

# Ohio Campaign Finance Report

FILED

09 DEC -7 PM 2:41

Voluntary Filing

Prescribed by Secretary of State 3/05

Full Name of Committee <i>Bill Buckel for Columbus School Board</i>		Registration Number, if PAC, Y <i>BOARD OF ELECTIONS</i>	
Full Name of Candidate <i>Bill (or William L.) Buckel</i>			
Street Address <i>1641 Hess Blvd.</i>		Office Sought <i>Columbus School Board</i>	District <i>Columbus City</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 type="checkbox"/> Pre-General
	<input checked="" type="checkbox"/> Post-General	<input type="checkbox"/> Annual Year	<input type="checkbox"/> Termination
<input type="checkbox"/> July Monthly	<input type="checkbox"/> August Monthly	<input type="checkbox"/> September Monthly	<input type="checkbox"/> Semiannual
Amended Report? <input type="checkbox"/> Yes <input type="checkbox"/> No	Report Electronically Filed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Election <i>11 03 09</i>	

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	\$	<i>80</i>	<i>—</i>
2. Total monetary contributions (From Form No. 31-A)	\$	<i>49</i>	<i>25</i>
3. Total other income (From Form No. 31-A-2)	\$	<i>0</i>	<i>—</i>
4. Total funds available (sum of lines 1, 2, 3)	\$	<i>129</i>	<i>25</i>
5. Total monetary expenditures (From Form No. 31-B)	\$	<i>129</i>	<i>25</i>
6. Balance on hand (line 4 minus line 5)	\$	<i>0</i>	<i>—</i>
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

*12/05/2009*  
Date

*Treasurer*

Contribution pages 1

Expenditure pages 1

Other pages 0

Total pages 3

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <i>Bill Buckel for Columbus School Board</i>						
Full Name of Contributor <i>William L. Buckel</i>				Registration Number, if PAC		
Street Address <i>1641 Hess Blvd</i>		Employer/Occupation/Labor Organization* <i>Retired</i>			Form (Cash, Check, etc.) <i>check</i>	
City <i>Columbus</i>	State <i>OH</i>	Zip Code <i>43212</i>	M <i>1</i>	D <i>1</i>	Y <i>27</i>	Amount <i>\$49.25</i>
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State <i>OH</i>	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 <i>OH</i>	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 <i>OH</i>	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 <i>OH</i>	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 <i>OH</i>	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 <i>OH</i>	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 <i>OH</i>	Zip Code	M	D	Y	Amount

\* 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 also appear. [R.C. 3517.10(B)(4)]

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full						
Bill Bockel for Columbus School Board						
To Whom Paid			M	D	Y	Amount
William Bockel			11	17	09	7129.25
Address		Purpose				
1641 Hess Blvd		Out of pocket costs per attached				
City		State	Zip Code		Check Number	
Columbus		OH	43212		196	
To Whom Paid			M	D	Y	Amount
Address		Purpose				
City		State	Zip Code		Check Number	
		OH				
To Whom Paid			M	D	Y	Amount
Address		Purpose				
City		State	Zip Code		Check Number	
		OH				
To Whom Paid			M	D	Y	Amount
Address		Purpose				
City		State	Zip Code		Check Number	
		OH				
To Whom Paid			M	D	Y	Amount
Address		Purpose				
City		State	Zip Code		Check Number	
		OH				
To Whom Paid			M	D	Y	Amount
Address		Purpose				
City		State	Zip Code		Check Number	
		OH				
To Whom Paid			M	D	Y	Amount
Address		Purpose				
City		State	Zip Code		Check Number	
		OH				
To Whom Paid			M	D	Y	Amount
Address		Purpose				
City		State	Zip Code		Check Number	
		OH				

\$129.25  
Page Total ~~\$0.00~~