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## Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full								
Committee to Elect Michael Bivens for	Indoe							
Full Name of Contributor				Registration Number, if PAC				
Laborers Int'l Union of N. America Loc	cal Union 4	23 AFL-CIO						
Street Address	Employer/Occupation/Labor Organization*				SINCELLY PLACE IN PROCESS	Form (Cash, Check, etc.)		
620 Alum Creek Dr.	Local Union 423 AFL-CIO					check		
City	State	Zip Code	М	D	Y	Amount		
Columbus	OH	43205	0 6	013	1 0	1,000.00		
Full Name of Contributor	ber, if PA	CONTRACTOR						
Total contributions from Form no. 31-E	3							
Street Address	Employer/Occup				Form (Cash, Check, etc.)			
CHIEROSAN						cash, checks		
City	State	Zip Code	M	D	Y	Amount		
			0 4	1 7	1 0	1,374.51		
Full Name of Contributor	С							
Total contributions from Form no. 31-E								
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)		
			10/00/00/00/00/00/00/00/00/00/00/00/00/0	***************************************		checks		
City	State	Zip Code	М	D	Y	Amount		
			0 4	Participation of the Company of the	1 0	125.00		
Full Name of Contributor	~		Registra	tion Num	ber, if PA	C		
Total contributions from Form no. 31-E	ALEXANDER CONTRACTOR C	MANAGEMENT PLANSFORM POR MANAGEMENT PROPERTY AND			MARKET MARKET MARKET			
Street Address Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)		
				_	···	cash, checks		
City	State	Zip Code	M	D	Y	Amount		
	J.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		0 5	CONTRACTOR OF THE PROPERTY OF	1 0	200.00		
Full Name of Contributor  Total constributions from Forms 2.1 F	Ţ.		Registra	tion Num	ber, it PA	C		
Total contributions from Form no. 31-E	31-E Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
Sheet Address	Employer/Occupation/Labor Organization*					cash, checks		
City	State	Zip Code	M	I D	ΙΥ	Amount		
- City	State	Zip code	0 5	1		l .		
Full Name of Contributor			NASHORNAY WATER CONTRA		COMETON CONTROL CONTROL	В поставления поставления объектення поставления поставления поставления поставления поставления поставления п		
Full Name of Contributor  Total contributions from Form no. 31-E								
Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)								
						cash, checks		
City	State	Zip Code	М	D	Y	Amount		
			015	0 8	1 0	600.00		
Full Name of Contributor	o la menon managario managario menonene			tion Numl				
Street Address	Employer/Occupa	ntion/Labor Organization*	din manazaran			Form (Cash, Check, etc.)		
			The state of the s					
City	State	Zip Code	М	D	Y	Amount		
Full Name of Contributor Registration Number, if PA						C		
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
City	State	Zip Code	М	D	Y	Amount		
			THE CONTROL OF THE CO	20220020	Homesman			

Page Total \$ 3,599.51

<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)]