			
Full Name of Contributor <b>DARLENE CLARK</b>				Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
3389 CANDLEWOOD PLACE			0	4	2011	\$8.00
City	State	Zip Code	Form (Cash, Check, etc.)			
GROVE CITY	OH	43123	CHECK			
Full Name of Contributor <b>LISABETH ERICSON MACKE</b>				Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
509 PARK OVERLOOK			0	4	2111	\$10.00
City	State	Zip Code	Form (Cash, Check, etc.)			
WORTHINGTON	OH	43085	CHECK			
Full Name of Contributor <b>TERESA MURPHY-ROSSI</b>				Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
1762 STAFFORDSHIRE ROAD			0	4	2111	\$22.00
City	State	Zip Code	Form (Cash, Check, etc.)			
COLUMBUS	OH	43229	CHECK			
Full Name of Contributor <b>CAMILLE L PETERSON</b>				Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
329 IRIS TRAIL DRIVE			0	4	2111	\$12.00
City	State	Zip Code	Form (Cash, Check, etc.)			
GALLOWAY	OH	43119	CHECK			
Full Name of Contributor				Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City	State	Zip Code	Form (Cash, Check, etc.)			
	OH					
Full Name of Contributor				Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City	State	Zip Code	Form (Cash, Check, etc.)			
	OH					

\* 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)]

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

Total contributions this event

\$198.75

Total expenditures this event.

\$0.00

Page Total \$ 198.75