Semiannual Report

31-A
R.C. 3517.10

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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				Registration Number, if PAC
Daniel T Bonner				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
911 E 12th Ave	DSCC Federal US. Government			3434
City	**State**	**Zip Code**	**M / D / Y**	**Amount**
Columbus	Oh.	43211	06 / 05 / 09	100.00

Full Name of Contributor				Registration Number, if PAC
Adina Pelletier				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
2300 Brookbank L Dr.	On Demand Storage			Cash, Check (circled)
City	**State**	**Zip Code**	**M / D / Y**	**Amount**
Grove City	Oh	43123	06 / 16 / 09	150.00

Full Name of Contributor				Registration Number, if PAC
Citizens for Roseann Hicks				N/A
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
920 Garden Rd	Citizens for Roseann Hicks			Check (circled) 1009
City	**State**	**Zip Code**	**M / D / Y**	**Amount**
Columbus	Oh.	43224	06 / 29 / 09	45.00

Full Name of Contributor				Registration Number, if PAC
Citizens for Alicia Healy				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
721 Bulen Ave	Citizens for Alicia Healey			Check (circled)
City	**State**	**Zip Code**	**M / D / Y**	**Amount**
Columbus	OH	43205	06 / 29 / 09	45.00

Full Name of Contributor				Registration Number, if PAC
Debra S. Hurtt				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
255 E. Welch Ave	Dentist, Self Employed			Check (circled) 4806
City	**State**	**Zip Code**	**M / D / Y**	**Amount**
Columbus	Oh	4806	06 / 30 / 09	100.00

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)]

Page Total $ ~~0.00~~ 440.00