

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <u>Mike Wiles for School Board Committee</u>							
Full Name of Contributor <u>Mary Maynard Simon, Aradamaker Ltd.</u>						Registration Number, if PAC	
Street Address <u>663 Carpenter St.</u>		Employer/Occupation/Labor Organization* <u>Aradamaker Ltd (owner)</u>				Form (Cash, Check, etc.) <u>6204</u>	
City <u>Columbus</u>	State <u>Oh.</u>	Zip Code <u>43205</u>	M <u>10</u>	D <u>21</u>	Y <u>09</u>	Amount <u>25.00</u>	
Full Name of Contributor <u>Mike Wiles</u>						Registration Number, if PAC	
Street Address <u>203 E. Welch Ave</u>		Employer/Occupation/Labor Organization* <u>On Demand Storage dba Bors</u>				Form (Cash, Check, etc.) <u>6204</u>	
City <u>Columbus</u>	State <u>Oh</u>	Zip Code <u>43207</u>	M <u>11</u>	D <u>02</u>	Y <u>09</u>	Amount <u>18.52</u>	
Full Name of Contributor						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	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 appear. [R.C. 3517.10(B)(4)]