

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

Prescribed by Secretary of State 03/05

Name of Committee in Full COMMITTEE TO SAVE SENIOR SERVICES				
Full Name of Contributor MISC SMALL CONTRIBUTIONS AT EMPLOYEE FUND RAISER ALL LESS THAN \$25.00			Registration Number, if PAC	
Street Address 174 EAST LONG STREET	Employer/Occupation/Labor Organization* CENTRAL OHIO AREA OF		M 0	D 4
City COLUMBUS	State OH	Zip Code 43215	Y 0	Amount \$125.00
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	Y	Amount
Form (Cash, Check, etc.)				
Full Name of Contributor				
Street Address			Registration Number, if PAC	
Employer/Occupation/Labor Organization*			M	D
City	State	Zip Code	Y	Amount
Form (Cash, Check, etc.)				
Full Name of Contributor				
Street Address			Registration Number, if PAC	
Employer/Occupation/Labor Organization*			M	D
City	State	Zip Code	Y	Amount
Form (Cash, Check, etc.)				
Full Name of Contributor				
Street Address			Registration Number, if PAC	
Employer/Occupation/Labor Organization*			M	D
City	State	Zip Code	Y	Amount
Form (Cash, Check, etc.)				
Full Name of Contributor				
Street Address			Registration Number, if PAC	
Employer/Occupation/Labor Organization*			M	D
City	State	Zip Code	Y	Amount
Form (Cash, Check, etc.)				
Full Name of Contributor				
Street Address			Registration Number, if PAC	
Employer/Occupation/Labor Organization*			M	D
City	State	Zip Code	Y	Amount
Form (Cash, Check, etc.)				
Full Name of Contributor				
Street Address			Registration Number, if PAC	
Employer/Occupation/Labor Organization*			M	D
City	State	Zip Code	Y	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 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

\$125.00

Total expenditures this event.

\$0.00Page Total \$ **\$125.00**