Event Date	10-18-2012
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Statement of Contributions Received at a Social or Fundraising Event

	r tescribed by Se	cleary of State 3/05						
Name of Committee in Full COMMITTEE TO SAVE SI	EVIIOD CEDVICEC							
Full Name of Contributor	ENIOR SERVICES		Parietratio	n Number if P	AC.			
Small Contributions. Jewlery Show				Registration Number, if PAC				
Street Address	Employer/Occur	pation/Labor Organization*	M	D Y	Amount			
3327.113=300		COAAA		18 1 2		100.00		
City	State	Zip Code		(Check,etc)	Y	100.00		
COLUMBUS	O H	43215		ASH				
Full Name of Contributor				a Number, if Pa	AC	-		
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*		D Y	Amount			
	ľ				1	_		
City	State	Zip Code	Form(Cash,	,Check,etc)	*			
Full Name of Contributor		. - 	Registration	n Number, if Pa	AC	<u>-</u>		
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*		D Y	Amount			
City	State	Zip Code	Form(Cash.	,Check,etc)				
Full Name of Contributor			Registration	n Number, if P	AC ·			
Street Address	Employer/Occu	Employer/Occupation/Labot Organization*		D . Y	Amount			
City	State	Zip Code	Form(Cash,	,Check,etc)	i de			
Full Name of Contributor		<u> </u>	Registration	n Number, if P	AC			
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*		D Y	Amount			
City	State	Zip Code	Form(Cash.	,Check,etc)				
Full Name of Contributor				Registration Number, if PAC				
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*		D Y	Amount			
City	State	Zip Code	Form(Cash.	.Check,etc)	G			
Full Name of Contributor			Registration	n Number, if P	AC			
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*		D Y	Amount			
City	State	Zip Code	Form(Cash,	,Check,etc)	ego U			

* 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. 33-E* and list the date of the event in the date column.

Fotal commutations this event	Foral expenditures this event	
100.00		Page Total \$100.00_