Page	2
11120	

## Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full								
Committee to Elect Michael Bivens for	Tudge							
Full Name of Contributor				Registration Number, if PAC				
Joy Bivens			O) company (s) of the company (s					
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
4985 Doral Ave.	Ambass	Care			check			
City	State	Zip Code	М	D	Y	Amount		
Whitehall	OH	43213	0 4	1 4	1 0	50.00		
Full Name of Contributor		ber, if PA	·					
Shannon Gillespie								
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
11933 Cedarcreek Dr.	Ethicon				check			
City	State	Zip Code	M	D	Υ	Amount		
Cincinnati	OH	45240	0 4	1 4	1 0	15.00		
Full Name of Contributor			Registration Number, if PAC					
Total contributions from Form no. 31-E								
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
						cash, check		
City	State	Zip Code	М	D	Υ	Amount		
		1	0 3	20	1 0	2,171.00		
Full Name of Contributor	1		CONTRACTOR CONTRACTOR	forest to true 1000 2000	ber, if PA			
Total contributions from Form no. 31-E								
Street Address Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)		
						cash, check		
City	State	Zip Code	М	D	Y	Amount		
•			0 4	0 1	1 0	260.00		
Full Name of Contributor			SAME TO SERVE TO SERVEY	A CONTRACTOR OF THE PARTY OF TH	ber, if PA			
Street Address Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)		
City	State	Zip Code	М	D	Y	Amount		
Full Name of Contributor	elamentos oraxenticos contrationas		Registra	ion Num	ber, if PA			
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
City	State	Zip Code	М	D	Y	Amount		
		-						
Full Name of Contributor			Registrat	ion Num	ber, if PA			
Street Address Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)		
			STORY COLUMN					
City	State	Zip Code	М	D	Y	Amount		
	-							
Full Name of Contributor	anaspaining and an anni an anni C							
Street Address Employer/Occupation/Labor Organization*					A STATE OF THE STA	Form (Cash, Check, etc.)		
	***							
city	State	Zip Code	М	D	Y	Amount		
	-	****						
ouread for contributions from industrials over \$100 to statutify and concern	pharman and a second and a second	lotes. If contributor is calf-apple		MANAGEMENT OF THE PARTY OF THE	possessing			

\* Required for contributions from individuals over \$100 to statewide and general assembly candidates. It 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 \$ 2,496.00