Statement of Other Income

Prescribed by Secretary of State 2/0

Name of Committee in Full			
Citizens for Michael Bivens			
Full Name			Registration Number, if PAC
Michael T. Bivens-The Law Office of Micheal Bivens			
Address 6954 Americana	Type*		M D Y Amount 1 0 0 6 1 1 \$1,000.00
City	State	Zip Code	Form (Cash, Check, etc.)
Reynoldsburg	ОН	43068	Check Representation Number of BAC
Full Name Michael T. Bivens-The Law Office of Micheal Bivens			Registration Number, if PAC
Address	Type*		M D Y Amount
6954 Americana	LN		1 0 1 1 1 \$1,500.00
City	State	Zip Code	Form (Cash, Check, etc.)
Reynoldsburg	ОН	43068	Check
Full Name			Registration Number, if PAC
Address	Type*	4 3 44 7 5 4	M Y Amount
	RE	7.5	
City	Starte	Zip Code	Form (Cash, Check, etc.)
	OH		
Full Name	-		Registration Number, if PAC
Address	Type*	Part of the second	M D Y Amount
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City	Stație	Zip Code	Form (Cash, Check, etc.)
Full Name	OH_		Registration Number, if PAC
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City	State	Zip Code	Form (Cash, Check, etc.)
Full Name	OH		Registration Number, if PAC
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Address	Type*	A Section of the second	M D Y Amount
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City	State	Zip Code	Form (Cash, Check, etc.)
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Full Name			regionation radius, it fAC
Address	Type*	A STATE OF THE STA	M D Y Amount
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City	State	Zip Code	Form (Cash, Check, etc.)
Full Name	OH		Registration Number, if PAC
Address	Type*	1 A 4 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	·M D Y Amount
	RE		
City	Stație OH	Zip Code	Form (Cash, Check, etc.)
	1 00	I	<u> </u>

2,500.00

Page Total \$

^{*} 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.