ز	1	~,	J-	I			
R	2.6	3.	35	1	7.	10)

In-Kind Contributions Received

Page	
rage	

Prescribed by Secretary of State 03/05

Name of Committee in Full					-	
Mike Wiles for School	Board					
Full Name of Contributor Miriam Bowers Abbott	Employer, Occupati	on, Labor Organization*	Registra	tion Nun	nber, if P	AC
Street Address	Description of Item		М	D	Y	Fair Market Value
46 Sheffeld Road	Webs:	Zip Code	O 6	d al Fuc	Iraising F	\$1.70 ivent?
Columbus.	011	43214	1			
Cult Viene of Caralles		on, Labor Organization*	☐ YES	tion Nun	nber, if P	AC
Mike Wiles Street Address	Description of Item	ON O'MAND STER	M)	D.	Yi	Fair Market Value
a03 E Welch Avenue	CAMPA State	igni Amcils	Received	at Fund	Y 1/3 draising F	159.20
COLUMBUS Full Name of Contributor	04	43207	☐ YES	S	×	NO
Full Name of Contributor			Registra	tion Nun	nber, if Pa	AC
Mike Wiles Street Address	Description of Item	ON DEMAND ST or Service	M	11. ·	Yį	Fair Market Value
city 203 E. Welch Arenue	Fishing Be	oth Goodies	O &	at Func	1 3	31.95 vent?
Colum Bus Full Name of Contributor	110	43207 on, Lebor Organization*	O YES			, NO
Full Name of Contributor LAURA Wiles Street Address		on, Labor Organization* or Service	Registra	tion Nun	nber, if Pa	AC
203 E. Welch Avenue		or Service At FAIR Zip Code	M &	30	13	Fair Market Value
Columbus	Sta te	Zip Code 43207	Received	d at Func	Iraising E	vent? NO
Full Name of Contributor	Employer, Occupati	on, Labor Organization*	Registra	tion Nun	nber, it P	AC
Street Address	Description of Item	or Service	M	D	Y	Fair Market Value
City	Sta te	Zip Code	Receive	d at Func	draising F	vent?
Full Name of Contributor	Employer Occupati	on, Labor Organization*	☐ YES		nber, if P	NO AC
	, ,, ,, .,,,				,	
Street Address	Description of Item	or Service	M	D	Y	Fair Market Value
City	Sta te	Zip Code	Receive	d at Fund	raising F	Event?
Full Name of Contributor	Employer, Occupate	on, Labor Organization*	Registra		nber, if P	NO AC
		•				
Street Address	Description of Item	or Service	M	D	Y	Fair Market Value
City	Sta to	Zip Code	Receive		draising F	vent?
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, if PAC			
Street Address	Description of Item	or Service	M	D	Y	Fair Market Value
City	Sta te	Zip Code	Receive		draising I	Event? NO

Page Total S 271.15

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and 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 also appear. [R.C. 3517.10(B)(4)]