

In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full			
Full Name of Contributor	Mike Wiles	Employer, Occupation, Labor Organization *	On Demand Storage, LLC
Street Address	203 E. Welch	Description of Item or Service	Pay for Naming Petitions
City	Columbus	State	OH
		Zip Code	43207
		Registration Number, if PAC	N/A
		M	D
		Y	Fair Market Value
		012	119
		09	30.00
		Received at Fundraising Event?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor	Adina Pelletier	Employer, Occupation, Labor Organization *	On Demand Storage, LLC
Street Address	3300 Brookbank Drive	Description of Item or Service	5 Thank you cards
City	Amherst City	State	OH
		Zip Code	43123
		Registration Number, if PAC	N/A
		M	D
		Y	Fair Market Value
		013	310
		09	3.10
		Received at Fundraising Event?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor	Mike Wiles	Employer, Occupation, Labor Organization *	On Demand Storage
Street Address	203 E. Welch	Description of Item or Service	Postcard/ Stamps
City	Columbus	State	OH
		Zip Code	43207
		Registration Number, if PAC	N/A
		M	D
		Y	Fair Market Value
			35.91
		Received at Fundraising Event?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *	
Street Address		Description of Item or Service	
City		State	
		Zip Code	
		Registration Number, if PAC	
		M	D
		Y	Fair Market Value
		Received at Fundraising Event?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *	
Street Address		Description of Item or Service	
City		State	
		Zip Code	
		Registration Number, if PAC	
		M	D
		Y	Fair Market Value
		Received at Fundraising Event?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *	
Street Address		Description of Item or Service	
City		State	
		Zip Code	
		Registration Number, if PAC	
		M	D
		Y	Fair Market Value
		Received at Fundraising Event?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *	
Street Address		Description of Item or Service	
City		State	
		Zip Code	
		Registration Number, if PAC	
		M	D
		Y	Fair Market Value
		Received at Fundraising Event?	<input type="checkbox"/> YES <input type="checkbox"/> NO

* 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)]