

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 VALERIE POWELL				Registration Number, if PAC	
Street Address 5701 KILBURY LANE	Employer/Occupation/Labor Organization* JFS		M 0	D 6	Y 11
City HILLARD	State OH	Zip Code 43026	Form(Cash,Check,etc) CHECK		Amount 10.00
Full Name of Contributor ALICIA JOHNSON				Registration Number, if PAC	
Street Address 673 A WAYCROSS ROD	Employer/Occupation/Labor Organization* UNEMPLOYED		M 0	D 6	Y 11
City CINCINNATI	State OH	Zip Code 45250	Form(Cash,Check,etc) CHECK		Amount 30.00
Full Name of Contributor RANELL MCCLENDON				Registration Number, if PAC	
Street Address 3047 WADSWORTH COURT	Employer/Occupation/Labor Organization* PROJECT LINDON		M 0	D 6	Y 11
City COLUMBUS	State OH	Zip Code 43232	Form(Cash,Check,etc) CHECK		Amount 20.00
Full Name of Contributor EDNA THREADGILL				Registration Number, if PAC	
Street Address 4164 ASTON MARTIN COURT	Employer/Occupation/Labor Organization* RETIRED		M 0	D 6	Y 11
City COLUMBUS	State OH	Zip Code 43232	Form(Cash,Check,etc) CHECK		Amount 20.00
Full Name of Contributor LINDA WILLIAMS				Registration Number, if PAC	
Street Address 2916 BARCLAY SQUARE	Employer/Occupation/Labor Organization* RETIRED		M 0	D 6	Y 11
City COLUMBUS	State OH	Zip Code 43209	Form(Cash,Check,etc) CHECK		Amount 30.00
Full Name of Contributor BROOK WILLIAMS				Registration Number, if PAC	
Street Address 4032 BLUEGLADE DRIVE	Employer/Occupation/Labor Organization* FAMILY ADVOCACY		M 0	D 6	Y 11
City CANAL WINCHESTER	State OH	Zip Code 43110	Form(Cash,Check,etc) CHECK		Amount 30.00
Full Name of Contributor JOY BIVENS				Registration Number, if PAC	
Street Address 4985 DORAL AVENUE	Employer/Occupation/Labor Organization* AHHS		M 0	D 6	Y 11
City WHITEHALL	State OH	Zip Code 43213	Form(Cash,Check,etc) CHECK		Amount 136.00

* 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

716.00

Total expenditures this event

Page Total \$ 276.00