

In-Kind Contributions Received

Page _____

Prescribed by Secretary of State 03/05

Name of Committee in Full			
Mike Wiles for School Board			
Full Name of Contributor		Employer, Occupation, Labor Organization*	
Mike Wiles (Michael)		PODS	
Street Address		Description of Item or Service	
203 E. Welch Ave		Coffee + Cinn. Roll / PANera	
City	State	Zip Code	Received at Fundraising Event?
Columbus	OH	43207	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*	
Mike Wiles (Michael)		PODS	
Street Address		Description of Item or Service	
203 E. Welch Ave		Vehicle SIGNAGE	
City	State	Zip Code	Received at Fundraising Event?
Columbus	OH	43207	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*	
Street Address		Description of Item or Service	
City	State	Zip Code	Received at Fundraising Event?
			<input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*	
Street Address		Description of Item or Service	
City	State	Zip Code	Received at Fundraising Event?
			<input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*	
Street Address		Description of Item or Service	
City	State	Zip Code	Received at Fundraising Event?
			<input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*	
Street Address		Description of Item or Service	
City	State	Zip Code	Received at Fundraising Event?
			<input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*	
Street Address		Description of Item or Service	
City	State	Zip Code	Received at Fundraising Event?
			<input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*	
Street Address		Description of Item or Service	
City	State	Zip Code	Received at Fundraising Event?
			<input type="checkbox"/> YES <input type="checkbox"/> NO

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and 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 also appear. [R.C. 3517.10(B)(4)]