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Statement of Loans Received

Prescribed by Secretary of State3/05

				1.10	esenbed b	y Secreta	1 y 01 51a	165705				
Full Name of Committee CITIZENS FOR MIC	ינו א נור	DIVE	NIC									
From Whom Received MICHAEL BIVENS		DIVE	IND						Prior An		00.00	Amt. Incurred this Period
Address										۷,0	00.00	Outstanding Balance
5 EAST LONG STRI	EET											FORGIVEN
City		Zip Cod		Loa	ns Receiv	ed This	Period				Paym	ents This Period
COLUMBUS	OH	4321	5		Date			Amount		Dat		Amount
Date Loan was originally	M	D	Y	М	D _,	Y	\$		М	D	Y,	\$
Incurred		<u> </u>	l				╄-		1			
Registration Number, if PAC				М	D	Y 			М	D	Y	
Employer, Occupation/Labor Organization	on*			М	D	Y			М	D	Y	
From Whom Received					<u>• • • • • • • • • • • • • • • • • • • </u>	**************************************			Prior An	nount		Amt. Incurred this Period
Address												Outstanding Balance
City	State	Zip Cod	е	Loa	Loans Received This Period			Amount	Payments Ti			ents This Period Amount
Date Loan was originally	H H	D	ΙΥ	MI	Date D	Ιγ	k	Amount	M	T D	Тү	S
Incurred						Ι'n	ľ			1 1		
Registration Number, if PAC	<u>-</u>	1 `	1	М	D	Ϋ́			М	D	Y	
Employer/Occupation/Labor Organization*				М	D	Y			М	D	Y	
From Whom Received				<u> </u>			Prior Amount			Amt, Incurred this Period		
Address								_				Outstanding Balance
City	State	Zip Cod	е	Loa	ns Receiv	ed This	Period					ents This Period
	_			<u> </u>	Date			Amount		Dat		Amount
Date Loan was originally Incurred	M	D	Y 	M	D	Y 	S		М	D	Y 	\$
Registration Number, if PAC				М	D	Y			М	D	Y	
Employer/Occupation/Labor Organization*			М	D	Y			М	D	Y		
* Required for contributions over \$100					16		. 16	1		a afeka in	مان شان ماده	husings

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space	c. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2
Transfer total of all payments made in this period to the Statement of Ex	penditures (Form No. 31-B). Transfer Total Outstanding Balance to the cover page (Form No. 30-A).

ì	Total prior amount S	2,000.00	
2	Total received this period \$	0.0	00 (To Form No. 31-A-2)
3	Total Payments this Period \$	0.0	(also record on Form 31-B
4	Total Outstanding Balance \$	0.0	00 (To Form No. 30-A)

^{*} Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation and the name of the individual's business, if any, rather than employer should be listed. If two ormore employees donate 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)