

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. Silent Auction			Registration Number, if PAC	
Street Address No Contributions in excess of \$20.00	Employer/Occupation/Labor Organization* COAAA	M 0	D 8	Y 12
City COLUMBUS	State O	Zip Code H 43215	Amount 140.50	
Form(Cash, Check, etc) CASH				

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

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

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

* 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
140.50

Total expenditures this event
0.00

Page Total \$ **140.50**