

Money Received
6-9 thru 10-17

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 Mike Wiles					Registration Number, if PAC N/A		
Street Address 203 E Welch Ave		Employer/Occupation/Labor Organization* On Demand Storage, LLC			Form (Cash, Check, etc.) ☒ Cash		
City Columbus	State Oh	Zip Code 43207	M 06	D 09	Y 07	Amount 80.00	
Full Name of Contributor Adina Pelleter					Registration Number, if PAC N/A		
Street Address 2300 Brookbank Dr		Employer/Occupation/Labor Organization* On Demand Storage, LLC			Form (Cash, Check, etc.) ☒ Cash		
City Grove City	State Oh	Zip Code 43123	M 06	D 10	Y 07	Amount 10.00	
Full Name of Contributor Laura Wiles					Registration Number, if PAC N/A		
Street Address 203 E. Welch Ave		Employer/Occupation/Labor Organization* State of Ohio - Dept of Tax			Form (Cash, Check, etc.) ☒ Check		
City Columbus	State Oh	Zip Code 43207	M 07	D 24	Y 07	Amount 200.00	
Full Name of Contributor On Demand Storage, LLC Adina Pelleter member					Registration Number, if PAC N/A		
Street Address 3241 Center point Dr		Employer/Occupation/Labor Organization* On Demand Storage, LLC			Form (Cash, Check, etc.) ☒ Check		
City Grove City	State Oh	Zip Code 43123	M 08	D 14	Y 07	Amount 1300.00	
Full Name of Contributor Ada Belle McLaughlin					Registration Number, if PAC N/A		
Street Address 3910 Wiston Drive		Employer/Occupation/Labor Organization* Retired			Form (Cash, Check, etc.) ☒ Check		
City Groveport	State Oh	Zip Code 43125	M 09	D 19	Y 07	Amount 25.00	
Full Name of Contributor Committee For Dewey Stokes					Registration Number, if PAC N/A		
Street Address 75 Willow Bend Lane		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) ☒ Check		
City Columbus	State Oh	Zip Code 43204-14320	M 09	D 17	Y 07	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	

* 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)]