

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

FILED
09 DEC -1 AM 10:29

Full Name of Committee Mike Wiles For School Board Committee						Registration Number at PAC COUNTY BOARD OF ELECTIONS N/A				
Full Name of Candidate Mike Wiles										
Street Address 2300 Brookbank Drive				Office Sought Columbus City School 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 type="checkbox"/>	Pre-General	<input type="checkbox"/>	Post-General	<input type="checkbox"/>	Annual Year
	<input type="checkbox"/>	July Monthly	<input type="checkbox"/>	August Monthly	<input type="checkbox"/>	September Monthly	<input checked="" type="checkbox"/>	Termination	<input type="checkbox"/>	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		M 11 D 03 Y 09				

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	\$	693	18
2. Total monetary contributions (From Form No. 31-A)	\$	43	52
3. Total other income (From Form No. 31-A-2)	\$	0	00
4. Total funds available (sum of lines 1, 2, 3)	\$	736	70
5. Total monetary expenditures (From Form No. 31-B)	\$	736	70
6. Balance on hand (line 4 minus line 5)	\$	0	00
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	0	00
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.	\$	N/A	

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 Pelleher Treasurer
Print Name and Title (Treasurer and Deputy Treasurer only)

Adina Pelleher
Signature

11/30/09
Date

Contribution pages 7

Expenditure pages 1

Other pages 4

Total pages 6 including cover

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>Mary Maynard Simon, Aradamaker Ltd.</u>				Registration Number, if PAC		
Street Address <u>663 Carpenter St.</u>		Employer/Occupation/Labor Organization* <u>Aradamaker Ltd (owner)</u>			Form (Cash, Check, etc.) <u>6204</u>	
City <u>Columbus</u>		State <u>OH</u>	Zip Code <u>43205</u>	M <u>10</u>	D <u>28</u>	Y <u>09</u>
Amount <u>25.00</u>				Registration Number, if PAC		
Full Name of Contributor <u>Mike Wiles</u>						
Street Address <u>203 E. Welch Ave</u>				Employer/Occupation/Labor Organization* <u>On Demand Storage dbaPOS</u>		
City <u>Columbus</u>		State <u>OH</u>	Zip Code <u>43207</u>	M <u>11</u>	D <u>02</u>	Y <u>09</u>
Amount <u>18.52</u>				Registration Number, if PAC		
Full Name of Contributor						
Street Address				Employer/Occupation/Labor Organization*		
City		State	Zip Code	M	D	Y
Amount				Registration Number, if PAC		
Full Name of Contributor						
Street Address				Employer/Occupation/Labor Organization*		
City		State	Zip Code	M	D	Y
Amount				Registration Number, if PAC		
Full Name of Contributor						
Street Address				Employer/Occupation/Labor Organization*		
City		State	Zip Code	M	D	Y
Amount				Registration Number, if PAC		
Full Name of Contributor						
Street Address				Employer/Occupation/Labor Organization*		
City		State	Zip Code	M	D	Y
Amount				Registration Number, if PAC		
Full Name of Contributor						
Street Address				Employer/Occupation/Labor Organization*		
City		State	Zip Code	M	D	Y
Amount				Registration Number, if PAC		
Full Name of Contributor						
Street Address				Employer/Occupation/Labor Organization*		
City		State	Zip Code	M	D	Y
Amount				Registration Number, if PAC		

* 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)]

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <u>Mike Wiles for School Board Committee</u>							
To Whom Paid	<u>My Campaign Store</u>	M	D	Y	Amount		
Address	<u>902 Court Ave</u>	<u>11</u>	<u>02</u>	<u>09</u>	<u>544.70</u>		
City	<u>Jeffersonville</u>	Purpose <u>Yard Signs</u>		Check Number			
	State <u>IN</u>	Zip Code	<u>47130</u>	<u>Debit Card</u>			
To Whom Paid	<u>Capital Creative</u>	M	D	Y	Amount		
Address	<u>PO Box 361212</u>	<u>11</u>	<u>02</u>	<u>09</u>	<u>182.00</u>		
City	<u>Columbus</u>	Purpose <u>1000 Large Bookmarks</u>		Check Number			
	State <u>OH</u>	Zip Code	<u>43236</u>	<u>Debit Card</u>			
To Whom Paid	<u>Chase Bank</u>	M	D	Y	Amount		
Address	<u>PO Box 260180</u>	<u>11</u>	<u>03</u>	<u>09</u>	<u>10.00</u>		
City	<u>Baton Rouge</u>	Purpose <u>Bank Service Fee</u>		Check Number			
	State <u>LA</u>	Zip Code	<u>70826</u>	<u>Auto Withdrawal</u>			
To Whom Paid		M	D	Y	Amount		
Address							
City		State	Zip Code	Check Number			
To Whom Paid		M	D	Y	Amount		
Address							
City		State	Zip Code	Check Number			
To Whom Paid		M	D	Y	Amount		
Address							
City		State	Zip Code	Check Number			
To Whom Paid		M	D	Y	Amount		
Address							
City		State	Zip Code	Check Number			