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## **In-Kind Contributions Received**

Prescribed by Secretary of State 3/05

			THE RESIDENCE OF THE PARTY OF T	ionavenius nomenos				
Name of Committee in Full	COLUMN CONTRACTOR CONT					Mary Commission of Contract Co		
Committee to Elect Michael Bivens for	Judge							
Full Name of Contributor	Employer, Occup	oation, Labor Organization *	Registration Number, if PAC					
l Jackie Mann	Michael 7	Γ. Bivens Law Firm						
Street Address	Description of Its	М	D	Y	Fair Market Value			
3635 Kirkwood Ln.	food	0:5	011	1 0	423.68			
City	State	food/beverages/DJ State Zip Code			Received at Fundraising Event?			
Columbus	OH				YES NO			
Full Name of Contributor	Employer, Occup	Employer, Occupation, Labor Organization *			Registration Number, if PAC			
Marcus Stockton		Crane Plastics						
Street Address	Description of Ite	Description of Item or Service		D	Y	Fair Market Value		
6430 Skimmer Ln.	Suppl	Supplies for Fish Fry		117	1 0	32.60		
City	State	Zip Code		d at Fund	raising E	vent?		
Gahanna	lo H	43230	V	YES		NO		
Full Name of Contributor	Employer, Occup	Employer, Occupation, Labor Organization *			Registration Number, if PAC			
Street Address	Description of Ite	Description of Item or Service		D	Y	Fair Market Value		
City	State	Zip Code	Receive	d at Fund YES	raising E	vent?		
Full Name of Contributor	Employer, Occup	Registration Number, if PAC						
Street Address	Description of Ite	Description of Item or Service		D	Y	Fair Market Value		
City	State	Zip Code	Receive	d at Fund YES	raising E	vent?		
Full Name of Contributor	Employer, Occup	Registration Number, if PAC						
Street Address	Description of Ite	Description of Item or Service		D	Y	Fair Market Value		
City	State	Zip Code	Receive	d at Fund YES	raising Ev	vent?		
Full Name of Contributor	Employer, Occup	Registration Number, if PAC						
Street Address	Description of Ite	escription of Item or Service		D	Y	Fair Market Value		
City	State	Zip Code	Received	d at Fundi YES	raising Ev	vent?		
Full Name of Contributor	Employer, Occup	Employer, Occupation, Labor Organization *			Registration Number, if PAC			
Street Address	Description of Ite	Pescription of Item or Service		D	Y	Fair Market Value		
City	State	State Zip Code		Received at Fundraising Event?  YES NO				
Full Name of Contributor	Employer, Occup	mployer, Occupation, Labor Organization *		Registration Number, if PAC				
Street Address	Description of Ite	escription of Item or Service		D	Y	Fair Market Value		
City	State	Zip Code		f at Fundi YES	aising Ev	vent?		
				A THE PERSON NAMED IN COLUMN				

Page Total \$ 456.28

<sup>\*</sup> 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)]