

money received
6-9-11

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Elect Mike Wiles for School Board Committee							
Full Name of Contributor Mark Potts					Registration Number, if PAC NA		
Street Address 330 Guernsey Ave		Employer/Occupation/Labor Organization* Delaware County			Form (Cash, Check, etc.) 3500		
City Columbus	State OH	Zip Code 43204	M 1	D 0	Y 0	Amount 10.00	
Full Name of Contributor Debra S. Hurtt, D.D.S. LC, debra Hurtt					Registration Number, if PAC N/A		
Street Address 1128 South High Street		Employer/Occupation/Labor Organization* Self-employed Dentist			Form (Cash, Check, etc.) 5357		
City Columbus	State OH	Zip Code 43206	M 1	D 0	Y 0	Amount 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	
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City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
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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)]