

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Mike Wiles For School Board Committee							
Full Name of Contributor Adina Pelletier					Registration Number, if PAC N/A		
Street Address 2300 Brookbank Drive		Employer/Occupation/Labor Organization* On Demand Storage, LLC.			Form (Cash, Check, etc.) (Cash)		
City Grove City	State OH	Zip Code 43123	M 01	D 16	Y 09	Amount 50.00	
Full Name of Contributor Robert Schwab					Registration Number, if PAC N/A		
Street Address 120 Southwood Ave		Employer/Occupation/Labor Organization* Retired			Form (Cash, Check, etc.) (Cash)		
City Columbus	State OH	Zip Code 43207	M 03	D 18	Y 09	Amount 2.00	
Full Name of Contributor Deborah S Hurtt					Registration Number, if PAC N/A		
Street Address 255 E Welch Ave		Employer/Occupation/Labor Organization* Dentist, self employed.			Form (Cash, Check, etc.) (Cash)		
City Columbus	State OH	Zip Code 43207	M 03	D 18	Y 09	Amount 100.00	
Full Name of Contributor Committee for Dewey Stokes					Registration Number, if PAC N/A		
Street Address 750 Willow Bend Lane		Employer/Occupation/Labor Organization* N/A			Form (Cash, Check, etc.) (Cash)		
City Columbus	State OH	Zip Code 43204	M 03	D 18	Y 09	Amount 50.00	
Full Name of Contributor Jeffrey P. Sherman					Registration Number, if PAC N/A		
Street Address 375 E. Weisheimer		Employer/Occupation/Labor Organization* Self-employed.			Form (Cash, Check, etc.) (Cash)		
City Columbus	State OH	Zip Code 43214	M 03	D 30	Y 09	Amount 10.00	
Full Name of Contributor James E. Hildenbrand					Registration Number, if PAC N/A		
Street Address 3163 S. High. Street		Employer/Occupation/Labor Organization* Broker/Realtor			Form (Cash, Check, etc.) (Cash)		
City Columbus	State OH	Zip Code 43207	M 01	D 30	Y 09	Amount 25.00	
Full Name of Contributor Helen T. Spranke					Registration Number, if PAC N/A		
Street Address 847 E. North Broadway		Employer/Occupation/Labor Organization* Retired			Form (Cash, Check, etc.) (Cash)		
City Columbus	State OH	Zip Code 43224	M 01	D 30	Y 09	Amount 10.00	
Full Name of Contributor Ada Belle McLaughlin					Registration Number, if PAC N/A		
Street Address 3910 Wiston Drive		Employer/Occupation/Labor Organization* Retired			Form (Cash, Check, etc.) (Cash)		
City Groveport	State OH	Zip Code 43125	M 01	D 03	Y 09	Amount 25.00	

* 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 appear. [R.C. 3517.10(B)(4)]