

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee to Elect Michael Bivens for Judge						
Full Name of Contributor Contributions of \$25 or less				Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
			0	5	0	40.00
City	State	Zip Code	Form(Cash,Check,etc)			
			cash, check			
Full Name of Contributor Sharon Acker				Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
10191 Oxford Dr.	retired		0	5	0	500.00
City	State	Zip Code	Form(Cash,Check,etc)			
Pickerington	O	H 43147	check			
Full Name of Contributor Abby Hill				Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
457 Colony Park Dr.	God's Kidz		0	5	0	30.00
City	State	Zip Code	Form(Cash,Check,etc)			
Pickerington	O	H 43147	cash			
Full Name of Contributor Carolyn Warren				Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
10147 Berkshire St.	Equip U Ministries		0	5	0	30.00
City	State	Zip Code	Form(Cash,Check,etc)			
Pickerington	O	H 43147	check			
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)			
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

600.00

Total expenditures this event

0.00

Page Total \$ 600.00
