FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (In full) — USE FEC MAILING LABEL OR TYPE OR PRINT ▼ — Example: If typing, type over the lines

COMMITTEE TO ELECT CHARLES W SANDERS TO US HOUSE OF REPRESENTATIVES OHIO SECOND DISTRICT

ADDRESS (number and street) ▼ 576 ROBINDALE DRIVE

Check if different than previously reported. (ACC) PO BOX 637

WAYNESVILLE | OH | 45068

2. FEC IDENTIFICATION NUMBER ▼ C00339424

CITY ▲ STATE ▲ ZIP CODE ▲

3. IS THIS REPORT x NEW (N) OR AMENDED (A)

STATE ▼ DISTRICT: OH 02

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

x January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P) General (12G) Runoff (12R)

Convention (12C) Special (12S)

Election on In the State of

(c) 30-Day POST-Election Report for the:

General (30G) Runoff (30R) Special (30S)

Election on in the State of

5. Covering Period 10 01 2005 through 12 31 2005

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mrs. A. Carolyn Sanders

Signature of Treasurer Electronically Filed by Mrs. A. Carolyn Sanders Date 01 30 2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

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