

# Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

09 OCT 21 PM 3:42

FILED

FRANKLIN COUNTY  
BOARD OF ELECTIONS

Full Name of Committee <b>Mike Wiles for School Board Committee</b>						Registration Number, if PAC <b>N/A</b>				
Full Name of Candidate <b>Mike Wiles</b>										
Street Address <b>2300 Brookbank Drive</b>				Office Sought <b>Columbus City School Board of</b>		Education <b>Columbus</b>	District <b>Columbus</b>			
City <b>Grove City</b>				State <b>OH</b>	Zip Code <b>43123</b>					
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"/>	Post-General	<input type="checkbox"/>	Annual Year
	<input type="checkbox"/>	July Monthly	<input type="checkbox"/>	August Monthly	<input type="checkbox"/>	September Monthly	<input 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	D	Y			
					1	1	0	3	0	9

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	\$	550	52
2. Total monetary contributions (From Form No. 31-A) <sup>31-E</sup>	\$	1018	00
3. Total other income (From Form No. 31-A-2)	\$	0	00
4. Total funds available (sum of lines 1, 2, 3)	\$	1568	52
5. Total monetary expenditures (From Form No. 31-B)	\$	875	34
6. Balance on hand (line 4 minus line 5)	\$	693	18
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	271	50
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 Pelleter, Treasurer  
Print Name and Title (Treasurer and Deputy Treasurer only)

Adina Pelleter  
Signature

10-22-09  
Date

Contribution pages 5

Expenditure pages 1

Other pages 12

Total pages 18 plus cover

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Mike Wiles for School Board Committee</b>							
Full Name of Contributor <b>Mark A Potts</b>					Registration Number, if PAC <b>N/A</b>		
Street Address <b>330 Guernsey Ave</b>		Employer/Occupation/Labor Organization* <b>Delaware County</b>			Form (Cash, Check, etc.) <b>3975</b>		
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43204</b>	M <b>07</b>	D <b>03</b>	Y <b>09</b>	Amount <b>20.00</b>	
Full Name of Contributor <b>Jeffrey P. Sherman</b>					Registration Number, if PAC <b>N/A</b>		
Street Address <b>165 Desantis</b>		Employer/Occupation/Labor Organization* <b>Retired</b>			Form (Cash, Check, etc.) <b>1163</b>		
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43214</b>	M <b>07</b>	D <b>03</b>	Y <b>09</b>	Amount <b>10.00</b>	
Full Name of Contributor <b>Laura Wiles</b>					Registration Number, if PAC <b>N/A</b>		
Street Address <b>203 E. Welch Ave</b>		Employer/Occupation/Labor Organization* <b>State of Ohio</b>			Form (Cash, Check, etc.) <b>46.00</b>		
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43207</b>	M <b>07</b>	D <b>31</b>	Y <b>09</b>	Amount <b>40.00</b>	
Full Name of Contributor <b>Laura Wiles</b>					Registration Number, if PAC <b>N/A</b>		
Street Address <b>203 E. Welch Ave</b>		Employer/Occupation/Labor Organization* <b>State of Ohio</b>			Form (Cash, Check, etc.) <b>279.00</b>		
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43207</b>	M <b>07</b>	D <b>30</b>	Y <b>09</b>	Amount <b>279.00</b>	
Full Name of Contributor <b>Jean Warner</b>					Registration Number, if PAC <b>N/A</b>		
Street Address <b>2587 Sherwood Rd</b>		Employer/Occupation/Labor Organization* <b>Retired</b>			Form (Cash, Check, etc.) <b>9150</b>		
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43209</b>	M <b>08</b>	D <b>03</b>	Y <b>09</b>	Amount <b>20.00</b>	
Full Name of Contributor <b>Randy R. Wiles</b>					Registration Number, if PAC <b>N/A</b>		
Street Address <b>3963 Yukon Ave</b>		Employer/Occupation/Labor Organization* <b>Retired</b>			Form (Cash, Check, etc.) <b>35.00</b>		
City <b>Groveport</b>	State <b>OH</b>	Zip Code <b>43207</b>	M <b>08</b>	D <b>19</b>	Y <b>09</b>	Amount <b>35.00</b>	
Full Name of Contributor <b>Robert Schwab</b>					Registration Number, if PAC <b>N/A</b>		
Street Address <b>120 Southland Ave</b>		Employer/Occupation/Labor Organization* <b>Retired</b>			Form (Cash, Check, etc.) <b>5.00</b>		
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43207</b>	M <b>08</b>	D <b>25</b>	Y <b>09</b>	Amount <b>5.00</b>	
Full Name of Contributor <b>David A. Dobos</b>					Registration Number, if PAC <b>N/A</b>		
Street Address <b>8227 Glencree Place</b>		Employer/Occupation/Labor Organization* <b>Owner, Worldwide Data</b>			Form (Cash, Check, etc.) <b>719</b>		
City <b>Dublin</b>	State <b>OH</b>	Zip Code <b>43016</b>	M <b>09</b>	D <b>01</b>	Y <b>09</b>	Amount <b>100.00</b>	

\* 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 Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Mike Wiles for School Board Committee</b>						
Full Name of Contributor <b>Franklin County Forum Christopher Maurea</b>				Registration Number, if PAC <b>N/A</b>		
Street Address <b>1709 Durbridge Rd.</b>		Employer/Occupation/Labor Organization* <b>Republican Club</b>			Form (Cash, Check, etc.) <b>1366</b>	
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43229</b>	M <b>09</b>	D <b>03</b>	Y <b>09</b>	Amount <b>25.00</b>
Full Name of Contributor <b>Marc Pelleter</b>				Registration Number, if PAC <b>N/A</b>		
Street Address <b>2300 Brookbank Dr.</b>		Employer/Occupation/Labor Organization* <b>On Demand Storage LLC.</b>			Form (Cash, Check, etc.) <b>315</b>	
City <b>Grove City</b>	State <b>OH</b>	Zip Code <b>43123</b>	M <b>10</b>	D <b>01</b>	Y <b>09</b>	Amount <b>100.00</b>
Full Name of Contributor <b>H.E. Collins</b>				Registration Number, if PAC <b>N/A</b>		
Street Address <b>2424 Liston Ave</b>		Employer/Occupation/Labor Organization* <b>Retired.</b>			Form (Cash, Check, etc.) <b>315</b>	
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43207</b>	M <b>10</b>	D <b>05</b>	Y <b>09</b>	Amount <b>25.00</b>
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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## 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	

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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  
359.00

Total expenditures this event  
57.38

Page Total \$ 315.00

## Statement of Contributions Received at a Social or Fundraising Event

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>Ada Belle McLaughlin</u>			Registration Number, if PAC	
Street Address <u>3910 Weston Drive</u>	Employer/Occupation/Labor Organization* <u>Retired</u>		M   D   Y <u>10   13   09</u>	Amount <u>44.00</u>
City <u>Groveport</u>	State <u>OH</u>	Zip Code <u>43215</u>	Form(Cash,Check,etc) <u>2457</u>	
Full Name of Contributor			Registration Number, if PAC	
Street Address			M   D   Y	Amount
City			State	Zip Code
Full Name of Contributor			Registration Number, if PAC	
Street Address			M   D   Y	Amount
City			State	Zip Code
Full Name of Contributor			Registration Number, if PAC	
Street Address			M   D   Y	Amount
City			State	Zip Code
Full Name of Contributor			Registration Number, if PAC	
Street Address			M   D   Y	Amount
City			State	Zip Code
Full Name of Contributor			Registration Number, if PAC	
Street Address			M   D   Y	Amount
City			State	Zip Code
Full Name of Contributor			Registration Number, if PAC	
Street Address			M   D   Y	Amount
City			State	Zip Code

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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  
359.00

Total expenditures this event  
57.38

Page Total \$ 44.00

# In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <i>Mike Wiles for School Board Committee</i>			
Full Name of Contributor <i>Adina Pelletier</i>		Employer, Occupation, Labor Organization * <i>On Demand Storage</i>	Registration Number, if PAC <i>N/A</i>
Street Address <i>2300 Brookbank Dr.</i>		Description of Item or Service <i>T-SHIRT TRANSFER</i>	M   D   Y   Fair Market Value <i>07   03   09   25.99</i>
City <i>Grove City</i>		State   Zip Code <i>OH   43123</i>	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor <i>Mike Wiles</i>		Employer, Occupation, Labor Organization * <i>On Demand Storage</i>	Registration Number, if PAC <i>N/A</i>
Street Address <i>203 E. Welch Ave</i>		Description of Item or Service <i>Letters on Car Windows</i>	M   D   Y   Fair Market Value <i>07   31   09   160.13</i>
City <i>Columbus</i>		State   Zip Code <i>OH   43207</i>	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor <i>Mike Wiles</i>		Employer, Occupation, Labor Organization * <i>On Demand Storage</i>	Registration Number, if PAC <i>N/A</i>
Street Address <i>203 E. Welch Ave</i>		Description of Item or Service <i>Postage stamps</i>	M   D   Y   Fair Market Value <i>11   03   09   28.00</i>
City <i>Columbus</i>		State   Zip Code <i>OH   43207</i>	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor <i>Laura Wiles</i>		Employer, Occupation, Labor Organization * <i>On Demand Storage</i>	Registration Number, if PAC <i>N/A</i>
Street Address <i>203 E. Welch Ave</i>		Description of Item or Service <i>CHILI (FOOD)</i>	M   D   Y   Fair Market Value <i>11   03   09   57.38</i>
City <i>Columbus</i>		State   Zip Code <i>OH   43207</i>	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *	Registration Number, if PAC
Street Address		Description of Item or Service	M   D   Y   Fair Market Value
City		State   Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *	Registration Number, if PAC
Street Address		Description of Item or Service	M   D   Y   Fair Market Value
City		State   Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *	Registration Number, if PAC
Street Address		Description of Item or Service	M   D   Y   Fair Market Value
City		State   Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO

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# 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>Northland Community Council</u>						M	D	Y	Amount
Address	<u>PO Box 297836</u>						<u>017</u>	<u>011</u>	<u>019</u>	<u>100.00</u>
City	<u>Columbus</u>						Purpose		Check Number	
	<u>0 OH</u>						<u>43229</u>		<u>1002</u>	
To Whom Paid	<u>Zenos Sportsware</u>						M	D	Y	Amount
Address	<u>1354 Parsons Ave</u>						<u>017</u>	<u>013</u>	<u>019</u>	<u>102.00</u>
City	<u>Columbus</u>						Purpose		Check Number	
	<u>0 OH</u>						<u>43206</u>		<u>Debit Card</u>	
To Whom Paid	<u>Ross Industries Inc dba Votes Unlimited Co.</u>						M	D	Y	Amount
Address	<u>PO Box 188</u>						<u>017</u>	<u>310</u>	<u>019</u>	<u>171.77</u>
City	<u>Ferrisdale</u>						Purpose		Check Number	
	<u>NY</u>						<u>12734</u>		<u>Debit Card</u>	
To Whom Paid	<u>Chase Bank</u>						M	D	Y	Amount
Address	<u>PO Box 260180</u>						<u>017</u>	<u>311</u>	<u>019</u>	<u>10.00</u>
City	<u>Baton Rouge</u>						Purpose		Check Number	
	<u>LA</u>						<u>70826</u>		<u>AUTO Withdraw</u>	
To Whom Paid	<u>Capital Creative (Mike Elison)</u>						M	D	Y	Amount
Address	<u>PO Box 361212</u>						<u>017</u>	<u>311</u>	<u>019</u>	<u>310.00</u>
City	<u>Columbus</u>						Purpose		Check Number	
	<u>OH</u>						<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>018</u>	<u>311</u>	<u>019</u>	<u>10.00</u>
City	<u>Baton Rouge</u>						Purpose		Check Number	
	<u>LA</u>						<u>70826</u>		<u>Withdraw</u>	
To Whom Paid	<u>Chase Bank</u>						M	D	Y	Amount
Address	<u>PO Box 260180</u>						<u>019</u>	<u>310</u>	<u>019</u>	<u>10.00</u>
City	<u>Baton Rouge</u>						Purpose		Check Number	
	<u>LA</u>						<u>70826</u>		<u>Withdraw</u>	
To Whom Paid	<u>Capitol Promotions Inc.</u>						M	D	Y	Amount
Address	<u>249 N. Keswick 1st Floor</u>						<u>019</u>	<u>215</u>	<u>019</u>	<u>161.57</u>
City	<u>Glenside</u>						Purpose		Check Number	
	<u>PA</u>						<u>19038</u>		<u>Debit Card</u>	