

Statement of Contributions Received

Prescribed by Secretary of State 3/05

| | | | | | | | |
|---|--------------------|--|----------------|---------------|---|-------------------------|--|
| Name of Committee in Full <u>Mike Wiles For School Board Committee</u> | | | | | | | |
| Full Name of Contributor <u>Ron Sams</u> | | | | | Registration Number, if PAC <u>N/A</u> | | |
| Street Address <u>138 Jana Kay Ct</u> | | Employer/Occupation/Labor Organization* <u>Columbus Children's owners - self employed</u> | | | Form (Cash, Check, etc.) <u>Cash</u> | | |
| City <u>Columbus</u> | State <u>OH</u> | Zip Code <u>43207</u> | M <u>01</u> | D <u>4</u> | Y <u>09</u> | Amount <u>100.00</u> | |
| Full Name of Contributor <u>Aradamaker LTD, Mary Mayard Simon</u> | | | | | Registration Number, if PAC <u>N/A</u> | | |
| Street Address <u>663 Carpenter Street</u> | | Employer/Occupation/Labor Organization* <u>Aradamaker LTD</u> | | | Form (Cash, Check, etc.) <u>Cash</u> | | |
| City <u>Columbus</u> | State <u>OH</u> | Zip Code <u>43205</u> | M <u>01</u> | D <u>9</u> | Y <u>09</u> | Amount <u>25.00</u> | |
| 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.) | | |
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| 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 \$ 125.00