

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	10.00
City		State	Zip Code	Form(Cash,Check,etc)			
				check			
Full Name of Contributor William Holmes				Registration Number, if PAC			
Street Address 3186 Palomar Ave.		Employer/Occupation/Labor Organization* Haines Publishing		M	D	Y	Amount
				0	5	0	100.00
City Columbus		State O H	Zip Code 43231	Form(Cash,Check,etc)			
				check			
Full Name of Contributor Sharon McGowan				Registration Number, if PAC			
Street Address 9320 Wintercrest Ct.		Employer/Occupation/Labor Organization* ODJFS		M	D	Y	Amount
				0	5	0	40.00
City Columbus		State O H	Zip Code 43207	Form(Cash,Check,etc)			
				check			
Full Name of Contributor Dr. B. Gayle Neihaus				Registration Number, if PAC			
Street Address PO Box 13353		Employer/Occupation/Labor Organization* Fairfield H.S.		M	D	Y	Amount
				0	5	0	50.00
City Hamilton		State O H	Zip Code 45013	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	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
200.00

Total expenditures this event
0.00

Page Total \$ 200.00