

## Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Michael Bivens							
Full Name Michael T. Bivens-The Law Office of Micheal Bivens				Registration Number, if PAC			
Address 6954 Americana		Type* LN		M 1	D 0	Y 0	Amount \$1,000.00
City Reynoldsburg		State OH	Zip Code 43068	Form (Cash, Check, etc.) Check			
Full Name Michael T. Bivens-The Law Office of Micheal Bivens				Registration Number, if PAC			
Address 6954 Americana		Type* LN		M 1	D 0	Y 1	Amount \$1,500.00
City Reynoldsburg		State OH	Zip Code 43068	Form (Cash, Check, etc.) Check			
Full Name				Registration Number, if PAC			
Address		Type* RE		M	D	Y	Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)			
Full Name				Registration Number, if PAC			
Address		Type* RE		M	D	Y	Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)			
Full Name				Registration Number, if PAC			
Address		Type* RE		M	D	Y	Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)			
Full Name				Registration Number, if PAC			
Address		Type* RE		M	D	Y	Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)			
Full Name				Registration Number, if PAC			
Address		Type* RE		M	D	Y	Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)			

\* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.

2,500.00

Page Total \$