

# Statement of Expenditures

Prescribed by Secretary of State 2/01

|                                                                                 |  |  |  |  |  |                                                      |   |                          |                         |
|---------------------------------------------------------------------------------|--|--|--|--|--|------------------------------------------------------|---|--------------------------|-------------------------|
| Name of Committee in Full<br><b>Bill Buckel for Columbus School Board Comm.</b> |  |  |  |  |  |                                                      |   |                          |                         |
| To Whom Paid<br><b>Franklin County Board of Elections</b>                       |  |  |  |  |  | M                                                    | D | Y                        | Amount<br><b>30.00</b>  |
| Address<br><b>280 E. Broad St. Rm 100</b>                                       |  |  |  |  |  | Purpose<br><b>Filing fee for petitions</b>           |   |                          |                         |
| City<br><b>Columbus</b>                                                         |  |  |  |  |  | State<br><b>OH</b>                                   |   | Zip Code<br><b>43215</b> |                         |
|                                                                                 |  |  |  |  |  | Check Number<br><b>190</b>                           |   |                          |                         |
| To Whom Paid<br><b>Ohio Ethics Commission</b>                                   |  |  |  |  |  | M                                                    | D | Y                        | Amount<br><b>20.00</b>  |
| Address<br><b>8 East Long St. 10th Fl.</b>                                      |  |  |  |  |  | Purpose<br><b>Financial Disclosure Statement</b>     |   |                          |                         |
| City<br><b>Columbus</b>                                                         |  |  |  |  |  | State<br><b>OH</b>                                   |   | Zip Code<br><b>43215</b> |                         |
|                                                                                 |  |  |  |  |  | Check Number<br><b>191</b>                           |   |                          |                         |
| To Whom Paid<br><b>The Quirkprint Center</b>                                    |  |  |  |  |  | M                                                    | D | Y                        | Amount<br><b>113.28</b> |
| Address<br><b>1399 Grandview Ave</b>                                            |  |  |  |  |  | Purpose<br><b>Campaign flyers</b>                    |   |                          |                         |
| City<br><b>Columbus</b>                                                         |  |  |  |  |  | State<br><b>OH</b>                                   |   | Zip Code<br><b>43212</b> |                         |
|                                                                                 |  |  |  |  |  | Check Number<br><b>192</b>                           |   |                          |                         |
| To Whom Paid<br><b>William L. Buckel</b>                                        |  |  |  |  |  | M                                                    | D | Y                        | Amount<br><b>199.38</b> |
| Address<br><b>1641 Hess Blvd.</b>                                               |  |  |  |  |  | Purpose<br><b>Month-to-month out of pocket costs</b> |   |                          |                         |
| City<br><b>Columbus</b>                                                         |  |  |  |  |  | State<br><b>OH</b>                                   |   | Zip Code<br><b>43212</b> |                         |
|                                                                                 |  |  |  |  |  | Check Number<br><b>193</b>                           |   |                          |                         |
| To Whom Paid<br><b>Columbus City Schools (see Form 31-2)</b>                    |  |  |  |  |  | M                                                    | D | Y                        | Amount<br><b>37.34</b>  |
| Address                                                                         |  |  |  |  |  | Purpose                                              |   |                          |                         |
| City                                                                            |  |  |  |  |  | State                                                |   | Zip Code                 |                         |
|                                                                                 |  |  |  |  |  | Check Number<br><b>194</b>                           |   |                          |                         |
| 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                                         |   |                          |                         |