

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	4	1	865.00
City	State	Zip Code	Form (Cash, Check, etc)			
Full Name of Contributor Joy Bivens				Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
4985 Doral Ave.	Ambassador Home Health		0	4	1	184.51
City	State	Zip Code	Form (Cash, Check, etc)			
Whitehall	O	H 43213	cash			
Full Name of Contributor Stacy Burke				Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
6432 E. Main St. Ste. 203	Restorative Financial Serv		0	4	1	35.00
City	State	Zip Code	Form (Cash, Check, etc)			
Reynoldsburg	O	H 43068	check			
Full Name of Contributor William Harrell, Jr.				Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
1449 Cottingham Ct. W.	Columbus Urban League		0	4	1	40.00
City	State	Zip Code	Form (Cash, Check, etc)			
Columbus	O	H 43209	check			
Full Name of Contributor Ken McNeil				Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
898 S. Ohio Ave.	Ohio Tuition Trust Auth.		0	4	1	30.00
City	State	Zip Code	Form (Cash, Check, etc)			
Columbus	O	H 43206	cash			
Full Name of Contributor Breana Means				Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
5092 Kilbourne Ave.	OPERS		0	4	1	60.00
City	State	Zip Code	Form (Cash, Check, etc)			
Columbus	O	H 43229	cash			
Full Name of Contributor Ashley Simmons				Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
4985 Doral Ave.	God's Kidz		0	4	1	60.00
City	State	Zip Code	Form (Cash, Check, etc)			
Whitehall	O	H 43213	cash			

* 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 \$ 1,274.51