

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Mike Shirey T.T.T. Campaign Committee									
Full Name of Contributor Donna Shirey CCAL Campaign						Registration Number, if PAC			
Street Address 1023 Lancaster Ave			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check			
City Reynoldsburg			State OH	Zip Code 43068		M 0	D 8	Y 3	Amount \$150.00
Full Name of Contributor Ohio Assoc of Professional Firefighters						Registration Number, if PAC			
Street Address 140 E Town St Suite 1225			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check			
City Columbus			State OH	Zip Code 43215		M 0	D 9	Y 2	Amount \$500.00
Full Name of Contributor Mr. Petty						Registration Number, if PAC			
Street Address 2267 Holton Rd			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash			
City Grove City			State OH	Zip Code 43068		M 0	D 9	Y 1	Amount \$100.00
Full Name of Contributor Dorothy Shirey						Registration Number, if PAC			
Street Address 1475 Graham Rd			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check			
City Reynoldsburg			State OH	Zip Code 43068		M 0	D 9	Y 1	Amount \$200.00
Full Name of Contributor IBEW 683 PCE						Registration Number, if PAC			
Street Address 23 West 2nd Ave			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check			
City Columbus			State OH	Zip Code 43201		M 0	D 9	Y 1	Amount \$1,000.00
Full Name of Contributor Chase Bryan						Registration Number, if PAC			
Street Address 646 Piedmont			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check			
City Heath			State OH	Zip Code 43056		M 0	D 9	Y 0	Amount \$50.00
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
City			State OH	Zip Code		M	D	Y	Amount
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
City			State OH	Zip Code		M	D	Y	Amount

* 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)]