Event Date	10-25-2012
Page	10

Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by	Secretary of State 3/05						
Name of Committee in Full	705 0551							
COMMITTEE TO SAVE SEN	IOR SERVICES							
Full Name of Contributor					Registration Number, if PAC			
Small Contributions, Tickets	to get in \$10. none	over \$20.00	м					
Street Address		Employer/Occupation/Labor Organization*		D Y				
City		COAAA			2	1,246.6 3		
COLUMBUS	State	Zip Code	1 '	sh, Check, etc)	16 6	n de Angle		
Full Name of Contributor	<u> </u>	43215		CASH		* **		
Small Contributions. Jeans Fu	and .		Registrati	on Number, i	FPAC			
Street Address			м					
		Employer/Occupation/Labor Organization* COAAA		DY	Amount	0= 00		
City	State	Zip Code		2 5 1	2	27.00		
COLUMBUS	lo H	. 1 -		h,Check,etc)		المراجع		
Full Name of Contributor		43213		CASH on Number, it	· 100			
Small Contributions. Popcor	n Fundraiser		KeSizuan	on Number, H	PAC			
Street Address	Employer/Occu	pation/Labor Organization*	м	DY	Amount			
	COAA			2 5 1	2	18.46		
City	State	Zip Code		h,Check,etc)	4	10.40		
COLUMBUS	о∣н	43215		CASH	37			
Full Name of Contributor	···	10 11 5215		on Number, if	PAC Smart	76.		
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*		DY	Amount			
·					, dilocia			
City	State	Zip Code	Form(Cast	t,Check,etc)	- 1 Ass	2-412-		
		_1 .		,	10 mg 1 mg			
Full Name of Contributor			Registratio	n Number, if	PAC	3 gr / 2		
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*		D Y	Amount			
· ·								
City	State	Zip Code	Form(Cash	,Check,etc)	- 1 · · ·	+ A.		
Full Name of Contributor			[3			
ruii Name or Contributor			Registratio	n Number, if	PAC			
Street Address								
Succe Address	Employer/Occup	pation/Labor Organization*	М	D Y	Amount			
City								
-uy	State	Zip Code	Form(Cash	Check,etc)		2.00		
utl Name of Contributor					2000	2. 2. 2. 4.		
on Name of Compositor			Registration	n Number, if I	PAC	<u> </u>		
treet Address	C							
······································	Employer/Occup	ation/Labor Organization*	M	DY	Amount			
City		12: 0	444					
	State	Zip Code	Form(Cash,	Check,etc)		2 44 3 24		
		Į.						

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 of funds.

fotal contributions this event	Total expenditures this event	
129209		Page Total \$1.292.09

[•] 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)]