

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

TOM SAWYER COMMITTEE

Report Covering the Period: From:

M	M
0	4

D	D
1	3

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	65565.00	122839.93
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	65565.00	122839.93
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	96411.59	121838.11
(b) Total Offsets to Operating Expenditures (from Line 14).....	402.50	402.50
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	96009.09	121435.61
8. Cash on Hand at Close of Reporting Period (from Line 27).....	2931.32	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name
TOM SAWYER COMMITTEE

Report Covering the Period: From:

M	M
0	4

D	D
1	3

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	6

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than
Political Committees

(i) Itemized (use Schedule A).....

43325.00

86477.93

(ii) Unitemized.....

9990.00

14112.00

(iii) TOTAL of contributions

53315.00

100589.93

from individuals..... ▶

11750.00

21750.00

(b) Political Party Committees.....

(c) Other Political Committees
(such as PACS).....

500.00

500.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS
(other than loans)

65565.00

122839.93

(add Lines 11(a)(iii), (b), (c), and (d))

12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES.....

0.00

0.00

13. LOANS

(a) Made or Guaranteed by the
Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS
(add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING
EXPENDITURES
(Refunds, Rebates, etc.).....

402.50

402.50

15. OTHER RECEIPTS
(Dividends, Interest, etc.).....

1527.00

1527.00

16. **TOTAL RECEIPTS** (add Lines
11(e), 12, 13(c), 14, and 15)
(Carry Total to Line 24, page 4)..... ▶

67494.50

124769.43

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	96411.59	121838.11
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	96411.59	121838.11

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	31848.41
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	67494.50
25. SUBTOTAL (add Line 23 and Line 24).....	99342.91
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	96411.59
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	2931.32

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	PAGE 5 / 48
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NAME OF COMMITTEE (In Full)
TOM SAWYER COMMITTEE

Full Name (Last, First, Middle Initial) A. MICHAEL ADLER		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 6	
Mailing Address 1400 NW 107TH AVE, 4TH FLOOR		Transaction ID: SA11A1.4442	
City State Zip Code MIAMI FL 33172	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer ADLER GROUP	Occupation PRESIDENT		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. DONALD ALEXANDER		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 6	
Mailing Address 1333 NEW HAMPSHIRE AVE, NW		Transaction ID: SA11A1.4440	
City State Zip Code WASHINGTON DC 20036	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer AKIN GUMP STRAUSS HAUER & FELD	Occupation ATTORNEY		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. M SHAN ATKINS		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 0 6	
Mailing Address 1944 CHEVIOT DRIVE		Transaction ID: SA11A1.4533	
City State Zip Code BARRINGTON IL 60010	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer CHETRUM CAPITAL, LLC	Occupation CHAIR		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	1000.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	PAGE 6 / 48
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NAME OF COMMITTEE (In Full)
TOM SAWYER COMMITTEE

Full Name (Last, First, Middle Initial) A. JIM BERLIN		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 8 / 2 0 0 6	
Mailing Address 1795 BROOKWOOD DR		Transaction ID: SA11A1.4711	
City AKRON State OH Zip Code 44333	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation RETIRED	Election Cycle-to-Date 250.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) B. MORRIS BERZON		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 0 6	
Mailing Address PO BOX 1148		Transaction ID: SA11A1.4707	
City AKRON State OH Zip Code 44309	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation ANNACO INC EXECUTIVE	Election Cycle-to-Date 250.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) C. ALAN J. BLEYER		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 6	
Mailing Address 3377 ROBERT BURNS DRIVE		Transaction ID: SA11A1.4665	
City RICHFIELD State OH Zip Code 44286	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation AKRON GENERAL MEDICAL CENTER CEO	Election Cycle-to-Date 500.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date 500.00		

SUBTOTAL of Receipts This Page (optional) ▶	1000.00
TOTAL This Period (last page this line number only) ▶	_____

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
TOM SAWYER COMMITTEE

A. Full Name (Last, First, Middle Initial)
CHRISTOPHER CAINE

Mailing Address **5007 WORTHINGTON DRIVE**

City **BETHESDA** State **MD** Zip Code **20816**

FEC ID number of contributing federal political committee. **C**

Name of Employer **IBM GOVERNMENTAL PROGRAMS** Occupation **VP**

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
04 / 17 / 2006

Transaction ID: SA11A1.4444

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
RICHARD A. CARNE

Mailing Address **6820 BRIGHANTINE WAY**

City **DAYTON** State **OH** Zip Code **45414**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RICK CARNE CONSULTING, LLC** Occupation **CONSULTANT**

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
04 / 28 / 2006

Transaction ID: SA11A1.4653

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
WILLIAM COSTIGAN, JR.

Mailing Address **545 RIDGECREST ROAD**

City **AKRON** State **OH** Zip Code **44303**

FEC ID number of contributing federal political committee. **C**

Name of Employer **REQUESTED** Occupation **REQUESTED**

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
04 / 25 / 2006

Transaction ID: SA11A1.4613

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
TOM SAWYER COMMITTEE

A. Full Name (Last, First, Middle Initial)
CHARLES CRANGLE

Mailing Address 560 N ST SW APT 609

City WASHINGTON State DC Zip Code 20024

FEC ID number of contributing federal political committee. **C**

Name of Employer AMERICAN AMERITON Occupation LOBBYIST

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 17 / 2006

Transaction ID: SA11A1.4434

Amount of Each Receipt this Period
 250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
JOHN CUNNINGHAM

Mailing Address 1470 CAMDEN RIDGE BLVD.

City AKRON State OH Zip Code 44312

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation RETIRED

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 18 / 2006

Transaction ID: SA11A1.4383

Amount of Each Receipt this Period
 250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
JOHN DEAN

Mailing Address 6013 COPLEY LANE

City MCLEAN State VA Zip Code 22101

FEC ID number of contributing federal political committee. **C**

Name of Employer WASHINGTON PARTNERS LLC Occupation ATTORNEY

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 17 / 2006

Transaction ID: SA11A1.4401

Amount of Each Receipt this Period
 250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	750.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TOM SAWYER COMMITTEE

Full Name (Last, First, Middle Initial) A. ANDREW DELIA		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 7 / 2 0 0 6
Mailing Address 2141 P ST NW APT 901		Transaction ID: SA11A1.4450
City WASHINGTON	State DC	Zip Code 20037
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer UNKNOWN	Occupation UNKNOWN	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. STEPHEN DIENSTFREY		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 7 / 2 0 0 6
Mailing Address 5426 MOUNT LOOKOUT CT		Transaction ID: SA11A1.4416
City BURKE	State VA	Zip Code 22015
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer SCHULMAN RONCA & DUCUVALAS INC	Occupation SCIENTIST	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. CHRISTINE DODD		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 1 / 2 0 0 6
Mailing Address 1326 VERMONT AVE NW		Transaction ID: SA11A1.4734
City WASHINGTON	State DC	Zip Code 20005
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer IBM	Occupation GOVERNMENT RELATIONS SPECIALIST	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
TOM SAWYER COMMITTEE

A. Full Name (Last, First, Middle Initial)
ALAN EDERER

Mailing Address 34 MERZ BLVD.

City State Zip Code
AKRON OH 44333

FEC ID number of contributing federal political committee. **C**

Name of Employer
EDERER AND ASSOCIATES

Occupation
REAL ESTATE

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 25 / 2006

Transaction ID: SA11A1.4611

Amount of Each Receipt this Period
300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
WILLIAM ELDREDGE

Mailing Address 278 N. MAIN STREET

City State Zip Code
HUDSON OH 44236

FEC ID number of contributing federal political committee. **C**

Name of Employer

Occupation
RETIRED

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 22 / 2006

Transaction ID: SA11A1.4579

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
HOWARD ESSNER

Mailing Address 2000 FOX TRACE TRAIL

City State Zip Code
CUYAHOGA FALLS OH 44223

FEC ID number of contributing federal political committee. **C**

Name of Employer
SELF EMPLOYED

Occupation
ATTORNEY

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 18 / 2006

Transaction ID: SA11A1.4385

Amount of Each Receipt this Period
300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **850.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
TOM SAWYER COMMITTEE

A. Full Name (Last, First, Middle Initial)
JULIA FISHELSON

Mailing Address 1024 CHARTRES STREET
D1

City State Zip Code
NEW ORLEANS LA 70116

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 17 / 2006

Transaction ID: SA11A1.4399

Amount of Each Receipt this Period
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
IRA FORMAN

Mailing Address 1717 WEBSTER ST NW

City State Zip Code
WASHINGTON DC 20011

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
NATL JEWISH DEMOCRATIC CO-UNCIL NATIONAL DIRECTOR

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
530.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 21 / 2006

Transaction ID: SA11A1.4812

Amount of Each Receipt this Period
380.00

In-kind -

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
SONNY FOX

Mailing Address 11712 MOORPARK AVENUE
SUITE 211

City State Zip Code
STUDIO CITY CA 91604

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SONNY FOX CONSULTANTS PRESIDENT

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 14 / 2006

Transaction ID: SA11A1.4359

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	2630.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
TOM SAWYER COMMITTEE

Full Name (Last, First, Middle Initial) A. JOHN FRANK		Date of Receipt M M / D D / Y Y Y Y 04 / 18 / 2006
Mailing Address 2080 STONEBRIDGE ROAD		Transaction ID: SA11A1.4375
City AKRON	State OH	Zip Code 44313
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation RETIRED	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. ANNE CONNELL FREUND		Date of Receipt M M / D D / Y Y Y Y 04 / 22 / 2006
Mailing Address 388 W. BATH ROAD		Transaction ID: SA11A1.4547
City CUYAHOGA FALLS	State OH	Zip Code 44223
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer ORIANA HOUSE	Occupation EXECUTIVE VP	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. VICTOR GELB		Date of Receipt M M / D D / Y Y Y Y 04 / 21 / 2006
Mailing Address 33845 CHAGRIN BLVD.		Transaction ID: SA11A1.4525
City MORELAND HILLS	State OH	Zip Code 44022
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation RETIRED	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	1000.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
TOM SAWYER COMMITTEE

A. Full Name (Last, First, Middle Initial)
RUTH GEORGE

Mailing Address **4804 STONEGATE BLVD**

City **AKRON** State **OH** Zip Code **44333**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF** Occupation **HOMEMAKER**

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **250.00**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	1	/	2	0	0	6

Transaction ID: SA11A1.4500

Amount of Each Receipt this Period

250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
ROBERT S. GINSBERG

Mailing Address **2625 BUTTERNUT LANE**

City **PEPPER PIKE** State **OH** Zip Code **44124**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation **RETIRED**

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **1000.00**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	8	/	2	0	0	6

Transaction ID: SA11A1.4651

Amount of Each Receipt this Period

1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
ROCHELLE L. GROSS

Mailing Address **18900 SOUTH PARK BLVD.**

City **SHAKER HEIGHTS** State **OH** Zip Code **44122**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation **HOMEMAKER**

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **2000.00**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	8	/	2	0	0	6

Transaction ID: SA11A1.4663

Amount of Each Receipt this Period

2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	3250.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
TOM SAWYER COMMITTEE

A. Full Name (Last, First, Middle Initial)
ROBERT HANDELMAN

Mailing Address 2974 SILVERVIEW DRIVE

City State Zip Code
STOW OH 44224

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CHEMSTRESS CONSULTANT CO. PRESIDENT

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

2100.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 8 / 2 0 0 6

Transaction ID: SA11A1.4454

Amount of Each Receipt this Period
2100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
RICHARD HIRSH

Mailing Address 1037 ROBINWOOD HILLS DRIVE

City State Zip Code
AKRON OH 44333

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AKRON RADIOLOGY, INC. PHYSICIAN

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 8 / 2 0 0 6

Transaction ID: SA11A1.4468

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
H.B. HORTON JR

Mailing Address 1146 ASPENWOOD ROAD

City State Zip Code
AKRON OH 44333

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 4 / 2 0 0 6

Transaction ID: SA11A1.4365

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **2600.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
TOM SAWYER COMMITTEE

Full Name (Last, First, Middle Initial) A. AMORY HOUGHTON, JR.		Date of Receipt M M / D D / Y Y Y Y Y 04 / 23 / 2006
Mailing Address 80 EAST MARKET STREET SUITE 201		Transaction ID: SA11A1.4587
City CORNING	State NY	Zip Code 14830
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer	Occupation RETIRED	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. WILLIAM HULBERT		Date of Receipt M M / D D / Y Y Y Y Y 04 / 17 / 2006
Mailing Address 174 CASTLE BOULEVARD		Transaction ID: SA11A1.4373
City AKRON	State OH	Zip Code 44313
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation RETIRED	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. ELISE JONES		Date of Receipt M M / D D / Y Y Y Y Y 04 / 21 / 2006
Mailing Address 1382 NEWTOWN-LANGHORNE RD.		Transaction ID: SA11A1.4519
City NEWTOWN	State PA	Zip Code 18940
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation RETIRED	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	2500.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
TOM SAWYER COMMITTEE

A. Full Name (Last, First, Middle Initial)
MARY HURBEAN JONES

Mailing Address 299 SUMMIT STREET

City WADSWORTH State OH Zip Code 44281

FEC ID number of contributing federal political committee. **C**

Name of Employer ORIANA HOUSE Occupation VP

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 2 / 2 0 0 6

Transaction ID: SA11A1.4549

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
PHILLIP KADES

Mailing Address 797 DIANDREA DRIVE

City AKRON State OH Zip Code 44333

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED Occupation OPTOMETRIST

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 0 / 2 0 0 6

Transaction ID: SA11A1.4492

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
PAM KANFER

Mailing Address 4445 EVERETT ROAD

City RICHFIELD State OH Zip Code 44286

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation HOMEMAKER

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 5 / 2 0 0 6

Transaction ID: SA11A1.4619

Amount of Each Receipt this Period
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **2500.00**

TOTAL This Period (last page this line number only) ▶

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
TOM SAWYER COMMITTEE

A. Full Name (Last, First, Middle Initial)
MICHELE KAYE

Mailing Address **3772 NORTSHORE DRIVE**

City **AKRON** State **OH** Zip Code **44333**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
UNKNOWN

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **250.00**

Date of Receipt
M M / D D / Y Y Y Y
05 / 01 / 2006

Transaction ID: SA11A1.4669

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
TIMOTHY KOLLAR

Mailing Address **1222 BALLANTRAE LANE**

City **McLEAN** State **VA** Zip Code **22101**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
PATTON & BOGGS
PRESIDENT

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **1000.00**

Date of Receipt
M M / D D / Y Y Y Y
04 / 17 / 2006

Transaction ID: SA11A1.4395

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
TIMOTHY KOLLAR

Mailing Address **1222 BALLANTRAE LANE**

City **McLEAN** State **VA** Zip Code **22101**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
PATTON & BOGGS
PRESIDENT

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **1745.00**

Date of Receipt
M M / D D / Y Y Y Y
04 / 17 / 2006

Transaction ID: SA11A1.4807

Amount of Each Receipt this Period
745.00

In-kind -
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **1995.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
TOM SAWYER COMMITTEE

A. Full Name (Last, First, Middle Initial)
FLORENCE KRANITZ

Mailing Address 280 LAKE POINTE DRIVE

City AKRON State OH Zip Code 44333

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 0 / 2 0 0 6

Transaction ID: SA11A1.4494

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
JAMES J. LAWRENCE

Mailing Address 1856 MAIN STREET

City PENINSULA State OH Zip Code 44264

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ORIANA HOUSE CEO

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 750.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 2 / 2 0 0 6

Transaction ID: SA11A1.4563

Amount of Each Receipt this Period
750.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
LORI LAWRENCE

Mailing Address 1856 MAIN STREET

City PENINSULA State OH Zip Code 44264

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ORIANA HOUSE EXECUTIVE ASSISTANT

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 2 / 2 0 0 6

Transaction ID: SA11A1.4561

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
TOM SAWYER COMMITTEE

Full Name (Last, First, Middle Initial) A. SUNITA LEEDS		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 6
Mailing Address 3205 R. STREET NW		Transaction ID: SA11A1.4657
City WASHINGTON	State DC	Zip Code 20007
Amount of Each Receipt this Period 250.00		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer REQUESTED	Occupation REQUESTED	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. LAWRENCE LEVEY		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 6
Mailing Address 1585 FEDERICK BLVD.		Transaction ID: SA11A1.4677
City AKRON	State OH	Zip Code 44320
Amount of Each Receipt this Period 250.00		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer LEVEY AND CO	Occupation REAL ESTATE	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. ROBERT LIEBELT		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 2 / 2 0 0 6
Mailing Address 440 N MAIN STREET		Transaction ID: SA11A1.4583
City AKRON	State OH	Zip Code 44310
Amount of Each Receipt this Period 250.00		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer RALMIS, INC.	Occupation PHYSICIAN	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) ▶	750.00
TOTAL This Period (last page this line number only) ▶

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
TOM SAWYER COMMITTEE

A. Full Name (Last, First, Middle Initial)
RICHARD LONG

Mailing Address **6548 N 27TH ST**

City **ARLINGTON** State **VA** Zip Code **22213**

FEC ID number of contributing federal political committee. **C**

Name of Employer **INT'L READING ASSOCIATION** Occupation **EXECUTIVE DIRECTOR**

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
04 / 17 / 2006

Transaction ID: SA11A1.4438

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
ALAN G. LOPATIN

Mailing Address **4958 BUTTERWORTH PLACE NW**

City **WASHINGTON** State **DC** Zip Code **20016**

FEC ID number of contributing federal political committee. **C**

Name of Employer **LEDGE COUNSEL, INC.** Occupation **CONSULTANT/ATTORNEY**

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
04 / 28 / 2006

Transaction ID: SA11A1.4661

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
TERRI LOWENTHAL

Mailing Address **1250 4TH ST SW**

City **WASHINGTON** State **DC** Zip Code **20024**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF** Occupation **LEGAL CONSULTANT**

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
04 / 17 / 2006

Transaction ID: SA11A1.4422

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TOM SAWYER COMMITTEE

A. Full Name (Last, First, Middle Initial)
ROCHELLE MARTINEZ

Mailing Address 304 11TH ST SE

City WASHINGTON State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C**

Name of Employer US CENSUS BUREAU Occupation POLICY ANALYST

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 17 / 2006

Transaction ID: SA11A1.4414

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
DR. ERWIN MASEELALL

Mailing Address 6751 PHEASANTS RIDGE

City HUDSON State OH Zip Code 44236

FEC ID number of contributing federal political committee. **C**

Name of Employer INTERNAL MEDICINE OF AKRON Occupation PHYSICIAN

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 22 / 2006

Transaction ID: SA11A1.4585

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
JAMES P. MCAVOY

Mailing Address 504 SUMNER STREET

City AKRON State OH Zip Code 44304

FEC ID number of contributing federal political committee. **C**

Name of Employer ORIANA HOUSE Occupation MANAGER

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 22 / 2006

Transaction ID: SA11A1.4551

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

TOTAL This Period (last page this line number only) ▶

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
TOM SAWYER COMMITTEE

Full Name (Last, First, Middle Initial) A. ANNE MCCLUSKY		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 0 6
Mailing Address 100 HALIFAX ROAD		Transaction ID: SA11A1.4508
City AKRON State OH Zip Code 44313	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00
Name of Employer Occupation RETIRED	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. MCDONALD MCCLUSKY		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 0 6
Mailing Address 100 HALIFAX ROAD		Transaction ID: SA11A1.4510
City AKRON State OH Zip Code 44313	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2000.00
Name of Employer Occupation RETIRED	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) C. PATRICK MCCORMICK		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 6
Mailing Address 1900 K STREET NW		Transaction ID: SA11A1.4407
City WASHINGTON State DC Zip Code 20006	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00
Name of Employer Occupation ATTORNEY	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Election Cycle-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	3250.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
TOM SAWYER COMMITTEE

A. Full Name (Last, First, Middle Initial)
JOSEPH MCGARVEY

Mailing Address 1496 2 6TH AVE, APT 2

City State Zip Code
COLUMBUS OH 43212

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE Occupation STUDENT

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 17 / 2006

Transaction ID: SA11A1.4452

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
ALAN MELAMED

Mailing Address 24249 LYMAN BLVD

City State Zip Code
SHAKER HEIGHTS OH 44122

FEC ID number of contributing federal political committee. **C**

Name of Employer MELAMED COMMUNICATIONS LLC Occupation CONSULTANT

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 01 / 2006

Transaction ID: SA11A1.4675

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
STEPHEN MYERS

Mailing Address 53 AURORA STREET

City State Zip Code
HUDSON OH 44236

FEC ID number of contributing federal political committee. **C**

Name of Employer MYERS INDUSTRIES Occupation RETIRED

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 18 / 2006

Transaction ID: SA11A1.4456

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	1750.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
TOM SAWYER COMMITTEE

A. Full Name (Last, First, Middle Initial)
HARVEY NELSON

Mailing Address **4694 N. RIDGE DRIVE**

City **AKRON** State **OH** Zip Code **44333**

FEC ID number of contributing federal political committee. **C**

Name of Employer **MAIN STREET GOURMET** Occupation **CEO**

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
04 / 20 / 2006

Transaction ID: SA11A1.4498

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
THOMAS O'NEIL

Mailing Address **72 BRANDYWINE DRIVE**

City **HUDSON** State **OH** Zip Code **44236**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SUMMA HEALTH SYSTEM** Occupation **ACCOUNTANT**

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
04 / 14 / 2006

Transaction ID: SA11A1.4355

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
DAVID ORLEAN

Mailing Address **23875 COMMERCE PARK ROAD SUITE 140**

City **BEACHWOOD** State **OH** Zip Code **44122**

FEC ID number of contributing federal political committee. **C**

Name of Employer **ORLEAN COMPANY** Occupation **REAL ESTATE**

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
04 / 21 / 2006

Transaction ID: SA11A1.4523

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
TOM SAWYER COMMITTEE

A. Full Name (Last, First, Middle Initial)
DERRICK OWENS

Mailing Address **2306 EVANS DRIVE**

City **SILVER SPRING** State **MD** Zip Code **20902**

FEC ID number of contributing federal political committee. **C**

Name of Employer **OWENS WESTERN TELECOM** Occupation **EXECUTIVE**

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
04 / 18 / 2006

Transaction ID: SA11A1.4387

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
WILLIAM III POWELL

Mailing Address **2740 CHESTERTON ROAD**

City **SHAKER HEIGHTS** State **OH** Zip Code **44122**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SUMMA HEALTH SYSTEM** Occupation **ATTORNEY**

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
04 / 21 / 2006

Transaction ID: SA11A1.4514

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
DAVID PRICE

Mailing Address **PO BOX 1986**

City **RALEIGH** State **NC** Zip Code **27602**

FEC ID number of contributing federal political committee. **C**

Name of Employer **UNKNOWN** Occupation **UNKNOWN**

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
04 / 24 / 2006

Transaction ID: SA11A1.4593

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	1000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
TOM SAWYER COMMITTEE

Full Name (Last, First, Middle Initial) A. ALBERT RATNER		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 0 6
Mailing Address 50 PUBLIC SQUARE SUITE 1600		Transaction ID: SA11A1.4535
City CLEVELAND	State OH	Zip Code 44113
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer RMS MANAGEMENT	Occupation REAL ESTATE	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. BRIAN RATNER		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 0 6
Mailing Address 50 PUBLIC SQUARE SUITE 1600		Transaction ID: SA11A1.4537
City CLEVELAND	State OH	Zip Code 44113
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer RMS MANAGEMENT	Occupation REAL ESTATE	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. CHARLES RATNER		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 0 6
Mailing Address 50 PUBLIC SQUARE SUITE 1600		Transaction ID: SA11A1.4540
City CLEVELAND	State OH	Zip Code 44113
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer RMS MANAGEMENT	Occupation REAL ESTATE	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	3000.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
TOM SAWYER COMMITTEE

A. Full Name (Last, First, Middle Initial)
SHELDON REPP

Mailing Address 4704 WINDOM PL NW

City WASHINGTON State DC Zip Code 20016

FEC ID number of contributing federal political committee. **C**

Name of Employer UNCL FOR HIGHER EDUCATION Occupation GENERAL COUNSEL

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 17 / 2006

Transaction ID: SA11A1.4405

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
PATRICIA RISSLER

Mailing Address 2118 S KENT ST

City ARLINGTON State VA Zip Code 22202

FEC ID number of contributing federal political committee. **C**

Name of Employer UNKNOWN Occupation UNKNOWN

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 11 / 2006

Transaction ID: SA11A1.4736

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
BERNARD ROCHFORD

Mailing Address 710 UPPER MERRIMAN ROAD

City AKRON State OH Zip Code 44303

FEC ID number of contributing federal political committee. **C**

Name of Employer ORIANA HOUSE Occupation VP

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 22 / 2006

Transaction ID: SA11A1.4545

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	750.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
TOM SAWYER COMMITTEE

Full Name (Last, First, Middle Initial) A. JENNIFER SAULINO		Date of Receipt M M / D D / Y Y Y Y 04 / 17 / 2006
Mailing Address 1807 CALIFORNIA ST NW APT 201		Transaction ID: SA11A1.4430
City WASHINGTON	State DC	Zip Code 20009
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer COVINGTON & BURLINGTON LLP	Occupation ATTORNEY	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. LAWRENCE SAULINO		Date of Receipt M M / D D / Y Y Y Y 04 / 17 / 2006
Mailing Address 3123 N. MARTADALE DRIVE		Transaction ID: SA11A1.4428
City AKRON	State OH	Zip Code 44333
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer SELF EMPLOYED	Occupation CONSULTANT	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. C SAVAGE		Date of Receipt M M / D D / Y Y Y Y 04 / 22 / 2006
Mailing Address 11198 MICHELLE DRIVE NW		Transaction ID: SA11A1.4553
City CANAL FULTON	State OH	Zip Code 44614
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer ORIANA HOUSE	Occupation VP	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
TOM SAWYER COMMITTEE

A. Full Name (Last, First, Middle Initial)
MICHAEL D. SIEGAL

Mailing Address 921 WEST HILL DRIVE

City State Zip Code
GATES MILLS OH 44040

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
OLYMIC STEEL CEO

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

1000.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 7 / 2 0 0 6

Transaction ID: SA11A1.4649

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
KATHLEEN SMITH

Mailing Address 6606 NETTIES LANE UNIT 1308

City State Zip Code
ALEXANDRIA VA 22315

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
EDUCATION FINANCE COUNSEL PRESIDENT

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

250.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 1 7 / 2 0 0 6

Transaction ID: SA11A1.4426

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
EDWARD SPAR

Mailing Address 206 WOLFE STREET

City State Zip Code
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
COUNSEL OF PROFESSIONAL ASSOC EXECUTIVE DIRECTOR

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

250.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 1 7 / 2 0 0 6

Transaction ID: SA11A1.4424

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
TOM SAWYER COMMITTEE

A. Full Name (Last, First, Middle Initial)
LOUIS STILE

Mailing Address 4500 SHAW ROAD

City AKRON State OH Zip Code 44333

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation SELF

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 1 8 / 2 0 0 6

Transaction ID: SA11A1.4461

Amount of Each Receipt this Period
 250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
JAMES D SWITZER

Mailing Address 891 ELMORE AVENUE

City AKRON State OH Zip Code 44302

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation RETIRED

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 1 4 / 2 0 0 6

Transaction ID: SA11A1.4351

Amount of Each Receipt this Period
 250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
DIANE TOMASEK

Mailing Address 7304 ALLAN ABE

City FALLS CHURCH State VA Zip Code 22046

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation RETIRED

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 1 7 / 2 0 0 6

Transaction ID: SA11A1.4371

Amount of Each Receipt this Period
 250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **750.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
TOM SAWYER COMMITTEE

A. Full Name (Last, First, Middle Initial)
THOMAS TROTTER

Mailing Address 180 W. FAIRLAWN BLVD.

City AKRON State OH Zip Code 44313

FEC ID number of contributing federal political committee. **C**

Name of Employer BUCKINGHAM, DOOLITTLE & BURROU Occupation ATTORNEY

Receipt For: 2006 Election Cycle-to-Date

Primary General
 Other (specify) ▼

500.00

Date of Receipt
MM / DD / YYYY
04 / 25 / 2006

Transaction ID: SA11A1.4605

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
ALAN WHEAT

Mailing Address 836 W 51ST ST

City KANSAS CITY State MO Zip Code 64112

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF Occupation CONSULTANT

Receipt For: 2006 Election Cycle-to-Date

Primary General
 Other (specify) ▼

250.00

Date of Receipt
MM / DD / YYYY
04 / 17 / 2006

Transaction ID: SA11A1.4432

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
MILTON WISKIND

Mailing Address 505 BURNING TREE DRIVE

City AKRON State OH Zip Code 44303

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation RETIRED

Receipt For: 2006 Election Cycle-to-Date

Primary General
 Other (specify) ▼

500.00

Date of Receipt
MM / DD / YYYY
04 / 18 / 2006

Transaction ID: SA11A1.4488

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **1250.00**

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
TOM SAWYER COMMITTEE

A. Full Name (Last, First, Middle Initial)
DR. DENISE WOODS

Mailing Address 1590 SHADE ROAD

City State Zip Code
AKRON OH 44333

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF Occupation PSYCHOLOGIST

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 5 / 2 0 0 6

Transaction ID: SA11A1.4607

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
S. DAVID WORHATCH

Mailing Address 4920 DARROW ROAD

City State Zip Code
STOW OH 44224

FEC ID number of contributing federal political committee. **C**

Name of Employer LAW OFFICE OF DAVID WORHT-ACH Occupation ATTORNEY

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 750.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 4 / 2 0 0 6

Transaction ID: SA11A1.4363

Amount of Each Receipt this Period
750.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
SANDRA H. WULIGER

Mailing Address 20 BASSWOOD LANE

City State Zip Code
MORELAND HILLS OH 44022

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF Occupation HOMEMAKER

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 1 / 2 0 0 6

Transaction ID: SA11A1.4531

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	2000.00
TOTAL This Period (last page this line number only)	43325.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 48
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TOM SAWYER COMMITTEE

Full Name (Last, First, Middle Initial) A. BRIDGESTONE AMERICAS HOLDING INC. POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 3 / 2 0 0 6
Mailing Address 607 14th Street NW Suite 500		Transaction ID: SA11B.4353
City State Zip Code Washington DC 20005	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00371948	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. CALFEE HALTER/GREEN FUND FOR GOOD GOVERNMENT		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 6
Mailing Address 800 Superior Avenue Suite 1400		Transaction ID: SA11B.4391
City State Zip Code Cleveland OH 44114	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C C00351635	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 5000.00	

Full Name (Last, First, Middle Initial) C. EN (ENERGY CORP) PAC		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 5 / 2 0 0 6
Mailing Address 101 CONSTITUTION AVE. NW SUITE 200E		Transaction ID: SA11B.4609
City State Zip Code WASHINGTON DC 20001	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C C00363879	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) ▶	6250.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 48
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TOM SAWYER COMMITTEE

A. Full Name (Last, First, Middle Initial)
EXELON CORPORATION POLITICAL ACTION COMMITTEE (EXELONPAC)

Mailing Address 10 SOUTH DEARBORN

City State Zip Code
CHICAGO IL 60603

FEC ID number of contributing federal political committee. **C** C00141218

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 27 / 2006

Transaction ID: SA11B.4744

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
NELNET INC PAC (NELNET PAC)

Mailing Address 1726 M Street NW Suite 701

City State Zip Code
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00370015

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 17 / 2006

Transaction ID: SA11B.4393

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
SONNENSCHN NATH & ROSENTHAL LLP POLITICAL ACTION COMMITTEE (SONNENSCHN PAC)

Mailing Address 1301 K STREET NW SUITE 600 EAST TOWER

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C00216127

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 11 / 2006

Transaction ID: SA11B.4738

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	2500.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 35 / 48
	(check only one)	
<input type="checkbox"/> 11a	<input checked="" type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
TOM SAWYER COMMITTEE

Full Name (Last, First, Middle Initial) A. SOUTHERN COMPANY EMPLOYEES PAC		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 6
Mailing Address 241 RALPH MCGILL BLVD NE BIN 10111		Transaction ID: SA11B.4709
City ATLANTA	State GA	Amount of Each Receipt this Period 1000.00
Zip Code 30308	FEC ID number of contributing federal political committee. C C00144774	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. TIME WARNER POLITICAL ACTION CMTE		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 6
Mailing Address 800 Connecticut Ave. NW Suite 1200		Transaction ID: SA11B.4368
City Washington	State DC	Amount of Each Receipt this Period 1000.00
Zip Code 20006	FEC ID number of contributing federal political committee. C C00339291	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. UNITED STATES TELECOM ASSOCIATION POLITICAL ACTION COMMITTEE (TELECOMPAC)		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 6
Mailing Address 607 14th Street Northwest Suite 400		Transaction ID: SA11B.4389
City Washington	State DC	Amount of Each Receipt this Period 1000.00
Zip Code 20005	FEC ID number of contributing federal political committee. C C00000984	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶	11750.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 36 / 48	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
TOM SAWYER COMMITTEE

A. Full Name (Last, First, Middle Initial)
BABST CALLAND CLEMENTS

Mailing Address TWO GATEWAY CENTER

City State Zip Code
PITTSBURGH PA 15222

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	3	/	2	0	0	6

Transaction ID: SA11C.4866

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	500.00
TOTAL This Period (last page this line number only)	▶	500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 37 / 48	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input checked="" type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full) TOM SAWYER COMMITTEE
--

Full Name (Last, First, Middle Initial) A. BURGES & BURGES: MEDIA ACCOUNT	
Mailing Address 26100 LAKE SHORE BLVD.	
City CLEVELAND	State Zip Code OH 44132-1111
FEC ID number of contributing federal political committee. C	
Name of Employer	Occupation
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 402.50

Date of Receipt 04 / 17 / 2006
Transaction ID: SA14.4815
Amount of Each Receipt this Period 402.50
REFUND OF ADVERTISING
<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	402.50
TOTAL This Period (last page this line number only)	402.50

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 38 / 48
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
TOM SAWYER COMMITTEE

A. Full Name (Last, First, Middle Initial)
CBIZ

Mailing Address 4040 EMBASSY PKWY, STE 100

City AKRON State OH Zip Code 44333

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1527.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2006

Transaction ID: SA15.4845

Amount of Each Receipt this Period
1527.00

In-kind - EXEMPT ACCOUNTING SERVICES
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	1527.00
TOTAL This Period (last page this line number only)	▶	1527.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
TOM SAWYER COMMITTEE

Full Name (Last, First, Middle Initial)

A. BURGES & BURGES: MEDIA ACCOUNT

Mailing Address 26100 LAKE SHORE BLVD.

City CLEVELAND State OH Zip Code 44132-1111

Purpose of Disbursement
TIME WARNER BUY - MEDIA

004
Category/
Type

Candidate Name
TOM SAWYER COMMITTEE

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: OH District: 13

Transaction ID: SB17.4833

Date of Disbursement

04 / 13 / 2006

Amount of Each Disbursement this Period

16312.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

B. BURGES & BURGES: MEDIA ACCOUNT

Mailing Address 26100 LAKE SHORE BLVD.

City CLEVELAND State OH Zip Code 44132-1111

Purpose of Disbursement
CABLE

004
Category/
Type

Candidate Name
TOM SAWYER COMMITTEE

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: OH District: 13

Transaction ID: SB17.4754

Date of Disbursement

04 / 19 / 2006

Amount of Each Disbursement this Period

15689.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

C. BURGES & BURGES: MEDIA ACCOUNT

Mailing Address 26100 LAKE SHORE BLVD.

City CLEVELAND State OH Zip Code 44132-1111

Purpose of Disbursement
REPORTER AD

004
Category/
Type

Candidate Name
TOM SAWYER COMMITTEE

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: OH District: 13

Transaction ID: SB17.4769

Date of Disbursement

04 / 26 / 2006

Amount of Each Disbursement this Period

572.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ►

32573.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 40 / 48

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
TOM SAWYER COMMITTEE

Full Name (Last, First, Middle Initial)

A. BURGES & BURGES: MEDIA ACCOUNT

Mailing Address 26100 LAKE SHORE BLVD.

City CLEVELAND State OH Zip Code 44132-1111

Purpose of Disbursement
AKRON BEACON JOURNAL AD

004
Category/
Type

Candidate Name
TOM SAWYER COMMITTEE

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: OH District: 13

Transaction ID: SB17.4770

Date of Disbursement

04 / 26 / 2006

Amount of Each Disbursement this Period

4000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

B. BURGES & BURGES: MEDIA ACCOUNT

Mailing Address 26100 LAKE SHORE BLVD.

City CLEVELAND State OH Zip Code 44132-1111

Purpose of Disbursement
AUTOMATED PHONE CALLS

004
Category/
Type

Candidate Name
TOM SAWYER COMMITTEE

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: OH District: 13

Transaction ID: SB17.4771

Date of Disbursement

04 / 28 / 2006

Amount of Each Disbursement this Period

8340.96

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

C. BURGES & BURGES: MEDIA ACCOUNT

Mailing Address 26100 LAKE SHORE BLVD.

City CLEVELAND State OH Zip Code 44132-1111

Purpose of Disbursement
VOICE OVER

004
Category/
Type

Candidate Name
TOM SAWYER COMMITTEE

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: OH District: 13

Transaction ID: SB17.4772

Date of Disbursement

04 / 28 / 2006

Amount of Each Disbursement this Period

306.46

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

12647.42

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
TOM SAWYER COMMITTEE

Full Name (Last, First, Middle Initial) A. BURGES & BURGES: MEDIA ACCOUNT		Transaction ID: SB17.4782
Mailing Address 26100 LAKE SHORE BLVD.		Date of Disbursement 05 / 18 / 2006
City CLEVELAND	State OH	Zip Code 44132-1111
Purpose of Disbursement FEES, FUNDRAISER SVCS, MAILING SVCS	Category/Type 003	Amount of Each Disbursement this Period 13460.00
Candidate Name TOM SAWYER COMMITTEE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
State: OH	District: 13	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. CBIZ		Transaction ID: SB17.4846
Mailing Address 4040 EMBASSY PKWY, STE 100		Date of Disbursement 06 / 30 / 2006
City AKRON	State OH	Zip Code 44333
Purpose of Disbursement In-kind - EXEMPT ACCOUNTING SERVICES	Category/Type 001	Amount of Each Disbursement this Period 1527.00
Candidate Name TOM SAWYER COMMITTEE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
State: OH	District: 13	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. CREATIVE TECHNOLOGY		Transaction ID: SB17.4837
Mailing Address 137 HERITAGE WOODS DRIVE		Date of Disbursement 04 / 19 / 2006
City AKRON	State OH	Zip Code 44321
Purpose of Disbursement STUDIO TIME	Category/Type 004	Amount of Each Disbursement this Period 4038.56
Candidate Name TOM SAWYER COMMITTEE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
State: OH	District: 13	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	19025.56
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
TOM SAWYER COMMITTEE

Full Name (Last, First, Middle Initial) A. CREATIVE TECHNOLOGY		Transaction ID: SB17.4759 Date of Disbursement																				
Mailing Address 137 HERITAGE WOODS DRIVE		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>4</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	1		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		2	1		2	0	0	6													
City AKRON	State OH	Zip Code 44321																				
Purpose of Disbursement STUDIO TIME		Amount of Each Disbursement this Period <table border="1"><tr><td>219.94</td></tr></table>	219.94																			
219.94																						
Candidate Name TOM SAWYER COMMITTEE		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type <table border="1"><tr><td>004</td></tr></table>	004																			
004																						
State: OH	District: 13																					

Full Name (Last, First, Middle Initial) B. CROMWELL AND COMPANY		Transaction ID: SB17.4777 Date of Disbursement																				
Mailing Address 850 EAGLENEST AVENUE		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>5</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	4		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	5		0	4		2	0	0	6													
City AKRON	State OH	Zip Code 44333																				
Purpose of Disbursement DESIGN FOR FULL PAGE AD		Amount of Each Disbursement this Period <table border="1"><tr><td>500.00</td></tr></table>	500.00																			
500.00																						
Candidate Name TOM SAWYER COMMITTEE		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type <table border="1"><tr><td>004</td></tr></table>	004																			
004																						
State: OH	District: 13																					

Full Name (Last, First, Middle Initial) C. CROMWELL AND COMPANY		Transaction ID: SB17.4766 Date of Disbursement																				
Mailing Address 850 EAGLENEST AVE		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>4</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	4		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		2	4		2	0	0	6													
City AKRON	State OH	Zip Code 44333																				
Purpose of Disbursement DESIGN AND PRINTING		Amount of Each Disbursement this Period <table border="1"><tr><td>17789.81</td></tr></table>	17789.81																			
17789.81																						
Candidate Name TOM SAWYER COMMITTEE		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type <table border="1"><tr><td>006</td></tr></table>	006																			
006																						
State: OH	District: 13																					

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>18509.75</td></tr></table>	18509.75
18509.75		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
TOM SAWYER COMMITTEE

Full Name (Last, First, Middle Initial) A. IRA FORMAN		Transaction ID: SB17.4813 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 0 6
Mailing Address 1717 WEBSTER ST NW		Amount of Each Disbursement this Period 380.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City WASHINGTON State DC Zip Code 20011		
Purpose of Disbursement In-kind - Candidate Name TOM SAWYER COMMITTEE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 13	Category/Type 007	
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. TIMOTHY KOLLAR		Transaction ID: SB17.4808 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 6
Mailing Address 1222 BALLANTRAE LANE		Amount of Each Disbursement this Period 745.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City McLEAN State VA Zip Code 22101		
Purpose of Disbursement In-kind - Candidate Name TOM SAWYER COMMITTEE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 13	Category/Type 007	
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. LORAIN COUNTY DEMOCRATIC PARTY		Transaction ID: SB17.4753 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 6
Mailing Address 730 NORTH RIDGE RD E		Amount of Each Disbursement this Period 350.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City LORAIN State OH Zip Code 44055		
Purpose of Disbursement ADVERTISING Candidate Name TOM SAWYER COMMITTEE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 13	Category/Type 004	
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	1475.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
TOM SAWYER COMMITTEE

Full Name (Last, First, Middle Initial) A. OHIO VCS		Transaction ID: SB17.4764 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 6
Mailing Address 812 HURON ROAD #713		Amount of Each Disbursement this Period 2216.22 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City CLEVELAND State OH Zip Code 44115		
Purpose of Disbursement VOTER CONTACT RECORDS Candidate Name TOM SAWYER COMMITTEE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 13	Category/Type 003	
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. JOYCE SAWYER		Transaction ID: SB17.4757 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 0 6
Mailing Address 1298 N. HOWARD STREET		Amount of Each Disbursement this Period 20.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City AKRON State OH Zip Code 44310		
Purpose of Disbursement TRAVEL Candidate Name TOM SAWYER COMMITTEE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 13	Category/Type 002	
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. JOYCE SAWYER		Transaction ID: SB17.4758 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 0 6
Mailing Address 1298 N. HOWARD STREET		Amount of Each Disbursement this Period 52.05 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City AKRON State OH Zip Code 44310		
Purpose of Disbursement ADMINISTRATIVE EXPENSES Candidate Name TOM SAWYER COMMITTEE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 13	Category/Type 001	
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	2288.27
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
TOM SAWYER COMMITTEE

Full Name (Last, First, Middle Initial) A. JOYCE SAWYER		Transaction ID: SB17.4760 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 2 / 2 0 0 6
Mailing Address 1298 N. HOWARD STREET		Amount of Each Disbursement this Period 28.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City AKRON State OH Zip Code 44310		
Purpose of Disbursement TRAVEL Candidate Name TOM SAWYER COMMITTEE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 13	002 Category/Type	
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. JOYCE SAWYER		Transaction ID: SB17.4768 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 6
Mailing Address 1298 N. HOWARD STREET		Amount of Each Disbursement this Period 144.60 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City AKRON State OH Zip Code 44310		
Purpose of Disbursement TRAVEL Candidate Name TOM SAWYER COMMITTEE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 13	002 Category/Type	
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. JOYCE SAWYER		Transaction ID: SB17.4774 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 6
Mailing Address 1298 N. HOWARD STREET		Amount of Each Disbursement this Period 35.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City AKRON State OH Zip Code 44310		
Purpose of Disbursement TRAVEL Candidate Name TOM SAWYER COMMITTEE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 13	002 Category/Type	
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	207.60
TOTAL This Period (last page this line number only) ▶	(Empty box)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
TOM SAWYER COMMITTEE

Full Name (Last, First, Middle Initial) A. JOYCE SAWYER		Transaction ID: SB17.4775 Date of Disbursement
Mailing Address 1298 N. HOWARD STREET		<input type="text" value="05"/> <input type="text" value="01"/> / <input type="text" value="20"/> <input type="text" value="06"/>
City AKRON State OH Zip Code 44310	Purpose of Disbursement OFFICE	Amount of Each Disbursement this Period
Candidate Name TOM SAWYER COMMITTEE	<input type="text" value="001"/> Category/Type	<input type="text" value="10.91"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
State: OH District: 13		

Full Name (Last, First, Middle Initial) B. JOYCE SAWYER		Transaction ID: SB17.4776 Date of Disbursement
Mailing Address 1298 N. HOWARD STREET		<input type="text" value="05"/> <input type="text" value="01"/> / <input type="text" value="20"/> <input type="text" value="06"/>
City AKRON State OH Zip Code 44310	Purpose of Disbursement POSTAGE	Amount of Each Disbursement this Period
Candidate Name TOM SAWYER COMMITTEE	<input type="text" value="001"/> Category/Type	<input type="text" value="93.60"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
State: OH District: 13		

Full Name (Last, First, Middle Initial) C. JOYCE SAWYER		Transaction ID: SB17.4778 Date of Disbursement
Mailing Address 1298 N. HOWARD STREET		<input type="text" value="05"/> <input type="text" value="04"/> / <input type="text" value="20"/> <input type="text" value="06"/>
City AKRON State OH Zip Code 44310	Purpose of Disbursement BP	Amount of Each Disbursement this Period
Candidate Name TOM SAWYER COMMITTEE	<input type="text" value="002"/> Category/Type	<input type="text" value="20.00"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
State: OH District: 13		

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="124.51"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
TOM SAWYER COMMITTEE

Full Name (Last, First, Middle Initial) A. SUMMIT COUNTY YOUNG DEMOCRATS		Transaction ID: SB17.4802 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 6
Mailing Address 826 W. MARKET ST		Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City AKRON State OH Zip Code 44303		
Purpose of Disbursement FUNDRAISER Candidate Name TOM SAWYER COMMITTEE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 13	Category/Type 003	
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. US POSTMASTER		Transaction ID: SB17.4761 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 6
Mailing Address 25101 N LAKELAND BLVD		Amount of Each Disbursement this Period 8609.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City EUCLID State OH Zip Code 44132		
Purpose of Disbursement POSTAGE Candidate Name TOM SAWYER COMMITTEE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 13	Category/Type 001	
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. VILLA BEACH COMMUNICATIONS		Transaction ID: SB17.4762 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 6
Mailing Address 872 E. 222 ST		Amount of Each Disbursement this Period 451.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City EUCLID State OH Zip Code 44123		
Purpose of Disbursement LETTERHEAD Candidate Name TOM SAWYER COMMITTEE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 13	Category/Type 001	
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	9310.50
TOTAL This Period (last page this line number only) ▶	96161.61

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 48 / 48
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
 TOM SAWYER COMMITTEE

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor BURGES & BURGES: MEDIA ACCOUNT	Nature of Debt (Purpose): ADVERTISING
Mailing Address 26100 LAKE SHORE BLVD.	
City State ZIP Code CLEVELAND OH 44132-1111	

Outstanding Balance Beginning This Period <input type="text" value="16312.00"/>	Transaction ID: SD10.4344	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="16312.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor CREATIVE TECHNOLOGY	Nature of Debt (Purpose): ADVERTISING
Mailing Address 137 HERITAGE WOODS DRIVE	
City State ZIP Code AKRON OH 44321	

Outstanding Balance Beginning This Period <input type="text" value="4038.56"/>	Transaction ID: SD10.4341	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="4038.56"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="0.00"/>
2) TOTALS This Period (last page this line number only).....	<input type="text" value="0.00"/>
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text" value=""/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text" value=""/>