

31-E

R.C. 3517.10(B)

CHINA CITY BUFFET

Event Date

6/30/09

Page

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Semiannual Report

Statement of Contributions Received

at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Mike Wiles For School Board Committee				
Full Name of Contributor Robert A. Schwab			Registration Number, if PAC N/A	
Street Address 120 Southwood Ave	Employer/Occupation/Labor Organization* Retired		M 06	D 29
City Columbus	State Oh.	Zip Code 43207	Y 09	Amount 35.00
Form (Cash, Check, etc) (C)				
Full Name of Contributor James E. Hildenbrand			Registration Number, if PAC N/A	
Street Address PO Box 06237	Employer/Occupation/Labor Organization* Realtor/Broker		M 06	D 29
City Columbus	State Oh.	Zip Code 43206	Y 09	Amount 35.00
Form (Cash, Check, etc) 4966				
Full Name of Contributor Matthew S. Baldwin			Registration Number, if PAC N/A	
Street Address 113 Karl Ave	Employer/Occupation/Labor Organization* Health Administrator		M 06	D 29
City Columbus	State Oh	Zip Code 43207	Y 09	Amount 35.00
Form (Cash, Check, etc) 6763				
Full Name of Contributor Mike D. Elicson			Registration Number, if PAC N/A	
Street Address 4550 Bimini Drive	Employer/Occupation/Labor Organization* Capital Creative		M 06	D 29
City Gahanna	State Oh	Zip Code 43230	Y 09	Amount 35.00
Form (Cash, Check, etc) 3247				
Full Name of Contributor Adina Pelletier			Registration Number, if PAC N/A	
Street Address 2300 Brookbank Dr.	Employer/Occupation/Labor Organization* On Demand Storage		M 06	D 29
City Grove City	State Oh	Zip Code 43123	Y 09	Amount 70.00
Form (Cash, Check, etc) 124				
Full Name of Contributor Robert J. Bashagill JR			Registration Number, if PAC N/A	
Street Address 663 Youngkin Pkwy	Employer/Occupation/Labor Organization* SWACO		M 06	D 29
City Columbus	State Oh	Zip Code 43207	Y 09	Amount 100.00
Form (Cash, Check, etc) 5966				
Full Name of Contributor Marc Pelletier			Registration Number, if PAC N/A	
Street Address 2300 Brookbank Dr.	Employer/Occupation/Labor Organization* On Demand Storage		M 06	D 29
City Grove City	State Oh	Zip Code 43123	Y 09	Amount 20.00
Form (Cash, Check, etc) 20.00				

* 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

7

Total expenditures this event

1

Page Total \$ 330.00