

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 Mark A Potts					Registration Number, if PAC N/A		
Street Address 330 Guernsey Ave		Employer/Occupation/Labor Organization* Delaware County			Form (Cash, Check, etc.) 3975		
City Columbus	State OH	Zip Code 43204	M 07	D 03	Y 09	Amount 20.00	
Full Name of Contributor Jeffrey P. Sherman					Registration Number, if PAC N/A		
Street Address 165 Desantis		Employer/Occupation/Labor Organization* Retired			Form (Cash, Check, etc.) 1163		
City Columbus	State OH	Zip Code 43214	M 07	D 03	Y 09	Amount 10.00	
Full Name of Contributor Laura Wiles					Registration Number, if PAC N/A		
Street Address 203 E. Welch Ave		Employer/Occupation/Labor Organization* State of Ohio			Form (Cash, Check, etc.) 46.00		
City Columbus	State OH	Zip Code 43207	M 07	D 31	Y 09	Amount 40.00	
Full Name of Contributor Laura Wiles					Registration Number, if PAC N/A		
Street Address 203 E. Welch Ave		Employer/Occupation/Labor Organization* State of Ohio			Form (Cash, Check, etc.) 279.00		
City Columbus	State OH	Zip Code 43207	M 07	D 30	Y 09	Amount 279.00	
Full Name of Contributor Joan Warner					Registration Number, if PAC N/A		
Street Address 2587 Sherwood Rd		Employer/Occupation/Labor Organization* Retired			Form (Cash, Check, etc.) 9130		
City Columbus	State OH	Zip Code 43209	M 08	D 03	Y 09	Amount 20.00	
Full Name of Contributor Randy R. Wiles					Registration Number, if PAC N/A		
Street Address 3963 Yukon Ave		Employer/Occupation/Labor Organization* Retired			Form (Cash, Check, etc.) 35.00		
City Groveport	State OH	Zip Code 43207	M 08	D 19	Y 09	Amount 35.00	
Full Name of Contributor Robert Schwab					Registration Number, if PAC N/A		
Street Address 120 Southland Ave		Employer/Occupation/Labor Organization* Retired			Form (Cash, Check, etc.) 5.00		
City Columbus	State OH	Zip Code 43207	M 08	D 25	Y 09	Amount 5.00	
Full Name of Contributor David A. Dobos					Registration Number, if PAC N/A		
Street Address 8227 Glencree Place		Employer/Occupation/Labor Organization* Owner, Worldwide Data			Form (Cash, Check, etc.) 719		
City Dublin	State OH	Zip Code 43016	M 09	D 01	Y 09	Amount 100.00	

* 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)]

Page Total \$ **509.00**