31-A R.C. 3517.10

## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

	•						
Name of Committee in Full							
CITIZENS FOR MICHAEL BIVE	NS						
Full Name of Contributor				Registration Number, if PAC			
KENNETH WILSON			1				
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)	
671 GREENWOOD ROAD	RETIRE				CHECK		
City	State	Zip Code	М	D	Y	Amount	
WHITEHALL	ОТН		املع	داما	1   1	25.00	
Full Name of Contributor	1013	40210			nber, if PA		
ALAN ACKER						.•	
Street Address	Complayor Occur	national abor Organization*				Form (Cash, Check, etc.)	
	Employer/Occupation/Labor Organization* ATTORNEY						
1081 ARCARO CT				T .:	1	CHECK	
City	State	Zip Code	M	D	Y	Amount	
GAHANNA	OH	43230			$\lfloor 1 \rfloor 1$	150.00	
Full Name of Contributor			Registra	tion Nun	nber, if PA	sC .	
	la i a					In (0.10)	
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
ar.		Ta: 0 1	···· I	T 5	1 1/		
City	State	Zip Code	M <sub>1</sub>	D	Y	Amount	
				<u> </u>	1 :00:		
Full Name of Contributor			Registra	tion Nun	nber, if PA	AC .	
Street Address	Ir10					Parent (Cook Charle at )	
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)	
61	E	12°- C-1	1 14		T 7/		
City	State	Zip Code	M	D	Y	Amount	
E 11 12 20 12 1				1 1	1 (7)		
Full Name of Contributor			Registra	tion Nun	nber, if PA	iC .	
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Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)	
		In a		1 45	1	-	
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor			Registra	tion Nun	nber, if PA	ıÇ	
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
City	State	Zip Code	М	D .	Y	Amount	
Full Name of Contributor			Registra	tion Nun	nber, if PA	AC .	
Street Address	Employer/Occu	pation/Labor Organization*	•			Form (Cash, Check, etc.)	
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City	State	Zip Code	M	D	Y	Amount	
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Full Name of Contributor			Registra	tion Nun	nber, if PA	nC	
	,						
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(BX4)]

Page Total	\$ 175.00