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## **Statement of Loans Received**

					Prescribed	by Secr	retary of St	ate3/05							
Full Name of Committee															
Committee to Elect N	⁄licha	el Bi	vens fo	r Ind	σe										
From Whom Received					<u> </u>		<del></del>		Pric	× A.	nount				
Michael Bivens						File	я Ац		200.00	Amt. Incurred this Period					
Address								15,0	00.00						
<u>4985 Doral Ave.</u>													Outstanding Balance		
City	State	Zin (	Tode	Т.					_	4		*	15,000.00		
Whitehall	OLU 42212					- 1	Payments This Period								
Date Loan was originally	M	1 40.		М	Date			Amount			Da		Amount		
Incurred	3	1	0 1 0		D	Y	P		M		D	Y	\$		
Registration Number, if PAC	4 U ( )	7 ] 1 ]	UITIC	_	<del></del>	+			0						
The state of the s				М	D	I Y			М		D	Y			
Employer/Occupation/Labor Organization				-	_								!		
				М	D	Y	]		М		D	Y			
Law Office of Michael	bivei	ıs									L. I	1. [			
From whom Received									Prio	Am	ount		Amt. Incurred this Period		
Address													İ		
Address												-' ,	Outstanding Balance		
Gi.													6		
City	State Zip Code Loans Received This Period						Payments This Period								
					Date			Amount			Dat		Amount		
Date Loan was originally	М	D	Y	M	D	Y	s	···	М	$\neg$	D	Y	İs		
Incurred					1 1	1 1	ł				1	1 1	ľ		
Registration Number, if PAC				М	D	Y	_	=	М		D	Y	<del>                                     </del>		
					1 1	1 1	- 1			Ì	_ 		1		
Employer/Occupation/Labor Organization*				М	D	Y	1		М	$\neg$	D	Y	<del> </del>		
					1 1	1				ĺ	<u> </u>				
From Whom Received						<u> </u>			Prior	Ama	Ount	J	Amt. Incurred this Period		
									1	,	· ·		Add. Incured dils realog		
Address						_		<del> </del>				- 4	Outstanding Dalam		
													Outstanding Balance		
City	State	Zip Co	ode	1	ans Recei	red This	n Davis J		_						
	[				Date	veu illis	9 I C110G	Amount			Det	ents This Period			
Date Loan was originally 🧓 🚁	М	D	Y	M	D	Y	ĸ	Amount	14		Date		Amount		
Incurred	<b>i</b>					1 1	ľ		М	ı	D	Y	3		
Registration Number, if PAC	<u> </u>	<del></del>		М	D	Y	<del></del>		+	-1			<u> </u>		
				```		1 1	1		М		D	Y			
Employer/Occupation/Labor Organization*			·	M	D	- <del></del>	┨		-	-		<b>_</b>			
				141		Y	1		М		D	Y			
Required for contributions over \$100 to at	atomaida o														
Required for contributions over \$100 to st	If	ma gene	rai assembly	candida	tes. It cont	ributor is	s self-empl	oyed, occupation	and the na	ıme (	of the ind	lividual's 1	business,		
f any, rather than employer should be listed	. II two o	rmore e	mployees do	nate via	payroll dec	luction a	nd exceed	the aggregate of \$	100, the I	abor	organiza	ntion of w	hich		
he employees are members, if any, must ap	pear. R.C	. 3517.1	0(B)(4)												
f a loan is forgiven, write "Forgiven" in the	"Outstand	ding Bal	ance" space.	Transfe	r total of al	l loans n	eceived thi	s period to the Sta	tement of	Oth	er Incom	e (Form N	No. 31-Δ-2)		
ransfer total of all payments made in this po	eriod to t	be State	ment of Exp	enditures	(Form No	. 31-B). '	Transfer T	otal Outstanding I	Balance to	the	cover na	ge (Form	No. 30-A)		
											p=	P. (1 O1III	110.00 11).		
7 7		15,0	00.00												
1 oral prior amount \$															
<del>- 1</del>		<u> </u>													
<del>- 1</del>				0.00	(To Form	n No 31	-A-2)								
2 Total received this period \$				0.00	_ (To Form	n No. 31	-A-2)								
2 Total received this period \$	,	_													
2 Total received this period \$					(To Form										
Total prior amount \$  Total received this period \$  Total Payments this Period \$  Total Outstanding Balance \$				0.00		ord on F	orm 31-B)								