

# Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee <b>Committee to Elect Michael Bivens for Judge</b>						Registration Number, if PAC					
Full Name of Candidate <b>Michael Todd Bivens</b>											
Street Address <b>5 E. Long St. Ste. 501</b>						Office Sought <b>Judge</b>			District <b>Franklin Cty.</b>		
City <b>Columbus</b>						State <b>O H</b>		Zip Code <b>43215</b>			
Type of Report (place X to the left of report type)	Pre-Primary		<b>X</b>		Post-Primary		Pre-General		Post-General		Annual Year
	July		August		September		Termination		Semiannual		
Monthly		Monthly		Monthly		Termination					
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Report Electronically filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Date of Election			M	D	Y
						<b>1 1 0 2 1 0</b>					

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box. No other forms are required at a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$	1,841.84
2. Total monetary contributions (From Form No. 31-A)	\$	4,139.51
3. Total other income (From Form No. 31-A-2)	\$	0.00
4. Total funds available (sum of lines 1, 2, 3)	\$	5,981.35
5. Total monetary expenditures (From Form No. 31-B)	\$	4,145.86
6. Balance on hand (line 4 minus line 5)	\$	1,835.49
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	456.28
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	0.00
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	0.00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	0.00
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	0.00
12. Value of independent expenditures made (From Form No. 31-U)	\$	0.00
13. For Electronic Filing Entities only	\$	
Sum of lines 2, 7 and amount of any new loans received this period	\$	

10 JUN -9 PM 1:04  
 RECEIVED

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE

**Valerie Harrell - Treasurer**

*Valerie Harrell*  
Signature

06/09/10  
Date

Print Name and Title (Treasurer and Deputy Treasurer only)

Contribution  
pages 8

Expenditure  
pages 1

Other  
pages 1

Total  
pages 10

# 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 Yvonne Hines					Registration Number, if PAC		
Street Address 378 Sherbourne Dr.		Employer/Occupation/Labor Organization* Chase Bank			Form (Cash, Check, etc.) check		
City Columbus	State O   H	Zip Code 43219	M 0   4	D 2   5	Y 1   0	Amount 20.00	
Full Name of Contributor Typphany Samples					Registration Number, if PAC		
Street Address 6032 Connecticut Ct.		Employer/Occupation/Labor Organization* Cincinnati Public Schools			Form (Cash, Check, etc.) check		
City Cincinnati	State O   H	Zip Code 45224	M 0   4	D 2   5	Y 1   0	Amount 20.00	
Full Name of Contributor Christopher Cooper					Registration Number, if PAC		
Street Address 286 Marjoram Dr.		Employer/Occupation/Labor Organization* Cooper and Associates			Form (Cash, Check, etc.) check		
City Gahanna	State O   H	Zip Code 43230	M 0   5	D 0   7	Y 1   0	Amount 250.00	
Full Name of Contributor Jack Gibbs, Jr.					Registration Number, if PAC		
Street Address 3855 McDannald Dr.		Employer/Occupation/Labor Organization* Gibbs and Associates			Form (Cash, Check, etc.) check		
City Gahanna	State O   H	Zip Code 43230	M 0   5	D 1   1	Y 1   0	Amount 50.00	
Full Name of Contributor Joseph Grant					Registration Number, if PAC		
Street Address 303 E. Broad St.		Employer/Occupation/Labor Organization* Capital University			Form (Cash, Check, etc.) cash		
City Columbus	State O   H	Zip Code 43215	M 0   5	D 1   5	Y 1   0	Amount 50.00	
Full Name of Contributor Jason Jones					Registration Number, if PAC		
Street Address 304 Vista Dr.		Employer/Occupation/Labor Organization* unemployed			Form (Cash, Check, etc.) check		
City Gahanna	State O   H	Zip Code 43230	M 0   5	D 1   9	Y 1   0	Amount 15.00	
Full Name of Contributor Severina Kraner					Registration Number, if PAC		
Street Address 235 W. Fifth St. Apt. 7W		Employer/Occupation/Labor Organization* Cardinal Health			Form (Cash, Check, etc.) check		
City New York	State N   Y	Zip Code 10023	M 0   5	D 1   9	Y 1   0	Amount 35.00	
Full Name of Contributor Ruth McNeil					Registration Number, if PAC		
Street Address 1494 Lafayette Dr. Apt. B		Employer/Occupation/Labor Organization* Upper Arlington Public Library			Form (Cash, Check, etc.) check		
City Upper Arlington	State O   H	Zip Code 43220	M 0   5	D 3   0	Y 1   0	Amount 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)]

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Committee to Elect Michael Bivens for Judge</b>							
Full Name of Contributor <b>Laborers Int'l Union of N. America Local Union 423 AFL-CIO</b>					Registration Number, if PAC		
Street Address <b>620 Alum Creek Dr.</b>			Employer/Occupation/Labor Organization* <b>Local Union 423 AFL-CIO</b>			Form (Cash, Check, etc.) <b>check</b>	
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43205</b>	M <b>06</b>	D <b>03</b>	Y <b>10</b>	Amount <b>1,000.00</b>
Full Name of Contributor <b>Total contributions from Form no. 31-E</b>					Registration Number, if PAC		
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>cash, checks</b>	
City		State	Zip Code	M <b>04</b>	D <b>17</b>	Y <b>10</b>	Amount <b>1,374.51</b>
Full Name of Contributor <b>Total contributions from Form no. 31-E</b>					Registration Number, if PAC		
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>checks</b>	
City		State	Zip Code	M <b>04</b>	D <b>24</b>	Y <b>10</b>	Amount <b>125.00</b>
Full Name of Contributor <b>Total contributions from Form no. 31-E</b>					Registration Number, if PAC		
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>cash, checks</b>	
City		State	Zip Code	M <b>05</b>	D <b>01</b>	Y <b>10</b>	Amount <b>200.00</b>
Full Name of Contributor <b>Total contributions from Form no. 31-E</b>					Registration Number, if PAC		
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>cash, checks</b>	
City		State	Zip Code	M <b>05</b>	D <b>04</b>	Y <b>10</b>	Amount <b>300.00</b>
Full Name of Contributor <b>Total contributions from Form no. 31-E</b>					Registration Number, if PAC		
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>cash, checks</b>	
City		State	Zip Code	M <b>05</b>	D <b>08</b>	Y <b>10</b>	Amount <b>600.00</b>
Full Name of Contributor					Registration Number, if PAC		
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State	Zip Code	M	D	Y	Amount
Full Name of Contributor					Registration Number, if PAC		
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(B)(4)]

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full		Registration Number, if PAC						
Committee to Elect Michael Bivens for Judge								
Full Name of Contributor		Registration Number, if PAC						
Contributions of \$25 or less								
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount			
		0	4	1	7	1	0	865.00
City	State	Zip Code	Form(Cash,Check,etc)					
Full Name of Contributor		Registration Number, if PAC						
Joy Bivens								
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount			
4985 Doral Ave.	Ambassador Home Health	0	4	1	7	1	0	184.51
City	State	Zip Code	Form(Cash,Check,etc)					
Whitehall	O   H	43213	cash					
Full Name of Contributor		Registration Number, if PAC						
Stacy Burke								
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount			
6432 E. Main St. Ste. 203	Restorative Financial Serv	0	4	1	7	1	0	35.00
City	State	Zip Code	Form(Cash,Check,etc)					
Reynoldsburg	O   H	43068	check					
Full Name of Contributor		Registration Number, if PAC						
William Harrell, Jr.								
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount			
1449 Cottingham Ct. W.	Columbus Urban League	0	4	1	7	1	0	40.00
City	State	Zip Code	Form(Cash,Check,etc)					
Columbus	O   H	43209	check					
Full Name of Contributor		Registration Number, if PAC						
Ken McNeil								
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount			
898 S. Ohio Ave.	Ohio Tuition Trust Auth.	0	4	1	7	1	0	30.00
City	State	Zip Code	Form(Cash,Check,etc)					
Columbus	O   H	43206	cash					
Full Name of Contributor		Registration Number, if PAC						
Breena Means								
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount			
5092 Kilbourne Ave.	OPERS	0	4	1	7	1	0	60.00
City	State	Zip Code	Form(Cash,Check,etc)					
Columbus	O   H	43229	cash					
Full Name of Contributor		Registration Number, if PAC						
Ashley Simmons								
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount			
4985 Doral Ave.	God's Kidz	0	4	1	7	1	0	60.00
City	State	Zip Code	Form(Cash,Check,etc)					
Whitehall	O   H	43213	cash					

\* 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

Total expenditures this event

Page Total \$ 1,274.51

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Committee to Elect Michael Bivens for Judge</b>					
Full Name of Contributor <b>Bryan Steward</b>			Registration Number, if PAC		
Street Address <b>33 N. High St. Ste. 702</b>		Employer/Occupation/Labor Organization* <b>Thompson, Steward, Hull</b>		M   D   Y <b>0   4   1   7   1   0</b>	Amount <b>40.00</b>
City <b>Columbus</b>		State <b>O   H</b>	Zip Code <b>43215</b>	Form(Cash,Check,etc) <b>cash</b>	
Full Name of Contributor <b>Sheila Williams</b>			Registration Number, if PAC		
Street Address <b>3311 Payday Ln.</b>		Employer/Occupation/Labor Organization* <b>retired</b>		M   D   Y <b>0   4   1   7   1   0</b>	Amount <b>30.00</b>
City <b>Columbus</b>		State <b>O   H</b>	Zip Code <b>43222</b>	Form(Cash,Check,etc) <b>cash</b>	
Full Name of Contributor <b>Jason Wilson</b>			Registration Number, if PAC		
Street Address <b>3866 Waderidge</b>		Employer/Occupation/Labor Organization* <b>Chase Bank</b>		M   D   Y <b>0   4   1   7   1   0</b>	Amount <b>30.00</b>
City <b>Groveport</b>		State <b>O   H</b>	Zip Code <b>43125</b>	Form(Cash,Check,etc) <b>cash</b>	
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)	

\* 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  

1,374.51
----------

Total expenditures this event  

0.00
------

Page Total \$ <u>100.00</u>
-----------------------------

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Committee to Elect Michael Bivens for Judge</b>						
Full Name of Contributor <b>Contributions of \$25 or less</b>			Registration Number, if PAC			
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
			0	4	2	25.00
City	State	Zip Code	Form(Cash,Check,etc)			
			check			
Full Name of Contributor <b>Nissa Celeste Beasley</b>			Registration Number, if PAC			
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
1276 Donahey St.	Mary Kay		0	4	2	100.00
City	State	Zip Code	Form(Cash,Check,etc)			
Columbus	OH	43235	check			
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)			

\* 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  

125.00
--------

Total expenditures this event  

0.00
------

Page Total \$ 125.00
----------------------

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full				Registration Number, if PAC			
Committee to Elect Michael Bivens for Judge							
Full Name of Contributor				Registration Number, if PAC			
Contributions of \$25 or less							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
			0	5	0	1	10.00
City	State	Zip Code	Form(Cash,Check,etc)				
			check				
Full Name of Contributor				Registration Number, if PAC			
William Holmes							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
3186 Palomar Ave.	Haines Publishing		0	5	0	1	100.00
City	State	Zip Code	Form(Cash,Check,etc)				
Columbus	O   H	43231	check				
Full Name of Contributor				Registration Number, if PAC			
Sharon McGowan							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
9320 Wintercrest Ct.	ODJFS		0	5	0	1	40.00
City	State	Zip Code	Form(Cash,Check,etc)				
Columbus	O   H	43207	check				
Full Name of Contributor				Registration Number, if PAC			
Dr. B. Gayle Neihaus							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
PO Box 13353	Fairfield H.S.		0	5	0	1	50.00
City	State	Zip Code	Form(Cash,Check,etc)				
Hamilton	O   H	45013	check				
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)				

\* 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  
200.00

Total expenditures this event  
0.00

Page Total \$ 200.00

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Committee to Elect Michael Bivens for Judge</b>							
Full Name of Contributor <b>Laurel Beatty</b>			Registration Number, if PAC				
Street Address <b>268 E. Gates St.</b>		Employer/Occupation/Labor Organization* <b>Franklin County Court</b>		M	D	Y	Amount
				<b>0</b>	<b>5</b>	<b>0</b>	<b>50.00</b>
City <b>Columbus</b>		State <b>O</b>   <b>H</b>	Zip Code <b>43206</b>	Form(Cash,Check,etc) <b>check</b>			
Full Name of Contributor <b>Joy Bivens</b>			Registration Number, if PAC				
Street Address <b>4985 Doral Ave.</b>		Employer/Occupation/Labor Organization* <b>Ambassador Home Health</b>		M	D	Y	Amount
				<b>0</b>	<b>5</b>	<b>0</b>	<b>100.00</b>
City <b>Whitehall</b>		State <b>O</b>   <b>H</b>	Zip Code <b>43213</b>	Form(Cash,Check,etc) <b>cash</b>			
Full Name of Contributor <b>Aaron Granger</b>			Registration Number, if PAC				
Street Address <b>6889 Bonnie Bridge Lane</b>		Employer/Occupation/Labor Organization* <b>Schottenstein Zox &amp; Dunn</b>		M	D	Y	Amount
				<b>0</b>	<b>5</b>	<b>0</b>	<b>50.00</b>
City <b>Columbus</b>		State <b>O</b>   <b>H</b>	Zip Code <b>43219</b>	Form(Cash,Check,etc) <b>cash</b>			
Full Name of Contributor <b>Dominique Jones</b>			Registration Number, if PAC				
Street Address <b>448 W. Nationwide Blvd. #228</b>		Employer/Occupation/Labor Organization* <b>United Way of Central OH</b>		M	D	Y	Amount
				<b>0</b>	<b>5</b>	<b>0</b>	<b>50.00</b>
City <b>Columbus</b>		State <b>O</b>   <b>H</b>	Zip Code <b>43215</b>	Form(Cash,Check,etc) <b>check</b>			
Full Name of Contributor <b>Rob Wood</b>			Registration Number, if PAC				
Street Address <b>6756 Annelise Ln.</b>		Employer/Occupation/Labor Organization* <b>Rob Wood Atty at Law</b>		M	D	Y	Amount
				<b>0</b>	<b>5</b>	<b>0</b>	<b>50.00</b>
City <b>Columbus</b>		State <b>O</b>   <b>H</b>	Zip Code <b>43081</b>	Form(Cash,Check,etc) <b>check</b>			
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)			

\* 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  
300.00

Total expenditures this event  
0.00

Page Total \$ 300.00

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Committee to Elect Michael Bivens for Judge</b>							
Full Name of Contributor <b>Contributions of \$25 or less</b>			Registration Number, if PAC				
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
			0	5	08	110	40.00
City	State	Zip Code	Form(Cash,Check,etc)				
			cash, check				
Full Name of Contributor <b>Sharon Acker</b>			Registration Number, if PAC				
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
10191 Oxford Dr.	retired		0	5	08	110	500.00
City	State	Zip Code	Form(Cash,Check,etc)				
Pickerington	O   H	43147	check				
Full Name of Contributor <b>Abby Hill</b>			Registration Number, if PAC				
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
457 Colony Park Dr.	God's Kidz		0	5	08	110	30.00
City	State	Zip Code	Form(Cash,Check,etc)				
Pickerington	O   H	43147	cash				
Full Name of Contributor <b>Carolyn Warren</b>			Registration Number, if PAC				
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
10147 Berkshire St.	Equip U Ministries		0	5	08	110	30.00
City	State	Zip Code	Form(Cash,Check,etc)				
Pickerington	O   H	43147	check				
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)				

\* 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  

600.00
--------

Total expenditures this event  

0.00
------

Page Total \$ 600.00

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Committee to Elect Michael Bivens for Judge</b>												
To Whom Paid <b>Thoth Communications</b>						M	D	Y	Amount			
						0	4	3	0	1	0	2,000.00
Address <b>350 S. Huron Ave.</b>				Purpose <b>Campaign Management Fee</b>								
City <b>Columbus</b>		State <b>O H</b>		Zip Code <b>43204</b>		Check Number <b>308</b>						
To Whom Paid <b>Hot Cards Columbus</b>						M	D	Y	Amount			
						0	5	2	5	1	0	85.40
Address <b>372 E. Main St.</b>				Purpose <b>Campaign Business Cards</b>								
City <b>Columbus</b>		State <b>O H</b>		Zip Code <b>43215</b>		Check Number <b>309</b>						
To Whom Paid <b>CHECK VOIDED</b>						M	D	Y	Amount			
Address				Purpose								
City		State		Zip Code		Check Number						
						<b>310</b>						
To Whom Paid <b>Franklin County Democratic Party</b>						M	D	Y	Amount			
						0	6	0	1	1	0	60.46
Address <b>271 E. State St.</b>				Purpose <b>Copies Charge</b>								
City <b>Columbus</b>		State <b>O H</b>		Zip Code <b>43215</b>		Check Number <b>311</b>						
To Whom Paid <b>Thoth Communications</b>						M	D	Y	Amount			
						0	6	0	2	1	0	2,000.00
Address <b>350 S. Huron Ave.</b>				Purpose <b>Campaign Management Fee</b>								
City <b>Columbus</b>		State <b>O H</b>		Zip Code <b>43204</b>		Check Number <b>312</b>						
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City		State		Zip Code		Check Number						
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City		State		Zip Code		Check Number						

# In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Committee to Elect Michael Bivens for Judge</b>			
Full Name of Contributor <b>Jackie Mann</b>		Employer, Occupation, Labor Organization * <b>Michael T. Bivens Law Firm</b>	
Street Address <b>3635 Kirkwood Ln.</b>		Description of Item or Service <b>food/beverages/DJ</b>	
City <b>Columbus</b>		Registration Number, if PAC <b>050110</b>	
State <b>OH</b>		Fair Market Value <b>423.68</b>	
Zip Code <b>43227</b>		Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor <b>Marcus Stockton</b>		Employer, Occupation, Labor Organization * <b>Crane Plastics</b>	
Street Address <b>6430 Skimmer Ln.</b>		Description of Item or Service <b>Supplies for Fish Fry</b>	
City <b>Gahanna</b>		Registration Number, if PAC <b>041710</b>	
State <b>OH</b>		Fair Market Value <b>32.60</b>	
Zip Code <b>43230</b>		Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor		Employer, Occupation, Labor Organization *	
Street Address		Description of Item or Service	
City		Registration Number, if PAC	
State		Fair Market Value	
Zip Code		Received at Fundraising Event?	
Full Name of Contributor		Employer, Occupation, Labor Organization *	
Street Address		Description of Item or Service	
City		Registration Number, if PAC	
State		Fair Market Value	
Zip Code		Received at Fundraising Event?	
Full Name of Contributor		Employer, Occupation, Labor Organization *	
Street Address		Description of Item or Service	
City		Registration Number, if PAC	
State		Fair Market Value	
Zip Code		Received at Fundraising Event?	
Full Name of Contributor		Employer, Occupation, Labor Organization *	
Street Address		Description of Item or Service	
City		Registration Number, if PAC	
State		Fair Market Value	
Zip Code		Received at Fundraising Event?	
Full Name of Contributor		Employer, Occupation, Labor Organization *	
Street Address		Description of Item or Service	
City		Registration Number, if PAC	
State		Fair Market Value	
Zip Code		Received at Fundraising Event?	
Full Name of Contributor		Employer, Occupation, Labor Organization *	
Street Address		Description of Item or Service	
City		Registration Number, if PAC	
State		Fair Market Value	
Zip Code		Received at Fundraising Event?	

\* 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)]