

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee to Elect Michael Bivens for Judge							
Full Name of Contributor Contributions of \$25 or less				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	2	1,131.00
City		State	Zip Code	Form(Cash,Check,etc)			
				cash, check			
Full Name of Contributor David Head				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
4085 Porsche Ct.		retired		0	3	2	30.00
City		State	Zip Code	Form(Cash,Check,etc)			
Columbus		O H	43232	cash			
Full Name of Contributor Marjorie Head				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
4085 Porsche Ct.		retired		0	3	2	30.00
City		State	Zip Code	Form(Cash,Check,etc)			
Columbus		O H	43232	cash			
Full Name of Contributor Abby Hill				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
457 Colony Park Dr.		Godskidz/Daycare Ctr.		0	3	2	60.00
City		State	Zip Code	Form(Cash,Check,etc)			
Pickerington		O H	43147	cash			
Full Name of Contributor Rosalyn Holmes				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
3186 Palomar Ave.		laid off		0	3	2	50.00
City		State	Zip Code	Form(Cash,Check,etc)			
Columbus		O H	43231	check			
Full Name of Contributor Andre' Lampkins				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
188 Rugby Ln.		State of Ohio		0	3	2	60.00
City		State	Zip Code	Form(Cash,Check,etc)			
Gahanna		O H	43230	cash			
Full Name of Contributor Jacqueline Mann				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
3635 Kirkwood		Michael T. Bivens Law		0	3	2	50.00
City		State	Zip Code	Form(Cash,Check,etc)			
Columbus		O H	43227	check			

* 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

2,171.00

Total expenditures this event

176.30

Page Total \$ 1,411.00