

Ohio Campaign Finance Report

Prescribed by Secretary of State 2/01

07 DEC -3 PM 2:53

Full Name of Committee <i>Bill Buckel for Columbus Sch. Bd. Comm.</i>		Registration Number, if PAC <i>FRANKLIN COUNTY BOARD OF ELECTIONS</i>	
Full Name of Candidate <i>William (Bill) L. Buckel</i>			
Street Address <i>1641 Hess Blvd.</i>		Office Sought <i>Columbus Sch Bd.</i>	District <i>Columbus</i>
City <i>Columbus</i>		State <i>OH</i>	Zip Code <i>43212</i>
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"/> Special	<input type="checkbox"/> July Monthly	<input type="checkbox"/> August Monthly
		<input type="checkbox"/> Post-General	<input checked="" type="checkbox"/> Termination
Annual Year		Date of Election <i>11/06/07</i>	
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Report Electronically Filed? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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	\$	0	-
2. Total monetary contributions (From Form No. 31-A)	\$	400	-
3. Total other income (From Form No. 31-A-2)	\$	0	-
4. Total funds available (sum of lines 1, 2, 3)	\$	400	-
5. Total monetary expenditures (From Form No. 31-B)	\$	400	-
6. Balance on hand (line 4 minus line 5)	\$	0	-
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$		
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$		
9. Outstanding loans owed by committee (From Form No. 31-C)	\$		
10. Outstanding debts owed by committee (From Form No. 31-N)	\$		
11. Outstanding loans owed to committee (From Form No. 31-K)	\$		
12. Value of independent expenditures made (From Form No. 31-U)	\$		
13. For Electronic Filing Entities only Sum of lines 2, 7, and amount of any new loans received this period.	\$		

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.

W. Raymond Mills *W. Raymond Mills* *11-30-2007*
Print Name and Title (Treasurer and Deputy Treasurer only) Signature Date

Contribution pages 1

Expenditure pages 6

Other *Cover* pages 1

Total pages 8

Statement of Contributions Received

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Name of Committee in Full Bill Buckel for Columbus School Board Comm.									
Full Name of Contributor William L. Buckel							Registration Number, if PAC _____		
Street Address 1641 Hess Blvd			Employer/Occupation/Labor Organization* Retired				Form (Cash, Check, etc.) check		
City Columbus		State OH	Zip Code 43212		M 0	D 2	Y 09	Amount \$ 100.00	
Full Name of Contributor William L. Buckel							Registration Number, if PAC _____		
Street Address 1641 Hess Blvd			Employer/Occupation/Labor Organization* Retired				Form (Cash, Check, etc.) check		
City Columbus		State OH	Zip Code 43212		M 0	D 3	Y 26	Amount \$ 300.00	
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	

* Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, occupation 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 also appear. [R.C. 3517.10(B)(4)]

Statement of Expenditures

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Name of Committee in Full Bill Buckel for Columbus School Board Comm.										
To Whom Paid Franklin County Board of Elections						M	D	Y	Amount 30.00	
Address 280 E. Broad St. Rm 100						Purpose Filing fee for petitions				
City Columbus			State OH	Zip Code 43215		Check Number 190				
To Whom Paid Ohio Ethics Commission						M	D	Y	Amount 20.00	
Address 8 East Long St. 10th Fl.						Purpose Financial Disclosure Statement				
City Columbus			State OH	Zip Code 43215		Check Number 191				
To Whom Paid The Quirkprint Center						M	D	Y	Amount 113.28	
Address 1399 Grandview Ave						Purpose Campaign flyers				
City Columbus			State OH	Zip Code 43212		Check Number 192				
To Whom Paid William L. Buckel						M	D	Y	Amount 199.38	
Address 1641 Hess Blvd.						Purpose Month-to-month out of pocket costs				
City Columbus			State OH	Zip Code 43212		Check Number 193				
To Whom Paid Columbus City Schools (see Form 31-Z)						M	D	Y	Amount 37.34	
Address						Purpose				
City			State	Zip Code		Check Number 194				
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				