

# Ohio Campaign Finance Report

FILED

Prescribed by Secretary of State 3/05

10 APR 21 PM 2:15

Full Name of Committee <b>Committee to Elect Michael Bivens for Judge</b>						Registration Number, if PAC <b>FRANKLIN COUNTY BOARD OF ELECTIONS</b>					
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)	<input checked="" type="checkbox"/>	Pre-Primary		Post-Primary		Pre-General		Post-General		Annual Year	
		July Monthly		August Monthly		September Monthly		Termination		Semianual	
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	
						1	1	0	2	1	0

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	\$	0.00
2. Total monetary contributions (From Form No. 31-A)	\$	3,541.00
3. Total other income (From Form No. 31-A-2)	\$	0.00
4. Total funds available (sum of lines 1, 2, 3)	\$	3,541.00
5. Total monetary expenditures (From Form No. 31-B)	\$	1,699.16
6. Balance on hand (line 4 minus line 5)	\$	1,841.84
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	283.50
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		

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**

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature



04/21/10

Date

Contribution  
pages 6

Expenditure  
pages 1

Other  
pages 1

Total  
pages 8

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

\* 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>Joy Bivens</b>					Registration Number, if PAC		
Street Address <b>4985 Doral Ave.</b>		Employer/Occupation/Labor Organization* <b>Ambassador Home Health Care</b>			Form (Cash, Check, etc.) <b>check</b>		
City <b>Whitehall</b>	State <b>O   H</b>	Zip Code <b>43213</b>	M <b>0   4</b>	D <b>1   4</b>	Y <b>1   0</b>	Amount <b>50.00</b>	
Full Name of Contributor <b>Shannon Gillespie</b>					Registration Number, if PAC		
Street Address <b>11933 Cedar creek Dr.</b>		Employer/Occupation/Labor Organization* <b>Ethicon Endo Surgery</b>			Form (Cash, Check, etc.) <b>check</b>		
City <b>Cincinnati</b>	State <b>O   H</b>	Zip Code <b>45240</b>	M <b>0   4</b>	D <b>1   4</b>	Y <b>1   0</b>	Amount <b>15.00</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, check</b>		
City	State	Zip Code	M <b>0   3</b>	D <b>2   0</b>	Y <b>1   0</b>	Amount <b>2,171.00</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, check</b>		
City	State	Zip Code	M <b>0   4</b>	D <b>0   1</b>	Y <b>1   0</b>	Amount <b>260.00</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	
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 <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	3	20	1,131.00
City	State	Zip Code		Form(Cash,Check,etc)			
				cash, check			
Full Name of Contributor <b>David Head</b>				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
4085 Porsche Ct.		retired		0	3	20	30.00
City	State	Zip Code		Form(Cash,Check,etc)			
Columbus	O   H	43232		cash			
Full Name of Contributor <b>Marjorie Head</b>				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
4085 Porsche Ct.		retired		0	3	20	30.00
City	State	Zip Code		Form(Cash,Check,etc)			
Columbus	O   H	43232		cash			
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.		Godskidz/Daycare Ctr.		0	3	20	60.00
City	State	Zip Code		Form(Cash,Check,etc)			
Pickerington	O   H	43147		cash			
Full Name of Contributor <b>Rosalyn Holmes</b>				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
3186 Palomar Ave.		laid off		0	3	20	50.00
City	State	Zip Code		Form(Cash,Check,etc)			
Columbus	O   H	43231		check			
Full Name of Contributor <b>Andre' Lampkins</b>				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
188 Rugby Ln.		State of Ohio		0	3	20	60.00
City	State	Zip Code		Form(Cash,Check,etc)			
Gahanna	O   H	43230		cash			
Full Name of Contributor <b>Jacqueline Mann</b>				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
3635 Kirkwood		Michael T. Bivens Law		0	3	20	50.00
City	State	Zip Code		Form(Cash,Check,etc)			
Columbus	O   H	43227		check			

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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

2,171.00

Total expenditures this event

176.30

Page Total \$ 1,411.00

## 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 Grace Mann				Registration Number, if PAC			
Street Address 1627 N. Starr Rd.		Employer/Occupation/Labor Organization* retired		M	D	Y	Amount
				0	3	2	30.00
City Pickerington		State OH	Zip Code 43147	Form(Cash,Check,etc) cash			
Full Name of Contributor Terrance Sigers				Registration Number, if PAC			
Street Address 1538 Barnes Drive E.		Employer/Occupation/Labor Organization* Radio One		M	D	Y	Amount
				0	3	2	50.00
City Columbus		State OH	Zip Code 43229	Form(Cash,Check,etc) cash			
Full Name of Contributor Ardella Silas				Registration Number, if PAC			
Street Address 4225 Macsway Ave.		Employer/Occupation/Labor Organization* retired		M	D	Y	Amount
				0	3	2	200.00
City Columbus		State OH	Zip Code 43232	Form(Cash,Check,etc) cash			
Full Name of Contributor Bryan Steward				Registration Number, if PAC			
Street Address 33 N. High St. Ste. 702		Employer/Occupation/Labor Organization* Thompson, Steward, Hull		M	D	Y	Amount
				0	3	2	50.00
City Columbus		State OH	Zip Code 43215	Form(Cash,Check,etc) cash			
Full Name of Contributor Mary Underwood				Registration Number, if PAC			
Street Address 731 Fairway Blvd.		Employer/Occupation/Labor Organization* Unplymmt Review Comm		M	D	Y	Amount
				0	3	2	100.00
City Columbus		State OH	Zip Code 43213	Form(Cash,Check,etc) check			
Full Name of Contributor Charles Underwood				Registration Number, if PAC			
Street Address 731 Fairway Blvd.		Employer/Occupation/Labor Organization* Intermit Admin Hearing		M	D	Y	Amount
				0	3	2	100.00
City Columbus		State OH	Zip Code 43213	Form(Cash,Check,etc) check			
Full Name of Contributor Eric Warren				Registration Number, if PAC			
Street Address 10147 Bershire St.		Employer/Occupation/Labor Organization* Equip U Ministries		M	D	Y	Amount
				0	3	2	150.00
City Pickerington		State OH	Zip Code 43147	Form(Cash,Check,etc) check			

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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  
2,171.00

Total expenditures this event  
176.30

Page Total \$ 680.00

## 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>Jason Wilson</b>					Registration Number, if PAC		
Street Address <b>3866 Wadon Trail</b>		Employer/Occupation/Labor Organization* <b>JP Morgan</b>		M	D	Y	Amount
				<b>0</b>	<b>3</b>	<b>2</b>	<b>40.00</b>
City <b>Powell</b>		State <b>O</b>	H	Zip Code <b>43065</b>		Form(Cash,Check,etc) <b>cash</b>	
Full Name of Contributor <b>Kenneth Wilson</b>					Registration Number, if PAC		
Street Address <b>671 Greenwood Rd.</b>		Employer/Occupation/Labor Organization* <b>retired</b>		M	D	Y	Amount
				<b>0</b>	<b>3</b>	<b>2</b>	<b>40.00</b>
City <b>Columbus</b>		State <b>O</b>	H	Zip Code <b>43213</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	H	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	H	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	H	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	H	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	H	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  
2,171.00

Total expenditures this event  
176.30

Page Total \$ 80.00

## 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	4	0	160.00
City		State	Zip Code	Form(Cash,Check,etc)			
				cash, checks			
Full Name of Contributor <b>Paula Stanley</b>				Registration Number, if PAC			
Street Address <b>966 Linkfield Dr.</b>		Employer/Occupation/Labor Organization* <b>State Farm</b>		M	D	Y	Amount
				0	4	0	50.00
City <b>Worthington</b>		State <b>O</b>	Zip Code <b>H 43085</b>	Form(Cash,Check,etc)			
				check			
Full Name of Contributor <b>Grace Taylor</b>				Registration Number, if PAC			
Street Address <b>8416 Hill Rd. NW</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	0	50.00
City <b>Canal Winchester</b>		State <b>O</b>	Zip Code <b>H 43130</b>	Form(Cash,Check,etc)			
				cash			
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)			

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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

260.00

Total expenditures this event

0.00

Page Total \$ 260.00

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full							
Committee to Elect Michael Bivens for Judge							
To Whom Paid			M	D	Y	Amount	
RH Catering			0	3	3	0	176.30
Address		Purpose					
457 Colony Park Dr.		Food purchase					
City	State	Zip Code	Check Number				
Pickerington	OH	43147	301				
To Whom Paid			M	D	Y	Amount	
United Way			0	3	3	0	195.00
Address		Purpose					
360 South 3rd St.		Meany Award tickets (qty. - 3)					
City	State	Zip Code	Check Number				
Columbus	OH	43215	302				
To Whom Paid			M	D	Y	Amount	
Graphic Technologies			0	3	3	0	200.00
Address		Purpose					
532 Main St.		Campaign T-shirts - deposit					
City	State	Zip Code	Check Number				
Groveport	OH	43125	303				
To Whom Paid			M	D	Y	Amount	
Columbus Urban Art & Design			0	3	3	0	486.67
Address		Purpose					
9026 Trinity Cir.		Campaign website & branding - deposit					
City	State	Zip Code	Check Number				
Reynoldsburg	OH	43068	304				
To Whom Paid			M	D	Y	Amount	
Graphic Technologies			0	4	0	2	292.12
Address		Purpose					
532 Main St.		Campaign T-shirts - final payment					
City	State	Zip Code	Check Number				
Groveport	OH	43125	305				
To Whom Paid			M	D	Y	Amount	
Hot Cards Columbus			0	4	0	8	297.00
Address		Purpose					
372 E. Main St.		Campaign literature					
City	State	Zip Code	Check Number				
Columbus	OH	43215	306				
To Whom Paid			M	D	Y	Amount	
Joy Bivens			0	4	0	8	52.07
Address		Purpose					
4985 Doral Ave.		Campaign literature - reimbursement of check difference					
City	State	Zip Code	Check Number				
Whitehall	OH	43213	307				
To Whom Paid			M	D	Y	Amount	
Address		Purpose					
City	State	Zip Code	Check Number				
	OH						

# 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>Lenny Haynesworth</b>		Employer, Occupation, Labor Organization * <b>BB Seay Printing Inc.</b>		Registration Number, if PAC
Street Address <b>4433 Crosswoods Center Dr.</b>		Description of Item or Service <b>flyers</b>		M   D   Y   Fair Market Value <b>0   3   1   1   0   43.50</b>
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43232</b>	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor <b>Ron Hill</b>		Employer, Occupation, Labor Organization * <b>RH Catering</b>		Registration Number, if PAC
Street Address <b>457 Colony Park Dr.</b>		Description of Item or Service <b>food prep.</b>		M   D   Y   Fair Market Value <b>0   3   2   1   0   240.00</b>
City <b>Pickerington</b>		State <b>OH</b>	Zip Code <b>43147</b>	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address		Description of Item or Service		M   D   Y   Fair Market Value
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address		Description of Item or Service		M   D   Y   Fair Market Value
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address		Description of Item or Service		M   D   Y   Fair Market Value
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address		Description of Item or Service		M   D   Y   Fair Market Value
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address		Description of Item or Service		M   D   Y   Fair Market Value
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO

\* 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)]