

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 William Harrell, Jr.					Registration Number, if PAC		
Street Address 1449 Cottingham Ct. W.		Employer/Occupation/Labor Organization* Cols. Urban League			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43209	M 0 3	D 0 4	Y 1 0	Amount 100.00	
Full Name of Contributor Marilyn Scranton					Registration Number, if PAC		
Street Address 620 Sand Hill #203C		Employer/Occupation/Labor Organization* Retired Singer/Investor			Form (Cash, Check, etc.) check		
City Palo Alto	State C A	Zip Code 94304	M 0 3	D 2 5	Y 1 0	Amount 50.00	
Full Name of Contributor Tynisha Strickland					Registration Number, if PAC		
Street Address 2974 Raccoon Valley Rd.		Employer/Occupation/Labor Organization* Newark Hospital			Form (Cash, Check, etc.) check		
City Granville	State O H	Zip Code 43023	M 0 3	D 2 8	Y 1 0	Amount 50.00	
Full Name of Contributor Kathy Espy					Registration Number, if PAC		
Street Address 1350 Brookwood Pl.		Employer/Occupation/Labor Organization* Mt. Carmel			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43209	M 0 3	D 3 1	Y 1 0	Amount 50.00	
Full Name of Contributor Anita Pointer					Registration Number, if PAC		
Street Address 199 Ave. of the Stars #2475		Employer/Occupation/Labor Organization* Singer			Form (Cash, Check, etc.) check		
City Los Angeles	State C A	Zip Code 90067	M 0 3	D 3 1	Y 1 0	Amount 100.00	
Full Name of Contributor Zontaye Richardson					Registration Number, if PAC		
Street Address 1009 Water Tower Ln. #C		Employer/Occupation/Labor Organization* Montgomery Cty. MRDD			Form (Cash, Check, etc.) check		
City Dayton	State O H	Zip Code 45449	M 0 4	D 0 5	Y 1 0	Amount 20.00	
Full Name of Contributor Joy Bivens					Registration Number, if PAC		
Street Address 4985 Doral Ave.		Employer/Occupation/Labor Organization* Ambassador Home Health Care			Form (Cash, Check, etc.) check		
City Whitehall	State O H	Zip Code 43213	M 0 4	D 0 6	Y 1 0	Amount 100.00	
Full Name of Contributor Michael Morosky					Registration Number, if PAC		
Street Address 1063 Urlin Ave.		Employer/Occupation/Labor Organization* The Lazear Capital Partners			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43212	M 0 4	D 1 1	Y 1 0	Amount 575.00	

* 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 \$ 1,045.00