

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full CITIZENS FOR MICHAEL BIVENS					
Full Name of Contributor BEVERLY CAMPBELL				Registration Number, if PAC	
Street Address 730 TRAPP DRIVE	Employer/Occupation/Labor Organization* ATTORNEY		M 0	D 5	Y 28
City GAHANNA	State O	Zip Code H 43230	Form(Cash,Check,etc) CHECK		Amount 20.00
Full Name of Contributor ANTHONY DAVIS				Registration Number, if PAC	
Street Address 1775 WILSON AVENUE	Employer/Occupation/Labor Organization* RETIRED		M 0	D 5	Y 28
City COLUMBUS	State O	Zip Code H 43207	Form(Cash,Check,etc) CASH		Amount 20.00
Full Name of Contributor WENDI WADDELL				Registration Number, if PAC	
Street Address 4302 COLBY AVE	Employer/Occupation/Labor Organization* TEACHER		M 0	D 5	Y 28
City COLUMBUS	State O	Zip Code H 43110	Form(Cash,Check,etc) CASH		Amount 10.00
Full Name of Contributor RONNA NWEZE				Registration Number, if PAC	
Street Address 6828 GAFFORD DRIVE	Employer/Occupation/Labor Organization* SUPPORT ANALYST		M 0	D 5	Y 28
City COLUMBUS	State O	Zip Code H 43229	Form(Cash,Check,etc) CASH		Amount 20.00
Full Name of Contributor MICHAEL PETERS				Registration Number, if PAC	
Street Address 12215 RAIN TREE	Employer/Occupation/Labor Organization* TRUCK DRIVER		M 0	D 5	Y 28
City PIK CERINGTON	State O	Zip Code H 43147	Form(Cash,Check,etc) CASH		Amount 20.00
Full Name of Contributor MARCUS STOCKTON				Registration Number, if PAC	
Street Address 5083 CEDAR DRIVE APT. F	Employer/Occupation/Labor Organization* MLS SERVICES LLC		M 0	D 5	Y 28
City COLUMBUS	State O	Zip Code H 43232	Form(Cash,Check,etc) CASH		Amount 50.00
Full Name of Contributor TONY HENDERSON				Registration Number, if PAC	
Street Address 1310 JAMES ROAD	Employer/Occupation/Labor Organization* UNEMPLOYED		M 0	D 5	Y 28
City COLUMBUS	State O	Zip Code H 43227	Form(Cash,Check,etc) CHECK		Amount 10.00

* 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 \$ 150.00

780