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31-A*
R.C. 3517.10

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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full								
CITIZENS FOR MICHAEL BIVENS								
Full Name of Contributor							**Registration Number, if PAC**	
CAROL HARRIS								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
3217 JEBRAT DRIVE	OHIO HEALTH						CHECK	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
COLUMBUS	OH	43219	06	17	11		25.00	
Full Name of Contributor							**Registration Number, if PAC**	
SHANIKA FLINN								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
2637 JONATHEN PARK							CHECK	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
REYNOLDSBURG	OH	43068	06	17	11		25.00	
Full Name of Contributor							**Registration Number, if PAC**	
RACHEL MCINTYRE								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
3539 ELLEN AVENUE	LAW STUDENT						CHECK	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
CANTON	OH	44703	06	17	11		100.00	
Full Name of Contributor							**Registration Number, if PAC**	
LIZ BLEDSOE								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
1449 BRYDEN ROAD	UNEMPLOYED						CASH	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
COLUMBUS	OH	43206	06	17	11		10.00	
Full Name of Contributor							**Registration Number, if PAC**	
KARMEN BLEDSOE								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
1449	UNEMPLOYED						CASH	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
COLUMBUS	OH	43206	06	17	11		10.00	
Full Name of Contributor							**Registration Number, if PAC**	
ARDELLA SILAS								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
4225 MACSWAY	RETIRED						CASH	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
COLUMBUS	OH	43232	06	17	11		10.00	
Full Name of Contributor							**Registration Number, if PAC**	
MARY RICHARDS								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
4225 MACSWAY	RETIRED						CASH	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
COLUMBUS	OH	43232	06	17	11		10.00	
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**	

* 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 $ 190.00