Page	2

Statement of Loans Received

					Prescribe	ed by Se	cretary	of State3/05					
Full Name of Committee								····					
Committee to Elect N	Micha	el Biv	ens for	r lud	σe								
1 tom 44 north Received			ULLE EU	· jack	<u> </u>				Drion	Amount			
Michael Bivens Address									Prior		,000.00	Ant. Incun	red this Period
4985 Doral Ave.										10		Outstanding	0,00
City	State	e Zip Co	vda	·					,				FORGIVE
Whitehall		H 432		"	oans Rec		his Pe				Pay	ments This Pe	
Date Loan was originally	M	D	Y	M	D	е Т- _У		Amount	-		ate		Amount
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Registration Number, if PAC				М	D	Y	-		M	2 1 D	$\frac{7 1 }{Y}$	<u> </u>	<u>695.9</u>
Employer/Occupation/Labor Organization	•				$\perp \perp$	┵						1	
Law Office of Michael	Rivor	ne		M	D	Y			М	D	Y	 	
From Whom Received	Dive	15											
									Prior A	mount		Ant. Incurre	ed this Period
Address									-	2 %	1. 1.		
City		_,										Outstanding	Balance
Cay	State	Zip Cod	ie	Lo	uus Rece		nis Per	iod			Payr	nents This Per	riad
Date Loan was originally	M	D	Τy	- 1	Date			Amount		Da			Amount
Incurred 🚁 💮		1 1		М	D	Y	s		M	D	Y	s	
Registration Number, if PAC	1	<u>!</u>	·	M	D	Y	-			 _		<u> </u>	
					1		ı		M	D	Y	i	
Employer/Occupation/Labor Organization*				М	D	Y	_	·····	M	D	Y	 	
From Whom Received													
Trout Whom Received						-			Prior An	nount		Amt. Incurred	l this Period
Address													
										1 " . 2 	·	Outstanding I	3alance
City	State	Zip Code	· 1	Los	ins Recei	ved Th	is Peri	vl					
Date I Can time for the U.	lacksquare				Loans Received This Period Date Amount			1	Dat		neuts This Period Amount		
Date Loan was originally Incurred	М	D	Y	М	D	Y	Ş		M	D	Y	s	mous:
Registration Number, if PAC	<u> </u>			M	├ ऱ┴	 						<u> </u>	
			Ī	IVI)	D	Y	1		М	D	Y		
Employer/Occupation/Labor Organization*				M	D	Y	┪-		1/1				
						lί	- 1		М	D	Y		
Description of the second of t									<u> </u>	<u></u>	<u> </u>		
Required for contributions over \$100 to start any, rather than employer should be listed.	stewide a	nd general	assembly o	candidate	es. If cont	ributor	is self-∢	mployed, occupation and	i the name	of the in	dividual's t	usiness,	
f any, rather than employer should be listed. he employees are members, if any, must app	II THO OF	шкие сицу	iovees don:	ate via p	ayrolf dec	luction :	and exc	eed the aggregate of \$10	0, the labo	r organiza	ation of wh	nich	
p y = t means on, it may, must app	car. R.C.	. 2217.10(БД4)										
f a loan is forgiven, write "Forgiven" in the "	'Outstand	ling Baland	ce" snace "	Crantfor	total of al	11							
f a loan is forgiven, write "Forgiven" in the " ransfer total of all payments made in this pe	riod to th	e Stateme	at of Expen	i ausici iditures (Form No	i ioansi 31-Ri	Transf	I mis period to the Stater	nent of Ot	her Incom	e (Form N	o. 31-A-2).	
				().	. 101151	a rosa Oustanding Bal	ance to the	cover pa	ge (Form)	No. 30-A).	
1 Total prior amount \$		15,00	0.00										
•													

1	Total prior amount \$	15,000.00
2	Total received this period \$	0.00 (To Form No. 31-A-2)
3	Total Payments this Period \$	695.93 (also record on Form 31-B)
4	Total Outstanding Balance \$	0.00 (To Form No. 30-A)