

Statement of Contributions Received

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Prescribed by Secretary of State 03/05

Name of Committee in Full Mike Shirey TTT Campaign Committee									
Full Name of Contributor Jim Sharps						Registration Number, if PAC			
Street Address 2066 Wayfaring Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Reynoldsburg			State OH		Zip Code 43068		M 0		D 8
							Y 2		Y 5
							M 1		D 3
							Y 3		Y 3
Amount \$150.00									
Full Name of Contributor International Assoc. of Firefighters Local 2932 PCE									
Street Address 6900 E. Main St						Registration Number, if PAC 2932			
City Reynoldsburg			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
State OH			Zip Code 43068		M 0		D 9		Y 2
							Y 6		Y 1
							M 1		D 3
							Y 3		Y 3
Amount \$3,100.00									
Full Name of Contributor Charles McGrath									
Street Address 1358 Rosehill Rd						Registration Number, if PAC			
City Reynoldsburg			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
State OH			Zip Code 43068		M 0		D 9		Y 2
							Y 3		Y 3
							M 1		D 3
							Y 3		Y 3
Amount \$100.00									
Full Name of Contributor Patricia Melcher									
Street Address 1690 Lucks Rd						Registration Number, if PAC			
City Reynoldsburg			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
State OH			Zip Code 43068		M 1		D 0		Y 2
							Y 1		Y 1
							M 1		D 3
							Y 3		Y 3
Amount \$100.00									
Full Name of Contributor									
Street Address						Registration Number, if PAC			
City			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
State			Zip Code		M		D		Y
Amount									
Full Name of Contributor									
Street Address						Registration Number, if PAC			
City			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
State			Zip Code		M		D		Y
Amount									
Full Name of Contributor									
Street Address						Registration Number, if PAC			
City			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
State			Zip Code		M		D		Y
Amount									
Full Name of Contributor									
Street Address						Registration Number, if PAC			
City			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
State			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)]

Page Total **\$3,450.00**