JOHN L. WOLFE
ATTORNEY AND COUNSELOR AT LAW
NATIONAL CITY CENTER
1 CASCADE PLAZA, SUITE 740
AKRON, OHIO 44308-1154

(330) 535-2441

FACSIMILE (330) 535-9564

February 17, 2006

Federal Election Commission
999 E Street, NW
Washington, D.C. 20463

Re: John L. Wolfe for Congress Committee

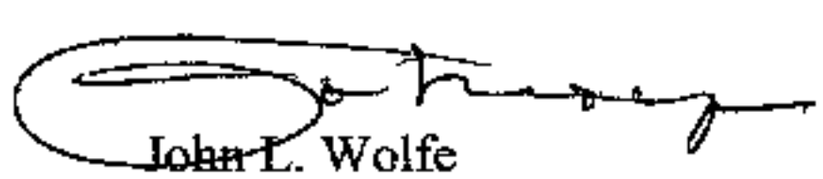
Dear Sir or Madam:

Enclosed herewith are Forms 1 and 2 for the John L. Wolfe for Congress Committee.

Please file and return a time-stamped copy in the enclosed stamped, self-addressed envelope.

Thank you.

Very truly yours,



John L. Wolfe

JLW/stp

Enclosure

# FEC FORM 1

# STATEMENT OF ORGANIZATION

RECEIVED
FEC MAIL
OPERATIONS CENTER

2006 FEB 27 A 8:15

Office Use Only

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

JOHN L WOLFE FOR CONGRESS

ADDRESS (number and street) ▼ ☐ (Check if address is changed)

1 CASCADE PLAZA

SUITE 740

AKRON OH 44308-1154

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

WOLFE81@ATTGLOBAL.NET

COMMITTEE'S WEB PAGE ADDRESS (URL)

WOLFE2006.COM

COMMITTEE'S FAX NUMBER

(330)-535-9564

26039802806

2. DATE 02 / 17 / 2006

3. FEC IDENTIFICATION NUMBER ▶ C

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

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

Type or Print Name of Treasurer John L. Wolfe

Signature of Treasurer [signature] Date 02 / 17 / 2006

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

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

| Office Use Only | | | | |
|---|---|---|---|---|

**For further information contact:**
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

**FEC FORM 1**
(Revised 02/2003)

FE3AN042

5. TYPE OF COMMITTEE (Check One)

(a) [X] This committee is a principal campaign committee. (Complete the candidate information below.)

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

Name of Candidate: LOAU, LUIS

Candidate Party Affiliation: DEM

Office Sought: [X] House [ ] Senate [ ] President

State: OH

District: 13

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

Name of Candidate

(d) [ ] This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.

(e) [ ] This committee is a separate segregated fund.

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

26039802361

6. **Name of Any Connected Organization or Affiliated Committee**

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship

Type of Connected Organization:

[ ] Corporation [ ] Corporation w/o Capital Stock [ ] Labor Organization

[ ] Membership Organization [ ] Trade Association [ ] Cooperative

Write or Type Committee Name

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

Full Name: DONNY WOLFE

Mailing Address: CASCADE PLAZA
NATIONAL CITY CENTER, STE 710
AKRON | OH | 44308-1164

Title or Position▼: CANDIDATE | CITY ▲ | STATE ▲ | ZIP CODE ▲

Telephone number: 330-535-2441

26039602852

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

Full Name of Treasurer: DONNY WOLFE

Mailing Address: CASCADE PLAZA NATIONAL CITY CENTER
SUITE 710
AKRON | OH | 44308-1164

Title or Position▼: TREASURER | CITY ▲ | STATE ▲ | ZIP CODE ▲

Telephone number: (330)-535-2441

Full Name of Designated Agent:

Mailing Address:

Title or Position▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

Telephone number

FE3AN042

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

Name of Bank, Depository, etc.

FIRST MERIT TOWER OFFICE

Mailing Address 106 SOUTH MAIN STREET

AKRON OH 44308-

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

26039902883

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**

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

☐ Hand Delivered — Date of Receipt

☑ USPS First Class Mail — Postmarked

☐ USPS Registered/Certified — Postmarked (R/C)

☐ USPS Priority Mail — Postmarked

Delivery Confirmation™ or Signature Confirmation™ Label ☐

☐ USPS Express Mail — Postmarked

☐ Postmark Illegible

☑ No Postmark

☐ Overnight Delivery Service (Specify): — Shipping Date

Next Business Day Delivery ☐

☐ Received from House Records & Registration Office — Date of Receipt

☐ Received from Senate Public Records Office — Date of Receipt

☐ Received from Electronic Filing Office — Date of Receipt

☐ Other (Specify): — Date of Receipt or Postmarked

PREPARER — 2/27/06 DATE PREPARED

(3/2005)

26030024