

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
TOM SAWYER COMMITTEE

ADDRESS (number and street) 4040 EMBASSY PARKWAY
SUITE 100
 Check if different than previously reported. (ACC)
AKRON OH 44333

2. **FEC IDENTIFICATION NUMBER** C00419879
CITY **STATE** **ZIP CODE** **STATE** **DISTRICT**
3. IS THIS REPORT NEW (N) OR AMENDED (A)
OH 13

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on 05 02 2006 in the State of OH
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on in the State of

5. Covering Period 04 01 2006 through 04 12 2006

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 MARTIN SPECTOR

Signature of Treasurer Electronically Filed by MARTIN SPECTOR Date 04 21 2006

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

TOM SAWYER COMMITTEE

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	4

D	D
1	2

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	11877.93	57274.93
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	11877.93	57274.93
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	13837.23	25426.52
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	13837.23	25426.52
8. Cash on Hand at Close of Reporting Period (from Line 27).....	31848.41	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	20350.56	

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name
TOM SAWYER COMMITTEE

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	4

D	D
1	2

Y	Y	Y	Y
2	0	0	6

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

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

9952.93

43152.93

(ii) Unitemized.....

1925.00

4122.00

(iii) TOTAL of contributions

11877.93

47274.93

from individuals..... ▶

0.00

10000.00

(b) Political Party Committees.....

0.00

0.00

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

0.00

0.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS (other than loans)

11877.93

57274.93

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

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

0.00

0.00

13. LOANS

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

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

0.00

0.00

(add Lines 13(a) and (b)).....

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

0.00

0.00

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

0.00

0.00

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

11877.93

57274.93

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....	13837.23	25426.52
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	13837.23	25426.52

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	33807.71
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	11877.93
25. SUBTOTAL (add Line 23 and Line 24).....	45685.64
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	13837.23
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	31848.41

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 / 11
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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)
TOM SAWYER COMMITTEE

A. Full Name (Last, First, Middle Initial)
WILLIAM BLAIR

Mailing Address **4571 STEPHEN CIRCLE N.W.**

City **CANTON** State **OH** Zip Code **44718**

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

Name of Employer **SELF EMPLOYED** Occupation **ATTORNEY**

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **500.00**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	5	/	2	0	0	6

Transaction ID: SA11A1.4163

Amount of Each Receipt this Period

500.00

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

B. Full Name (Last, First, Middle Initial)
RAYMOND W. COX, III

Mailing Address **122 AVONDALE DRIVE**

City **AKRON** State **OH** Zip Code **44313**

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

Name of Employer **AKRON UNIVERSITY** Occupation **PROFESSOR**

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **250.00**

Date of Receipt

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

Transaction ID: SA11A1.4238

Amount of Each Receipt this Period

250.00

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

C. Full Name (Last, First, Middle Initial)
T. CLIFFORD DEVENY, MD

Mailing Address **2779 WALNUT RIDGE**

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

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

Name of Employer **SUMMA HEALTH SYSTEM** Occupation **VICE PRESIDENT**

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **500.00**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	7	/	2	0	0	6

Transaction ID: SA11A1.4167

Amount of Each Receipt this Period

500.00

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

SUBTOTAL of Receipts This Page (optional)	1250.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 11
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
TOM SAWYER COMMITTEE

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

Mailing Address **733 W. MARKET STREET**

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

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

Name of Employer **RETIRED** Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **5000.00**

Date of Receipt
M M / D D / Y Y Y Y
04 / 12 / 2006

Transaction ID: SA11A1.4230

Amount of Each Receipt this Period
5000.00

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

B. Full Name (Last, First, Middle Initial)
DONALD HARPER

Mailing Address **2249 CARRINTON STREET N.W.**

City **NORTH CANTON** State **OH** Zip Code **44720**

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

Name of Employer **GOODYEAR TIRE AND RUBBER CO** Occupation **VICE PRESIDENT**

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **250.00**

Date of Receipt
M M / D D / Y Y Y Y
04 / 07 / 2006

Transaction ID: SA11A1.4165

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
ELLEN F. HAY

Mailing Address **93 E. FAIRLAWN BLVD**

City **AKRON** State **OH** Zip Code **44313-4434**

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

Name of Employer Occupation **RETIRED**

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **1000.00**

Date of Receipt
M M / D D / Y Y Y Y
04 / 10 / 2006

Transaction ID: SA11A1.4234

Amount of Each Receipt this Period
1000.00

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	PAGE 7 / 11
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NAME OF COMMITTEE (In Full)
TOM SAWYER COMMITTEE

A. Full Name (Last, First, Middle Initial)
WILLIAM HOPKINS

Mailing Address **5879 LAURAWOOD LANE**

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

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

Name of Employer **GOODYEAR TIRE AND RUBBER CO** Occupation **VICE PRESIDENT**

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **250.00**

Date of Receipt

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

Transaction ID: SA11A1.4159

Amount of Each Receipt this Period

250.00

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

B. Full Name (Last, First, Middle Initial)
THERESA PROENZA

Mailing Address **465 BURNING TREE DRIVE**

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

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

Name of Employer **NON PROFIT EDUCATOR** Occupation **ADMINISTRATOR**

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **500.00**

Date of Receipt

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

Transaction ID: SA11A1.4236

Amount of Each Receipt this Period

500.00

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

C. Full Name (Last, First, Middle Initial)
MARTIN SPECTOR

Mailing Address **2651 FOXWOOD DRIVE**

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

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

Name of Employer **CBIZ** Occupation **CPA**

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **550.00**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	5	/	2	0	0	6

Transaction ID: SA11A1.4161

Amount of Each Receipt this Period

500.00

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

SUBTOTAL of Receipts This Page (optional)	1250.00
TOTAL This Period (last page this line number only)	

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

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

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NAME OF COMMITTEE (In Full)
TOM SAWYER COMMITTEE

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

Mailing Address 597 SCENIC VALLEY

City State Zip Code
CUYAHOGA FALLS OH 44223

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

Name of Employer Occupation
SUMMA HEALTH SYSTEMS, INC. PRESIDENT & CEO

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	5		2	0	0	6

Transaction ID: SA11A1.4252

Amount of Each Receipt this Period

1202.93

In-kind - FUNDRAISER EVEN-T-FOOD,MISC
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	1202.93
TOTAL This Period (last page this line number only)	▶	9952.93

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

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

FOR LINE NUMBER:
(check only one)

PAGE 9 / 11

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

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NAME OF COMMITTEE (In Full)
TOM SAWYER COMMITTEE

Full Name (Last, First, Middle Initial) A. AKRON AUTO CLUB AND TRAVEL AGENCIES		Transaction ID: SB17.4192
Mailing Address 1943 23RD STREET		Date of Disbursement MM / DD / YYYY 04 / 05 / 2006
City CUYAHOGA FALLS	State OH	Zip Code 44223
Purpose of Disbursement TRAVEL EXPENSE	Amount of Each Disbursement this Period 317.61	
Candidate Name TOM SAWYER COMMITTEE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Category/Type: 002	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: OH District: 13		

Full Name (Last, First, Middle Initial) B. BURGES & BURGES: MEDIA ACCOUNT		Transaction ID: SB17.4183
Mailing Address 26100 LAKE SHORE BLVD.		Date of Disbursement MM / DD / YYYY 04 / 06 / 2006
City CLEVELAND	State OH	Zip Code 44132-1111
Purpose of Disbursement BILLBOARDS	Amount of Each Disbursement this Period 5132.00	
Candidate Name TOM SAWYER COMMITTEE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Category/Type: 004	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: OH District: 13		

Full Name (Last, First, Middle Initial) C. BURGES & BURGES: MEDIA ACCOUNT		Transaction ID: SB17.4185
Mailing Address 26100 LAKE SHORE BLVD.		Date of Disbursement MM / DD / YYYY 04 / 06 / 2006
City CLEVELAND	State OH	Zip Code 44132-1111
Purpose of Disbursement ADVERTISEMENTS - NEWSPAPERS	Amount of Each Disbursement this Period 747.50	
Candidate Name TOM SAWYER COMMITTEE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Category/Type: 004	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: OH District: 13		

SUBTOTAL of Disbursements This Page (optional)	6197.11
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
TOM SAWYER COMMITTEE

Full Name (Last, First, Middle Initial) A. JOYCE SAWYER		Transaction ID: SB17.4200 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 6
Mailing Address 1298 N. HOWARD STREET		Amount of Each Disbursement this Period 102.19 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City AKRON State OH Zip Code 44310	Category/Type 002	
Purpose of Disbursement TRAVEL EXPENSES AND CAMPAIGN MATERIALS		
Candidate Name TOM SAWYER COMMITTEE		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 13	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. THOMAS STRAUSS		Transaction ID: SB17.4254 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 6
Mailing Address 597 SCENIC VALLEY		Amount of Each Disbursement this Period 1202.93 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City CUYAHOGA FALLS State OH Zip Code 44223	Category/Type	
Purpose of Disbursement In-kind - FUNDRAISER EVENT-FOOD,MISC		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. US POSTMASTER		Transaction ID: SB17.4186 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 0 6
Mailing Address 25101 N LAKELAND BLVD		Amount of Each Disbursement this Period 5850.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City EUCLID State OH Zip Code 44132	Category/Type 001	
Purpose of Disbursement POSTAGE		
Candidate Name TOM SAWYER COMMITTEE		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 13	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	7155.12
TOTAL This Period (last page this line number only) ▶	13352.23

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

(Use separate schedule(s) for each numbered line)	PAGE 11 / 11	
	FOR LINE NUMBER: (check only one)	<input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
 TOM SAWYER COMMITTEE

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

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

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

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

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="20350.56"/>
2) TOTALS This Period (last page this line number only).....	<input type="text" value="20350.56"/>
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>