

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
			0	4	0
City	State	Zip Code	1	1	0
			Amount 160.00		
Form(Cash,Check,etc) cash, checks					
Full Name of Contributor Paula Stanley					
Street Address 966 Linkfield Dr.				Employer/Occupation/Labor Organization* State Farm	
City	State	Zip Code	M	D	Y
Worthington	O	H	4	0	1
		43085	1	1	0
Amount 50.00					
Form(Cash,Check,etc) check					
Full Name of Contributor Grace Taylor					
Street Address 8416 Hill Rd. NW				Employer/Occupation/Labor Organization*	
City	State	Zip Code	M	D	Y
Canal Winchester	O	H	4	0	1
		43130	1	1	0
Amount 50.00					
Form(Cash,Check,etc) cash					
Full Name of Contributor					
Street Address				Employer/Occupation/Labor Organization*	
City	State	Zip Code	M	D	Y
Amount					
Form(Cash,Check,etc)					
Full Name of Contributor					
Street Address				Employer/Occupation/Labor Organization*	
City	State	Zip Code	M	D	Y
Amount					
Form(Cash,Check,etc)					
Full Name of Contributor					
Street Address				Employer/Occupation/Labor Organization*	
City	State	Zip Code	M	D	Y
Amount					
Form(Cash,Check,etc)					
Full Name of Contributor					
Street Address				Employer/Occupation/Labor Organization*	
City	State	Zip Code	M	D	Y
Amount					
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

260.00

Total expenditures this event

0.00

Page Total \$ 260.00