CANDIDATE'S REPORT

(to be filed by a candidate or his principal campaign committee)

1. Qualifying Name and Address of Candidate

Karl Connor
P.O. Box 52857
New Orleans, LA 70152

2. Office Sought (Include title of office as well as parish, city, town and/or election district.)

School Board Member, District 5
Orleans Parish

OFFICE USE ONLY

Amendment
30-P
#404568

404568

3. Date of Primary September 18, 2004

This report covers from 8/1/2004 through 8/8/2004

4. Type of Report:

____180th day prior to primary
____90th day prior to primary
X 30th day prior to primary
____10th day prior to primary
____10th day prior to general
____40th day after general
____Annual (future election)
____Supplemental (past election)
____Amendment to prior report

5. FINAL REPORT if:

____Withdrawn
____Unopposed
____Filed after the election AND all loans and debts paid

6. Name and Address of Financial Institution (You are required by law to use one or more banks, savings and loan associations, or money market mutual fund as the depository of all campaign funds.)

Liberty Bank and Trust
3801 Canal Street
New Orleans, Louisiana

7. Full Name and Address of Treasurer

Chimene Grant Connor
P.O. Box 52857
New Orleans, LA 70152

9. Name of Person Preparing Report Chimene Grant Connor

Daytime Telephone (504) 212-5145

10. WE HEREBY CERTIFY that the information contained in this report and the attached schedules is true and correct to the best of our knowledge, information and belief, and that no expenditures have been made nor contributions received that have not been reported herein, and that no information required to be reported by the Louisiana Campaign Finance Disclosure Act has been deliberately omitted.

This 20 day of September, 2004.

Signature of Candidate/Chairperson
(To be signed by Chairperson *only* if report by principal campaign committee)

504 891 8850
Daytime Telephone

Chimene Grant Connor
Signature of Treasurer

504 [illegible]
Daytime Telephone

8. FOR PRINCIPAL CAMPAIGN COMMITTEES ONLY
a. Name and address of principal campaign committee, committee's chairperson, and subsidiary committees, if any (use additional sheets if necessary)

LOUISIANA ETHICS ADMINISTRATION CAMPAIGN FINANCE RECEIVED
2004 SEP 21 PM 12: 18

Amendments(s) Attached

AMENDMENT

Form 102, Rev. 1/98, Page Rev. 3/00

SUMMARY PAGE

RECEIPTS	This Period
1. Contributions (Schedule A-1)	$ 0
2. In-kind Contributions (Schedule A-2)	
3. Campaign paraphernalia sales of $25 *or less*	
4. **TOTAL CONTRIBUTIONS** (Lines 1 + 2 +3)	$ 0
5. Other Receipts (Schedule A-3)	
6. Loans Received (Schedule B)	$ 0
7. Loan Repayments Received (Schedule D)	
8. **TOTAL RECEIPTS** (Lines 4 + 5 + 6 + 7)	$ 0

DISBURSEMENTS	This Period
9. Expenditures (Schedule E-1)	$ 0
10. Other Disbursements (Schedule E-2)	
11. Loan Repayments Made (Schedule B)	
12. Funds Loaned (Schedule D)	
13. **TOTAL DISBURSEMENTS** (Lines 9 + 10 + 11 + 12)	$ 0

FINANCIAL SUMMARY	Amount
14. Funds on hand at beginning of reporting period (Must equal funds on hand at close from last report or -0- if first report for this election)	$ 0
15. *Plus* total receipts this period (Line 8 above)	$ 0
16. *Less* total disbursements this period (Line 13 above)	$ 0
17. *Less* in-kind contributions (Line 2 above)	
18. Funds on hand at close of reporting period	$ 0

Form 102, Rev. 3/98. Page Rev. 3/98.

AMENDMENT

CANDIDATE'S REPORT

(to be filed by a candidate or his principal campaign committee)

1. Qualifying Name and Address of Candidate

Karl Connor
P.O. Box 52857
New Orleans, LA 70152

2. Office Sought (Include title of office as well as parish, city, town and/or election district.)

School Board Member, District 6
Orleans Parish

OFFICE USE ONLY

9/04

30-P
9/9

0404568

3. Date of Primary September 18, 2004

This report covers from 8/10/2004 through 8/28/2004

Same report as # 40458

4. Type of Report:

____180th day prior to primary
____90th day prior to primary
____30th day prior to primary
__X__10th day prior to primary
____10th day prior to general
____40th day after general
____Annual (future election)
____Supplemental (past election)
____Amendment to prior report

5. FINAL REPORT if:

____Withdrawn
____Unopposed
____Filed after the election AND all loans and debts paid

6. Name and Address of Financial Institution (You are required by law to use one or more banks, savings and loan associations, or money market mutual fund as the depository of all campaign funds.)

Liberty Bank and Trust
3801 Canal Street
New Orleans, Louisiana

7. Full Name and Address of Treasurer

Chimene Grant Connor
P.O. Box 52857
New Orleans, LA 70152

SCANNED
SEP 14 2004
By: BM

9. Name of Person Preparing Report Chimene Grant Connor

Daytime Telephone (504) 212-5145

10. WE HEREBY CERTIFY that the information contained in this report and the attached schedules is true and correct to the best of our knowledge, information and belief, and that no expenditures have been made nor contributions received that have not been reported herein, and that no information required to be reported by the Louisiana Campaign Finance Disclosure Act has been deliberately omitted.

This 8 day of September, 2004.

Signature of Candidate/Chairperson
(To be signed by Chairperson only if report by principal campaign committee)

504 638 2466
Daytime Telephone

Chimene Grant Connor 504 212 5145
Signature of Treasurer
Daytime Telephone

8. FOR PRINCIPAL CAMPAIGN COMMITTEES ONLY
a. Name and address of principal campaign committee, committee's chairperson, and subsidiary committees, if any (use additional sheets if necessary).

Form 102, Rev. 1/98, Page Rev. 3/00