

Write or Type Committee Name

BILL CONNER FOR CONGRESS

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

[Empty grid lines for organization name]

Mailing Address

[Empty grid lines for mailing address]

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

TREASURER

Mailing Address

[Empty grid lines for mailing address]

Title or Position

CITY

STATE

ZIP CODE

[Empty grid lines for title or position]

Telephone number

[Empty grid lines for telephone number]

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer

CAROLYN A. CONNER

Mailing Address

3193 KINGFISHER PLACE

BEAVERCREEK

CITY

OH

STATE

45431

ZIP CODE

Title or Position

TREASURER

Telephone number

937-426-5184

10030334175

Full Name of Designated Agent

WILLIAM R CONNER

Mailing Address

3193 KINGFISHER PLACE

BEAVERCREEK OH 45431-

CITY

STATE

ZIP CODE

Title or Position

ASSISTANT TREASURER

Telephone number

937-426-5184

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

J.P. MORGAN CHASE BANK N.A.

Mailing Address

2687 FAIRFIELD COMMONS

BEAVERCREEK OH 45431-

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

10030334176

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C. M. J.
PREPARER

5/24/10
DATE PREPARED

10030334177