



## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

	•					<u> </u>	
Name of Committee in Full							
CITIZENS FOR MICHAEL BIV	ENS						
Full Name of Contributor			Registra	Registration Number, if PAC			
JOY BIVENS							
Street Address	Employer/Occi	pation/Labor Organizatio	ori*			Form (Cash, Check, etc.)	
4985 DORAL AVENUE	AMBASSADOR HOME HEALTH				CHECK		
City	State	Zip Code	М	D	Y	Amount	
WHITEHALL	ОІН	43213	1015	117	1111	100.00	
Full Name of Contributor		110-110			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			Registra	ation Num	ber, if PA	iC .	
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
<i>(</i> *).	Chata	Zip Code	I M	D	ΙΫ́	Amount	
City	State !	z,tp Code	"	ľ	'i	Minotale	
Full Name of Contributor	L		Registra	ation Nun	iber, if PA	Č	
This paint of Continuous					,		
Street Address	Employer/Occi	ipation/Labor Organization	on*		*	Form (Cash, Check, etc.)	
City	State	Zip Code	М	D	Y	Amount	
Full Name of Contributor			Registra	ation Nun	iber, if PA	AC .	
Street Address	Employer/Occupation/Labor Organization*				-	Form (Cash, Check, etc.)	
City.	State	Zip Code	Тм	1 D	ΤΥ	Amount	
City	State	zip code	"	ľ	1	MINALIK	
Full Name of Contributor			Registra	ation Nun	ber, if PA	AC	
Tall paint of Communication							
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
	C	Zip Code	М	T D	] Y	Amount	
City	State	Zip Code	"	1 1	1 1	Amoun	
Full Name of Contributor		<u> </u>	Pagistr	ation Nun	ber, if PA	<u> </u>	
Pull Name of Contributor			Kegisiii	ation ivan	10.01, 11 1 1		
Street Address	Employer/Occupation/Labor Organization*			•••	Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor			Registra	ation Nun	iber, if PA	AC	
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City	State	Zip Code	М	l D	ΙΥ	Amount	
le ny		133, 5542			li		
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• 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 \$	100.00