

Statement of Contributions Received

Prescribed by Secretary of State 2/01

Event Date _____

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Name of Committee in Full Bill Buckel for Columbus School Board									
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.) Cash Transfer			
City Columbus		State OH	Zip Code 43212		M 0	D 6	Y 23	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.) Cash Transfer			
City Columbus		State OH	Zip Code 43212		M 1	D 0	Y 14	Amount 1000.00	
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	

* 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)]

Page Total \$ **1100.00**