

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	6	1	165.00
City	State	Zip Code	Form (Cash, Check, etc)			
			cash, check			
Full Name of Contributor Cathy Greg			Registration Number, if PAC			
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
5182 Doral Ave.	retired		0	6	1	30.00
City	State	Zip Code	Form (Cash, Check, etc)			
Whitehall	O H	43213	check			
Full Name of Contributor Kim Maggard			Registration Number, if PAC			
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
600 Link Rd.	City of Whitehall		0	6	1	40.00
City	State	Zip Code	Form (Cash, Check, etc)			
Whitehall	O H	43213	check			
Full Name of Contributor Lamont Caldwell			Registration Number, if PAC			
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
6720 Deepwood Ct.	JPMorgan Chase		0	6	1	30.00
City	State	Zip Code	Form (Cash, Check, etc)			
Reynoldsburg	O H	43068	check			
Full Name of Contributor Mark Fixary			Registration Number, if PAC			
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
5764 Thompson Rd.	Fixary Family Dental		0	6	1	100.00
City	State	Zip Code	Form (Cash, Check, etc)			
Gahanna	O H	43230	check			
Full Name of Contributor Leveland Taylor			Registration Number, if PAC			
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
5306 Riffle Dr.	State of Ohio		0	6	1	40.00
City	State	Zip Code	Form (Cash, Check, etc)			
Canal Winchester	O H	43130	cash			
Full Name of Contributor			Registration Number, if PAC			
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City	State	Zip Code	Form (Cash, Check, etc)			

* 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

405.00

Total expenditures this event

0.00

Page Total \$ 405.00
