REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

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FEDERAL ELECTION
COMMISSION
PUBLIC DISCLOSURE
DIVISION

NOV 2 3 56 PM '96

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full): The Freedom Project

ADDRESS (number and street): P.O. Box 507 [ ] Check if different than previously reported

CITY, STATE and ZIP CODE: West Chester, Ohio 45071

2. FEC IDENTIFICATION NUMBER: C00305805

3. [X] This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

4. TYPE OF REPORT

(a) [ ] April 15 Quarterly Report
[ ] July 15 Quarterly Report
[ ] October 15 Quarterly Report
[ ] January 31 Year End Report
[ ] July 31 Mid Year Report (Non-election Year Only)
[ ] Termination Report

Monthly Report Due On:
[ ] February 20 [ ] June 20 [ ] October 20
[ ] March 20 [ ] July 20 [ ] November 20
[ ] April 20 [ ] August 20 [ ] December 20
[ ] May 20 [ ] September 20 [ ] January 31

[X] Twelfth day report preceding general (Type of Election) election on 11/5/96 in the State of Ohio

[ ] Thirtieth day report following the General Election on _____ in the State of _____

(b) Is this Report an Amendment? [ ] YES [X] NO

SUMMARY

5. Covering Period Oct. 1st 16th through Oct. 16th

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 19____		$ 56,828.04
	(b) Cash on Hand at Beginning of Reporting Period	$ 132691.35	
	(c) Total Receipts (from Line 19)	$ 16500	$ 197110.51
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 149191.35	$ 253938.55
7.	Total Disbursements (from Line 30)	$ 96756.23	$ 201503.43
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 52435.12	$ 52435.12 52435.
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
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

Signature of Treasurer

Date 11-1-96

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 3X
(revised 9/93)

FE6AH095