

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			Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
	COAAA		0	7	3
City	State	Zip Code	Amount		
COLUMBUS	O H	43215	125.00		
Form(Cash, Check, etc)			CASH		

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

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Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Amount		
Form(Cash, Check, etc)					

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City	State	Zip Code	Amount		
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City	State	Zip Code	Amount		
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Full Name of Contributor			Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Amount		
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

125.00

Total expenditures this event

0.00

Page Total \$ 125.00