

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 Vicki Potts					Registration Number, if PAC		
Street Address 5770 Middleby Dr.		Employer/Occupation/Labor Organization* Law Offices of Byron L. Potts			Form (Cash, Check, etc.) check		
City Hilliard	State O H	Zip Code 43026	M 1 0	D 1 4	Y 1 0	Amount 100.00	
Full Name of Contributor W. Shawna Gibbs					Registration Number, if PAC		
Street Address 2331 Argyle Dr.		Employer/Occupation/Labor Organization* Community Impact Agency			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43219	M 1 0	D 2 1	Y 1 0	Amount 50.00	
Full Name of Contributor John Jackson					Registration Number, if PAC		
Street Address 51 Liberty Ridge Ave.		Employer/Occupation/Labor Organization* 100 Black Men			Form (Cash, Check, etc.) check		
City Powell	State O H	Zip Code 43065	M 1 0	D 2 1	Y 1 0	Amount 500.00	
Full Name of Contributor Tei Street					Registration Number, if PAC		
Street Address 187 N. Garfield Ave.		Employer/Occupation/Labor Organization* Self Employed			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43203	M 1 0	D 2 2	Y 1 0	Amount 100.00	
Full Name of Contributor George Sarap					Registration Number, if PAC		
Street Address 51 N. High St. Ste. 781		Employer/Occupation/Labor Organization* Self Employed			Form (Cash, Check, etc.) credit card		
City Columbus	State O H	Zip Code 43215	M 1 1	D 0 1	Y 1 0	Amount 50.00	
Full Name of Contributor Kym Nelson					Registration Number, if PAC		
Street Address 2447 Waterfall Ln.		Employer/Occupation/Labor Organization* State of Ohio			Form (Cash, Check, etc.) credit card		
City Columbus	State O H	Zip Code 43209	M 1 0	D 2 6	Y 1 0	Amount 50.00	
Full Name of Contributor Yusuf Sadiq					Registration Number, if PAC		
Street Address 131 E. Main St.		Employer/Occupation/Labor Organization* Y Sadiq Diamond			Form (Cash, Check, etc.) credit card		
City Columbus	State O H	Zip Code 43215	M 1 0	D 1 9	Y 1 0	Amount 100.00	
Full Name of Contributor Cecil Gouke					Registration Number, if PAC		
Street Address 436 Northview Dr.		Employer/Occupation/Labor Organization* Nationwide			Form (Cash, Check, etc.) credit card		
City Bexley	State O H	Zip Code 43209	M 1 0	D 2 2	Y 1 0	Amount 100.00	

* 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 \$ 1,050.00