

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Committee to Elect Michael Bivens for Judge</b>						
Full Name of Contributor <b>Laurel Beatty</b>			Registration Number, if PAC			
Street Address <b>268 E. Gates St.</b>	Employer/Occupation/Labor Organization* <b>Franklin County Court</b>		M <b>0</b>	D <b>5</b>	Y <b>0</b>	Amount <b>50.00</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>H 43206</b>	Form(Cash,Check,etc) <b>check</b>			
Full Name of Contributor <b>Joy Bivens</b>			Registration Number, if PAC			
Street Address <b>4985 Doral Ave.</b>	Employer/Occupation/Labor Organization* <b>Ambassador Home Health</b>		M <b>0</b>	D <b>5</b>	Y <b>0</b>	Amount <b>100.00</b>
City <b>Whitehall</b>	State <b>O</b>	Zip Code <b>H 43213</b>	Form(Cash,Check,etc) <b>cash</b>			
Full Name of Contributor <b>Aaron Granger</b>			Registration Number, if PAC			
Street Address <b>6889 Bonnie Bridge Lane</b>	Employer/Occupation/Labor Organization* <b>Schottenstein Zox &amp; Dunn</b>		M <b>0</b>	D <b>5</b>	Y <b>0</b>	Amount <b>50.00</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>H 43219</b>	Form(Cash,Check,etc) <b>cash</b>			
Full Name of Contributor <b>Dominique Jones</b>			Registration Number, if PAC			
Street Address <b>448 W. Nationwide Blvd. #228</b>	Employer/Occupation/Labor Organization* <b>United Way of Central OH</b>		M <b>0</b>	D <b>5</b>	Y <b>0</b>	Amount <b>50.00</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>H 43215</b>	Form(Cash,Check,etc) <b>check</b>			
Full Name of Contributor <b>Rob Wood</b>			Registration Number, if PAC			
Street Address <b>6756 Annelise Ln.</b>	Employer/Occupation/Labor Organization* <b>Rob Wood Atty at Law</b>		M <b>0</b>	D <b>5</b>	Y <b>0</b>	Amount <b>50.00</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>H 43081</b>	Form(Cash,Check,etc) <b>check</b>			
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)			
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

300.00

Total expenditures this event

0.00

Page Total \$ 300.00