

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full COMMITTEE TO SAVE SENIOR SERVICES					
Full Name of Contributor Small Contributions. Jeans Fund				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
	COAAA		1	0	3
City	State	Zip Code	Amount		
COLUMBUS	O	H 43215	52.00		
Form (Cash, Check, etc.) CASH					

Full Name of Contributor					
Street Address				Registration Number, if PAC	
Employer/Occupation/Labor Organization*				M	D
City	State	Zip Code	Form (Cash, Check, etc.)		

Full Name of Contributor					
Street Address				Registration Number, if PAC	
Employer/Occupation/Labor Organization*				M	D
City	State	Zip Code	Form (Cash, Check, etc.)		

Full Name of Contributor					
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Full Name of Contributor					
Street Address				Registration Number, if PAC	
Employer/Occupation/Labor Organization*				M	D
City	State	Zip Code	Form (Cash, Check, etc.)		

Full Name of Contributor					
Street Address				Registration Number, if PAC	
Employer/Occupation/Labor Organization*				M	D
City	State	Zip Code	Form (Cash, Check, etc.)		

* 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)]

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

52.00

Total expenditures this event

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Page Total \$ 52.00