Event Date	03/20/10
Page	4

## Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Sec	cretary of State 3/05					
Name of Committee in Full							
Committee to Elect Michael Bivens for	r Judge			**************************************	ora varano menerala y ograva m		
Full Name of Contributor			Registration Number, if PAC				
Grace Mann				-	-		20021000000000000000000000000000000000
Street Address	Employer/Occup	ation/Labor Organization*	м 0   3	D	Y	Amount	
1627 N. Starr Rd.	retired	retired		L	1:0		30.00
City	State	Zip Code	Form(Ca	ish,Check	.etc)		
Pickerington	$I \circ H$	43147		cash			
Full Name of Contributor			Registra	tion Num	ber, if PA	VC.	
Terrance Sigers			М	r		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
Street Address	1 ' '	Employer/Occupation/Labor Organization*		D	Y	Amount	E0 00
1538 Barnes Drive E.	Radio O		0 3		10		50.00
City	State	Zip Code	Form(Ca	sh,Check	,etc)		
Columbus	IoIH	43229	e construction and	cash			
Full Name of Contributor			Registra	ion Num	ber, if PA	vC.	
Ardella Silas			<del> </del>		T 0	1	
Street Address		ation/Labor Organization*	M	D	Y	Amount	200.00
4225 Macsway Ave.	retired	1 7° 7° 1	0 3	sh Check	1 0		200.00
City Call-and Issue	State	Zip Code 43232	Form(Ca	sn,Cneck cash	,etc)		
Columbus Full Name of Contributor		Language Color George Color Geo	Davistes	CONTRACTOR OF THE PARTY OF THE	har if DA		
N Company of the Comp							
Bryan Steward Street Address	Employar/Occup	ation/Labor Organization*	M	D	Y	Amount	
33 N. High St. Ste. 702	1	Employer/Occupation/Labor Organization*			1 0	B	50.00
City	Thompson, Steward, Hull State Zip Code		0 3 Form(Ca	sh,Check			00.00
Columbus	OH	43215		cash	,010)		
Full Name of Contributor			Registra	ion Numl	per, if PA	C.C	
Mary Underwood					•		
Street Address	Employer/Occupa	Employer/Occupation/Labor Organization*		D	Y	Amount	
731 Fairway Blvd.		Unmplymnt Review Comm		2 0	1 0		100.00
City	State	Zip Code		sh,Check			
Columbus	$\cap$ H	43213	F .	check			
Full Name of Contributor	Registration Number, if PAC						
Charles Underwood							
Street Address	Employer/Occupa	ation/Labor Organization*	М	D	Y	Amount	
731 Fairway Blvd.	Intermit	Admin Hearing	0 3	2 0	1 0		100.00
City	State	Zip Code	Form(Ca	sh,Check	,etc)		
Columbus	$I \circ I H$	43213	dinominamento de la composición dela composición de la composición dela composición dela composición dela composición de la composición dela composición del composici	check	THE RESERVE OF THE PARTY OF THE		44
Full Name of Contributor	Contributor Registration Number, if PAC						
Eric Warren							
Street Address		ntion/Labor Organization*	М	D	Y	Amount	
10147 Bershire St.		Ministries	0 3		1 0		150.00
City	State	Zip Code	1	sh,Check			
Pickerington		43147		check			
equired for contributions from individuals over \$100 to statewide and gen	eral assembly candid	dates. If contributor is self-emplo	yed, the o	ccupation	and the	name of the	

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 No. 31-E" and list the date of the event in the date column.

		processor and the contract of
Total contributions this event	Total expenditures this event	
	Exercises and the first of the	1 n m 10
	1	Page Total \$ 420 00
1	\$ ***	and the same of th
0 1771 00	3777.00	l l
2.1/1.00	1/6.30	
Enter the State of	Manage Control and	

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,  $\{R.C.\ 3517.10(B)(4)\}$