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R	C	35	17.	i Ozi	B١

Statement of Other Income

Page	1	

Prescribed by Secretary of State 2/0

Name of Committee in Full			
Mike Shirey TTT Campaign Commit	tee		
Full Name Mike Shirey			Registration Number, if PAC
Address	Type		M D Y Amount
1023 Lancaster Ave	LN		0 9 1 1 1 3 \$800.00
City	State	Zip Code	Form (Cash, Check, etc.)
Reynoldsburg	OH	43068	Check
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	OH.	,	torri (cash, chear, ce.y
Full Name		<u></u>	Registration Number, if PAC
			rogistation remod, it rac
Address	Type*		M D Y Amount
	RÉ		
City	State	Zip Code	Form (Cash, Check, etc.)
	ОН	13.7	Carry Carry, Carry
Full Name			Registration Number, if PAC
Address	Type		M D Y Amount
	RÉ		
City	State	Zip Code	Form (Cash, Check, etc.)
	OH	·	
Full Name	Registration Number, if PAC		
Address	Type*		Y D
		*	M D Y Amount
City	RE State	Zip Code	Form (Cash, Check, etc.)
	OH	Zp cas	Furn (Casa, Check, etc.)
Full Name	1 011	· · · · · · · · · · · · · · · · · · ·	Registration Number, if PAC
			registration number, it fac
Address	Type*		M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	ОН		
Full Name			Registration Number, if PAC
Address	Type*	,	M. D. Y. Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	Он'		
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	ОН		

800.00
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.