Event Date	10/13/10
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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 Michae	el Bivens for Judge	
Full Name of Contributor		Registration Number, if PAC
Contributions of \$25 or les		
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount 490.00
City	State Zip Code	Form(Cash, Check, etc) cash, checks
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)
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)

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	Total expenditures this event	
490.00	70.00	Page Total \$ 490.00

^{*} Re organization of which the employees are members, if any, must appear, [R.C. 3517.10(B)(4)]