

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee to Elect Michael Bivens for Judge												
Full Name of Contributor Ann Marie Lotter						Registration Number, if PAC						
Street Address 10835 US 42 S.			Employer/Occupation/Labor Organization* Nationwide Insurance				Form (Cash, Check, etc.) credit card					
City Plain City		State O H		Zip Code 43064		M 0 7		D 1 4		Y 1 0		Amount 50.00
Full Name of Contributor Linda Williams						Registration Number, if PAC						
Street Address 2916 Barkley Sq. S.			Employer/Occupation/Labor Organization* retired				Form (Cash, Check, etc.) credit card					
City Columbus		State O H		Zip Code 43219		M 0 7		D 1 4		Y 1 0		Amount 39.00
Full Name of Contributor Melissa Johnson						Registration Number, if PAC						
Street Address 415 Armour Dr.			Employer/Occupation/Labor Organization* Velvet Suite Marketing				Form (Cash, Check, etc.) credit card					
City Atlanta		State G A		Zip Code 30326		M 0 7		D 1 4		Y 1 0		Amount 25.00
Full Name of Contributor Edward Williams						Registration Number, if PAC						
Street Address 5107 Madison Dr.			Employer/Occupation/Labor Organization* TBD Services				Form (Cash, Check, etc.) credit card					
City Atlanta		State G A		Zip Code 30346		M 0 7		D 2 9		Y 1 0		Amount 50.00
Full Name of Contributor Theresa Day						Registration Number, if PAC						
Street Address 2834 Yankee Doodle Dr.			Employer/Occupation/Labor Organization* UCRC				Form (Cash, Check, etc.) credit card					
City Reynoldsburg		State O H		Zip Code 43068		M 0 7		D 1 7		Y 1 0		Amount 39.00
Full Name of Contributor Melanie Robertson						Registration Number, if PAC						
Street Address 1220 Oakwood Ln.			Employer/Occupation/Labor Organization* Medco				Form (Cash, Check, etc.) credit card					
City Westerville		State O H		Zip Code 43081		M 0 8		D 1 3		Y 1 0		Amount 500.00
Full Name of Contributor Sharon Prater						Registration Number, if PAC						
Street Address 6120 Stockton Trail Way			Employer/Occupation/Labor Organization* Franklin County Sherriff's Dept.				Form (Cash, Check, etc.) credit card					
City Columbus		State O H		Zip Code 43213		M 0 8		D 2 7		Y 1 0		Amount 25.00
Full Name of Contributor Sharon Prater						Registration Number, if PAC						
Street Address 6120 Stockton Trail Way			Employer/Occupation/Labor Organization* Franklin County Sherriff's Dept.				Form (Cash, Check, etc.) credit card					
City Columbus		State O H		Zip Code 43213		M 0 9		D 1 4		Y 1 0		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)]

Page Total \$ 738.00