

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Mike Shirey TTT Campaign Committee					
Full Name Mike Shirey			Registration Number, if PAC		
Address 1023 Lancaster Ave	Type* LN		M 0	D 9	Y 1 1 1 3
City Reynoldsburg	State OH	Zip Code 43068	Form (Cash, Check, etc.) Check		
Amount \$800.00					
Full Name					
Registration Number, if PAC					
Full Name			Registration Number, if PAC		
Address			Type*		
City			State		
Zip Code			Form (Cash, Check, etc.)		
Amount					
Full Name					
Registration Number, if PAC					
Full Name			Registration Number, if PAC		
Address			Type*		
City			State		
Zip Code			Form (Cash, Check, etc.)		
Amount					
Full Name					
Registration Number, if PAC					
Full Name			Registration Number, if PAC		
Address			Type*		
City			State		
Zip Code			Form (Cash, Check, etc.)		
Amount					
Full Name					
Registration Number, if PAC					
Full Name			Registration Number, if PAC		
Address			Type*		
City			State		
Zip Code			Form (Cash, Check, etc.)		
Amount					
Full Name					
Registration Number, if PAC					
Full Name			Registration Number, if PAC		
Address			Type*		
City			State		
Zip Code			Form (Cash, Check, etc.)		
Amount					
Full Name					
Registration Number, if PAC					
Full Name			Registration Number, if PAC		
Address			Type*		
City			State		
Zip Code			Form (Cash, Check, etc.)		
Amount					

* 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.

800.00
Page Total \$