

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee to Elect Michael Bivens for Judge							
Full Name of Contributor Laborers Int'l Union of N. America Local Union 423 AFL-CIO					Registration Number, if PAC		
Street Address 620 Alum Creek Dr.		Employer/Occupation/Labor Organization* Local Union 423 AFL-CIO			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43205	M 0 6	D 0 3	Y 1 0	Amount 1,000.00	
Full Name of Contributor Total contributions from Form no. 31-E					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) cash, checks		
City	State	Zip Code	M 0 4	D 1 7	Y 1 0	Amount 1,374.51	
Full Name of Contributor Total contributions from Form no. 31-E					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) checks		
City	State	Zip Code	M 0 4	D 2 4	Y 1 0	Amount 125.00	
Full Name of Contributor Total contributions from Form no. 31-E					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) cash, checks		
City	State	Zip Code	M 0 5	D 0 1	Y 1 0	Amount 200.00	
Full Name of Contributor Total contributions from Form no. 31-E					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) cash, checks		
City	State	Zip Code	M 0 5	D 0 4	Y 1 0	Amount 300.00	
Full Name of Contributor Total contributions from Form no. 31-E					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) cash, checks		
City	State	Zip Code	M 0 5	D 0 8	Y 1 0	Amount 600.00	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	

* 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)]

Page Total \$ 3,599.51