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Statement of Loans Received

				P	rescribed	by Secret	ary of S	tate3/05				
Full Name of Committee				······································				· **				
Committee to Elect M	lichae	I Bive	ens for	· Judg	e							
From Whom Received									Рпог .	Amount		Amt, Incurred this Period
Michael Bivens									İ		0.00	15,000.0
Address												Outstanding Balance
4985 Doral Ave.										de San		15,000.0
City		Zip Co		Lo	ans Recei	ived This	Period				Paym	nents This Period
Whitehall	OH	[432]	13	L	Date			Amount	ľ	Da	•	Amount
Date Loan was originally	Mi	D	Y	M	D	Y	5		M_i	D	Y	\$
Incurred	0 9	1 (0 1 0	0 9	1 0	110	}	15000				
Registration Number, if PAC				М	D	Y			M!	D	Y	
						j					ļ	
Employer/Occupation/Labor Organization*				M	D	Y			M	D	Y	
Law Office of Michael I	Biven	S			1							
From Whom Received								•	Prior A	Amount		Amt. Incurred this Period
Address					•							Outstanding Balance
City	State	Zip Coo	de	Loa	ıns Recei	ved This	Period			STATE OF THE LEGISLA	Paym	ents This Period
		Ì]	Date			Amount		Dat	•	Amount
Date Loan was originally Incurred	М	D	Y	M	D	Y	\$		M	D	Y	\$
Registration Number, if PAC	<u> </u>	1	1	M	D	Y	1		Μ	D	Y	
											l	
Employer/Occupation/Labor Organization*				M;	D	Y			Μį	Ď	Y	
					1				j	j	į	
From Whom Received			and the sail and and						Prior A	Amount		Aint. Incurred this Period
Address											4	Outstanding Balance
		,										
Cíty·	State	Zip Cod	le	Loans Received This Period						_	ents This Period	
				<u> </u>	Date	· · · · · · · · · · · · · · · · · · ·		Amount		Dat		Amount
Date Loan was originally Incurred	M	D	Y	M	D	Y	\$		Mi	D	Y	\$
	_	!					_			1		
Registration Number, if PAC				М	D	Y	I		Mj	D.	Y	
Estado de la constante de la c							↓			į		
Employer/Occupation/Labor Organization*				М	D	Y			M	D	Y	
		*	and great the garantee transition	<u> </u>	l	<u> </u>	<u> </u>					
* Pagning! for agreeibutions was \$100 to at					. 15		10			6.4		,
* Required for contributions over \$100 to \$12	Rewide a	nu genera	ar assembly	- candidate	es. II cont	indutor is	sen-em	pioyed, occupation and	the nar	ne of the m	dividual's C	usiness,
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)												
are employees are memoers, it any, must app	жаг, К.С	. 2217.30	40)(4)									
If a boar is familiary to the MC 1 1 11 11	"O	ria e esta e	. h					,				
If a loan is forgiven, write "Forgiven" in the	Ouistand	nng Bala -	nce space	. Fransfer	total of al	ii Ioans re	ceived t	ms period to the Staten	ient of t	Other Incon	ne (Form N	to. 31-A-2).

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

1 Total prior amount \$	0.00
2 Total received this period \$	15,000,00 (To Form No. 31-A-2)
3 Total Payments this Period \$	0.00 (also record on Form 31-B)
4 Total Outstanding Balance \$	15,000.00 (To Form No. 30-A)