

Event Date 10/13/09
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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	
Mike Wiles for School Board Committee			
Full Name of Contributor Kandy Wiles		Registration Number, if PAC	
Street Address 3963 Yukon Ave	Employer/Occupation/Labor Organization* Retired	M D Y 10 13 09	Amount 20.00
City Columbus	State Zip Code OH 43207	Form (Cash, Check, etc) Cash	
Full Name of Contributor Ruth WAGNER		Registration Number, if PAC	
Street Address 1299 E. INNIS AVE	Employer/Occupation/Labor Organization* Retired	M D Y 10 13 09	Amount 10.00
City Columbus 43207	State Zip Code OH 43207	Form (Cash, Check, etc) Cash	
Full Name of Contributor MARK GREENE		Registration Number, if PAC	
Street Address 326 E Dushler Av	Employer/Occupation/Labor Organization* business owner	M D Y 10 13 09	Amount 20
City Columbus	State Zip Code OH 43206	Form (Cash, Check, etc) Cash	
Full Name of Contributor Matthew Baldwin		Registration Number, if PAC	
Street Address 113 Kail Ave.	Employer/Occupation/Labor Organization* Health Administrator	M D Y 10 13 09	Amount 20
City Columbus	State Zip Code OH 43207	Form (Cash, Check, etc) cash	
Full Name of Contributor Adina Pelletier		Registration Number, if PAC	
Street Address 2300 Brookbank Drive	Employer/Occupation/Labor Organization* On Demand Strategic	M D Y 10 13 09	Amount 200.00
City Grove City	State Zip Code OH 43123	Form (Cash, Check, etc) 298	
Full Name of Contributor Kenneth W. Fultz		Registration Number, if PAC	
Street Address 1410 S. Sixth Street	Employer/Occupation/Labor Organization* Government Employee	M D Y 10 13 09	Amount 20.00
City Columbus	State Zip Code OH 43207	Form (Cash, Check, etc) 1195	
Full Name of Contributor Mary Morton		Registration Number, if PAC	
Street Address 1075 Beechwood Dr	Employer/Occupation/Labor Organization* Educator	M D Y 10 13 09	Amount 25.00
City Columbus	State Zip Code OH 43227	Form (Cash, Check, etc) 5329	

* 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
359.00

Total expenditures this event
57.38

Page Total \$ 315.00