

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full CITIZENS FOR MICHAEL BIVENS					
Full Name of Contributor JULIA WHITE			Registration Number, if PAC		
Street Address 6820 CLYMER DRIVE	Employer/Occupation/Labor Organization* SELF EMPLOYED		M 0	D 5	Y 2
City REYNOLDSBURG	State O	Zip Code 43068	Form(Cash,Check,etc) CASH		Amount 10.00
Full Name of Contributor VANITA BURTON			Registration Number, if PAC		
Street Address 1340 LINWOOD AVENUE	Employer/Occupation/Labor Organization* QZA UC		M 0	D 5	Y 2
City COLUMBUS	State O	Zip Code 43206	Form(Cash,Check,etc) CHECK		Amount 10.00
Full Name of Contributor RANEL MCLENDON			Registration Number, if PAC		
Street Address 3047 WADSWORTON CT.	Employer/Occupation/Labor Organization* PROJECT LINDON		M 0	D 5	Y 2
City COLUMBUS	State O	Zip Code 43232	Form(Cash,Check,etc) CHECK		Amount 20.00
Full Name of Contributor LORI TYACK			Registration Number, if PAC		
Street Address 4080 CHELSEA BRIDGE LANE	Employer/Occupation/Labor Organization* CLERK OF COURTS		M 0	D 5	Y 2
City GAHANNA	State O	Zip Code 43230	Form(Cash,Check,etc) CHECK		Amount 25.00
Full Name of Contributor PRYESTT STRICKLAND			Registration Number, if PAC		
Street Address 630 MANCHESTER DRIVE	Employer/Occupation/Labor Organization* SUNNIVAN PHARM.		M 0	D 5	Y 2
City PICKERINGTON	State O	Zip Code 43147	Form(Cash,Check,etc) CHECK		Amount 25.00
Full Name of Contributor WILL ALSTON			Registration Number, if PAC		
Street Address 7976 CHAMPAIGN DRIVE	Employer/Occupation/Labor Organization* NATIONWIDE		M 0	D 5	Y 2
City BLACKLICK	State O	Zip Code 43004	Form(Cash,Check,etc) CASH		Amount 20.00
Full Name of Contributor FLOYD WEATHERSPON			Registration Number, if PAC		
Street Address 1618 PERRIS COURT	Employer/Occupation/Labor Organization* CAPITAL LAW SCHOOL		M 0	D 5	Y 2
City NEW ALBANY	State O	Zip Code 43054	Form(Cash,Check,etc) CASH		Amount 20.00

* 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

780

Total expenditures this event

7

Page Total \$ **130.00**