

Event Date	10/13/09
Page	2

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Mike Wiles for School Board Committee				
Full Name of Contributor Ada Belle McLaughlin			Registration Number, if PAC	
Street Address 3910 Wiston Drive	Employer/Occupation/Labor Organization* Retired		M D Y 10 13 09	Amount 44.00
City Groveport	State OH	Zip Code 43215	Form (Cash, Check, etc) 2457	
Full Name of Contributor			Registration Number, if PAC	
Street Address			M D Y	Amount
City			Form (Cash, Check, etc)	
Full Name of Contributor			Registration Number, if PAC	
Street Address			M D Y	Amount
City			Form (Cash, Check, etc)	
Full Name of Contributor			Registration Number, if PAC	
Street Address			M D Y	Amount
City			Form (Cash, Check, etc)	
Full Name of Contributor			Registration Number, if PAC	
Street Address			M D Y	Amount
City			Form (Cash, Check, etc)	
Full Name of Contributor			Registration Number, if PAC	
Street Address			M D Y	Amount
City			Form (Cash, Check, etc)	

* 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)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event
359.00

Total expenditures this event
57.38

Page Total \$ **44.00**