

money
received

Chile Fundraiser
Event Date 9/18/07
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Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full				Registration Number, if PAC			
Elect Mike Wiles for School Board Committee				N/A			
Full Name of Contributor Adina Pelletier				Registration Number, if PAC			
Street Address 2300 Brookbank Dr.		Employer/Occupation/Labor Organization* On Demand Storage		M	D	Y	Amount 50.00
City Grove City	State Oh.	Zip Code 43123		Form (Cash, Check, etc) #150			
Full Name of Contributor Matthew S. Baldwin				Registration Number, if PAC			
Street Address 113 Kell Ave		Employer/Occupation/Labor Organization* Health Administrator		M	D	Y	Amount 25.00
City Columbus	State OH	Zip Code 43203		Form (Cash, Check, etc) check			
Full Name of Contributor Kenneth W. Fultz				Registration Number, if PAC			
Street Address 1410 S. 6th St.		Employer/Occupation/Labor Organization* City of Gahanna		M	D	Y	Amount 50.00
City Columbus	State OH	Zip Code 43207		Form (Cash, Check, etc) 11008			
Full Name of Contributor Patty Lamb				Registration Number, if PAC			
Street Address 162 Southwood		Employer/Occupation/Labor Organization* Coldwell Banker		M	D	Y	Amount 40.00
City Columbus	State OH	Zip Code 43204		Form (Cash, Check, etc) check			
Full Name of Contributor Mark Greiner				Registration Number, if PAC			
Street Address 326 E Deshler Av		Employer/Occupation/Labor Organization* Self Employed		M	D	Y	Amount 10
City Columbus	State OH	Zip Code 43208		Form (Cash, Check, etc)			
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City	State	Zip Code		Form (Cash, Check, etc)			
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City	State	Zip Code		Form (Cash, Check, etc)			

* 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)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$

175.00

0.00