

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>CITIZENS FOR MICHAEL BIVENS</b>									
To Whom Paid						M	D	Y	Amount
									0.00
Address				Purpose					
City		State		Zip Code		Check Number			
To Whom Paid						M	D	Y	Amount
									0.00
Address				Purpose					
City		State		Zip Code		Check Number			
To Whom Paid						M	D	Y	Amount
									0.00
Address				Purpose					
City		State		Zip Code		Check Number			
To Whom Paid						M	D	Y	Amount
									0.00
Address				Purpose					
City		State		Zip Code		Check Number			
To Whom Paid						M	D	Y	Amount
									0.00
Address				Purpose					
City		State		Zip Code		Check Number			
To Whom Paid						M	D	Y	Amount
									0.00
Address				Purpose					
City		State		Zip Code		Check Number			
To Whom Paid						M	D	Y	Amount
									0.00
Address				Purpose					
City		State		Zip Code		Check Number			