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Statement of Contributions Received

Prescribed by Secretary of State 3/05

No. 1. Co. 1. S. I. B. B.							
Name of Committee in Full						·	
Committee to Save Senior Services			la :				
Full Name of Contributor Total contributions from Form 31-E				Registration Number, if PAC			
Street Address	Tr. 1- 6						
Street Address	Employer Oce	upation Labor Organization*				Form (Cash. Check, etc.)	
City	State	Zip Code	М	D	Y	Amount	
			0.8	3 0 6	$[0 \ 9]$	128.29	
Full Name of Contributor	-				mber, if P		
Total contributions from Form 31-E			- 1				
Street Address	Employer Occ	Employer Occupation Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	М	D	Y	Amount	
			1 2	1 4	0 9	255.00	
Full Name of Contributor					mber, if P		
Total contributions from Form 31-E							
Street Address	Employer Occupation/Labor Organization*			_	Form (Cash, Check, etc.)		
City	State	Zip Code	1 17	I n	1 0		
c.ny	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor				3 1	7		
Lativance of Controllor			Kegisir	ation Nui	nber, if PA	···	
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City	State	Zip Code	М	D	Y	Amount	
o BM CO CO				<u>l</u>		<u></u>	
Full Name of Contributor			Registra	ation Nur	nber, if PA	AC .	
Street Address	Employer, Occu				Form (Cash, Check, etc.)		
City	State	Zip Code	М	D	Y	Amount	
Full Name of Contributor			Registration Number. if PAC				
Street Address	Employer Occupation/Labor Organization*					Form (Cash, Check, etc.)	
City	State	Zip Code	М	D	Y	Amount	
Full Name of Contributor			Registration Number, if PAC				
Street Address	Employer Occup	pation Labor Organization*				Form (Cash, Check, etc.)	
	<u> </u>	-					
City	State	Zip Code	М	D	Y	Amount	
full Name of Contributor	_ 		Registra	tion Num	ber, if PA	С	
Street Address	Fundavar Osser	national above Oppositions	L			Form (Cash, Check, etc.)	
	Employer Occupation Labor Organization*			ľ	голи (Саял. Слеск, евс.)		
City	State	Zip Code	М	D	Y	Amount	
			Ł		l I		

Page Total \$ 831.19	

^{*} 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)]