

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

| Name of Committee in Full | | | | | |
|-----------------------------|---|----------|-----------------------------|---|--------|
| CITIZENS FOR MICHAEL BIVENS | | | | | |
| Full Name of Contributor | | | Registration Number, if PAC | | |
| ARDELLA SILAS | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | M | D | Y | Amount |
| 4225 MACSWAY | RETIRED | 0 | 5 | 2 | 10.00 |
| City | State | Zip Code | Form(Cash,Check,etc) | | |
| COLUMBUS | O H | 43232 | CASH | | |
| Full Name of Contributor | | | Registration Number, if PAC | | |
| TAMEKA HAIRSTON | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | M | D | Y | Amount |
| 1629 KINGVIEW ROAD | OHIO STATE UNIV. | 0 | 5 | 2 | 40.00 |
| City | State | Zip Code | Form(Cash,Check,etc) | | |
| COLUMBUS | O H | 43209 | CASH | | |
| Full Name of Contributor | | | Registration Number, if PAC | | |
| MARY MAJOR | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | M | D | Y | Amount |
| 4225 MACSWAY | RETIRED | 0 | 5 | 2 | 10.00 |
| City | State | Zip Code | Form(Cash,Check,etc) | | |
| COLUMBUS | O H | 43232 | CASH | | |
| Full Name of Contributor | | | Registration Number, if PAC | | |
| PRISCILLA ROBERGE | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | M | D | Y | Amount |
| 372 CUMBERLAND DRIVE | RETIRED | 0 | 5 | 2 | 10.00 |
| City | State | Zip Code | Form(Cash,Check,etc) | | |
| WHITEHALL | O H | 43213 | CHECK | | |
| Full Name of Contributor | | | Registration Number, if PAC | | |
| TANYA LINK | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | M | D | Y | Amount |
| 85 WOODCLIFF | CUSTOMER SER.REP | 0 | 5 | 2 | 10.00 |
| City | State | Zip Code | Form(Cash,Check,etc) | | |
| WHITEHALL | O H | 43213 | CASH | | |
| Full Name of Contributor | | | Registration Number, if PAC | | |
| JANVIER WARD | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | M | D | Y | Amount |
| 3197 KINGS REALM AVE | DISH NETWORK | 0 | 5 | 2 | 10.00 |
| City | State | Zip Code | Form(Cash,Check,etc) | | |
| COLUMBUS | O H | 43232 | CASH | | |
| Full Name of Contributor | | | Registration Number, if PAC | | |
| ALEX MAGGARD | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | M | D | Y | Amount |
| 600 LINK ROAD | DCSC | 0 | 5 | 2 | 50.00 |
| City | State | Zip Code | Form(Cash,Check,etc) | | |
| WHITEHALL | O H | 43213 | CHECK | | |

* 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
780

Total expenditures this event
780

Page Total \$ 140.00