

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 Yvonne Hines					Registration Number, if PAC		
Street Address 378 Sherbourne Dr.		Employer/Occupation/Labor Organization* Chase Bank			Form (Cash, Check, etc.) check		
City Columbus	State O	Zip Code H 43219	M 0	D 4	Y 2	Amount 20.00	
Full Name of Contributor Typphany Samples					Registration Number, if PAC		
Street Address 6032 Connecticut Ct.		Employer/Occupation/Labor Organization* Cincinnati Public Schools			Form (Cash, Check, etc.) check		
City Cincinnati	State O	Zip Code H 45224	M 0	D 4	Y 2	Amount 20.00	
Full Name of Contributor Christopher Cooper					Registration Number, if PAC		
Street Address 286 Marjoram Dr.		Employer/Occupation/Labor Organization* Cooper and Associates			Form (Cash, Check, etc.) check		
City Gahanna	State O	Zip Code H 43230	M 0	D 5	Y 0	Amount 250.00	
Full Name of Contributor Jack Gibbs, Jr.					Registration Number, if PAC		
Street Address 3855 McDannald Dr.		Employer/Occupation/Labor Organization* Gibbs and Associates			Form (Cash, Check, etc.) check		
City Gahanna	State O	Zip Code H 43230	M 0	D 5	Y 1	Amount 50.00	
Full Name of Contributor Joseph Grant					Registration Number, if PAC		
Street Address 303 E. Broad St.		Employer/Occupation/Labor Organization* Capital University			Form (Cash, Check, etc.) cash		
City Columbus	State O	Zip Code H 43215	M 0	D 5	Y 1	Amount 50.00	
Full Name of Contributor Jason Jones					Registration Number, if PAC		
Street Address 304 Vista Dr.		Employer/Occupation/Labor Organization* unemployed			Form (Cash, Check, etc.) check		
City Gahanna	State O	Zip Code H 43230	M 0	D 5	Y 1	Amount 15.00	
Full Name of Contributor Severina Kraner					Registration Number, if PAC		
Street Address 235 W. Fifth St. Apt. 7W		Employer/Occupation/Labor Organization* Cardinal Health			Form (Cash, Check, etc.) check		
City New York	State N	Zip Code Y 10023	M 0	D 5	Y 1	Amount 35.00	
Full Name of Contributor Ruth McNeil					Registration Number, if PAC		
Street Address 1494 Lafayette Dr. Apt. B		Employer/Occupation/Labor Organization* Upper Arlington Public Library			Form (Cash, Check, etc.) check		
City Upper Arlington	State O	Zip Code H 43220	M 0	D 5	Y 3	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 \$ 540.00