

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 David Yashon						Registration Number, if PAC	
Street Address 500 Columbus Pl.		Employer/Occupation/Labor Organization* Neurological & Assoc.		M 0	D 7	Y 3	Amount 50.00
City Bexley		State O	H H	Zip Code 43209		Form(Cash,Check,etc) check	
Full Name of Contributor Margaret Martinez						Registration Number, if PAC	
Street Address 544 S. Front St.		Employer/Occupation/Labor Organization* OSU Medical Center		M 0	D 7	Y 3	Amount 45.00
City Columbus		State O	H H	Zip Code 43215		Form(Cash,Check,etc) check	
Full Name of Contributor Stephanie Starks						Registration Number, if PAC	
Street Address 6552 Jenny Park Rd.		Employer/Occupation/Labor Organization* PNC Bank		M 0	D 7	Y 3	Amount 45.00
City Canal Winchester		State O	H H	Zip Code 43130		Form(Cash,Check,etc) check	
Full Name of Contributor Fred Parker						Registration Number, if PAC	
Street Address 485 Thisleview Dr.		Employer/Occupation/Labor Organization* Park & Assoc.		M 0	D 7	Y 3	Amount 45.00
City Lewis Center		State O	H H	Zip Code 43054		Form(Cash,Check,etc) check	
Full Name of Contributor Aaron Granger						Registration Number, if PAC	
Street Address 6889 Bonnie Beach		Employer/Occupation/Labor Organization* Schottenstein, Zox, Dunn		M 0	D 7	Y 3	Amount 50.00
City Columbus		State O	H H	Zip Code 43235		Form(Cash,Check,etc) check	
Full Name of Contributor Lawrence Winfield						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization* retired		M 0	D 7	Y 3	Amount 45.00
City Columbus		State O	H H	Zip Code		Form(Cash,Check,etc) check	
Full Name of Contributor						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M 	D 	Y 	Amount
City		State 	H 	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

700.00

Total expenditures this event

0.00

Page Total \$ 280.00