

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 Michael Bivens for Judge					
Full Name of Contributor Contributions of \$25 or less				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
			0	7	3
City	State	Zip Code	1	0	Amount
	O	H	43230	25.00	
Full Name of Contributor Rochelle Brinston				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
3875 Codwall St.	Salon Lofts		0	7	3
City	State	Zip Code	1	0	Amount
Gahanna	O	H	43230	60.00	
Full Name of Contributor Carmen Bledsoe				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
1620 Bryden Rd.	State of Ohio		0	7	3
City	State	Zip Code	1	0	Amount
Columbus	O	H	43205	45.00	
Full Name of Contributor Ashley Simmons				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
4985 Doral Ave.	Gods Kidz		0	7	3
City	State	Zip Code	1	0	Amount
Whitehall	O	H	43213	45.00	
Full Name of Contributor Hale Harmon				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
9020 Kingsley Rd.	Prudent Home Health		0	7	3
City	State	Zip Code	1	0	Amount
Reynoldsburg	O	H	43068	100.00	
Full Name of Contributor Ryan Jolley				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
187 Regents Rd.	law student		0	7	3
City	State	Zip Code	1	0	Amount
Columbus	O	H	43230	45.00	
Full Name of Contributor Ire Isaacson				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
490 Infield Rd.	IMAK CRUM		0	7	3
City	State	Zip Code	1	0	Amount
Columbus	O	H	43209	100.00	

* 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)]

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

700.00

Total expenditures this event

0.00

Page Total \$ 420.00