

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

FILED
07 OCT 25 PM 3:48

FRANKLIN COUNTY
BOARD OF ELECTIONS

Full Name of Committee Elect Mike Wiles for School Board Committee		Registration Number of PAC N/A	
Full Name of Candidate Michael Douglas Wiles			
Street Address 2300 Brookbank Drive		Office Sought Board of Education	District Columbus
City Grove City		State OH	Zip Code 43123
Type of Report (place X to the left of report type)	<input type="checkbox"/> Pre-Primary	<input type="checkbox"/> Post-Primary	<input checked="" type="checkbox"/> Pre-General
	<input type="checkbox"/> July Monthly	<input type="checkbox"/> August Monthly	<input type="checkbox"/> September Monthly
			<input type="checkbox"/> Post-General
			<input type="checkbox"/> Termination
			Annual Year _____
			Semiannual _____
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Report Electronically Filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Date of Election	1 ^M 1 ^D 0 ^Y 7 2007

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box No other forms are required for a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$	294	43
2. Total monetary contributions (From Form No. 31-A)	\$	2000	00
3. Total other income (From Form No. 31-A-2)	\$	0	00
4. Total funds available (sum of lines 1, 2, 3)	\$	2294	43
5. Total monetary expenditures (From Form No. 31-B)	\$	1601	66
6. Balance on hand (line 4 minus line 5)	\$	692	77
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	1356	75
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	0	00
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	0	00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	0	00
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	0	00
12. Value of independent expenditures made (From Form No. 31-U)	\$	0	00
13. For Electronic Filing Entities only Sum of lines 2, 7, and amount of any new loans received this period.	\$	692	77

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

Adina Pelletier
Print Name and Title (Treasurer and Deputy Treasurer only)

Adina Pelletier
Signature

10/25/07
Date

Contribution pages _____

Expenditure pages _____

Other pages _____

Total pages _____

Money Received 6-9 thru 10-17

Statement of Contributions Received

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Name of Committee in Full							
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	
Elect Mike Wiles for School Board Committee							
Mike Wiles				N/A			
203 E Welch Ave		On Demand Storage, LLC			Cash		
Columbus	Oh	43207	06	09	07	80.00	
Adina Pelletier				N/A			
2300 Brookbank Dr		On Demand Storage, LLC			Cash		
Grove City	Oh	43123	06	10	07	10.00	
Laura Wiles				N/A			
203 E. Welch Ave		State of Ohio - Dept of Tax			Check		
Columbus	Oh	43207	07	24	07	2438	
On Demand Storage, LLC Adina Pelletier member				N/A			
3241 Center point Dr		On Demand Storage, LLC			Check		
Grove City	Oh	43123	08	14	07	5163	
Ada Belle McLaughlin				N/A			
3910 Wiston Drive		Retired			Check		
Groveport	Oh	43125	09	19	07	25.00	
Committee For Dewey Stokes				N/A			
75 Willow Bend Lane					Check		
Columbus	Oh	43204-14320	09	17	07	1624	
				N/A			
				N/A			
				N/A			

* 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)]

money received 6-9 thru 10-11

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <i>Elect Mike Wiles for School Board Committee</i>							
Full Name of Contributor <i>Mark Potts</i>					Registration Number, if PAC <i>NA</i>		
Street Address <i>330 Guernsey Ave</i>		Employer/Occupation/Labor Organization* <i>Delaware County</i>			Form (Cash, Check, etc.) <i>3500</i>		
City <i>Columbus</i>	State <i>Oh</i>	Zip Code <i>43204</i>	M <i>10</i>	D <i>10</i>	Y <i>07</i>	Amount <i>10.00</i>	
Full Name of Contributor <i>Debra S. Hurtt D.D.S. LC, debra Hurtt</i>					Registration Number, if PAC <i>N/A</i>		
Street Address <i>1128 South High Street</i>		Employer/Occupation/Labor Organization* <i>Self-employed Dentist</i>			Form (Cash, Check, etc.) <i>5357</i>		
City <i>Columbus</i>	State <i>Oh</i>	Zip Code <i>43206</i>	M <i>10</i>	D <i>08</i>	Y <i>07</i>	Amount <i>100.00</i>	
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	
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	
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	

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money received

Chili Fundraiser
Event Date 9/18/07
Page 3

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	
Elect Mike Wiles for School Board Committee		N/A	
Full Name of Contributor		Registration Number, if PAC	
Adina Pelletier		N/A	
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
2300 Brookbank Dr.	On Demand Store		50.00
City	State Zip Code	Form (Cash, Check, etc)	
Grove City	Oh. 43123	#150	
Full Name of Contributor		Registration Number, if PAC	
Matthew S. Baldwin		N/A	
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
113 Kell Ave	Health Administrator	0	9 18 07 25.00
City	State Zip Code	Form (Cash, Check, etc)	
Columbus	Oh 43203	check	
Full Name of Contributor		Registration Number, if PAC	
Kenneth W. Fultz		N/A	
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
1410 S. 6th St.	City of Gahanna	0	9 18 07 50.00
City	State Zip Code	Form (Cash, Check, etc)	
Columbus	Oh 43207	11008	
Full Name of Contributor		Registration Number, if PAC	
Patty Lamb		N/A	
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
162 Southwood	Caldwell Bar	9	18 07 40.00
City	State Zip Code	Form (Cash, Check, etc)	
Columbus	Oh 43204	check	
Full Name of Contributor		Registration Number, if PAC	
Mark Greiner		N/A	
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
326 E Deshler Av	Self Employed	0	9 18 07 10
City	State Zip Code	Form (Cash, Check, etc)	
Columbus	Oh. 43208		
Full Name of Contributor		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
City	State Zip Code	Form (Cash, Check, etc)	
Full Name of Contributor		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
City	State Zip Code	Form (Cash, Check, etc)	

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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

Total expenditures this event

Page Total \$

175.00 ✓

0.00

3RD Report

money spent

69 hours
10-17

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full										
To Whom Paid	Chase Banking						M	D	Y	Amount
Address	2161 Stringtown Rd.						0	6	2	9
City	Grove City	State	OH	Zip Code	43123	Check Number	debit card -			
To Whom Paid	Chase Banking						M	D	Y	Amount
Address	2161 Stringtown Rd.						0	7	3	1
City	Grove City	State	OH	Zip Code	43123	Check Number	debit			
To Whom Paid	Canaca Web Hosting						M	D	Y	Amount
Address	Web Hosting in Canada						0	7	2	5
City		State		Zip Code	L4x6E2D3	Check Number	debit card			
To Whom Paid	Capital Creature						M	D	Y	Amount
Address	1445 Showcase Dr.						0	7	3	1
City	Columbus	State	OH	Zip Code	43206	Check Number	debit card			
To Whom Paid	Votes Unlimited						M	D	Y	Amount
Address	P.O. Box 188						0	7	3	1
City	Ferndale	State	NY	Zip Code	12734-0188	Check Number	debit card			
To Whom Paid	AMF Postal Store						M	D	Y	Amount
Address	at Post Office						1	0	1	2
City	Columbus	State	OH	Zip Code	43236	Check Number	debit card			
To Whom Paid	Capital Creature						M	D	Y	Amount
Address	1445 Showcase Drive						0	8	2	3
City	Columbus	State	OH	Zip Code	43206	Check Number	debit card			
To Whom Paid	Chase Banking						M	D	Y	Amount
Address	2161 Stringtown Rd.						0	8	3	1
City	Grove City	State	OH	Zip Code	43123	Check Number	debit card			

Money
Spent
6-9 thru 10-17

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Elect Mike Wiles for School Board Committee									
To Whom Paid Register.com						M	D	Y	Amount 120.00
Address PO Box 26775			Purpose Domain of Web						
City New York		State NY	Zip Code 10018		Check Number Debit card				
To Whom Paid Capital Creative						M	D	Y	Amount 422.00
Address 1445 Showcase Drive			Purpose Printing						
City Columbus		State Oh	Zip Code 43206		Check Number Debit card				
To Whom Paid Chase Banking						M	D	Y	Amount 10.00
Address 2161 Stringtown Rd			Purpose Banking Fees						
City Grove City		State Oh	Zip Code 43123		Check Number debit				
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City		State	Zip Code		Check Number				
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City		State	Zip Code		Check Number				
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City		State	Zip Code		Check Number				
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City		State	Zip Code		Check Number				

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 On Demand Storage, LLC. Patty Carey ^{member}						Registration Number, if PAC NA	
Street Address 3241 Centerpoint Drive		Employer/Occupation/Labor Organization* On Demand Storage, LLC				Form (Cash, Check, etc.) Stamp IN Kind	
City Grove City	State Oh.	Zip Code 43123	M 09	D 24	Y 07	Amount 520.00	
Full Name of Contributor Laura Wiles						Registration Number, if PAC NA	
Street Address 203 E. Welch Ave		Employer/Occupation/Labor Organization* State of Ohio Dept of Taxation				Form (Cash, Check, etc.) IN Kind	
City Columbus	State Oh.	Zip Code 43207	M 07	D 24	Y 07	Amount 37.55	
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.) IN Kind	
City Columbus	State Oh.	Zip Code 43207	M 09	D 17	Y 07	Amount 86.20	
Full Name of Contributor On Demand Storage, LLC. Adina Pelletier						Registration Number, if PAC NA	
Street Address 3241 Centerpoint Drive		Employer/Occupation/Labor Organization* On Demand Storage, LLC				Form (Cash, Check, etc.) IN Kind	
City Grove City	State Oh.	Zip Code 43123	M 10	D 19	Y 07	Amount 78.00	
Full Name of Contributor On Demand Storage, LLC. Adina Pelletier						Registration Number, if PAC NA	
Street Address 3241 Centerpoint Dr.		Employer/Occupation/Labor Organization* On Demand Storage, LLC				Form (Cash, Check, etc.) IN Kind	
City Grove City	State Oh.	Zip Code 43123	M 10	D 19	Y 07	Amount 51.22	
Full Name of Contributor Mike Wiles						Registration Number, if PAC NA	
Street Address 20 E Welch Ave		Employer/Occupation/Labor Organization* On Demand Storage, LLC				Form (Cash, Check, etc.) In Kind	
City Columbus	State Oh.	Zip Code 43207	M 09	D 13	Y 07	Amount 112.20	
Full Name of Contributor On Demand Storage, LLC. Adina Pelletier						Registration Number, if PAC N/A	
Street Address 3241 Centerpoint Drive		Employer/Occupation/Labor Organization* On Demand Storage, LLC				Form (Cash, Check, etc.) IN Kind	
City Grove City	State Oh.	Zip Code 43123	M 08	D 29	Y 07	Amount 128.87	
Full Name of Contributor On Demand Storage, LLC. Adina Pelletier						Registration Number, if PAC NA	
Street Address 3241 Centerpoint Drive		Employer/Occupation/Labor Organization* On Demand Storage, LLC				Form (Cash, Check, etc.) IN KIND	
City Grove City	State Oh.	Zip Code 43123	M 08	D 29	Y 07	Amount 61.91	

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~~In Kind~~

Statement of Contributions Received

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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.) IN Kind		
City Columbus	State Oh	Zip Code 43207	M 11	D 12	Y 07	Amount 52.00	
Full Name of Contributor On Demand Storage, LLC., Adina Pelletier					Registration Number, if PAC N/A		
Street Address 3241 Centerpoint Drive		Employer/Occupation/Labor Organization* On Demand Storage, LLC.			Form (Cash, Check, etc.) IN Kind		
City Grove City	State Oh	Zip Code 43123	M 10	D 10	Y 07	Amount 21.34	
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	
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	
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	
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	

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In Kind

Statement of Contributions Received

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Name of Committee in Full Elect Mike Wiles For School Board Committee								
Full Name of Contributor Mike Wiles					Registration Number, if PAC NA			
Street Address 203 E Welch Ave		Employer/Occupation/Labor Organization* On Demand Storage, LLC			Form (Cash, Check, etc.) for printing			
City Columbus		State Oh.	Zip Code 43207	M 06	D 14	Y 07	Amount 35.12	
Full Name of Contributor Mike Wiles								
Street Address 203 E Welch Ave					Employer/Occupation/Labor Organization* On Demand Storage, LLC			Form (Cash, Check, etc.) for printing
City Columbus		State Oh.	Zip Code 43207	M 06	D 14	Y 07	Amount 16.00	
Full Name of Contributor Mike Wiles								
Street Address 203 E. Welch Ave					Employer/Occupation/Labor Organization* On Demand Storage, LLC			Form (Cash, Check, etc.) for T-shirts
City Columbus		State Oh.	Zip Code 43207	M 06	D 14	Y 07	Amount 67.25	
Full Name of Contributor Laura Wiles								
Street Address 203 E Welch Ave					Employer/Occupation/Labor Organization* State of Ohio			Form (Cash, Check, etc.) for Stamps
City Columbus		State Oh.	Zip Code 43207	M 07	D 19	Y 07	Amount 11.60	
Full Name of Contributor Adina Pelletier								
Street Address 2300 Brookbank Dr.					Employer/Occupation/Labor Organization* On Demand Storage, LLC			Form (Cash, Check, etc.) for envelope
City Grove City		State Oh.	Zip Code 43123	M 07	D 19	Y 07	Amount 11.74	
Full Name of Contributor On Demand Storage, LLC. Adina Pelletier								
Street Address 3241 Centerpoint Dr.					Employer/Occupation/Labor Organization* On Demand Storage, LLC			Form (Cash, Check, etc.) gave stamps
City Grove City		State Oh.	Zip Code 43123	M 07	D 10	Y 07	Amount \$22.23	
Full Name of Contributor On Demand Storage, LLC. Adina Pelletier								
Street Address 2300 Brookbank Dr.					Employer/Occupation/Labor Organization* On Demand Storage			Form (Cash, Check, etc.) gave stamps.
City Grove City		State Oh.	Zip Code 43123	M 08	D 24	Y 07	Amount \$41.00	
Full Name of Contributor On Demand Storage, LLC. Adina Pelletier								
Street Address 3241 Centerpoint Drive					Employer/Occupation/Labor Organization* On Demand Storage			Form (Cash, Check, etc.) stamps/thank you
City Grove City		State Oh.	Zip Code 43123	M 09	D 24	Y 07	Amount \$2.52	

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