

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 type="checkbox"/>	Annual Year
	<input type="checkbox"/>	July Monthly	<input type="checkbox"/>	August Monthly	<input type="checkbox"/>	September Monthly	<input type="checkbox"/>	Termination	<input checked="" type="checkbox"/>	Semiannual 2006
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	\$	\$8,216.45
2. Total monetary contributions (From Form No. 31-A)	\$	\$1,250.00
3. Total other income (From Form No. 31-A-2)	\$.
4. Total funds available (sum of lines 1, 2, 3)	\$	\$9,466.45
5. Total monetary expenditures (From Form No. 31-B)	\$	\$4,886.45
6. Balance on hand (line 4 minus line 5)	\$	\$4,580.00
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.	\$.

FILED
 07 JAN 31 PM 5:04
 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
Print Name and Title (Treasurer and Deputy Treasurer only)

Robert E. Chilton
Signature

01/31/2006
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 Citizens For Tavares						
Full Name of Contributor Documentation 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	Amount \$262.00
Full Name of Contributor Documentation 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	Amount \$1,000.00
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)]

FOR PAPER FILING ONLY

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens For Tavares								
To Whom Paid Brittney Crozier (Documentation ordered due to negligence of Treasurer)				M	D	Y	Amount	
				0	8	24	06	\$500.00
Address		Purpose Student Scholarship						
City	State OH	Zip Code	Check Number 1110					
To Whom Paid AT&T				M	D	Y	Amount	
				0	9	26	06	\$45.20
Address		Purpose Phone Service						
City	State OH	Zip Code	Check Number 1111					
To Whom Paid National League of Cities				M	D	Y	Amount	
				0	9	28	06	\$845.00
Address		Purpose						
City	State OH	Zip Code	Check Number					
To Whom Paid US Bank				M	D	Y	Amount	
				1	0	26	06	\$38.00
Address		Purpose Overdraft Fees						
City	State OH	Zip Code	Check Number					
To Whom Paid Documentation ordered due to negligence of Treasurer				M	D	Y	Amount	
							\$500.00	
Address		Purpose						
City	State OH	Zip Code	Check Number 1114					
To Whom Paid US Bank				M	D	Y	Amount	
							\$70.36	
Address		Purpose Overdraft Fees						
City	State OH	Zip Code	Check Number					
To Whom Paid US Bank				M	D	Y	Amount	
				1	2	14	06	\$90.95
Address		Purpose Analysis Service Charge						
City	State OH	Zip Code	Check Number					
To Whom Paid US Bank				M	D	Y	Amount	
				1	2	20	06	\$28.00
Address		Purpose Overdraft Fees						
City	State OH	Zip Code	Check Number					