Event Date	9/21/12
Page	7

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				
SMALL CONTRIBUTIONS:FOOTBALL FUNDRAISER							

Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
NO CONTRIBTION EXCEEDED $20	COAAA		0|9	2|1	1|2	100.00	
City	**State**	**Zip Code**	**Form(Cash,Check,etc)**				
COLUMBUS	O|H	43215	CASH				

Full Name of Contributor			Registration Number, if PAC				

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

Full Name of Contributor			Registration Number, if PAC				

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

Full Name of Contributor			Registration Number, if PAC				

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

Full Name of Contributor			Registration Number, if PAC				

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

Full Name of Contributor			Registration Number, if PAC				

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

Full Name of Contributor			Registration Number, if PAC				

Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
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	Total expenditures this event		Page Total $
100.00	0.00		100.00