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 U.S. House of Representatives, Ohio 2nd District

ADDRESS (number and street) ▼ P.O. Box 637

Check if different than previously reported. (ACC) 576 Robindale Drive

Waynesville | OH | 45068

2. **FEC IDENTIFICATION NUMBER** ▼ C00339424

CITY ▲ STATE ▲ ZIP CODE ▲

STATE ▼ DISTRICT OH

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

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

X April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

July 31 Mid-Year Report (Non-election Year Only) (MY)

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 01 01 2002 through 08 12 2002

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 08 12 2002

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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(Revised 1/2001)