

Event Date 05/28/11

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Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full CITIZENS FOR MICHAEL BIVENS				
Full Name of Contributor JENNIFER TIECHE			Registration Number, if PAC	
Street Address 3536 KARIKAL DRIVE	Employer/Occupation/Labor Organization* SELF EMPLOYED		M D Y 0 5 2 8 1 1	Amount 20.00
City WESTERVILLE	State O H	Zip Code 43081	Form(Cash,Check,etc) CASH	
Full Name of Contributor RYAN JOLLEY			Registration Number, if PAC	
Street Address 187 REGENTS ROAD	Employer/Occupation/Labor Organization* STAFF MANAGEMEENT		M D Y 0 5 2 8 1 1	Amount 20.00
City GAHANNA	State O H	Zip Code 43230	Form(Cash,Check,etc) CHECK	
Full Name of Contributor FREDRICK HORTON			Registration Number, if PAC	
Street Address 1298 COBURGE	Employer/Occupation/Labor Organization* UNEMPLOYED		M D Y 0 5 2 8 1 1	Amount 30.00
City COLUMBUS	State O H	Zip Code 43227	Form(Cash,Check,etc) CASH	
Full Name of Contributor KENNETH GREEN			Registration Number, if PAC	
Street Address 1324 MOLLY LANE	Employer/Occupation/Labor Organization* RETIRED		M D Y 0 5 2 8 1 1	Amount 20.00
City COLUMBUS	State O H	Zip Code 43207	Form(Cash,Check,etc) CASH	
Full Name of Contributor GRACE TAYLOR			Registration Number, if PAC	
Street Address 8416 HILL ROAD	Employer/Occupation/Labor Organization* MT. CARMEL NURSE		M D Y 0 5 2 8 1 1	Amount 20.00
City CANAL WINCHESTER	State O H	Zip Code 43110	Form(Cash,Check,etc) CASH	
Full Name of Contributor BRANDI MARTIN			Registration Number, if PAC	
Street Address 911 COMESTOGA DRIVE	Employer/Occupation/Labor Organization* STATE OF OHIO		M D Y 0 5 2 8 1 1	Amount 30.00
City COLUMBUS	State O H	Zip Code 43213	Form(Cash,Check,etc) CHECK	
Full Name of Contributor ANTHONY PULLEN			Registration Number, if PAC	
Street Address 2716 CHRISTINE BLVD	Employer/Occupation/Labor Organization* CENTR. OHIO YOUTH		M D Y 0 5 2 8 1 1	Amount 20.00
City WESTERVILLE	State O H	Zip Code 43081	Form(Cash,Check,etc) CASH	

* 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

780

Total expenditures this event

Page Total \$ 160.00