Event Date	06/26/10
Page	12

Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Se	ecretary of State 3/05							
Name of Committee in Full	• •								
Committee to Elect Michael Biv	ens for Judge								
Full Name of Contributor					Registration Number, if PAC				
L.V. Smith									
Street Address		pation/Labor Organization*	М	D	Y	Amount			
1889 Overlook Ridge Dr.	retired	0 6	2 ! 6	$1 \mid 0$)	55.00			
City	State	Zip Code	Form(C:	ash,Chec					
Columbus	0 H	43227		casl					
Full Name of Contributor			Registra	tion Nun	nber, if P	AC			
Crystal Pennington									
Street Address	' '	pation/Labor Organization*	M	D	Y	Amount			
580 S. High St. Ste. 200	Law Of	fice of Chris Coop					100.00		
City	State	Zip Code	Form(Ca				640000000		
Columbus	O H	43215		cash					
Full Name of Contributor			Registra	tion Nun	nber, if P.	AC			
Street Address	Employer/Occur	pation/Labor Organization*	м	D	Υ	Amount			
		Employer/Seedparton/Carton Congularization			ĺ				
City	State	Zip Code	Form(Ca	sh.Chec	k,etc)				
				,	, ,				
Full Name of Contributor	······································		Registra	tion Nun	ber, if P	AC			
Street Address	Employer/Occuj	pation/Labor Organization*	М	D	Y	Amount	· · · · · · · · · · · · · · · · · · ·		
				-					
City	State	Zip Code	Form(Ca	ıslı,Chec	k,etc)				
Full Name of Contributor			Registrat	ion Nun	iber, if Pa	AC			
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*		D	Ÿ	Amount			
City	State	Zip Code	Form(Ca	sh Chec	k,etc)				
Full Name of Contributor			Registrat	ion Nun	iber, if P	AC .			
Street Address	Employer/Occup	ation/Labor Organization*	М	D	Τγ	Amount			
	Employenexedp	anome and organization	1	1	'n	7 1110/01/1			
City	State	Zip Code	Form(Ca	ch Chec	L etc)				
	j	Elp Code	I William Ca	311,011001	, (CIC)				
Full Name of Contributor	1		Registrat	ion Num	her if P/	C Section			
			, and gistran		.041, 11 17				
Street Address	Employer/Occum	Employer/Occupation/Labor Organization*		D	Y	Amount			
	, , , , , , , , , , , , , , , , , , , ,			į					
City	State	Zip Code	Form(Ca	sh,Check	ceto)				
-				,	-,)				
<u></u>	1 1								

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	Total expenditures this event	
		Page Total \$155.00
645.00	0.00	4 5 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1

^{*} 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)]