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FEC	
FORM	

STATEMENT OF

FEC FORM 1		ORGANIZ	ZATION		Office Lice Only	
1. NAME OF . COMMITTEE (in	n full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M	Office Use Only	
BILL GO	NNE	R FOR CON	GRESS		<u>i</u>	
	1 1 1	<u> </u>	<u> </u>			
ADDRESS (number a	nd street)	131.9:3: 1K:1.N	GFISHER PL	ACE		
(Check if address is changed)			<u> </u>			
		BEAVERCR	GEK	OH	4.5.4.3.1]-	
			CITY	STATE	ZIP CODE	
COMMITTEE'S E-MA	AL ADDRES	SS (Please provide only one	e-mail address)			
(Check if address		CAROLYNO COMMEROGHALL COM				
is change		<u>[_1_1_i_1_1_1_1</u>	<u> </u>	<u> </u>		
COMMITTEE'S WEB	DAGE ADI	DRESS (LIDIL)				
COMMITTEES WED	TAGE ADI		ERFORUS.CO	M		
(Check if address is changed)		W. Calor, C. O. N.				
		··	<u></u>	<u> </u>		
2. DATE	5 1	8 2010				
3. FEC IDENTIFIC	CATION N	JMBER C	maregrammagners a growing to the all			
4. IS THIS STATE	MENT N	NEW (N) OR	AMENDED (A)			
I certify that I have o	examined th	nis Statement and to the be	est of my knowledge and belie	f it is true, corre	ect and complete.	
Type or Print Name	of Treasure	CAROL	YN A. CO	NNE	R	
Signature of Treasure	er <u></u>	Paroly a	over_		5 18 2010	
NOTE: Submission of		·	n may subject the person signin	_	to the penalties of 2 U.S.C. §437g. S.	
Office Use Only			For further information Federal Election Commit Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)	

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Write or Type Committee Name	
BILL CONNER FOR CONGRESS	
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or	Leadership PAC Sponsor
	meaderally i no apolicol
Mailing Address	
CITY STATE	ZIP CODE
Polotionohina A Corrected Occasional and a second occa	igens, i condombia DAO C
Relationship: Connected Organization Affiliated Committee Joint Fundralsing Representative	Leadership PAC Sponsor
 Custodian of Records: Identify by name, address (phone number optional) and position of the personal books and records. 	on in possession of committee
Full Name TREASURER:	
Mailing Address	
<u> </u>	
	<u> </u>
Title or Position CITY STATE	ZIP CODE
Telephone number	
8. Treasurer: List the name and address (phone number optional) of the treasurer of the committee; an any designated agent (e.g., assistant treasurer).	d the name and address of
Full Name of Treasurer CAROLYM A. CONNER	
Mailing Address 3193 KINGFISHER PLIACE	
BEAUERCREEK 1 10H	45431-
CITY STATE	ZIP CODE
Title or Position $[\Gamma_i R_i \in A_i S_i U_i R_i \in R]$ Telephone number $[9,3]$	7-1426-151.84

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No Postmark					
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