

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

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|---|---|--------------------------|--------------------------------------|----------------|------------------------|
| Name of Committee in Full CITIZENS FOR MICHAEL BIVENS | | | | | |
| Full Name of Contributor DAVID YOUNG | | | Registration Number, if PAC | | |
| Street Address 6073 ASHLEY LYNN CT. | Employer/Occupation/Labor Organization* ATTORNEY | M 0 | D 5 | Y 28 | Amount 20.00 |
| City DUBLIN | State OH | Zip Code 43016 | Form(Cash,Check,etc) CASH | | |
| Full Name of Contributor JAMIE CAMPBELL | | | Registration Number, if PAC | | |
| Street Address 4642 WAKEFORD ST. | Employer/Occupation/Labor Organization* ATTORNEY | M 0 | D 5 | Y 28 | Amount 20.00 |
| City COLUMBUS | State OH | Zip Code 43214 | Form(Cash,Check,etc) CASH | | |
| Full Name of Contributor KIMBERLY TAYLOR | | | Registration Number, if PAC | | |
| Street Address 5306 RIFLE DRIVE | Employer/Occupation/Labor Organization* OHIO HEALTH | M 0 | D 5 | Y 28 | Amount 30.00 |
| City CANAL WINCHESTER | State OH | Zip Code 43110 | 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) | | |
| 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

Total expenditures this event

Page Total \$ 70.00

780