

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 Bryan Steward			Registration Number, if PAC			
Street Address 33 N. High St. Ste. 702	Employer/Occupation/Labor Organization* Thompson, Steward, Hull		M 0	D 4	Y 10	Amount 40.00
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) cash			
Full Name of Contributor Sheila Williams			Registration Number, if PAC			
Street Address 3311 Payday Ln.	Employer/Occupation/Labor Organization* retired		M 0	D 4	Y 10	Amount 30.00
City Columbus	State OH	Zip Code 43222	Form(Cash,Check,etc) cash			
Full Name of Contributor Jason Wilson			Registration Number, if PAC			
Street Address 3866 Waderidge	Employer/Occupation/Labor Organization* Chase Bank		M 0	D 4	Y 10	Amount 30.00
City Groveport	State OH	Zip Code 43125	Form(Cash,Check,etc) cash			
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)			
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

1,374.51

Total expenditures this event

0.00

Page Total \$ 100.00