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31-A R.C. 3517.10

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Statement of Contributions Received

Prescribed by Secretary of State 3/05

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Name of Committee in Full	CNIC						
CITIZENS FOR MICHAEL BIVENS			· I				
Ill Name of Contributor				Registration Number, if PAC			
ROB WOOD							
Street Address	I ' '	pation/Labor Organization	•			Form (Cash, Check, etc.)	
6756 ANNELISE LANE	ATTOR	ATTORNEY				CHECK	
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C. A.D.	Employer/Oca	mation/Labor Organization	.,*			Form (Cash, Check, etc.)	
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	Te a s	and an about the state of the s				Form (Cach, Chaol, etc.)	
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
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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)]

Page Total \$ 100.00