

# REPORT OF RECEIPTS AND DISBURSEMENTS

1 / 38

For An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

2009 FEB -4 P 12-26

1. NAME OF COMMITTEE (in full) <this-filer> <u>TABLAOK FOR CONGRESS</u>		2. FEC IDENTIFICATION NUMBER <u>C00346494</u>
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported <u>610 HAROLD DAVIS CPA</u> <u>3701 BOARDMAN-CANFIELD Rd #2</u>		
CITY, STATE, and ZIP CODE <u>CANFIELD, OH, 44406</u>	STATE / DISTRICT <u>OH 1</u>	3. IS THIS REPORT AN AMENDMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

## 4. TYPE OF REPORT

- April 15 Quarterly Report  Twelfth day report preceding \_\_\_\_\_ (election type) \_\_\_\_\_
- July 15 Quarterly Report election on \_\_\_\_\_ in the State of \_\_\_\_\_
- October 15 Quarterly Report  Thirtieth day report following the General Election
- January 31 Year End Report on \_\_\_\_\_ in the State of \_\_\_\_\_
- July 31 Mid-Year Report (Non-election Year Only)  Termination report

This report contains activity for  Primary election  General election  Runoff election  Special election

## SUMMARY

5. Covering period	COLUMN A This Period	COLUMN B Calendar Year-to-Date
<u>07/01/1009</u> through <u>12/31/1888</u>		
6. Net contributions (other than loans)		
(a) Total Contributions (other than loans) (from line 11(e))	<u>133203.00</u>	<u>135203<sup>00</sup></u>
(b) Total Contribution Refunds (from line 20(d))	<u>5000.00</u>	<u>5000.00</u>
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	<u>128203<sup>00</sup></u>	<u>130203<sup>00</sup></u>
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from line 17)	<u>74764.48</u>	<u>74783.64</u>
(b) Total Offsets to Operating Expenditures (from line 14)	<u>0.00</u>	<u>0.00</u>
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	<u>74764.48</u>	<u>74783.64</u>
8. Cash on Hand at Close of Reporting Period (from line 27)	<u>55419.34</u>	
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	<u>0.00</u>	
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	<u>0.00</u>	

For further information contact:  
Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
Toll Free 800-424-9590  
Local 202-219-3420

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

Type or Print Name of Treasurer

Electronically Filed by TABLAOK FOR CONGRESS

Signature of Treasurer

HAROLD DAVIS

Date

1/31/00

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

FEC FORM 3  
(revised 4/87)

**DETAILED SUMMARY PAGE**  
**of Receipts and Disbursements**  
 (Page 2, FEC Form 3)

Name of Committee (In full) <i>&lt;this-filer&gt; Tablach for Congress</i>	Report Covering the Period	
	From: 07/01/1999	To: 12/31/1999
I. RECEIPTS	COLUMN A Total This Period	COLUMN B Calendar Year-To-Date
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	122785.00	
(ii) Unitemized	8918.00	
(iii) Total of contributions from individuals	131703.00	133703.00
(b) Political Party Committees	1000.00	1000.00
(c) Other Political Committees (such as PACs)	500.00	500.00
(d) The Candidate	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d))	133203.00	135203.00
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate	0.00	0.00
(b) All Other Loans	0.00	0.00
(c) TOTAL LOANS (add 13(a) and (b))	0.00	0.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.)</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)</b>	133203.00	135203.00
<b>II. DISBURSEMENTS</b>		
<b>17. OPERATING EXPENDITURES</b>	73714.48	73733.64
<b>18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES</b>	0.00	0.00
<b>19. LOAN REPAYMENTS:</b>		
(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 19(a) and (b))	0.00	0.00
<b>20. REFUNDS OF CONTRIBUTIONS TO:</b>		
(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)	5000.00	5000.00
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))	5000.00	5000.00
<b>21. OTHER DISBURSEMENTS</b>	1050.00	1050.00
<b>22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)</b>	79764.48	79783.64
<b>III. CASH SUMMARY</b>		
<b>23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD</b>		1980.84
<b>24. TOTAL RECEIPTS THIS PERIOD (from Line 16)</b>		133203.00
<b>25. SUBTOTAL (add Line 23 and Line 24)</b>		135183.84
<b>26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)</b>		79764.48
<b>27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)</b>		55419.36

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

FOR LINE NUMBER  
11A1

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

**NAME OF COMMITTEE (in Full)**  
<this filer>

*Tablacks for Congress*

<b>Full Name, Mailing Address, and ZIP Code</b> JUDITH ELIAS 815 BLUEBERRY HILL CANFIELD OH 44406	<b>Name of Employer</b> N/A	<b>Date (month, day, year)</b> 07/05/1999	<b>Amount of Each Receipt this Period</b> 500.00
	<b>Occupation</b> HOUSEWIFE		
<b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Aggregate Year-to-Date</b> > \$ 500.00		

<b>Full Name, Mailing Address, and ZIP Code</b> CAROLE HAUS 3880 FAWN DR. CANFIELD OH 44406	<b>Name of Employer</b> N/A	<b>Date (month, day, year)</b> 07/05/1999	<b>Amount of Each Receipt this Period</b> 1000.00 CONTRIBUTIONS
	<b>Occupation</b> HOUSEWIFE		
<b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Aggregate Year-to-Date</b> > \$ 1000.00		

<b>Full Name, Mailing Address, and ZIP Code</b> RONALD E. HAUS 3880 FAWN DR. CANFIELD OH 44406	<b>Name of Employer</b> VINTAGE AUTO SALES	<b>Date (month, day, year)</b> 07/05/1999	<b>Amount of Each Receipt this Period</b> 1000.00
	<b>Occupation</b> AUTO SALES		
<b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Aggregate Year-to-Date</b> > \$ 1000.00		

<b>Full Name, Mailing Address, and ZIP Code</b> DORIS HUTCH 7428 INDIAN TRAIL POLAND OH 44514	<b>Name of Employer</b> N/A	<b>Date (month, day, year)</b> 07/05/1999	<b>Amount of Each Receipt this Period</b> 1000.00 CONTRIBUTIONS
	<b>Occupation</b> HOUSEWIFE		
<b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Aggregate Year-to-Date</b> > \$ 1000.00		

<b>Full Name, Mailing Address, and ZIP Code</b> THOMAS HUTCH, Jr. 7428 INDIAN TRAIL POLAND OH 44514	<b>Name of Employer</b> AEROLIGHT EXTRUSTIONS	<b>Date (month, day, year)</b> 07/05/1999	<b>Amount of Each Receipt this Period</b> 1000.00 CONTRIBUTIONS
	<b>Occupation</b> PRESIDENT		
<b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Aggregate Year-to-Date</b> > \$ 1000.00		

<b>Full Name, Mailing Address, and ZIP Code</b> JUDY B. ROTH 7725 SILVER FOX DR. YOUNGSTOWN OH 44512	<b>Name of Employer</b> N/A	<b>Date (month, day, year)</b> 07/05/1999	<b>Amount of Each Receipt this Period</b> 1000.00 CONTRIBUTION
	<b>Occupation</b> HOUSEWIFE		
<b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Aggregate Year-to-Date</b> > \$ 1000.00		

<b>Full Name, Mailing Address, and ZIP Code</b> SAMUEL A. ROTH 7725 SIVER FOX LANE YOUNGSTOWN OH 44512	<b>Name of Employer</b> ROTH BROS.	<b>Date (month, day, year)</b> 07/05/1999	<b>Amount of Each Receipt this Period</b> 1000.00 CONTRIBUTIONS
	<b>Occupation</b> MANAGER		
<b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Aggregate Year-to-Date</b> > \$ 1000.00		

**SUBTOTALS** of Receipts This Page (Optional) .....

**TOTALS** This Period (last page this line number only) .....

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

FOR LINE NUMBER  
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**NAME OF COMMITTEE (in Full)**  
*<this file> Substack for Congress*

<b>Full Name, Mailing Address, and ZIP Code</b> EDWARD C. BESHARA 3447 LOGAN YOUNGSTOWN OH 44505 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> SELF-EMPLOYED <b>Occupation</b> Aggregate Year-to-Date > \$ 1000.00	<b>Date (month, day, year)</b> 07/13/1999	<b>Amount of Each Receipt this Period</b> 1000.00 CONTRIBUTION
<b>Full Name, Mailing Address, and ZIP Code</b> FRED BESHARA 1396 ST. ALBANS AVE. YOUNGSTOWN OH 44511 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> SELF-EMPLOYED <b>Occupation</b> Aggregate Year-to-Date > \$ 1000.00	<b>Date (month, day, year)</b> 07/13/1999	<b>Amount of Each Receipt this Period</b> 1000.00 CONTRIBUTION
<b>Full Name, Mailing Address, and ZIP Code</b> JAMES M. BESHARA 3434 LOGAN WAY YOUNGSTOWN OH 44505 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> SELF-EMPLOYED <b>Occupation</b> Aggregate Year-to-Date > \$ 1000.00	<b>Date (month, day, year)</b> 07/13/1999	<b>Amount of Each Receipt this Period</b> 1000.00 CONTRIBUTION
<b>Full Name, Mailing Address, and ZIP Code</b> KATHY BESHARA 1396 ST. ALBANS DR. YOUNGSTOWN OH 44511 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> N/A <b>Occupation</b> HOMEMAKER Aggregate Year-to-Date > \$ 1000.00	<b>Date (month, day, year)</b> 07/13/1999	<b>Amount of Each Receipt this Period</b> 1000.00 CONTRIBUTION
<b>Full Name, Mailing Address, and ZIP Code</b> WILLIAM MANEVICH 2000 BURNING TREE LANE YOUNGSTOWN OH 44505 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> MANEVICH INS. <b>Occupation</b> INSURANCE SALES Aggregate Year-to-Date > \$ 250.00	<b>Date (month, day, year)</b> 07/13/1999	<b>Amount of Each Receipt this Period</b> 250.00 CONTRIBUTIONS
<b>Full Name, Mailing Address, and ZIP Code</b> DR. SHARON MCQUILLAN BESHARA 2174 PARTLOW DR. COLUMBUS OH 43220 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> MD <b>Occupation</b> DOCTOR Aggregate Year-to-Date > \$ 1000.00	<b>Date (month, day, year)</b> 07/13/1999	<b>Amount of Each Receipt this Period</b> 1000.00 CONTRIBUTION
<b>Full Name, Mailing Address, and ZIP Code</b> DAVID UNTCH 1574 ROSEHEDGE DRIVE POLAND OH 44514 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> DU CONSTRUCTION <b>Occupation</b> EXCAVATOR/OWNER Aggregate Year-to-Date > \$ 1000.00	<b>Date (month, day, year)</b> 07/13/1999	<b>Amount of Each Receipt this Period</b> 1000.00 CONTRIBUTION

**SUBTOTALS** of Receipts This Page (Optional) .....

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**SCHEDULE A**

**ITEMIZED RECEIPTS**

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**NAME OF COMMITTEE (In Full)**  
 <this-filer> *Tablach for Congress*

Full Name, Mailing Address, and ZIP Code WILLIAM J. YURCHYK 3701 BOARDMAN-CANFIELD RD. # 2  CANFIELD OH 44408  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer YURCHYK & DAVIS CPA'S INC.  Occupation CPA/PARTNER  Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 07/13/1999	Amount of Each Receipt this Period 250.00 CONTRIBUTION
Full Name, Mailing Address, and ZIP Code ATTY. ANTHONY P. MERANTO 1032 BOARDMAN-CANFIELD RD.  BOARDMAN OH 44512  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer ANTHONY P. MERANTO  Occupation ATTORNEY  Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 07/19/1999	Amount of Each Receipt this Period 250.00 CONTRIBUTIONS
Full Name, Mailing Address, and ZIP Code BEN POST 955 ROYAL ARMS DR.  GIRARD OH 44420  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer B & I MANAGEMENT  Occupation CONTROLLER  Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 07/19/1999	Amount of Each Receipt this Period 1000.00 CONTRIBUTIONS
Full Name, Mailing Address, and ZIP Code PATRICIA SMALDINO 4800 GREENBRIAR DR.  GIRARD OH 44420  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer N/A  Occupation HOUSEWIFE  Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 07/18/1999	Amount of Each Receipt this Period 1000.00 CONTRIBUTIONS
Full Name, Mailing Address, and ZIP Code DIANE S. SOLOMON 4490 CREEKSIDE BLVD.  VIENNA OH 44473  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer N/A  Occupation HOUSEWIFE  Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 07/19/1999	Amount of Each Receipt this Period 1000.00 CONTRIBUTIONS
Full Name, Mailing Address, and ZIP Code JEFFREY S. SOLOMON 5471 LOGAN ARMS DRIVE  GIRARD OH 44420  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer B & I MANAGEMENT  Occupation MANAGER  Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 07/19/1999	Amount of Each Receipt this Period 1000.00 CONTRIBUTIONS
Full Name, Mailing Address, and ZIP Code MARTIN SOLOMON 4490 CREEKSIDE BLVD.  VIENNA OH 44473  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer B & I MANAGEMENT  Occupation MANAGER  Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 07/19/1999	Amount of Each Receipt this Period 1000.00 CONTRIBUTIONS

**SUBTOTALS** of Receipts This Page (Optional) .....

**TOTALS** This Period (last page this line number only) .....

SCHEDULE A		ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	8 / 38
					FOR LINE NUMBER 11A1
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NAME OF COMMITTEE (In Full) <del>&lt;this filer&gt;</del> <i>Taxback for Congress</i>					
Full Name, Mailing Address, and ZIP Code STEPHANIE SOLOMON 5471 LOGAN ARMS DRIVE GIRARD OH 44420		Name of Employer N/A Occupation HOUSEWIFE		Date (month, day, year) 07/19/1999	Amount of Each Receipt this Period 1000.00 CONTRIBUTIONS
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 1000.00			
Full Name, Mailing Address, and ZIP Code MAUREEN SWEENEY 7576 LOCUST LANE POLAND OH 44514		Name of Employer M. A. SWEENEY CO. LPA Occupation ATTORNEY		Date (month, day, year) 07/19/1999	Amount of Each Receipt this Period 1000.00 CONTRIBUTIONS
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 1000.00			
Full Name, Mailing Address, and ZIP Code ANDRES H. VISNAPUU 4157 LOCKWOOD BLVD. YOUNGSTOWN OH 44512		Name of Employer EAGLE SUPPLY Occupation OWNER		Date (month, day, year) 07/19/1999	Amount of Each Receipt this Period 250.00 CONTRIBUTIONS
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 250.00			
Full Name, Mailing Address, and ZIP Code THOMAS YANKO 7576 LOCUST LANE POLAND OH 44514		Name of Employer ASSOCIATED PAPER STOCK Occupation PRESIDENT/OWNER		Date (month, day, year) 07/19/1999	Amount of Each Receipt this Period 1000.00 CONTRIBUTIONS
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 1000.00			
Full Name, Mailing Address, and ZIP Code THOMAS J. CAVALIER CITY CENTRE ONE # 700 YOUNGSTOWN OH 44501-0148		Name of Employer BUTLER WICK & CO. Occupation STOCK BROKER		Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 249.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 249.00			
Full Name, Mailing Address, and ZIP Code DANIEL J. OHORO 3130 BELMONT AVE. P.O. BOX 2228 YOUNGSTOWN OH 44504		Name of Employer A.P. OHORO CONSTRUCTION INC. Occupation PRESIDENT		Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 1000.00 CONTRIBUTIONS
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 1000.00			
Full Name, Mailing Address, and ZIP Code JOAN OHORO 3130 BELMONT AVE. P.O. BOX 2228 YOUNGSTOWN OH 44504		Name of Employer N/A Occupation HOUSEWIFE		Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 1000.00 CONTRIBUTIONS
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 1000.00			
SUBTOTALS of Receipts This Page (Optional) .....					
TOTALS This Period (last page this line number only) .....					

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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**NAME OF COMMITTEE (in Full)**  
 <this-filer> *Tablach for Congress*

<b>Full Name, Mailing Address, and ZIP Code</b> JANET F. ZENNARIO 6 FEDERAL PLAZA WEST YOUNGSTOWN OH 44501 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> N/A <b>Occupation</b> HOUSEWIFE Date (month, day, year) 07/31/1999 Aggregate Year-to-Date > \$ 250.00	Amount of Each Receipt this Period 250.00 CONTRIBUTIONS
<b>Full Name, Mailing Address, and ZIP Code</b> JOHN SENNETT EVANS 188 CARIBAU DR. YOUNGSTOWN OH 44512 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> REQUESTED INFORMATION <b>Occupation</b> Date (month, day, year) 08/02/1999 Aggregate Year-to-Date > \$ 250.00	Amount of Each Receipt this Period 250.00 CONTRIBUTIONS
<b>Full Name, Mailing Address, and ZIP Code</b> CARL E. AVERS 29 E. FRONT STREET YOUNGSTOWN OH 44503 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> THERMAL INC. <b>Occupation</b> PRESIDENT Date (month, day, year) 08/03/1999 Aggregate Year-to-Date > \$ 1000.00	Amount of Each Receipt this Period 1000.00 CONTRIBUTION
<b>Full Name, Mailing Address, and ZIP Code</b> JEFFREY P. BEES 8805 SPRINGFIELD RD. POLAND OH 44514 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> THERMAL VENTURES <b>Occupation</b> MANAGER Date (month, day, year) 08/03/1999 Aggregate Year-to-Date > \$ 1000.00	Amount of Each Receipt this Period 1000.00 CONTRIBUTION
<b>Full Name, Mailing Address, and ZIP Code</b> DONALD D'ANDREA 2470 OAKTREE VISTA HUBBARD OH 44425 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> B & B CONSTRUCTION <b>Occupation</b> VICE-PRESIDENT Date (month, day, year) 08/03/1999 Aggregate Year-to-Date > \$ 1000.00	Amount of Each Receipt this Period 1000.00 CONTRIBUTIONS
<b>Full Name, Mailing Address, and ZIP Code</b> SAMUEL DECARIA 4133 METZ RD. COLUMBIANA OH 44408 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> B & B CONSTRUCTION <b>Occupation</b> C.F.O. Date (month, day, year) 08/03/1999 Aggregate Year-to-Date > \$ 1000.00	Amount of Each Receipt this Period 1000.00 CONTRIBUTIONS
<b>Full Name, Mailing Address, and ZIP Code</b> HEIDI HELTZEL 342 OAK KNOLL NE WARREN OH 44483 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> N/A <b>Occupation</b> HOUSEWIFE Date (month, day, year) 08/03/1999 Aggregate Year-to-Date > \$ 1000.00	Amount of Each Receipt this Period 1000.00 CONTRIBUTIONS

**SUBTOTALS** of Receipts This Page (Optional) .....

**TOTALS** This Period (last page this line number only) .....

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**NAME OF COMMITTEE (in Full)**  
 <this-filer> *Jablack for Congress*

<b>Full Name, Mailing Address, and ZIP Code</b> ROBERT E. HELTZEL 342 OAK KNOLL NE WARREN OH 44483 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> KENNELWORTH STEEL <b>Occupation</b> PRESIDENT <b>Aggregate Year-to-Date</b> > \$ 1000.00	<b>Date (month, day, year)</b> 08/03/1999	<b>Amount of Each Receipt this Period</b> 1000.00 CONTRIBUTIONS
<b>Full Name, Mailing Address, and ZIP Code</b> CHARLIE MASTERS 4206 BOARDMAN-CANFIELD RD. CANFIELD OH 44406 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> CHARLES MASTERS & CO. <b>Occupation</b> ACCOUNTANT <b>Aggregate Year-to-Date</b> > \$ 1000.00	<b>Date (month, day, year)</b> 08/03/1999	<b>Amount of Each Receipt this Period</b> 1000.00 CONTRIBUTIONS
<b>Full Name, Mailing Address, and ZIP Code</b> DAVID R. MEIKLE 860 BOARDMAN-CANFIELD RD. YOUNGSTOWN OH 44512 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> CALDWELL BANKER <b>Occupation</b> EXEC. <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 08/03/1999	<b>Amount of Each Receipt this Period</b> 500.00 CONTRIBUTIONS
<b>Full Name, Mailing Address, and ZIP Code</b> WILLIAM L. REALI 2993 OLDE WINTER TRAIL POLAND OH 44514 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> REALI, GIAMPETRO & SCOTT <b>Occupation</b> CPA <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 08/03/1999	<b>Amount of Each Receipt this Period</b> 500.00 CONTRIBUTIONS
<b>Full Name, Mailing Address, and ZIP Code</b> CHRISTOPHER SAUSE 205 EDNA STREET POLAND OH 44514 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> REQUESTED INFORMATION <b>Occupation</b>  <b>Aggregate Year-to-Date</b> > \$ 750.00	<b>Date (month, day, year)</b> 08/03/1999	<b>Amount of Each Receipt this Period</b> 750.00 CONTRIBUTIONS
<b>Full Name, Mailing Address, and ZIP Code</b> JEFFREY SIMON 2135 PARKWAY DRIVE POLAND OH 44514 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> SIMCO MANAGEMENT <b>Occupation</b> MANAGER <b>Aggregate Year-to-Date</b> > \$ 1000.00	<b>Date (month, day, year)</b> 08/03/1999	<b>Amount of Each Receipt this Period</b> 1000.00 CONTRIBUTIONS
<b>Full Name, Mailing Address, and ZIP Code</b> KIMBERLY SIMON 2135 PARKWAY DRIVE POLAND OH 44514 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> N/A <b>Occupation</b> HOMEMAKER <b>Aggregate Year-to-Date</b> > \$ 1000.00	<b>Date (month, day, year)</b> 08/03/1999	<b>Amount of Each Receipt this Period</b> 1000.00 CONTRIBUTIONS

**SUBTOTALS** of Receipts This Page (Optional) .....

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**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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**NAME OF COMMITTEE (In Full)**  
 <this-filer>

*Tabback for Congress*

Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MORRIS SIMON 709 TRUMBULL AVE. GIRARD OH 44420	SIMCO MANAGEMENT	08/03/1999	1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation MANAGER	Aggregate Year-to-Date > \$ 1000.00	CONTRIBUTIONS
JOANN UNTCH 1574 ROSE HEDGE DRIVE POLAND OH 44514	DU CONSTRUCTION	08/03/1999	1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation OFFICE MANAGER	Aggregate Year-to-Date > \$ 1000.00	CONTRIBUTION
MARISA VOLPINI 7280 COBBLERS RUN POLAND OH 44514	INDEPENDENT REAL ESTATE	08/03/1999	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation REAL ESTATE AGENT	Aggregate Year-to-Date > \$ 250.00	CONTRIBUTION
DAVID C. YERIAN 9 WINDEMERE PL. POLAND OH 44514	MOREMAN-YERIAN INSURANCE	08/03/1999	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PARTNER	Aggregate Year-to-Date > \$ 250.00	CONTRIBUTION
SAMUEL D. ROTH P.O. BOX 4209 YOUNGSTOWN OH 44515	ROTH BROS.	08/15/1999	1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation MANAGER	Aggregate Year-to-Date > \$ 1000.00	CONTRIBUTION
ALEX J. SIMON 3064 CHABLIS POLAND OH 44512	SIMON ROOFING	08/15/1999	1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PRESIDENT	Aggregate Year-to-Date > \$ 1000.00	CONTRIBUTIONS
J. MARTINA SIMON 3064 CHABLIS LN. POLAND OH 44514	SIMON ROOFING	08/15/1999	1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation SECRETARY	Aggregate Year-to-Date > \$ 1000.00	CONTRIBUTIONS

**SUBTOTALS** of Receipts This Page (Optional) .....

**TOTALS** This Period (last page this line number only) .....

SCHEDULE A		ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	10/38
					FOR LINE NUMBER 11A1
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NAME OF COMMITTEE (in Full) <this-filer> <b>Tablach for Congress</b>					
Full Name, Mailing Address, and ZIP Code ANTHONY VROSS 3988 FOX HAVEN DR. CANFIELD OH 44406		Name of Employer SIMON ROOFING		Date (month, day, year) 08/15/1999	Amount of Each Receipt this Period 1000.00 CONTRIBUTION
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation OWNER		Aggregate Year-to-Date > \$ 1000.00	
Full Name, Mailing Address, and ZIP Code CHRISTINE VROSS 3988 FOX HAVEN DR. CANFIELD OH 44406		Name of Employer N/A		Date (month, day, year) 08/15/1999	Amount of Each Receipt this Period 1000.00 CONTRIBUTION
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation HOMEMAKER		Aggregate Year-to-Date > \$ 1000.00	
Full Name, Mailing Address, and ZIP Code EDWARD T. YASECHKO 7041 W. BLVD. HUBBARD OH 44425		Name of Employer QUADLAND CORP.		Date (month, day, year) 08/15/1999	Amount of Each Receipt this Period 1000.00 CONTRIBUTIONS
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation VICE-PRESIDENT		Aggregate Year-to-Date > \$ 1000.00	
Full Name, Mailing Address, and ZIP Code LARRY HEROCK 150 TOPAZ CIRCLE CANFIELD OH 44405		Name of Employer ART AVE.		Date (month, day, year) 09/03/1999	Amount of Each Receipt this Period 500.00 CONTRIBUTIONS
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation OWNER		Aggregate Year-to-Date > \$ 500.00	
Full Name, Mailing Address, and ZIP Code JONATHAN A. LEVY 40 REDFERN DR. YOUNGSTOWN OH 44505		Name of Employer REDSTONE INVESTMENTS		Date (month, day, year) 09/03/1999	Amount of Each Receipt this Period 1000.00 CONTRIBUTIONS
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation MANAGER		Aggregate Year-to-Date > \$ 1000.00	
Full Name, Mailing Address, and ZIP Code DAVID ROBERTS 8 WINDEMERE PLACE POLAND OH 44514		Name of Employer DAVE ROBERTS REAL ESTATE		Date (month, day, year) 09/03/1999	Amount of Each Receipt this Period 1000.00 CONTRIBUTION
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation BROKER		Aggregate Year-to-Date > \$ 1000.00	
Full Name, Mailing Address, and ZIP Code RONALD L. SMITH 1100 BOARDMAN CANFIELD RD. # 11-A YOUNGSTOWN OH 44512		Name of Employer RL SMITH PRINTING		Date (month, day, year) 09/03/1999	Amount of Each Receipt this Period 500.00 CONTRIBUTIONS
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation PRINTER		Aggregate Year-to-Date > \$ 500.00	
SUBTOTALS of Receipts This Page (Optional) .....					
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**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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**NAME OF COMMITTEE (In Full)**  
 <this-filer> *Tablack for Congress*

<b>Full Name, Mailing Address, and ZIP Code</b> LAWRENCE STANISLAV 3192 SOUTHWIND TRAIL POLAND OH 44514 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> YO. TOOL & DIE CO., INC. <b>Occupation</b> CORP. EXEC. <b>Aggregate Year-to-Date</b> > \$ 1000.00	<b>Date (month, day, year)</b> 09/03/1999	<b>Amount of Each Receipt this Period</b> 1000.00 CONTRIBUTION
<b>Full Name, Mailing Address, and ZIP Code</b> SANDRA STANISLAV 3192 SOUTHWIND TRAIL POLAND OH 44514 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> YO. TOOL & DIE CO., INC. <b>Occupation</b> SECRETARY <b>Aggregate Year-to-Date</b> > \$ 1000.00	<b>Date (month, day, year)</b> 09/03/1999	<b>Amount of Each Receipt this Period</b> 1000.00 CONTRIBUTIONS
<b>Full Name, Mailing Address, and ZIP Code</b> LISA TABLACK 350 MANSELL DRIVE YOUNGSTOWN OH 44505 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> N/A <b>Occupation</b> HOUSEWIFE <b>Aggregate Year-to-Date</b> > \$ 300.00	<b>Date (month, day, year)</b> 09/03/1999	<b>Amount of Each Receipt this Period</b> 300.00 CONTRIBUTION
<b>Full Name, Mailing Address, and ZIP Code</b> ANDRES H. VIGNAPUU 4157 LOCKWOOD BLVD. YOUNGSTOWN OH 44512 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> EAGLE SUPPLY <b>Occupation</b> OWNER <b>Aggregate Year-to-Date</b> > \$ 750.00	<b>Date (month, day, year)</b> 09/03/1999	<b>Amount of Each Receipt this Period</b> 500.00 CONTRIBUTION
<b>Full Name, Mailing Address, and ZIP Code</b> CHARLES T. WHITMAN 9850 CALLAWOODS DR. CANFIELD OH 44408 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> CTW MANAGEMENT Q <b>Occupation</b> DEVELOPER <b>Aggregate Year-to-Date</b> > \$ 1000.00	<b>Date (month, day, year)</b> 09/03/1999	<b>Amount of Each Receipt this Period</b> 1000.00 CONTRIBUTION
<b>Full Name, Mailing Address, and ZIP Code</b> LAUREL S. WHITMAN 9850 CALLAWOODS DR. CANFIELD OH 44406 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> N/A <b>Occupation</b> HOMEMAKER <b>Aggregate Year-to-Date</b> > \$ 1000.00	<b>Date (month, day, year)</b> 09/03/1999	<b>Amount of Each Receipt this Period</b> 1000.00 CONTRIBUTION
<b>Full Name, Mailing Address, and ZIP Code</b> DAVID BETRAS 114 E. FRONT STREET YOUNGSTOWN OH 44503-1405 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> BETRAS, MARUKA & KOPP <b>Occupation</b> ATTORNEY <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 09/19/1999	<b>Amount of Each Receipt this Period</b> 500.00 CONTRIBUTION

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**NAME OF COMMITTEE (In Full)**

<this-filer> *Tabloch for Congress*

Full Name, Mailing Address, and ZIP Code MARY GENTILE 705 SPERONE COURT CANFIELD OH 44406	Name of Employer N/A Occupation HOUSEWIFE	Date (month, day, year) 09/19/1999	Amount of Each Receipt this Period 1000.00 CONTRIBUTIONS
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code JOSEPH E. KOCH 5820 BOULDER CREEK DRIVE YOUNGSTOWN OH 44515	Name of Employer KOCH CONSTRUCTION Occupation REAL ESTATE DEVELOPER	Date (month, day, year) 09/19/1999	Amount of Each Receipt this Period 1000.00 CONTRIBUTIONS
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code PATRICIA A. KOCH 5820 BOULDER CREEK DR. YOUNGSTOWN OH 44515	Name of Employer N/A Occupation HOUSEWIFE	Date (month, day, year) 09/19/1999	Amount of Each Receipt this Period 1000.00 CONTRIBUTIONS
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code FLOR NAVARRO 930 AUGUSTA DR. YOUNGSTOWN OH 44512	Name of Employer N/A Occupation HOUSEWIFE	Date (month, day, year) 09/19/1999	Amount of Each Receipt this Period 1000.00 CONTRIBUTIONS
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code MARGIE B. SIMON 219 ESTATE DR. THE HAMLET DELRAY BEACH FL 33445	Name of Employer N/A Occupation HOMEMAKER	Date (month, day, year) 09/19/1999	Amount of Each Receipt this Period 1000.00 CONTRIBUTIONS
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code EDWARD STRAUB 5425 MUIRFIELD DR. CANFIELD OH 44406	Name of Employer CONISON TOOL & DIE Occupation OWNER	Date (month, day, year) 09/19/1999	Amount of Each Receipt this Period 1000.00 CONTRIBUTIONS
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code MICHELE STRAUB 5425 MUIRFIELD DR. CANFIELD OH 44406	Name of Employer CONISON TOOL & DIE Occupation OWNER	Date (month, day, year) 09/19/1999	Amount of Each Receipt this Period 1000.00 CONTRIBUTIONS
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1000.00		

**SUBTOTALS** of Receipts This Page (Optional) .....

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**SCHEDULE A**

**ITEMIZED RECEIPTS**

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**NAME OF COMMITTEE (in Full)**  
 <this-filer> *Tablach for Congress*

<b>Full Name, Mailing Address, and ZIP Code</b> BOB W. ELIAS P.O. BOX 279  HUBBARD OH 44425  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> REQUESTED INFORMATION  Occupation  Aggregate Year-to-Date > \$ 1000.00	<b>Date (month, day, year)</b> 09/23/1999	<b>Amount of Each Receipt this Period</b> 1000.00 CONTRIBUTIONS
<b>Full Name, Mailing Address, and ZIP Code</b> Dr. EDWARD J. FIFFICK 102 FAIRWAY DR.  YOUNGSTOWN OH 44505  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b>  Occupation DOCTOR  Aggregate Year-to-Date > \$ 500.00	<b>Date (month, day, year)</b> 09/23/1999	<b>Amount of Each Receipt this Period</b> 500.00 CONTRIBUTIONS
<b>Full Name, Mailing Address, and ZIP Code</b> DAVID W. JOHNSON 570 HIGHLAND AVE.  SALEM OH 44480  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> SUMMITTIVILLE TILE  Occupation PRES. & CEO  Aggregate Year-to-Date > \$ 1000.00	<b>Date (month, day, year)</b> 09/23/1999	<b>Amount of Each Receipt this Period</b> 1000.00 CONTRIBUTIONS
<b>Full Name, Mailing Address, and ZIP Code</b> DOROTHY SIKORA 1046 OLD FURNACE RD.  YOUNGSTOWN OH 44511  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> N/A  Occupation RETIRED  Aggregate Year-to-Date > \$ 1000.00	<b>Date (month, day, year)</b> 09/23/1999	<b>Amount of Each Receipt this Period</b> 1000.00 CONTRIBUTIONS
<b>Full Name, Mailing Address, and ZIP Code</b> MARY JO SIKORA 3088 OLDE WINTER TRAIL  POLAND OH 44514-2870  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> N/A  Occupation RETIRED  Aggregate Year-to-Date > \$ 1000.00	<b>Date (month, day, year)</b> 09/23/1999	<b>Amount of Each Receipt this Period</b> 1000.00 CONTRIBUTIONS
<b>Full Name, Mailing Address, and ZIP Code</b> RICHARD SIKORA 2088 OLDE WINTER TRAIL  POLAND OH 44514-2870  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> TACO BELL  Occupation OWNER  Aggregate Year-to-Date > \$ 1000.00	<b>Date (month, day, year)</b> 09/23/1999	<b>Amount of Each Receipt this Period</b> 1000.00 CONTRIBUTIONS
<b>Full Name, Mailing Address, and ZIP Code</b> JAMES B. YAUGER 695 E. WESTERN RESERVE RD. # 1902  POLAND OH 44514  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> TACO BELL FRANCHISE  Occupation OWNER  Aggregate Year-to-Date > \$ 1000.00	<b>Date (month, day, year)</b> 09/23/1999	<b>Amount of Each Receipt this Period</b> 1000.00 CONTRIBUTIONS

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**ITEMIZED RECEIPTS**

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**NAME OF COMMITTEE (In Full)**  
 this filer  
 TABACK FOR CONGRESS

<b>Full Name, Mailing Address, and ZIP Code</b> DANIEL J. ZARLENGA 8255 HERBERT RD. GANFIELD OH 44406	<b>Name of Employer</b> AGME COAL  <b>Occupation</b> EXEC.	<b>Date (month, day, year)</b> 09/23/1999	<b>Amount of Each Receipt this Period</b> 500.00 CONTRIBUTIONS
<b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Aggregate Year-to-Date</b> > \$ 500.00		
<b>Full Name, Mailing Address, and ZIP Code</b> JOHN ANNICHENNI 4075 SHALLOW CREEK DR. STRUTHERS OH 44471	<b>Name of Employer</b> CITY AGGREGATES  <b>Occupation</b> PRESIDENT	<b>Date (month, day, year)</b> 10/06/1999	<b>Amount of Each Receipt this Period</b> 300.00 CONTRIBUTION
<b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Aggregate Year-to-Date</b> > \$ 300.00		
<b>Full Name, Mailing Address, and ZIP Code</b> MARY BETH CELIO 114 E. FRONT STREET # 200 YOUNGSTOWN OH 44503	<b>Name of Employer</b> OLSAVSKY JAMINET ARCHITECTS  <b>Occupation</b> ARCHITECT	<b>Date (month, day, year)</b> 10/06/1999	<b>Amount of Each Receipt this Period</b> 500.00 CONTRIBUTION
<b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Aggregate Year-to-Date</b> > \$ 500.00		
<b>Full Name, Mailing Address, and ZIP Code</b> MARY JO FAGERT 4425 AUGUST HILLS CT. CANFIELD OH 44406	<b>Name of Employer</b> N/A  <b>Occupation</b> HOUSEWIFE	<b>Date (month, day, year)</b> 10/06/1999	<b>Amount of Each Receipt this Period</b> 1000.00 CONTRIBUTIONS
<b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Aggregate Year-to-Date</b> > \$ 1000.00		
<b>Full Name, Mailing Address, and ZIP Code</b> STEVEN M. GOLDBERG 6800 SUMMIT DR. CANFIELD OH 44406	<b>Name of Employer</b> STEVEN M. GOLDBERG  <b>Occupation</b> ATTORNEY	<b>Date (month, day, year)</b> 10/06/1999	<b>Amount of Each Receipt this Period</b> 500.00 CONTRIBUTIONS
<b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Aggregate Year-to-Date</b> > \$ 500.00		
<b>Full Name, Mailing Address, and ZIP Code</b> DOMERNIC L. CONSTANTINI 4127 SUGARBUSH TRAIL GANFIELD OH 44406	<b>Name of Employer</b> COMPASS TRUCKING INC.  <b>Occupation</b> PRESIDENT	<b>Date (month, day, year)</b> 10/19/1999	<b>Amount of Each Receipt this Period</b> 1000.00 CONTRIBUTIONS
<b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Aggregate Year-to-Date</b> > \$ 1000.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Dr. JOHN F. GELETKA 5121 MAHONING AVE. YOUNGSTOWN OH 44515	<b>Name of Employer</b> DR. J. GELETKA  <b>Occupation</b> DOCTOR	<b>Date (month, day, year)</b> 10/19/1999	<b>Amount of Each Receipt this Period</b> 1000.00 CONTRIBUTIONS
<b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Aggregate Year-to-Date</b> > \$ 1000.00		

**SUBTOTALS** of Receipts This Page (Optional) .....

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**NAME OF COMMITTEE (In Full)**  
 <this filer> *Tablach for Congress*

<b>Full Name, Mailing Address, and ZIP Code</b> CARL G. JAMES 108 HIGH STREET  GANFIELD OH 44406	<b>Name of Employer</b> JAMES & SONS, INC.	<b>Date (month, day, year)</b> 10/19/1999	<b>Amount of Each Receipt this Period</b> 500.00 <b>CONTRIBUTIONS</b>
<b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b> ATTORNEY		
	<b>Aggregate Year-to-Date</b> > \$ 500.00		

<b>Full Name, Mailing Address, and ZIP Code</b> ALAN R. KRETZER 504 STAMBAUGH BLDG.  YOUNGSTOWN OH 44503	<b>Name of Employer</b> ALAN KRETZER CO., LPA	<b>Date (month, day, year)</b> 10/19/1999	<b>Amount of Each Receipt this Period</b> 500.00 <b>CONTRIBUTIONS</b>
<b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b> ATTORNEY		
	<b>Aggregate Year-to-Date</b> > \$ 500.00		

<b>Full Name, Mailing Address, and ZIP Code</b> JOHN L. MAYO 719 MAPLERIDGE RD.  BOARDMAN OH 44512	<b>Name of Employer</b> MAYO & ORVITZ REALTY	<b>Date (month, day, year)</b> 10/19/1999	<b>Amount of Each Receipt this Period</b> 500.00 <b>CONTRIBUTIONS</b>
<b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b> REALTOR		
	<b>Aggregate Year-to-Date</b> > \$ 500.00		

<b>Full Name, Mailing Address, and ZIP Code</b> JOSEPH P. McNALLY P.O. BOX 3344  YOUNGSTOWN OH 44513	<b>Name of Employer</b> EXGEL INC.	<b>Date (month, day, year)</b> 10/19/1999	<b>Amount of Each Receipt this Period</b> 1000.00 <b>CONTRIBUTIONS</b>
<b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b> EXEC.		
	<b>Aggregate Year-to-Date</b> > \$ 1000.00		

<b>Full Name, Mailing Address, and ZIP Code</b> ALBERT H. PHARIS 7130 S. RACCOON RD.  GANFIELD OH 44406	<b>Name of Employer</b> WILCOM	<b>Date (month, day, year)</b> 10/19/1999	<b>Amount of Each Receipt this Period</b> 1000.00 <b>CONTRIBUTIONS</b>
<b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b> EXECUTIVE		
	<b>Aggregate Year-to-Date</b> > \$ 1000.00		

<b>Full Name, Mailing Address, and ZIP Code</b> DEANE M. WURST 4485 MARKET STREET  YOUNGSTOWN OH 44512	<b>Name of Employer</b> TELE-SOLUTIONS	<b>Date (month, day, year)</b> 10/19/1999	<b>Amount of Each Receipt this Period</b> 500.00 <b>CONTRIBUTIONS</b>
<b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b> PRESIDENT		
	<b>Aggregate Year-to-Date</b> > \$ 500.00		

<b>Full Name, Mailing Address, and ZIP Code</b> RONALD M. YARAB, MD 1359 E. CALLA RD.  POLAND OH 44514	<b>Name of Employer</b> SELF-EMPLOYED	<b>Date (month, day, year)</b> 10/19/1999	<b>Amount of Each Receipt this Period</b> 1000.00 <b>CONTRIBUTION</b>
<b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b> DOCTOR		
	<b>Aggregate Year-to-Date</b> > \$ 1000.00		

**SUBTOTALS of Receipts This Page (Optional)** .....

**TOTALS This Period (last page this line number only)** .....

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER: 11A1

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**NAME OF COMMITTEE (In Full)**  
 <this filer> *Tablets for Congress*

Full Name, Mailing Address, and ZIP Code MARY T. PIPINO 1175 E. CALLA RD. E-1 POLAND OH 44514 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer GALLAGHER PAPINO INS. Occupation PRESIDENT Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 10/28/1999	Amount of Each Receipt this Period 250.00 CONTRIBUTION
Full Name, Mailing Address, and ZIP Code RICHARD S. BOKOLOV 7763 SILVER FOX DR. YOUNGSTOWN OH 44512 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer SIMON PROPERTIES GROUP Occupation ATTORNEY Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 10/28/1999	Amount of Each Receipt this Period 1000.00 CONTRIBUTIONS
Full Name, Mailing Address, and ZIP Code BRIAN ANGELLU 1459 TORI PINES CT. CANFIELD OH 44406 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer OWNS OWN BUSINESS Occupation CONSTRUCTION/BUILDER Aggregate Year-to-Date > \$ 400.00	Date (month, day, year) 10/28/1999	Amount of Each Receipt this Period 400.00 CONTRIBUTION
Full Name, Mailing Address, and ZIP Code Dr. MARIA M. L. LIANG FOK 325 S. CANFIELD-NILES RD. YOUNGSTOWN OH 44515 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer MARIA FOK M.D. Occupation DOCTOR Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 10/29/1999	Amount of Each Receipt this Period 1000.00 CONTRIBUTIONS
Full Name, Mailing Address, and ZIP Code THOMAS D. FOK 325 S. CANFIELD-NILES RD. YOUNGSTOWN OH 44515 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer TOM FOK & ASSOC. Occupation ENGINEER Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 10/29/1999	Amount of Each Receipt this Period 1000.00 CONTRIBUTIONS
Full Name, Mailing Address, and ZIP Code G. GILBERT JAMES 8520 WESTERN REBERVE RD. CANFIELD OH 44406 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer JAMES & SONS INS. Occupation INSURANCE SALES Aggregate Year-to-Date > \$ 50.00	Date (month, day, year) 10/29/1999	Amount of Each Receipt this Period 50.00 CONTRIBUTIONS
Full Name, Mailing Address, and ZIP Code PHYLLIS RJOCHIUTI 211 DIANA DR. POLAND OH 44514 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer N/A Occupation HOMEMAKER Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 10/29/1999	Amount of Each Receipt this Period 250.00 CONTRIBUTIONS

**SUBTOTALS** of Receipts This Page (Optional) .....

**TOTALS** This Period (last page this line number only) .....



**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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11A1

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**NAME OF COMMITTEE (In Full)**  
 <this filer> *Taback for Congress*

Full Name, Mailing Address, and ZIP Code ARLENE M. ZACHARIAH 135 ST. ANDREWS CORTLAND OH 44410 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer N/A Occupation HOMEMAKER Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 10/29/1999	Amount of Each Receipt this Period 1000.00 CONTRIBUTIONS
Full Name, Mailing Address, and ZIP Code LAWRENCE A. ZACHARIAH 135 ST. ANDREWS CORTLAND OH 44410 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer TOM FDK & ASSOC. Occupation ENGINEER Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 10/29/1999	Amount of Each Receipt this Period 1000.00 CONTRIBUTIONS
Full Name, Mailing Address, and ZIP Code LEE BURDMAN 5685 ENGLETON LANE GIRARD OH 44420 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer REDSTONE INV. Occupation REAL ESTATE MGMT. Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 11/01/1999	Amount of Each Receipt this Period 1000.00 CONTRIBUTION
Full Name, Mailing Address, and ZIP Code BARBARA DEPIZZO 725 BOARDMAN-CANFIELD RD. # Q-1 YOUNGSTOWN OH 44512 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer N/A Occupation HOUSEWIFE Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 11/02/1999	Amount of Each Receipt this Period 1000.00 CONTRIBUTIONS
Full Name, Mailing Address, and ZIP Code JOHN A. DEPIZZO 735 BOARDMAN-CANFIELD RD. # Q-1 YOUNGSTOWN OH 44512 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer REQUESTED INFORMATION Occupation Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 11/02/1999	Amount of Each Receipt this Period 1000.00 CONTRIBUTIONS
Full Name, Mailing Address, and ZIP Code ELEANOR BEECHER FLAD 3507 B. SOMERSET YOUNGSTOWN OH 44505 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer N/A Occupation RETIRED Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 11/02/1999	Amount of Each Receipt this Period 500.00 CONTRIBUTIONS
Full Name, Mailing Address, and ZIP Code BRIAN J. HUNTER, D.O. 221-12TH STREET CAMPBELL OH 44405 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer BRIAN HUNTER D.O. Occupation DOCTOR Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 11/02/1999	Amount of Each Receipt this Period 250.00 CONTRIBUTIONS

**SUBTOTALS** of Receipts This Page (Optional) .....

**TOTALS** This Period (last page this line number only) .....

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**NAME OF COMMITTEE (in Full)**  
 this filer *Tablank for Congress*

<b>Full Name, Mailing Address, and ZIP Code</b> DAVID LUJT 28 MASSACHUSETTS AVE. POLAND OH 44514	<b>Name of Employer</b> MAHONING COUNTY	<b>Date (month, day, year)</b> 11/02/1999	<b>Amount of Each Receipt this Period</b> 500.00 CONTRIBUTIONS
<b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		<b>Occupation</b> COMMISSIONER	
		<b>Aggregate Year-to-Date</b> > \$ 500.00	

<b>Full Name, Mailing Address, and ZIP Code</b> LAWRENCE H. RICHARDS 119 SUGARCANE BOARDMAN OH 44512	<b>Name of Employer</b> LAWRENCE RICHARDS, LPA	<b>Date (month, day, year)</b> 11/02/1999	<b>Amount of Each Receipt this Period</b> 250.00 CONTRIBUTIONS
<b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		<b>Occupation</b> ATTORNEY	
		<b>Aggregate Year-to-Date</b> > \$ 250.00	

<b>Full Name, Mailing Address, and ZIP Code</b> JOHN R. BURGAN 5935 MARKET STREET YOUNGSTOWN OH 44512	<b>Name of Employer</b> BURGAN REAL ESTATE	<b>Date (month, day, year)</b> 11/12/1999	<b>Amount of Each Receipt this Period</b> 250.00 CONTRIBUTIONS
<b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		<b>Occupation</b> BROKER	
		<b>Aggregate Year-to-Date</b> > \$ 250.00	

<b>Full Name, Mailing Address, and ZIP Code</b> JOHN G. CALLOS 900 SHEILDS RD. YOUNGSTOWN OH 44511	<b>Name of Employer</b> CALLOS PERSONNEL	<b>Date (month, day, year)</b> 11/12/1999	<b>Amount of Each Receipt this Period</b> 500.00 CONTRIBUTIONS
<b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		<b>Occupation</b> OWNER	
		<b>Aggregate Year-to-Date</b> > \$ 500.00	

<b>Full Name, Mailing Address, and ZIP Code</b> VINCENT E. GILMARTIN 42 N. PHELPS STREET YOUNGSTOWN OH 44503	<b>Name of Employer</b> VINCENT E. GILMARTIN	<b>Date (month, day, year)</b> 11/12/1999	<b>Amount of Each Receipt this Period</b> 250.00 CONTRIBUTIONS
<b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		<b>Occupation</b> ATTORNEY	
		<b>Aggregate Year-to-Date</b> > \$ 250.00	

<b>Full Name, Mailing Address, and ZIP Code</b> DANIEL W. HANDEL 17615 MAHONING AVE. LAKE MILTON OH 44428	<b>Name of Employer</b> DR. DANIEL HANDEL	<b>Date (month, day, year)</b> 11/12/1999	<b>Amount of Each Receipt this Period</b> 250.00 CONTRIBUTIONS
<b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		<b>Occupation</b> PHYSICIAN	
		<b>Aggregate Year-to-Date</b> > \$ 250.00	

<b>Full Name, Mailing Address, and ZIP Code</b> JAMES M. KEATING 8495 HUNTERS TRAIL SE WARREN OH 44484	<b>Name of Employer</b> JAMES M. KEATING INSURANCE	<b>Date (month, day, year)</b> 11/12/1999	<b>Amount of Each Receipt this Period</b> 250.00 CONTRIBUTIONS
<b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		<b>Occupation</b> INSURANCE AGENT	
		<b>Aggregate Year-to-Date</b> > \$ 250.00	

**SUBTOTALS** of Receipts This Page (Optional) .....

**TOTALS** This Period (last page this line number only) .....

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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**NAME OF COMMITTEE (In Full)**  
 <this filer> **Tablach For Congress**

<b>Full Name, Mailing Address, and ZIP Code</b> JAMES E. LANG 4790 MARKET STREET YOUNGSTOWN OH 44512-1525	<b>Name of Employer</b> INSURANCE BUYERS SULE  <b>Occupation</b> INSURANCE AGENT	<b>Date (month, day, year)</b> 11/12/1999	<b>Amount of Each Receipt this Period</b> 250.00 CONTRIBUTIONS
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Aggregate Year-to-Date</b> > \$ 250.00		
<b>Full Name, Mailing Address, and ZIP Code</b> JOHN C. MAHANEY, Jr. 50 W. BROAD STREET, RM # 2020 COLUMBUS OH 43215	<b>Name of Employer</b> REQUESTED INFORMATION  <b>Occupation</b>	<b>Date (month, day, year)</b> 11/12/1999	<b>Amount of Each Receipt this Period</b> 250.00 CONTRIBUTIONS
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Aggregate Year-to-Date</b> > \$ 250.00		
<b>Full Name, Mailing Address, and ZIP Code</b> ELAINE RUDICK 6858 BRISTLEWOOD DRIVE BOARDMAN OH 44512	<b>Name of Employer</b> N/A  <b>Occupation</b> HOUSEWIFE	<b>Date (month, day, year)</b> 11/12/1999	<b>Amount of Each Receipt this Period</b> 250.00 CONTRIBUTIONS
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Aggregate Year-to-Date</b> > \$ 250.00		
<b>Full Name, Mailing Address, and ZIP Code</b> KAREN SILVERS 244 COLONIAL DRIVE YOUNGSTOWN OH 44406	<b>Name of Employer</b> N/A  <b>Occupation</b> HOMEMAKER	<b>Date (month, day, year)</b> 11/12/1999	<b>Amount of Each Receipt this Period</b> 250.00 CONTRIBUTIONS
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Aggregate Year-to-Date</b> > \$ 250.00		
<b>Full Name, Mailing Address, and ZIP Code</b> EDWARD A. SOWINSKI, Jr. 6838 APPLERIDGE DR. BOARDMAN OH 44512	<b>Name of Employer</b> ATTY. ED SOWINSKI  <b>Occupation</b> ATTORNEY	<b>Date (month, day, year)</b> 11/12/1999	<b>Amount of Each Receipt this Period</b> 250.00 CONTRIBUTIONS
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Aggregate Year-to-Date</b> > \$ 250.00		
<b>Full Name, Mailing Address, and ZIP Code</b> JOHN STOREY 5051 GREENBRIAR DR. GIRARD OH 44420	<b>Name of Employer</b> REQUESTED INFORMATION  <b>Occupation</b>	<b>Date (month, day, year)</b> 11/12/1999	<b>Amount of Each Receipt this Period</b> 250.00 CONTRIBUTIONS
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Aggregate Year-to-Date</b> > \$ 250.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Dr. NED A. UNDERWOOD 2700 HOWLAND-WILSON RD. WARREN OH 44464-4117	<b>Name of Employer</b> SELF-EMPLOYED  <b>Occupation</b> DOCTOR	<b>Date (month, day, year)</b> 11/12/1999	<b>Amount of Each Receipt this Period</b> 250.00 CONTRIBUTION
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Aggregate Year-to-Date</b> > \$ 250.00		

**SUBTOTALS** of Receipts This Page (Optional) .....

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**SCHEDULE A**

**ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
 <this-filer> **Tablack for Congress**

Full Name, Mailing Address, and ZIP Code FRANCINE ALEXANDER 7950 HERBERT RD.  CANFIELD OH 44405	Name of Employer N/A	Date (month, day, year) 11/16/1999	Amount of Each Receipt this Period 500.00 CONTRIBUTION
	Occupation HOMEMAKER		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		

Full Name, Mailing Address, and ZIP Code MICHAEL P. BUGARA 2220 WESTERN AVE.  ALLIANCE OH 44501	Name of Employer REQUESTED INFORMATION	Date (month, day, year) 11/16/1999	Amount of Each Receipt this Period 250.00 CONTRIBUTIONS
	Occupation		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		

Full Name, Mailing Address, and ZIP Code LEISA R. KIRTLEY 405 GLEN OAKS  CANFIELD OH 44408	Name of Employer N/A	Date (month, day, year) 11/16/1999	Amount of Each Receipt this Period 500.00 CONTRIBUTIONS
	Occupation HOMEMAKER		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		

Full Name, Mailing Address, and ZIP Code MARLENE L. MURPHY 215 N. BAYSHORE DR.  COLUMBIANA OH 44408	Name of Employer N/A	Date (month, day, year) 11/16/1999	Amount of Each Receipt this Period 250.00 CONTRIBUTIONS
	Occupation HOUSEWIFE		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		

Full Name, Mailing Address, and ZIP Code JOHN M. NEWMAN 42 FAIRWAY DR.  YOUNGSTOWN OH 44505	Name of Employer NEWMAN, OLSON & KERR	Date (month, day, year) 11/16/1999	Amount of Each Receipt this Period 250.00 CONTRIBUTIONS
	Occupation ATTORNEY		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		

Full Name, Mailing Address, and ZIP Code ATTY. MICHAEL PALAGANO 507 MAHONING BANK BLDG.  YOUNGSTOWN OH 44503	Name of Employer PALAGANO & STURGEON	Date (month, day, year) 11/16/1999	Amount of Each Receipt this Period 250.00 CONTRIBUTIONS
	Occupation ATTORNEY		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		

Full Name, Mailing Address, and ZIP Code BERT RIGELHAUPT 276 1/2 N. HEIGHTS  YOUNGSTOWN OH 44504	Name of Employer BERT RIGELHAUPT, ESQ.	Date (month, day, year) 11/16/1999	Amount of Each Receipt this Period 250.00 CONTRIBUTIONS
	Occupation ATTORNEY		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		

**SUBTOTALS** of Receipts This Page (Optional) .....

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**SCHEDULE A**

**ITEMIZED RECEIPTS**

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**NAME OF COMMITTEE (in Full)**  
<this-filer> **TABLER FOR CONGRESS**

<b>Full Name, Mailing Address, and ZIP Code</b> TIMOTHY SMITH 1449 BOARDMAN-CANFIELD RD # A  BOARDMAN OH 44512	<b>Name of Employer</b> TIM SMITH JEWELERS  <b>Occupation</b> OWNER	<b>Date (month, day, year)</b> 11/16/1999	<b>Amount of Each Receipt this Period</b> 500.00 CONTRIBUTION
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Aggregate Year-to-Date</b> > \$ 500.00		
<b>Full Name, Mailing Address, and ZIP Code</b> THOMAS ANNESS 5594 KINGWOOD LANES  GIRARD OH 44420	<b>Name of Employer</b> GERLACK, ANNESS & WILLIAMS  <b>Occupation</b> CPA	<b>Date (month, day, year)</b> 11/17/1999	<b>Amount of Each Receipt this Period</b> 250.00 CONTRIBUTION
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Aggregate Year-to-Date</b> > \$ 250.00		
<b>Full Name, Mailing Address, and ZIP Code</b> ATTY. GEORGE G. BRIACH P.O. BOX 9304 755 BOARDMAN-CANFIELD RD. YOUNGSTOWN OH 44513	<b>Name of Employer</b> WHITE & BRIACH  <b>Occupation</b> ATTORNEY	<b>Date (month, day, year)</b> 11/17/1999	<b>Amount of Each Receipt this Period</b> 500.00 CONTRIBUTION
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Aggregate Year-to-Date</b> > \$ 500.00		
<b>Full Name, Mailing Address, and ZIP Code</b> DANTE R. CERNI 1 HILLSIDE DRIVE  GIRARD OH 44420	<b>Name of Employer</b> REQUESTED INFORMATION  <b>Occupation</b>	<b>Date (month, day, year)</b> 11/17/1999	<b>Amount of Each Receipt this Period</b> 250.00 CONTRIBUTIONS
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Aggregate Year-to-Date</b> > \$ 250.00		
<b>Full Name, Mailing Address, and ZIP Code</b> MICHAEL DERCOLI 4335 JANELL CT.  CANFIELD OH 44406	<b>Name of Employer</b> REQUESTED INFORMATION  <b>Occupation</b>	<b>Date (month, day, year)</b> 11/17/1999	<b>Amount of Each Receipt this Period</b> 250.00 CONTRIBUTIONS
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Aggregate Year-to-Date</b> > \$ 250.00		
<b>Full Name, Mailing Address, and ZIP Code</b> JAMES J. GELLER P.O. BOX 281  CANFIELD OH 44406	<b>Name of Employer</b> GELLER ELECTRIC  <b>Occupation</b> PRESIDENT	<b>Date (month, day, year)</b> 11/17/1999	<b>Amount of Each Receipt this Period</b> 250.00 CONTRIBUTIONS
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Aggregate Year-to-Date</b> > \$ 250.00		
<b>Full Name, Mailing Address, and ZIP Code</b> DONALD C. HEFFNER 950 DRAVIS AVENUE  GIRARD OH 44420	<b>Name of Employer</b> DONALD C. HEFFNER  <b>Occupation</b> ATTORNEY	<b>Date (month, day, year)</b> 11/17/1999	<b>Amount of Each Receipt this Period</b> 250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Aggregate Year-to-Date</b> > \$ 250.00		

**SUBTOTALS** of Receipts This Page (Optional) .....

**TOTALS** This Period (last page this line number only) .....

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

FOR LINE NUMBER  
11A1

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**NAME OF COMMITTEE (In Full)**  
 <this-filer> *TABACH FOR CONGRESS*

Full Name, Mailing Address, and ZIP Code C. GILBERT JAMES 8520 WESTERN RESERVE RD. CANFIELD OH 44406	Name of Employer JAMES & SONS INS. Occupation INSURANCE SALES	Date (month, day, year) 11/17/1999	Amount of Each Receipt this Period 250.00 CONTRIBUTION
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 300.00		
Full Name, Mailing Address, and ZIP Code GLORIA O. JAMES 632 WILDWOOD DR. BOARDMAN OH 44512-3208	Name of Employer N/A Occupation RETIRED	Date (month, day, year) 11/17/1999	Amount of Each Receipt this Period 1000.00 CONTRIBUTIONS
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code ROGER D. JONES 832 WILDWOOD DR. YOUNGSTOWN OH 44512	Name of Employer FIRELINE Occupation CEO	Date (month, day, year) 11/17/1999	Amount of Each Receipt this Period 1000.00 CONTRIBUTIONS
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code JACK J. JOYCE 69 ROBINHOOD DR. YOUNGSTOWN OH 44511	Name of Employer SELF-EMPLOYED Occupation TAX PREPARER	Date (month, day, year) 11/17/1999	Amount of Each Receipt this Period 1000.00 CONTRIBUTIONS
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code TIMOTHY P. JOYCE 4014 SHELBOURNE DR. YOUNGSTOWN OH 44511	Name of Employer AMERICAN ARCHITECTUAL PRODUCTS Occupation ACCOUNTANTS	Date (month, day, year) 11/17/1999	Amount of Each Receipt this Period 500.00 CONTRIBUTIONS
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code ROBERT S. KOMARA 8426 FARMINGTON CIRCLE CANFIELD OH 44408	Name of Employer KOMARA JEWELERS Occupation OWNER	Date (month, day, year) 11/17/1999	Amount of Each Receipt this Period 250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code ROBERT A. LACKEY 3540 BREEZEKNOLL DR. YOUNGSTOWN OH 44505-1818	Name of Employer WEIGEL, LACKEY & ROSS INSURANCE Occupation INSURANCE AGENT	Date (month, day, year) 11/17/1999	Amount of Each Receipt this Period 250.00 CONTRIBUTIONS
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		

**SUBTOTALS** of Receipts This Page (Optional) .....

**TOTALS** This Period (last page this line number only) .....

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**NAME OF COMMITTEE (in Full)**  
 this filer **Tablach for Congress**

<b>Full Name, Mailing Address, and ZIP Code</b> RICHARD LEPORE 7972 CLIFFVIEW DR.  POLAND OH 44514  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> REQUESTED INFORMATION  <b>Occupation</b> _____  <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 11/17/1999	<b>Amount of Each Receipt this Period</b> 250.00 CONTRIBUTIONS
<b>Full Name, Mailing Address, and ZIP Code</b> DAVID W. LIPPY 5851 UPPER BREMO LANE  NEW ALBANY OH 43054  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> DAVID LIPPY M.D.  <b>Occupation</b> DOCTOR  <b>Aggregate Year-to-Date</b> > \$ 1000.00	<b>Date (month, day, year)</b> 11/17/1999	<b>Amount of Each Receipt this Period</b> 1000.00 CONTRIBUTIONS
<b>Full Name, Mailing Address, and ZIP Code</b> STEPHEN R. LIPPY 3883 E. MARKET STREET  WARREN OH 44484  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> SELF-EMPLOYED  <b>Occupation</b> _____  <b>Aggregate Year-to-Date</b> > \$ 1000.00	<b>Date (month, day, year)</b> 11/17/1999	<b>Amount of Each Receipt this Period</b> 1000.00 CONTRIBUTIONS
<b>Full Name, Mailing Address, and ZIP Code</b> SCOTT J. MACDONALD 9897 NEW BUFFALO RD.  CANFIELD OH 44406  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> WESTERN RESERVE TRAILS GOLF COURSE  <b>Occupation</b> OWNER  <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 11/17/1999	<b>Amount of Each Receipt this Period</b> 250.00 CONTRIBUTIONS
<b>Full Name, Mailing Address, and ZIP Code</b> MICHAEL L. NICHOLSON 715 E. MIDLOTHIAN BLVD.  YOUNGSTOWN OH 44502  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> NICHOLSON INS.  <b>Occupation</b> INSURANCE AGENT  <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 11/17/1999	<b>Amount of Each Receipt this Period</b> 250.00 CONTRIBUTION
<b>Full Name, Mailing Address, and ZIP Code</b> URBAN A. OLMI 720 PARK HARBOUR DR.  YOUNGSTOWN OH 44512  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> REQUESTED INFORMATION  <b>Occupation</b> _____  <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 11/17/1999	<b>Amount of Each Receipt this Period</b> 250.00 CONTRIBUTIONS
<b>Full Name, Mailing Address, and ZIP Code</b> MARI M. PETRONY 7395 COBBLER'S RUN  POLAND OH 44514  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> MAHONING COUNTY  <b>Occupation</b> CLERK  <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 11/17/1999	<b>Amount of Each Receipt this Period</b> 500.00 CONTRIBUTIONS

**SUBTOTALS of Receipts This Page (Optional)** .....

**TOTALS This Period (last page this line number only)** .....

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (in Full)  
 <this-filer> **Tablets for Congress**

Full Name, Mailing Address, and ZIP Code DANIEL P. SCHIAVONE 1309 VALLEY VIEW DRIVE YOUNGSTOWN OH 44512	Name of Employer SPARKLE MARKETS	Date (month, day, year) 11/17/1999	Amount of Each Receipt this Period 250.00 CONTRIBUTIONS
	Occupation EXECUTIVE		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		

Full Name, Mailing Address, and ZIP Code GERALD S. SEVACHKO 8447 WEATHERED WOOD TRAIL POLAND OH 44514	Name of Employer GERALD SEVACHKO, M.D.	Date (month, day, year) 11/17/1999	Amount of Each Receipt this Period 250.00 CONTRIBUTIONS
	Occupation DOCTOR		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		

Full Name, Mailing Address, and ZIP Code ROBERT L. STEVENS 721 PARK HARBOUR DR. YOUNGSTOWN OH 44512	Name of Employer HUNTER-STEVENS LAND TITLE	Date (month, day, year) 11/17/1999	Amount of Each Receipt this Period 250.00 CONTRIBUTIONS
	Occupation ATTORNEY		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		

Full Name, Mailing Address, and ZIP Code JERRY M. SUTTON 3431 KIAWATHA DR. YOUNGSTOWN OH 44511	Name of Employer SUTTON ACCOUNTING	Date (month, day, year) 11/17/1999	Amount of Each Receipt this Period 250.00 CONTRIBUTIONS
	Occupation CPA		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		

Full Name, Mailing Address, and ZIP Code MARION URICHICH 1671 CHERRY STREET YOUNGSTOWN OH 44505-1814	Name of Employer MARION'S AUTO	Date (month, day, year) 11/17/1999	Amount of Each Receipt this Period 250.00 CONTRIBUTIONS
	Occupation OWNER		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		

Full Name, Mailing Address, and ZIP Code GERALD M. WALSH 39 SOUTH SHORE DR. BOARDMAN OH 44512-5926	Name of Employer YOUNGSTOWN FOUNDATION	Date (month, day, year) 11/17/1999	Amount of Each Receipt this Period 250.00 CONTRIBUTION
	Occupation ADMINISTRATOR		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		

Full Name, Mailing Address, and ZIP Code JEAN C. WALSH 38 S. SHORE DR. BOARDMAN OH 44512-5926	Name of Employer N/A	Date (month, day, year) 11/17/1999	Amount of Each Receipt this Period 250.00 CONTRIBUTION
	Occupation HOMEMAKER		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		

SUBTOTALS of Receipts This Page (Optional) .....

TOTALS This Period (last page this line number only) .....



**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11A1

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**NAME OF COMMITTEE (in Full)**  
 <this-filer> *Tablach For Congress*

Full Name, Mailing Address, and ZIP Code BARRY DAVIS 7970 FOREST LAKE DRIVE YOUNGSTOWN OH 44512 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer BAHAMUSA INC. Occupation MOTEL CLERK Date (month, day, year) 11/29/1999 Aggregate Year-to-Date > \$ 518.00	Amount of Each Receipt this Period 518.00 CONTRIBUTIONS
Full Name, Mailing Address, and ZIP Code LINDA DAVIS 456 MELBOURNE AVE. BOARDMAN OH 44512 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer N/A Occupation HOUSEWIFE Date (month, day, year) 11/29/1999 Aggregate Year-to-Date > \$ 500.00	Amount of Each Receipt this Period 500.00 CONTRIBUTIONS
Full Name, Mailing Address, and ZIP Code RICHARD J. DONATELLI 3890 MERCEDES PLACE CANFIELD OH 44408 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer SELF-EMPLOYED Occupation INSURANCE AGENT Date (month, day, year) 11/29/1999 Aggregate Year-to-Date > \$ 250.00	Amount of Each Receipt this Period 250.00 CONTRIBUTIONS
Full Name, Mailing Address, and ZIP Code BHARGAVA RAVI M.D. 3954 ROXHAVEN DR. CANFIELD OH 44405 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer BHARGAVA RAVI, M.D. Occupation DOCTOR Date (month, day, year) 11/29/1999 Aggregate Year-to-Date > \$ 250.00	Amount of Each Receipt this Period 250.00 CONTRIBUTIONS
Full Name, Mailing Address, and ZIP Code JACK R. RUSSELL 7991 GLENWOOD AVE. YOUNGSTOWN OH 44512 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer CANTEEN Occupation MANAGER Date (month, day, year) 11/29/1999 Aggregate Year-to-Date > \$ 250.00	Amount of Each Receipt this Period 250.00 CONTRIBUTIONS
Full Name, Mailing Address, and ZIP Code WILLIAM A. RUSSELL 250 CHAPEL LANE CANFIELD OH 44405 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer CANTEEN Occupation MANAGER Date (month, day, year) 11/29/1999 Aggregate Year-to-Date > \$ 250.00	Amount of Each Receipt this Period 250.00 CONTRIBUTIONS
Full Name, Mailing Address, and ZIP Code J. DAVID SABINE, Esq. 7247 YELLOW CREEK DR. POLAND OH 44514 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer STAR BANK Occupation TRUST OFFICER Date (month, day, year) 11/29/1999 Aggregate Year-to-Date > \$ 500.00	Amount of Each Receipt this Period 500.00 CONTRIBUTIONS

**SUBTOTALS** of Receipts This Page (Optional) .....

**TOTALS** This Period (last page this line number only) .....

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**NAME OF COMMITTEE (in Full)**  
 this filer     **Tableak for Congress**

<b>Full Name, Mailing Address, and ZIP Code</b> HARRY SIGMIER 18628 HIGH PARKWAY ROCKY RIVER            OH 44116	<b>Name of Employer</b> ATTY. HARRY SIGMIER	<b>Date (month, day, year)</b> 11/29/1988	<b>Amount of Each Receipt this Period</b> 250.00 CONTRIBUTIONS
<b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b> ATTORNEY	<b>Aggregate Year-to-Date</b> > \$ 250.00	
<b>Full Name, Mailing Address, and ZIP Code</b> KIMBERLY S. BUCKLEY 78 FAIRWAY DR. YOUNGSTOWN            OH 44505	<b>Name of Employer</b> NORMA ENTERPRISES	<b>Date (month, day, year)</b> 12/01/1988	<b>Amount of Each Receipt this Period</b> 250.00 CONTRIBUTIONS
<b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b> ADMINISTRATOR	<b>Aggregate Year-to-Date</b> > \$ 250.00	
<b>Full Name, Mailing Address, and ZIP Code</b> PATRICK O'HORO 928 BRISTOL LANE STREETSBORO            OH 44241	<b>Name of Employer</b> REQUESTED INFORMATION	<b>Date (month, day, year)</b> 12/01/1988	<b>Amount of Each Receipt this Period</b> 250.00 CONTRIBUTIONS
<b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b>	<b>Aggregate Year-to-Date</b> > \$ 250.00	
<b>Full Name, Mailing Address, and ZIP Code</b> ARLENE BILLAK 2288 BIRCH TRACE YOUNGSTOWN            OH 44515	<b>Name of Employer</b> COMMUNITY CORRECTIONS	<b>Date (month, day, year)</b> 12/13/1988	<b>Amount of Each Receipt this Period</b> 300.00 CONTRIBUTIONS
<b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b>	<b>Aggregate Year-to-Date</b> > \$ 300.00	
<b>Full Name, Mailing Address, and ZIP Code</b> JAYNE K. DAPRILE 822 PARK HARBOUR DR. BOARDMAN                OH 44512-3995	<b>Name of Employer</b> N/A	<b>Date (month, day, year)</b> 12/13/1988	<b>Amount of Each Receipt this Period</b> 250.00 CONTRIBUTION
<b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b> HOUSEWIFE	<b>Aggregate Year-to-Date</b> > \$ 250.00	
<b>Full Name, Mailing Address, and ZIP Code</b> RICHARD A. RUSSO 3698 BPERONE CT. GANFIELD                 OH 44406	<b>Name of Employer</b> REQUESTED INFORMATION	<b>Date (month, day, year)</b> 12/13/1988	<b>Amount of Each Receipt this Period</b> 500.00 CONTRIBUTIONS
<b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b>	<b>Aggregate Year-to-Date</b> > \$ 500.00	
<b>Full Name, Mailing Address, and ZIP Code</b> GREGORY G. BALDWIN 5 W. TENTH STREET ERIE                         PA 18501	<b>Name of Employer</b> REFUNDED CONTRIBUTION	<b>Date (month, day, year)</b> 12/16/1988	<b>Amount of Each Receipt this Period</b> 2000.00 CONTRIBUTIONS
<b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b>	<b>Aggregate Year-to-Date</b> > \$ 2000.00	

**SUBTOTALS** of Receipts This Page (Optional) .....

**TOTALS** This Period (last page this line number only) .....

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11A1

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**NAME OF COMMITTEE (In Full)**  
 <this-filer> *Tablack for Congress*

<b>Full Name, Mailing Address, and ZIP Code</b> GREGORY S. BALDWIN 5 W. 10TH ST.  ERIE PA 16501-1492  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> REFUNDED CONTRIBUTION  <b>Occupation</b>  <b>Aggregate Year-to-Date</b> > \$ 1000.00	<b>Date (month, day, year)</b> 12/18/1999	<b>Amount of Each Receipt this Period</b> 1000.00 CONTRIBUTIONS
<b>Full Name, Mailing Address, and ZIP Code</b> REMON P. HAYEK   Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> REQUESTED INFORMATION  <b>Occupation</b>  <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 12/20/1999	<b>Amount of Each Receipt this Period</b> 250.00 CONTRIBUTION
<b>Full Name, Mailing Address, and ZIP Code</b> JOHN H. STAMATERIS 6453 TARA DRIVE  POLAND OH 44514  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> REQUESTED INFORMATION  <b>Occupation</b>  <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 12/20/1999	<b>Amount of Each Receipt this Period</b> 500.00 CONTRIBUTIONS
<b>Full Name, Mailing Address, and ZIP Code</b> THOMAS J. FLEMING 44 CHERRY HILL COURT  CANFIELD OH 44406  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> REQUESTED INFORMATION  <b>Occupation</b>  <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 12/24/1999	<b>Amount of Each Receipt this Period</b> 500.00 CONTRIBUTIONS
<b>Full Name, Mailing Address, and ZIP Code</b> GREGORY RUBINO 4800 TRAMARLAC LANE  ERIE PA 16505  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> REFUNDED CONTRIBUTION  <b>Occupation</b>  <b>Aggregate Year-to-Date</b> > \$ 1000.00	<b>Date (month, day, year)</b> 12/27/1999	<b>Amount of Each Receipt this Period</b> 1000.00 CONTRIBUTIONS
<b>Full Name, Mailing Address, and ZIP Code</b> MRS. GREGORY RUBINO 4800 TRAMARLAC LANE  ERIE PA 16505  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> REFUNDED CONTRIBUTION  <b>Occupation</b>  <b>Aggregate Year-to-Date</b> > \$ 1000.00	<b>Date (month, day, year)</b> 12/27/1999	<b>Amount of Each Receipt this Period</b> 1000.00 CONTRIBUTIONS
<b>Full Name, Mailing Address, and ZIP Code</b> JUDITH A. HELTZEL 1583 SQUAW CREEK DR.  GIRARD OH 44420  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> REQUESTED INFORMATION  <b>Occupation</b>  <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 12/31/1999	<b>Amount of Each Receipt this Period</b> 250.00 CONTRIBUTIONS

**SUBTOTALS** of Receipts This Page (Optional) .....

**TOTALS** This Period (last page this line number only) .....

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER  
11A1

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NAME OF COMMITTEE (In Full)  
<this-filer> **TABACH FOR CONGRESS**

Full Name, Mailing Address, and ZIP Code

W. TERRY PATRICK  
500 THE GREENS NE

WARREN OH 44484

Name of Employer

FRIEDMAN & RUMMEL

Occupation

ATTORNEY

Date (month, day, year)

12/31/1999

Amount of Each Receipt this Period  
250.00  
CONTRIBUTIONS

Receipt For:  Primary  General

Other (specify):

Aggregate Year-to-Date \$ 250.00

SUBTOTALS of Receipts This Page (Optional) .....

TOTALS This Period (last page this line number only) .....

113867.00

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11B

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**NAME OF COMMITTEE (In Full)**  
<this-filer> *Tablach for Congress*

Full Name, Mailing Address, and ZIP Code

NATIONAL CITY BANK - PAC  
1900 EAST NINTH STREET

CLEVELAND OH 44114-3484

Name of Employer

Occupation

Date (month, day, year)

12/24/1999

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTIONS

Receipt For:  Primary  General  
 Other (specify):

Aggregate Year-to-Date > \$ 1000.00

**SUBTOTALS** of Receipts This Page (Optional) .....

**TOTALS** This Period (last page this line number only) .....

1000.00

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

FOR LINE NUMBER  
11C

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NAME OF COMMITTEE (in Full)  
<this-filer> **TABACH FOR CONGRESS**

Full Name, Mailing Address, and ZIP Code  
COMMITTEE TO ELECT PAUL J. GAINS  
204 STAMBAUGH BLDG.  
  
YOUNGSTOWN OH 44503

Name of Employer

Date (month,  
day, year)  
07/31/1999

Amount of Each  
Receipt this Period  
500.00  
CONTRIBUTION

Occupation

Receipt For:  Primary  General  
 Other (specify):

Aggregate Year-to-Date > \$ 500.00

SUBTOTALS of Receipts This Page (Optional) .....

TOTALS This Period (last page this line number only) .....

500.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER  
17

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**NAME OF COMMITTEE (In Full)**  
 <this filer> **Tablack for Congress**

Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
FENN & KING 2715 M STREET # 150 WASHINGTON DC 20007	CONSULTING EXPENSE Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	08/09/1999	3000.00
GEORGE JOHN TABLACK 680 SADDLEBROOK DR. BOARDMAN OH 44812	AUTO & TRAVEL REIM Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	08/11/1999	915.43
SHIRT WIZARD 885 BOARDMAN-CANFIELD RD. BOARDMAN OH 44512	PROMOTIONAL EXPENSE Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	08/27/1999	570.91
GEORGE JOHN TABLACK 680 SADDLEBROOK DR. BOARDMAN OH 44512	AUTO & TRAVEL EXPENSE Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	08/27/1999	1104.00
CITY PRINTING COMPANY INC. 36 W. WOOD STREET YOUNGSTOWN OH 44503	PRINTING EXPENSE Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	08/30/1999	307.82
AMERITECH 100 BIG BEAVER TROY MI	TELEPHONE Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	08/31/1999	400.00
BOARDMAN ROTARY P.O. BOX 5300 POLAND OH 44514	PUBLICITY BOOTH Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	08/31/1999	90.00
FENN & KING 2715 M STREET # 150 WASHINGTON DC 20007	CONSULTING EXPENSE Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	08/31/1999	7000.00
R.L. SMITH PRINTING COMPANY 210 W. WOOD STREET YOUNGSTOWN OH 44501-0419	PROMOTIONAL EXPENSE Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	08/31/1999	1468.10

**SUBTOTALS** of Disbursements This Page (Optional) .....

**TOTALS** This Period (last page this line number only) .....

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER  
17

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**NAME OF COMMITTEE (In Full)**  
 <this-filer> *Tablach for Congress*

Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
ST. MATTHIAS CHURCH 915 CORNELL STREET YOUNGSTOWN OH 44502	DONATION Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	09/01/1999	200.00
BOARDMAN ROTARY P.O. BOX 5300 POLAND OH 44514	PUBLICITY EXPENSE Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	09/03/1999	250.00
AMERICAN SIGN SHOPS, INC. # 47 6818 MARKET STREET BOARDMAN OH 44512	PROMOTIONAL EXPENSE Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	09/07/1999	93.30
NORMA JEAN CARNEY 85 KARAGO AVE. YOUNGSTOWN OH 44512	REIMB. - OFFICE EXPENSE Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	09/14/1999	237.26
ST. MATTHIAS CHURCH 915 CORNELL STREET YOUNGSTOWN OH 44502	DONATION Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	09/14/1999	200.00
AMERITECH 100 BIG BEAVER TROY MI	TELEPHONE Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	09/17/1999	493.35
PAUL CARNEY 85 KARAGO AVE. YOUNGSTOWN OH 44512	DONATION, MAILING AND OFFICE EXP. Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	09/18/1999	63.56
ROBERT DETORO 258 TOPAZ CIRCLE CANFIELD OH 44406	REIM. - PROMOTIONAL EXP - GOLF OUTING Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	09/21/1999	922.28
ALLTEL 360 W. DUSSEL DRIVE TOLEDO OH 43537	CELLULAR SERVICE Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	09/23/1999	1067.76

**SUBTOTALS** of Disbursements This Page (Optional) .....

**TOTALS** This Period (last page this line number only) .....



**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER  
17

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**NAME OF COMMITTEE (In Full)**  
<this-filer> *Tablach for Congress*

Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
AMERICAN SIGN SHOPS, INC. # 47 6818 MARKET STREET BOARDMAN OH 44512	PROMOTIONAL EXPENSE Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	09/30/1999	160.00
AMERITECH 100 BIG BEAVER TROY MI	TELEPHONE Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	09/30/1999	63.56
LYNN SFARO BRUND 412 BOARDMAN-CANFIELD RD. YOUNGSTOWN OH 44512	RENT EXPENSE Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	09/30/1999	110.00
PAUL CARNEY 85 KARAGO AVE. YOUNGSTOWN OH 44512	POSTAGE, OFFICE AND DONATION REIMB. Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	09/30/1999	128.79
PAUL CARNEY 85 KARAGO AVE. YOUNGSTOWN OH 44512	OFFICE EXP. REIMB. Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	09/30/1999	200.00
CITIZEN FOR A BRIGHTER FUTURE MAHONING COUNTY COURTHOUSE YOUNGSTOWN OH 44503	DONATION Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	09/30/1999	2500.00
CITY PRINTING COMPANY INC. 38 W. WOOD STREET YOUNGSTOWN OH 44503	PRINTING EXPENSE Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	09/30/1999	926.16
CITY PRINTING COMPANY INC. 38 W. WOOD STREET YOUNGSTOWN OH 44503	PRINTING EXPENSE Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	09/30/1999	397.00
JAMES FINNERTY 3640 DOVER RD. YOUNGSTOWN OH 44512	FUNDRAISING EXPENSE Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	09/30/1999	3000.00

**SUBTOTALS** of Disbursements This Page (Optional) .....

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**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER  
17

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**NAME OF COMMITTEE (In Full)**  
 <this-filer> **Tablack for Congress**

Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
HOLIDAY INN METROPLEX 1620 MOTOR INN DRIVE GIRARD OH 44420	BANQUET EXPENSE Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	09/30/1999	200.00
SHERMAN CREATIVE PROMOTIONS 5500 MARKET STREET # 209 YOUNGSTOWN OH 44512-2618	PROMOTIONAL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	09/30/1999	1174.32
SHERMAN CREATIVE PROMOTIONS 5500 MARKET STREET # 209 YOUNGSTOWN OH 44512-2618	PROMOTIONAL EXPENSE Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/17/1999	758.64
LYNN SFARD BRUNO 412 BOARDMAN-CANFIELD RD. YOUNGSTOWN OH 44512	RENT EXPENSE Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/27/1999	110.00
JAMES FINNERTY 3640 DOVER RD. YOUNGSTOWN OH 44512	FUNDRAISING EXPENSE Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/29/1999	750.00
AMERICAN SIGN SHOPS, INC. # 47 8815 MARKET STREET BOARDMAN OH 44512	PROMOTIONAL EXPENSE Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/31/1999	102.00
JAMES FINNERTY 3640 DOVER RD. YOUNGSTOWN OH 44512	FUNDRAISING EXPENSE Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/31/1999	750.00
FENN & KING 2715 M STREET # 150 WASHINGTON DC 20007	CONSULTING EXPENSE Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/01/1999	6147.50
GEORGE JOHN TABLACK 680 SADDLEBROOK DR. BOARDMAN OH 44512	POSTAGE, MEAL, AUTO, TRAVEL AND CONFERENCE FEE Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		539.22

**SUBTOTALS** of Disbursements This Page (Optional) .....

**TOTALS** This Period (last page this line number only) .....

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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17

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**NAME OF COMMITTEE (in Full)**  
 <this-filer> **Tablack for Congress**

Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
COOPER & SECREST ASSOCIATES 228 SOUTH WASHINGTON STREET SUITE # 330 ALEXANDRIA VA 22314	PROFESSIONAL SERVICES Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/03/1999	20000.00
JAMES FINNERTY 3840 DOVER RD. YOUNGSTOWN OH 44512	FUNDRAISING EXP. Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/15/1999	750.00
HOLIDAY INN METROPLEX 1620 MOTOR INN DRIVE GIRARD OH 44420	FUNDRAISING EXP. Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/17/1999	1123.32
AMERITECH 100 BIG BEAVER TROY MI	TELEPHONE Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/28/1999	87.48
AMERITECH 100 BIG BEAVER TROY MI	TELEPHONE Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/29/1999	47.26
PAUL CARNEY 85 KARAGO AVE. YOUNGSTOWN OH 44512	PRINTING, OFFICE AND POSTAGE REIMB. Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/28/1999	196.17
JAMES FINNERTY 3840 DOVER RD. YOUNGSTOWN OH 44512	FUNDRAISING EXP. Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/29/1999	750.00
JAMES FINNERTY 3840 DOVER RD. YOUNGSTOWN OH 44512	FUNDRAISING EXP. Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/30/1999	750.00
GEORGE JOHN TABLACK 680 SADDLEBROOK DR. BOARDMAN OH 44512	AUTO, TRAVEL AND MEAL EXP. REIMB. Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/30/1999	87.21

**SUBTOTALS** of Disbursements This Page (Optional) .....

**TOTALS** This Period (last page this line number only) .....

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**NAME OF COMMITTEE (in Full)**  
*<this filer> Tablaek for Congress*

<b>Full Name, Mailing Address, and ZIP Code</b> ALLTEL 360 W. DUSSEL DRIVE  TOLEDO OH 43537	<b>Purpose of Disbursement</b> CELLULAR SERVICE  Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Date (month, day, year)</b> 12/01/1998	<b>Amount of Each Disbursement This Period</b> 1666.27
<b>Full Name, Mailing Address, and ZIP Code</b> COOPER & SECREST ASSOCIATES 228 SOUTH WASHINGTON STREET SUITE # 330 ALEXANDRIA VA 22314	<b>Purpose of Disbursement</b> PROFESSIONAL SERVICES  Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Date (month, day, year)</b> 12/16/1999	<b>Amount of Each Disbursement This Period</b> 1509.10
<b>Full Name, Mailing Address, and ZIP Code</b> AMERITECH 100 BIG BEAVER  TROY MI	<b>Purpose of Disbursement</b> TELEPHONE  Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Date (month, day, year)</b> 12/31/1999	<b>Amount of Each Disbursement This Period</b> 71.41
<b>Full Name, Mailing Address, and ZIP Code</b> FENN & KING 2715 M STREET # 150  WASHINGTON DC 20007	<b>Purpose of Disbursement</b> CONSULTING EXPENSE  Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Date (month, day, year)</b> 12/31/1998	<b>Amount of Each Disbursement This Period</b> 8000.00

<b>SCHEDULE B</b>	<b>ITEMIZED DISBURSEMENTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	37 / 38
			FOR LINE NUMBER 200

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**NAME OF COMMITTEE (In Full)**  
 <this-filer> *Tablets for Congress*

<b>Full Name, Mailing Address, and ZIP Code</b> GREGORY G. BALDWIN 5 W. TENTH STREET  ERIE PA 16501	<b>Purpose of Disbursement</b>  REFUNDED CONTRIBUTION	<b>Date (month, day, year)</b> 12/31/1999	<b>Amount of Each Disbursement This Period</b> 2000.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
<b>Full Name, Mailing Address, and ZIP Code</b> GREGORY S. BALDWIN 5 W. 10TH ST.  ERIE PA 16501-1492	<b>Purpose of Disbursement</b>  REFUNDED CONTRIBUTION	<b>Date (month, day, year)</b> 12/31/1999	<b>Amount of Each Disbursement This Period</b> 1000.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
<b>Full Name, Mailing Address, and ZIP Code</b> GREGORY RUBINO 4800 TRAMARLAC LANE  ERIE PA 16505	<b>Purpose of Disbursement</b>  REFUNDED CONTRIBUTION	<b>Date (month, day, year)</b> 12/31/1999	<b>Amount of Each Disbursement This Period</b> 1000.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
<b>Full Name, Mailing Address, and ZIP Code</b> MRS. GREGORY RUBINO 4800 TRAMARLAC LANE  ERIE PA 16505	<b>Purpose of Disbursement</b>  REFUNDED CONTRIBUTION	<b>Date (month, day, year)</b> 12/31/1999	<b>Amount of Each Disbursement This Period</b> 1000.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		

<b>SUBTOTALS</b> of Disbursements This Page (Optional) .....	
<b>TOTALS</b> This Period (last page this line number only) .....	5000.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER  
21

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**NAME OF COMMITTEE (in Full)**  
<this filer> *Tablets for Congress*

<b>Full Name, Mailing Address, and ZIP Code</b> MAHONING COUNTY DEMOCRATIC PARTY	<b>Purpose of Disbursement</b> DONATIONS Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Date (month, day, year)</b> 08/28/1999	<b>Amount of Each Disbursement This Period</b> 1000.00
<b>Full Name, Mailing Address, and ZIP Code</b> MAHONING COUNTY DEMOCRATIC PARTY	<b>Purpose of Disbursement</b> DONATION Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Date (month, day, year)</b> 08/31/1999	<b>Amount of Each Disbursement This Period</b> 50.00

**SUBTOTALS** of Disbursements This Page (Optional) .....

**TOTALS** This Period (last page this line number only) .....

1050.00

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 1/31/00
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other ( Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
  BB PREPARER	  2/4/00 DATE PREPARED