

FOR PAPER FILING ONLY

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee Citizens for Tavares						Registration Number, if PAC				
Full Name of Candidate Charleta B. Tavares										
Street Address 1237 Medford Rd				Office Sought City Council		District				
City Columbus, OH				State OH	Zip Code 43209					
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 type="checkbox"/>	Post-General	<input checked="" type="checkbox"/>	Annual Year 2006
	<input type="checkbox"/>	July Monthly	<input type="checkbox"/>	August Monthly	<input type="checkbox"/>	September Monthly	<input type="checkbox"/>	Termination	<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		M	D	Y

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	\$	\$4,580.00
2. Total monetary contributions (From Form No. 31-A)	\$	\$1,262.00
3. Total other income (From Form No. 31-A-2)	\$.
4. Total funds available (sum of lines 1, 2, 3)	\$	\$5,842.00
5. Total monetary expenditures (From Form No. 31-B)	\$	\$2,117.51
6. Balance on hand (line 4 minus line 5)	\$	\$3,724.49
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.	\$.

07 JAN 31 PM 5:04
 FILED
 FRANKLIN COUNTY
 BOARD OF ELECTIONS

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.

Robert E. Chilton _____ *Robert E. Chilton* _____ 01/31/2006
 Print Name and Title (Treasurer and Deputy Treasurer only) Signature Date

Contribution pages _____

Expenditure pages _____

Other pages _____

Total pages **0**

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Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full							
Full Name of Contributor Documentation has been ordered due to negligence of Treasurer						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State OH	Zip Code		M D Y 0 1 1 0 0 6	Amount \$1,250.00	
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State OH	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 OH	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 OH	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 OH	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 OH	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 OH	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 OH	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)]

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Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens For Tavares							
To Whom Paid NARHL (Documentation ordered due to negligence of Treasurer)				M	D	Y	Amount
				0	1	06	\$100.00
Address		Purpose					
City	State	Zip Code	Check Number				
	OH		1101				
To Whom Paid Charleta B. Tavares (Documentation ordered from bank)				M	D	Y	Amount
				0	1	13	\$1,250.00
Address		Purpose					
		Reimbursement					
City	State	Zip Code	Check Number				
	OH		1104				
To Whom Paid Don McTigue (Documentation ordered from bank)				M	D	Y	Amount
				0	2	03	\$2,219.25
Address		Purpose					
City	State	Zip Code	Check Number				
	OH		1105				
To Whom Paid Charleta B. Tavares (Documentation ordered from bank)				M	D	Y	Amount
				0	2	21	\$739.00
Address		Purpose					
		Reimbursement					
City	State	Zip Code	Check Number				
	OH		1106				
To Whom Paid US Bank Analysis Service Charge				M	D	Y	Amount
				0	3	14	\$42.00
Address		Purpose					
		Analysis Service Charge					
City	State	Zip Code	Check Number				
	OH		bank fee				
To Whom Paid UNCF				M	D	Y	Amount
				0	4	20	\$80.00
Address		Purpose					
		Luncheon					
City	State	Zip Code	Check Number				
	OH		1107				
To Whom Paid Ameritech				M	D	Y	Amount
				0	5	08	\$156.20
Address		Purpose					
		Phone Service					
City	State	Zip Code	Check Number				
	OH		Elec. Withdrawal				
To Whom Paid City Year				M	D	Y	Amount
				0	6	09	\$300.00
Address		Purpose					
City	State	Zip Code	Check Number				
	OH		1109				