

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

|   |                     |   |               |               |  |                           |  |
|---|---------------------|---|---------------|---------------|--|---------------------------|--|
| Name of Committee in Full<br><b>Committee to Elect Michael Bivens for Judge</b> |                     |   |               |               |  |                           |  |
| Full Name of Contributor<br><b>Joy Bivens</b>                                   |                     |   |               |               | Registration Number, if PAC                    |                           |  |
| Street Address<br><b>4985 Doral Ave.</b>  |                     | Employer/Occupation/Labor Organization*<br><b>Ambassador Home Health Care</b> |               |               | Form (Cash, Check, etc.)<br><b>check</b>       |                           |  |
| City<br><b>Whitehall</b>  | State<br><b>O H</b> | Zip Code<br><b>43213</b>  | M<br><b>0</b> | D<br><b>4</b> | Y<br><b>1</b>                                  | Amount<br><b>50.00</b>    |  |
| Full Name of Contributor<br><b>Shannon Gillespie</b>                            |                     |   |               |               | Registration Number, if PAC                    |                           |  |
| Street Address<br><b>11933 Cedar Creek Dr.</b>                                  |                     | Employer/Occupation/Labor Organization*<br><b>Ethicon Endo Surgery</b>        |               |               | Form (Cash, Check, etc.)<br><b>check</b>       |                           |  |
| City<br><b>Cincinnati</b>   | State<br><b>O H</b> | Zip Code<br><b>45240</b>  | M<br><b>0</b> | D<br><b>4</b> | Y<br><b>1</b>                                  | Amount<br><b>15.00</b>    |  |
| Full Name of Contributor<br><b>Total contributions from Form no. 31-E</b>       |                     |   |               |               | Registration Number, if PAC                    |                           |  |
| Street Address  |                     | Employer/Occupation/Labor Organization*                                       |               |               | Form (Cash, Check, etc.)<br><b>cash, check</b> |                           |  |
| City  | State               | Zip Code  | M<br><b>0</b> | D<br><b>3</b> | Y<br><b>2</b>                                  | Amount<br><b>2,171.00</b> |  |
| Full Name of Contributor<br><b>Total contributions from Form no. 31-E</b>       |                     |   |               |               | Registration Number, if PAC                    |                           |  |
| Street Address  |                     | Employer/Occupation/Labor Organization*                                       |               |               | Form (Cash, Check, etc.)<br><b>cash, check</b> |                           |  |
| City  | State               | Zip Code  | M<br><b>0</b> | D<br><b>4</b> | Y<br><b>0</b>                                  | Amount<br><b>260.00</b>   |  |
| Full Name of Contributor  |                     |   |               |               | Registration Number, if PAC                    |                           |  |
| Street Address  |                     | Employer/Occupation/Labor Organization*                                       |               |               | Form (Cash, Check, etc.)                       |                           |  |
| City  | State               | Zip Code  | M             | D             | Y  | Amount                    |  |
| Full Name of Contributor  |                     |   |               |               | Registration Number, if PAC                    |                           |  |
| Street Address  |                     | Employer/Occupation/Labor Organization*                                       |               |               | Form (Cash, Check, etc.)                       |                           |  |
| City  | State               | Zip Code  | M             | D             | Y  | Amount                    |  |
| Full Name of Contributor  |                     |   |               |               | Registration Number, if PAC                    |                           |  |
| Street Address  |                     | Employer/Occupation/Labor Organization*                                       |               |               | Form (Cash, Check, etc.)                       |                           |  |
| City  | State               | Zip Code  | M             | D             | Y  | Amount                    |  |
| Full Name of Contributor  |                     |   |               |               | Registration Number, if PAC                    |                           |  |
| Street Address  |                     | Employer/Occupation/Labor Organization*                                       |               |               | Form (Cash, Check, etc.)                       |                           |  |
| City  | State               | Zip Code  | M             | D             | Y  | Amount                    |  |

\* 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 \$ 2,496.00