

# Ohio Campaign Finance Report

Prescribed by Secretary of State 2/01

Full Name of Committee <b>CITIZENS FOR CONNOR</b>						Registration Number, if PAC	
Full Name of Candidate <b>John A. Connor</b>							
Street Address <b>436 W 5th AVE</b>				Office Sought		District	
City <b>Columbus</b>				State <b>OH</b>		Zip Code <b>43201</b>	
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	Annual Year <b>2006</b>		
	<input type="checkbox"/> Special	<input type="checkbox"/> July Monthly	<input type="checkbox"/> August Monthly	<input type="checkbox"/> September Monthly	Termination		
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Report Electronically Filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Date of Election		<b>M 11 D 02 Y 04</b>	

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	\$	<b>793 26</b>
2. Total monetary contributions (From Form No. 31-A)	\$	<b>00 00</b>
3. Total other income (From Form No. 31-A-2)	\$	<b>00 00</b>
4. Total funds available (sum of lines 1, 2, 3)	\$	<b>793 26</b>
5. Total monetary expenditures (From Form No. 31-B)	\$	<b>236 00</b>
6. Balance on hand (line 4 minus line 5)	\$	<b>557 26</b>
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	<b>00 00</b>
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	<b>00 00</b>
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	<b>59,000 00</b>
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	<b>00 00</b>
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	<b>00 00</b>
12. Value of independent expenditures made (From Form No. 31-U)	\$	<b>00 00</b>
13. For Electronic Filing Entities only Sum of lines 2, 7, and amount of any new loans received this period.	\$	

FILED  
 07 JAN 30 AM 9:27  
 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.

**ANNIE HALL, TREAS** *Annie Hall* **1/25/07**  
 Print Name and Title (Treasurer and Deputy Treasurer only)      Signature      Date

Contribution pages _____	Expenditure pages _____	Other pages _____	Total pages _____
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# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full											
CITIZENS FOR CONNOR											
To Whom Paid							M	D	Y	Amount	
NATIONAL CITY BANK							0	1	3	106	3.00
Address				Purpose							
763 NEIL AVE				BANK CHARGE							
City		State		Zip Code		Check Number					
Columbus		OH		43215							
To Whom Paid							M	D	Y	Amount	
NATIONAL CITY BANK							0	2	28	06	3.00
Address				Purpose							
763 NEIL AVE				BANK CHARGE							
City		State		Zip Code		Check Number					
Columbus		OH		43215		2051					
To Whom Paid							M	D	Y	Amount	
COMMITTEE FOR JUDGE JOHN BESSEY							0	2	10	06	200.00
Address				Purpose							
865 MACON ALLEY WM CURTIS, TREAS				CONTRIBUTION - FUNDRAISER							
City		State		Zip Code		Check Number					
Columbus		OH		43206							
To Whom Paid							M	D	Y	Amount	
NATIONAL CITY BANK							0	3	31	06	3.00
Address				Purpose							
763 NEIL AVE				BANK CHARGE							
City		State		Zip Code		Check Number					
Columbus		OH		43215							
To Whom Paid							M	D	Y	Amount	
NATIONAL CITY BANK							0	4	28	06	3.00
Address				Purpose							
763 NEIL AVE				BANK CHARGE							
City		State		Zip Code		Check Number					
Columbus		OH		43215							
To Whom Paid							M	D	Y	Amount	
NATIONAL CITY BANK							0	5	31	06	3.00
Address				Purpose							
763 NEIL AVE				BANK CHARGE							
City		State		Zip Code		Check Number					
Columbus		OH		43215							
To Whom Paid							M	D	Y	Amount	
NATIONAL CITY BANK							0	6	30	06	3.00
Address				Purpose							
763 NEIL AVE				BANK CHARGE							
City		State		Zip Code		Check Number					
Columbus		OH		43215							
To Whom Paid							M	D	Y	Amount	
NATIONAL CITY BANK							0	7	31	06	3.00
Address				Purpose							
763 NEIL AVE				BANK CHARGE							
City		State		Zip Code		Check Number					
Columbus		OH		43215							

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full										
CITIZENS FOR CONNOR										
To Whom Paid							M	D	Y	Amount
NATIONAL CITY BANK							0	8	3	3.00
Address				Purpose						
763 NEIL AVE				BANK CHARGE						
City		State		Zip Code		Check Number				
Columbus		OH		43215						
To Whom Paid							M	D	Y	Amount
NATIONAL CITY BANK							0	9	2	3.00
Address				Purpose						
763 NEIL AVE				BANK CHARGE						
City		State		Zip Code		Check Number				
Columbus		OH		43215						
To Whom Paid							M	D	Y	Amount
NATIONAL CITY BANK							1	0	3	3.00
Address				Purpose						
763 NEIL AVE				BANK CHARGE						
City		State		Zip Code		Check Number				
Columbus		OH		43215						
To Whom Paid							M	D	Y	Amount
NATIONAL CITY BANK							1	1	3	3.00
Address				Purpose						
763 NEIL AVE				BANK CHARGE						
City		State		Zip Code		Check Number				
Columbus		OH		43215						
To Whom Paid							M	D	Y	Amount
NATIONAL CITY BANK							1	2	2	3.00
Address				Purpose						
763 NEIL AVE				BANK CHARGE						
City		State		Zip Code		Check Number				
Columbus		OH		43215						
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				

# Statement of Loans Received

Prescribed by Secretary of State 2/01

Full Name of Committee <b>CITIZENS FOR CONNOR</b>												
From Whom Received <b>John A. Connor</b>								Prior Amount <b>59,000.00</b>		Amt. Incurred this Period		
Address <b>436 W 5th Ave</b>										Outstanding Balance <b>59,000.00</b>		
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43201</b>		Loans Received This Period				Payments This Period			
					Date		Amount		Date		Amount	
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$
09		10	9	2								
Registration Number, if PAC								M		D	Y	
Employer/Occupation/Labor Organization								M		D	Y	
From Whom Received								Prior Amount		Amt. Incurred this Period		
Address										Outstanding Balance		
City		State	Zip Code		Loans Received This Period				Payments This Period			
					Date		Amount		Date		Amount	
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$
Registration Number, if PAC								M		D	Y	
Employer/Occupation/Labor Organization								M		D	Y	
From Whom Received								Prior Amount		Amt. Incurred this Period		
Address										Outstanding Balance		
City		State	Zip Code		Loans Received This Period				Payments This Period			
					Date		Amount		Date		Amount	
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$
Registration Number, if PAC								M		D	Y	
Employer/Occupation/Labor Organization								M		D	Y	

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Outstanding Balance to the Cover page (Form No. 30-A).

- <sup>1</sup> Total prior amount \$ 59,000.00
- <sup>2</sup> Total received this period \$ 00.00 (To Form No. 31-A-2)
- <sup>3</sup> Total payments this period \$ 00.00 (To Form No. 31-B)
- <sup>4</sup> Total Outstanding Balance \$ 59,000.00 (To Form No. 30-A)