

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 Total contributions from Form no. 31-E | | | | | | | Registration Number, if PAC | | |
| Street Address | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) cash, check | | |
| City | | | State I | Zip Code | | M 0 | D 7 | Y 3 | Amount 700.00 |
| Full Name of Contributor Total contributions from Form no. 31-E | | | | | | | Registration Number, if PAC | | |
| Street Address | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) cash, check | | |
| City | | | State I | Zip Code | | M 0 | D 9 | Y 1 | Amount 1,820.00 |
| Full Name of Contributor Total contributions from Form no. 31-E | | | | | | | Registration Number, if PAC | | |
| Street Address | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) cash, check | | |
| City | | | State I | Zip Code | | M 1 | D 0 | Y 1 | Amount 490.00 |
| Full Name of Contributor Click and Pledge online deposit test | | | | | | | Registration Number, if PAC | | |
| Street Address 371 Centennial Parkway | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) credit card | | |
| City Louisville | | | State C | Zip Code U 80027 | | M 0 | D 6 | Y 0 | Amount 0.79 |
| 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)]

Page Total \$ 3,010.79