

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 Daniel Mordarski					Registration Number, if PAC		
Street Address 5 E. Long St. Ste. 100		Employer/Occupation/Labor Organization* Law Office of Daniel Mordarski			Form (Cash, Check, etc.) credit card		
City Columbus	State O H	Zip Code 43215	M 0 9	D 1 4	Y 1 0	Amount 575.00	
Full Name of Contributor Tina Madison					Registration Number, if PAC		
Street Address 3658 Easton Loop West		Employer/Occupation/Labor Organization* Madison Day Care			Form (Cash, Check, etc.) credit card		
City Columbus	State O H	Zip Code 43219	M 0 9	D 1 6	Y 1 0	Amount 25.00	
Full Name of Contributor Stephanie Stovall					Registration Number, if PAC		
Street Address 10154 Bershire St.		Employer/Occupation/Labor Organization* Stephanie Stovall Photography			Form (Cash, Check, etc.) credit card		
City Pickerington	State O H	Zip Code 43147	M 0 9	D 1 6	Y 1 0	Amount 25.00	
Full Name of Contributor Perry Straughter					Registration Number, if PAC		
Street Address 2882 Albemarle Dr.		Employer/Occupation/Labor Organization* Johnson Controls			Form (Cash, Check, etc.) credit card		
City Reynoldsburg	State O H	Zip Code 43068	M 0 9	D 1 8	Y 1 0	Amount 10.00	
Full Name of Contributor Jerry Saunders					Registration Number, if PAC		
Street Address 13367 Calhoun Ct.		Employer/Occupation/Labor Organization* APDS			Form (Cash, Check, etc.) credit card		
City Pickerington	State O H	Zip Code 43147	M 0 9	D 2 6	Y 1 0	Amount 100.00	
Full Name of Contributor Alita Burns					Registration Number, if PAC		
Street Address 2880 Teapot Ct.		Employer/Occupation/Labor Organization* OSU			Form (Cash, Check, etc.) credit card		
City Reynoldsburg	State O H	Zip Code 43068	M 0 6	D 3 0	Y 1 0	Amount 50.00	
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, checks		
City	State :	Zip Code	M 0 6	D 0 6	Y 1 0	Amount 405.00	
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, checks		
City	State :	Zip Code	M 0 6	D 2 6	Y 1 0	Amount 645.00	

* 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)]

Page Total \$ 1,835.00