

# Ohio Campaign Finance Report

Prescribed by Secretary of State 2/01

07 DEC -3 PM 2:53

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

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  
Print Name and Title (Treasurer and Deputy Treasurer only)

W. Raymond Mills  
Signature

11-30-2007  
Date

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Expenditure pages 6

Other pages Cover 1

Total pages 8

# Statement of Contributions Received

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Name of Committee in Full <b>Bill Buckel for Columbus School Board Comm.</b>									
Full Name of Contributor <b>William L. Buckel</b>							Registration Number, if PAC _____		
Street Address <b>1641 Hess Blvd</b>				Employer/Occupation/Labor Organization* <b>Retired</b>			Form (Cash, Check, etc.) <b>check</b>		
City <b>Columbus</b>		State <b>OH</b>		Zip Code <b>43212</b>		M <b>0</b>	D <b>2</b>	Y <b>07</b>	Amount <b>\$100.00</b>
Full Name of Contributor <b>William L. Buckel</b>									
Street Address <b>1641 Hess Blvd</b>							Registration Number, if PAC _____		
Street Address <b>1641 Hess Blvd</b>				Employer/Occupation/Labor Organization* <b>Retired</b>			Form (Cash, Check, etc.) <b>check</b>		
City <b>Columbus</b>		State <b>OH</b>		Zip Code <b>43212</b>		M <b>0</b>	D <b>3</b>	Y <b>26</b>	Amount <b>\$300.00</b>
Full Name of Contributor									
Street Address							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									
Street Address							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									
Street Address							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									
Street Address							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									
Street Address							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									
Street Address							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							M	D	Y	Amount	
Franklin County Board of Elections							0	2	2	007	30.00
Address			Purpose								
280 E. Broad St. <sup>Rm 100</sup>			Filing fee for petitions								
City		State	Zip Code		Check Number						
Columbus		OH	43215		190						
To Whom Paid							M	D	Y	Amount	
Ohio Ethics Commission							0	3	1	707	20.00
Address			Purpose								
8 East Long St. 10th Fl.			Financial Disclosure Statement								
City		State	Zip Code		Check Number						
Columbus		OH	43215		191						
To Whom Paid							M	D	Y	Amount	
The Quickprint Center							0	3	2	407	113.28
Address			Purpose								
1399 Grandview Ave			Campaign flyers								
City		State	Zip Code		Check Number						
Columbus		OH	43212		192						
To Whom Paid							M	D	Y	Amount	
William L. Buckel							1	1	3	007	199.38
Address			Purpose								
1641 Hess Blvd.			Month-to-month out of pocket <sup>costs</sup>								
City		State	Zip Code		Check Number						
Columbus		OH	43212		193						
To Whom Paid							M	D	Y	Amount	
Columbus City Schools (see Form 31-2)							1	1	3	007	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						