

**FEC  
FORM 1**

**STATEMENT OF  
ORGANIZATION**

(See instructions)

Office Use Only

1. NAME OF COMMITTEE (In full) (Check if name is changed) Example: If typing, type over the lines 12FE4M5

**TOM SAWYER COMMITTEE**

ADDRESS (Number and street) (Check if address is changed) 1540 W MARKET STREET

**AKRON OH 44313**

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

**pam@msapple.com**

COMMITTEE'S WEB PAGE ADDRESS (URL)

**www.msapple.com**

2. DATE **04 / 17 / 2002**

3. FEC IDENTIFICATION NUMBER **C00203554**

4. IS THIS STATEMENT  NEW (N) OR  AMENDED (A)

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

Type or Print Name of Treasurer **Stanley Apple**

Signature of Treasurer Electronically Filed by Stanley Apple Date **04 / 17 / 2002**

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

5. TYPE OF COMMITTEE (Check One)

- (a)  This committee is a principal campaign committee. (Complete the candidate information below.)
- (b)  This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate \_\_\_\_\_

Candidate Party Affiliation	DEM	Office Sought:	<input checked="" type="checkbox"/> House	<input type="checkbox"/> Senate	<input type="checkbox"/> President	State	OH
						District	17

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

- (d)  This committee is a \_\_\_\_\_ (National, State (or subordinate) committee of the \_\_\_\_\_ (Democratic, Republican, etc.) Party.

- (e)  This committee is a separate segregated fund

- (f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

\_\_\_\_\_  
 \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship \_\_\_\_\_

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

Write or Type Committee Name

**TOM SAWYER COMMITTEE**

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

Full Name Stanley Apple

Mailing Address 1540 West Market Street

	<u>Akron</u>	<u>OH</u>	<u>44313</u> -
Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲
<u>Treasurer</u>		Telephone number <u>330</u> - <u>867</u> - <u>7350</u>	

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

Full Name of Treasurer Stanley Apple

Mailing Address 1540 West Market Street

	<u>Akron</u>	<u>OH</u>	<u>44313</u> -
Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲
<u>Treasurer</u>		Telephone number <u>330</u> - <u>867</u> - <u>7350</u>	

Full Name of Designated Agent \_\_\_\_\_

Mailing Address \_\_\_\_\_

	_____	_____	-
Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲
_____		Telephone number _____ - _____ - _____	

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

Name of Bank, Depository, etc.

NATIONAL CITY BANK

Mailing Address

1546 W. MARKET STREET

AKRON

OH

44313

CITY Δ

STATE Δ

ZIP CODE Δ

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

Name of Bank, Depository, etc.

[ ADDITIONAL ]

CHAMPAIGN NATIONAL BANK & TRUST

Mailing Address

3560 W. MARKET STREET

AKRON

OH

44333 -

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee

[ ADDITIONAL ]

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

Designated Agent

[ ADDITIONAL ]

Full Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Title or Position ▼

CITY ▲

STATE▲

ZIP CODE ▲

\_\_\_\_\_

Telephone number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_