Statement of Loans Received

Page	

Prescribed by Socretary of State 3/05				
Full Name of Committee MIKE Shirey T.T.T. Camp	saign Committee			
Mike Shirey		Prior Amount	Amt. Incurred this Period \$800.90	
1023 Laneaster Avi		Outstanding Balance FORIVEN		
Reynoldsburg OH 43068	Loans Received This Period Payments This Period		This Period	
Date Loan was originally Incurred Registration Number, if PAC	M D Y S M D Y	Date	\$ 642.13	
Employer/Occupation/Labor Organization*	M D Y	M D Y		
From Whom Received	1 1 1 1	Prior Amount	Amt. Incurred this Period	
Address .			Outstanding Balance	
City St ate Zip Code	Loans Received This Period Date Amount	Payments Date	This Period	
Date Loan was originally Incurred Registration Number, if PAC	M D Y S	M D Y	Amount 5	
Employer/Occupation/Labor Organization*	M D Y	M D Y		
From Whom Received		Prior Amouna	Amt. Incurred this Period	
Address .			Outstanding Balance	
City S1 atte Zip Code	Loans Received This Period Date Amount	Payments Date	This Period	
Date Loan was originally incurred Registration Number, if PAC	M D Y S	M D Y	Amount S	
Employer/Occupation/Labor Organization*	M D Y	M D Y		
* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]				
If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Outstanding Balance to the Cover page (Form No. 30-A).				
Total prior amount S				
Total received this period \$ 800.00 (To Form No. 31-A-2)				
Total payments this period \$(J-2.13 (To Form No. 31-B)				
⁴ Total Outstanding Balance \$	(To Form No. 30-A)		•	