

Semiannual Report

Event Date	6/29/09
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Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full Mike Wiles for School Board Committee									
To Whom Paid New China City Buffett						M	D	Y	Amount 99.00
Address 3650 S. High Street				Purpose Food for Fund-Raising Event					
City Columbus		State OH		Zip Code 43207		Check Number Debit Card			
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City		State OH		Zip Code		Check Number			
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City		State OH		Zip Code		Check Number			
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City		State OH		Zip Code		Check Number			
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City		State OH		Zip Code		Check Number			
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City		State OH		Zip Code		Check Number			
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City		State OH		Zip Code		Check Number			

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

Page Total \$	99.00
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