

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
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APR 10 10 57 AM '98

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
 C00222000 030498 P 209
 JAMES C RAY JR
 REPUBLICAN FINANCE COMMITTEE O
 F HAMILTON COUNTY
 700 WALNUT STREET SUITE 209
 CINCINNATI OH 45202

2. FEC IDENTIFICATION NUMBER

3. 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

12-Day Pre-Election Report for the _____
 (Type of Election)

election on _____ in the State of _____

30-Day Post-Election Report following the General Election

on _____ in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period	01/01/98 through 03/31/98		
6. (a) Cash on Hand January 1, 1998			\$ 1,865.99
(b) Cash on Hand at Beginning of Reporting Period		\$ 1,865.99	
(c) Total Receipts (from Line 10)		\$ 34,305.17	\$ 34,305.17
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 36,171.16	\$ 36,171.16
7. Total Disbursements (from Line 30)		\$ 27,499.86	\$ 27,499.86
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 8,671.30	\$ 8,671.30
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)		\$	For further information contact Federal Election Commission 900 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-218-3420
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)		\$	

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

James C. Ray, Jr.

Signature of Treasurer

Date

4-14-98

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

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FEC FORM 3X

(revised 9/93)

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE THE REPUBLICAN FINANCE COMMITTEE OF HAMILTON COUNTY	REPORT COVERING PERIOD FROM 01/01/98 TO 03/31/98	
I Receipts	COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
I. Itemized (use Schedule A)	32,800.00	32,800.00
II. Unitemized	500.00	500.00
III. Total (add I and II) >	33,300.00	33,300.00
b. Political Party Committees	---	---
c. Other Political Committees (such as PACs)	1,000.00	1,000.00
d. Total Contributions (add a II, b and c) >	34,300.00	34,300.00
12. Transfers From Affiliated/Other Party Committees	---	---
13. All Loans Received	---	---
14. Loan Repayments Received	---	---
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	---	---
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	---	---
17. Other Federal Receipts (Dividends, Interest, etc.)	5.17	5.17
18. Transfers from Nonfederal Account for Joint Activity	---	---
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	34,305.17	34,305.17
20. Total Federal Receipts (subtract line 18 from line 19) >	34,305.17	34,305.17
II Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)	---	---
i. Federal Share	---	---
ii. Non-Federal Share	---	---
b. Other Federal Operating Expenditures	25,499.86	25,499.86
c. Total Operating Expenditures (add a i, a ii, and b) >	25,499.86	25,499.86
22. Transfers to Affiliated/Other Party Committees	---	---
23. Contributions to Federal Candidates/Committees and Other Political Committees	2,000.00	2,000.00
24. Independent Expenditures (use Schedule E)	---	---
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	---	---
26. Loan Repayments Made	---	---
27. Loans Made	---	---
28. Refunds of Contributions To:		
a. Individual/Persons Other Than Political Committees	---	---
b. Political Party Committees	---	---
c. Other Political Committees (such as PACs)	---	---
d. Total Contribution Refunds (add a, b and c) >	---	---
29. Other Disbursements	---	---
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	27,499.86	27,499.86
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	27,499.86	27,499.86
III Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	34,300.00	34,300.00
33. Total Contribution Refunds (from line 28d)	---	---
34. Net Contributions (other than loans)(subtract line 33 from 32)	34,300.00	34,300.00
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	25,499.86	25,499.86
36. Offsets to Operating Expenditures (from line 15)	---	---
37. Net Operating Expenditures (subtract line 36 from 35) >	25,499.86	25,499.86

SCHEDULE A

ITEMIZED RECEIPTS
(Contributions from Individuals/
Persons Other Than Political Committees)

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

PAGE 1 OF 5
FOR LINE NUMBER 112

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)

REPUBLICAN FINANCE COMMITTEE OF HAMILTON COUNTY

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert H. Allen 1747 E. McMillan St. Cincinnati, OH 45206	Retired	1/7/98	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gilbert Bettman 2200 Victory Parkway Cincinnati, OH 45206	Self Employed	1/7/98	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,000.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert W. Buechner 2475 S. Rookwood Ct. Cincinnati, OH 45208	Self Employed	1/7/98	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 1,000.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lee A. Carter 1240 W. Rookwood Drive Cincinnati, OH 45208	Retired	1/7/98	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,000.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Paul W. Christensen, Jr. 4660 Drake Road Cincinnati, OH 45243	Retired	1/8/98	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,000.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sarah E. Christensen 4660 Drake Road Cincinnati, OH 45243	Retired	1/8/98	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,000.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William D. DeWitt, Jr. 5695 Drake Road Cincinnati, OH 45243	Reynolds-DeWitt Co.	1/7/98	2,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	Aggregate Year-to-Date > \$ 2,000.00	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS
(Contributions from Individuals/
Persons Other Than Political Committees)

Use separate schedule(s)
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Detailed Summary Page

PAGE 2 OF 5
FOR LINE NUMBER
11a

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NAME OF COMMITTEE (in Full)

REPUBLICAN FINANCE COMMITTEE OF HAMILTON COUNTY

A. Full Name, Mailing Address and ZIP Code John W. Fischer, III 18 Far Hills Drive Cincinnati, OH 45208 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Peck, Shaffer and Williams Occupation Attorney	Date (month, day, year) 1/7/98	Amount of Each Receipt this Period 1,000.00
	Aggregate Year-to-Date > \$ 1,000.00		
B. Full Name, Mailing Address and ZIP Code Oliver M. Gale 3798 Ashworth Drive Cincinnati, OH 45208 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Retired Occupation	Date (month, day, year) 1/7/98	Amount of Each Receipt this Period 1,000.00
	Aggregate Year-to-Date > \$ 1,000.00		
C. Full Name, Mailing Address and ZIP Code George A. Leonard 1221 Mistymeadow Ln. Cincinnati, OH 45230 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self Employed Occupation	Date (month, day, year) 1/8/98	Amount of Each Receipt this Period 500.00
	Aggregate Year-to-Date > \$ 500.00		
D. Full Name, Mailing Address and ZIP Code Walter E. Bartlett 7352 River Point Lane Cincinnati, OH 45255 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self Employed Occupation	Date (month, day, year) 1/9/98	Amount of Each Receipt this Period 1,000.00
	Aggregate Year-to-Date > \$ 1,000.00		
E. Full Name, Mailing Address and ZIP Code James J. Gardner 20 Dolphin Lane Key Largo, FL 33037 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Retired Occupation	Date (month, day, year) 1/12/98	Amount of Each Receipt this Period 2,000.00
	Aggregate Year-to-Date > \$ 2,000.00		
F. Full Name, Mailing Address and ZIP Code Joan A. Gardner 20 Dolphin Lane Key Largo, FL 33037 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Retired Occupation	Date (month, day, year) 1/12/98	Amount of Each Receipt this Period 2,000.00
	Aggregate Year-to-Date > \$ 2,000.00		
G. Full Name, Mailing Address and ZIP Code George Rieveschl P.O. Box 708 Covington, KY 41012 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Retired Occupation	Date (month, day, year) 1/7/98	Amount of Each Receipt this Period 2,000.00
	Aggregate Year-to-Date > \$ 2,000.00		

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS
(Contributions from Individuals/
Persons Other Than Political Committees)

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

PAGE 3 OF 5
FOR LINE NUMBER
11a

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NAME OF COMMITTEE (in Full)

REPUBLICAN FINANCE COMMITTEE OF HAMILTON COUNTY

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Aronoff Committee 2400 Star Bank Center Cincinnati, OH 45202	Self Employed Attorney	2/24/98	1,000.00
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation	Aggregate Year-to-Date > \$ 1,000.00	
B. Full Name, Mailing Address and ZIP Code Victoria B. Buyniski 3 Grandin Lane Cincinnati, OH 45208	United Medical Resources	2/24/98	1,000.00
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation President	Aggregate Year-to-Date > \$ 1,000.00	
C. Full Name, Mailing Address and ZIP Code Daniel J. Meyer 8 Grandin Lane Cincinnati, OH 45208	Cincinnati Milacron	3/4/98	1,000.00
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation Chairman & CEO	Aggregate Year-to-Date > \$ 1,000.00	
D. Full Name, Mailing Address and ZIP Code Robert J. Meyers 3275 Bridgestone Court Cincinnati, OH 45248	Buechner, Haffer	3/4/98	300.00
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation Attorney	Aggregate Year-to-Date > \$ 300.00	
E. Full Name, Mailing Address and ZIP Code Thomas J. Mueller 8049 Brill Road Cincinnati, OH 45243	Self Employed	3/4/98	1,000.00
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation	Aggregate Year-to-Date > \$ 1,000.00	
F. Full Name, Mailing Address and ZIP Code Eric C. Nielsen 1244 Hayward Avenue Cincinnati, OH 45208	Retired	3/4/98	1,000.00
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation	Aggregate Year-to-Date > \$ 1,000.00	
G. Full Name, Mailing Address and ZIP Code Richard D. Siegel 18th Floor, Provident Tower Cincinnati, OH 45202	Keating, Muething & Klekamp	3/4/98	1,000.00
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation Attorney	Aggregate Year-to-Date > \$ 1,000.00	

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SCHEDULE A

ITEMIZED RECEIPTS
(Contributions from Individuals/
Persons Other Than Political Committees)

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Detailed Summary Page

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FOR LINE NUMBER 11

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NAME OF COMMITTEE (In Full)

REPUBLICAN FINANCE COMMITTEE OF HAMILTON COUNTY

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James H. Stoehr 4777 Eastern Ave. Cincinnati, OH 45226	Robbins Inc.	3/4/98	1,000.00
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation: CEO & Chairman Aggregate Year-to-Date > \$ 1,000.00		
Christopher J. Dirksing 4841 Beverly Hills Dr. Cincinnati, OH 45208	DMG Investment Corp.	3/9/98	300.00
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation: President Aggregate Year-to-Date > \$ 300.00		
Robert W. Hayden 1142 Fort View Place Cincinnati, OH 45202	Midland Company	3/10/98	1,000.00
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation: Vice President Aggregate Year-to-Date > \$ 1,000.00		
Kenneth G. Amend, M.D. 5939 Colerain Ave. Cincinnati, OH 45239	Self Employed	3/23/98	250.00
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation: Aggregate Year-to-Date > \$ 250.00		
V. Anderson Combe 6 Corbin Cincinnati, OH 45208	William Powell Co.	3/20/98	2,000.00
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation: Chairman & CEO Aggregate Year-to-Date > \$ 2,000.00		
Stephen Gerdson 1327 Observatory Dr. Cincinnati, OH 45208	Gerdson Garfield Inc.	3/18/98	300.00
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation: President & CEO Aggregate Year-to-Date > \$ 300.00		
David D. Hoguet 740 Crevelings Cincinnati, OH 45226	Globe Business Resources	3/25/98	500.00
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation: Chairman Aggregate Year-to-Date > \$ 500.00		

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS
(Contributions from Individuals/
Persons Other Than Political Committees)

Use separate schedule(s)
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Detailed Summary Page

PAGE 5 OF 5
FOR LINE NUMBER 11

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NAME OF COMMITTEE (in Full)
REPUBLICAN FINANCE COMMITTEE OF HAMILTON COUNTY

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ted Hubbard 8562 Shuman Ln. Cincinnati, OH 45231 Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Hamilton County Occupation: Chief Deputy Engineer Aggregate Year-to-Date > \$ 250.00	3/25/98	250.00
Quentin Nesbitt 1 Tanglewood Ln. Cincinnati, OH 45224 Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Data Processing Sciences Corp. Occupation: Chairman Aggregate Year-to-Date > \$ 600.00	3/25/98	600.00
Mrs. John B. Oliver 6075 Park Road Cincinnati, OH 45243 Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Retired Occupation: Aggregate Year-to-Date > \$ 1,000.00	3/20/98	1,000.00
Craig M. Peters 7343 St. Rt. 128 Cleves, OH 45002 Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Hamilton County Occupation: Chief Deputy Recorder Aggregate Year-to-Date > \$ 1,000.00	3/25/98	1,000.00
George L. Selden 7477 Shelley Lane Cincinnati, OH 45224 Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Retired Occupation: Aggregate Year-to-Date > \$ 300.00	3/24/98	300.00
Ralph E. Winkler 3545 Reemelin Cincinnati, OH 45211 Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Hamilton County Occupation: Asst. Prosecutor Aggregate Year-to-Date > \$ 500.00	3/24/98	500.00
_____ _____ _____ Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input type="checkbox"/> General	Name of Employer _____ Occupation _____ Aggregate Year-to-Date > \$ _____	Date (month, day, year) _____	Amount of Each Receipt this Period _____

SUBTOTAL of Receipts This Page (optional) _____

TOTAL This Period (last page this line number only) _____

\$ 32,800.00

SCHEDULE A

ITEMIZED RECEIPTS

(Other Political Committees)

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

PAGE 1 OF 1
FOR LINE NUMBER 11 c

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NAME OF COMMITTEE (in Full)

REPUBLICAN FINANCE COMMITTEE OF HAMILTON COUNTY

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Portman for Congress Committee P.O. Box 2365 Cincinnati, OH 45201-2365	U.S. Government	2/2/98	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Congressman	Aggregate Year-to-Date > \$ 1,000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

\$ 1,000.00

SCHEDULE B

**ITEMIZED DISBURSEMENTS
(Operating Expenditures)**

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

PAGE 1 OF 4
FOR LINE NUMBER
21 b

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NAME OF COMMITTEE (In Full)

THE REPUBLICAN FINANCE COMMITTEE OF HAMILTON COUNTY

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
The Cincinnati Enquirer 312 Elm St. Cincinnati, OH 45202	Daily Newspaper Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/12/98	22.50
B. Full Name, Mailing Address and ZIP Code The Cincinnati Herald 345 Hearne Ave. Cincinnati, OH 45229	Subscription Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/12/98	20.00
C. Full Name, Mailing Address and ZIP Code Phyllis Goetzinger 111 Garfield Place, Apt. 1204 Cincinnati, OH 45202	Reimbursing Medicare Prem. 5 mos. at \$43.80 per mo. Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/12/98	219.00
D. Full Name, Mailing Address and ZIP Code Greater Cinti. Chamber of Commerce 300 Carew Tower Cincinnati, OH 45202	Membership Dues Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/12/98	315.00
E. Full Name, Mailing Address and ZIP Code Cincinnati Bell Telephone Dept. 1811 Cincinnati, OH 45274-1811	Monthly Service Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/30/98	1,040.95
F. Full Name, Mailing Address and ZIP Code Kigin Office Equipment 810-12 Main Street Cincinnati, OH 45202	Office Supplies Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/30/98	175.83
G. Full Name, Mailing Address and ZIP Code The Hibben Bldg. 1055 St. Paul Place Cincinnati, OH 45202	February Rent Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/30/98	3,906.17
H. Full Name, Mailing Address and ZIP Code LCI International P.O. Box 85660 Louisville, KY 40285-5660	Long Distance Service Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/30/98	41.46
I. Full Name, Mailing Address and ZIP Code Peerless Printing 407 Gilbert Avenue Cincinnati, OH 45202	Printing letterheads Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/30/98	461.10

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE B

**ITEMIZED DISBURSEMENTS
(Operating Expenditures)**

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

PAGE 2 OF 4
FOR LINE NUMBER 21 b

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)
THE REPUBLICAN FINANCE COMMITTEE OF HAMILTON COUNTY

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Pitney Bowes Credit Corp. P.O. Box 85460 Louisville, KY 40285-5460	Annual payment on Mailing Machinery Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/30/98	5,167.50
Red Squirrel 344 Walnut St. Cincinnati, OH 45202	Catering Lunches Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/30/98	75.00
United HealthCare of Ohio Dept. 658 Columbus, OH 43265-0658	Health Ins. Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/30/98	644.99
United Parcel Service P.O. Box 505820 The Lakes, NV 88905-5820	Delivery Charges Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/30/98	11.00
United States Postal Service CMRS-PB P.O.Box 0566 Carol Stream, IL 60132-0566	Postage Meter Postage Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/30/98	1,000.00
Busken Bakery, Inc. 2675 Madison Road Cincinnati, OH 45208	Catering Lunch Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/27/98	40.25
Cincinnati Bell Telephone Dept. 1811 Cincinnati, OH 45274-1811	Monthly Service Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/27/98	1,039.50
Elgin Office Equipment 810-12 Main Street Cincinnati, OH 45202	Office Supplies Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/27/98	137.20
Hitch Catering 1817 West Galbraith Rd. Cincinnati, OH 45239	Catering Lunches Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/27/98	200.75

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS
(Operating Expenditures)

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

PAGE 3 OF 4
FOR LINE NUMBER 21 b

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NAME OF COMMITTEE (In Full)
THE REPUBLICAN FINANCE COMMITTEE OF HAMILTON COUNTY

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
LCI International P.O. Box 85660 Louisville, KY 40285-5660	Long Distance Service Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/27/98	151.78
B. Full Name, Mailing Address and ZIP Code The Hibben Bldg. 1055 St. Paul Place Cincinnati, OH 45202	March Rent Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/5/98	3,906.17
C. Full Name, Mailing Address and ZIP Code ChamberHealth P.O. Box 632189 Cincinnati, OH 45263-2384	Health Insurance Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/13/98	644.99
D. Full Name, Mailing Address and ZIP Code Elgin Office Equipment 810-12 Main Street Cincinnati, OH 45202	Office Supplies Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/13/98	14.82
E. Full Name, Mailing Address and ZIP Code Ikon Office Solutions 6860 Ashfield Drive Cincinnati, OH 45242-4108	Copier Supplies Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/13/98	16.50
F. Full Name, Mailing Address and ZIP Code H. C. Buck Nichoff 201 E. Fifth St., Suite 900 Cincinnati, OH 45202	Reimbursing for meeting luncheon expenses Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/13/98	97.10
G. Full Name, Mailing Address and ZIP Code Cincinnati Bell Telephone Dept. 1811 Cincinnati, OH 45274-1811	Monthly Service Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/31/98	1,037.40
H. Full Name, Mailing Address and ZIP Code The Hibben Bldg. 1055 St. Paul Place Cincinnati, OH 45202	April Rent Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/31/98	3,906.17
I. Full Name, Mailing Address and ZIP Code Ikon Office Solutions 6860 Ashfield Drive Cincinnati, OH 45242-4108	Copier Maintenance till 5/25/98 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/31/98	1,075.85

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE B

**ITEMIZED DISBURSEMENTS
(Operating Expenditures)**

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

PAGE 4 OF 4
FOR LINE NUMBER
21 b

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NAME OF COMMITTEE (In Full)

THE REPUBLICAN FINANCE COMMITTEE OF HAMILTON COUNTY

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
LCI International P.O. Box 85660 Louisville, KY 40285-5660	Long Distance Service Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/31/98	127.37
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Fifth Third Bank Fountain Square Plaza Cincinnati, OH 45263	Dec. 1997 Service Chg. Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/8/98	3.51
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

\$ 25,499.86

SCHEDULE B

ITEMIZED DISBURSEMENTS
(To Federal Candidates)

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

PAGE 1 OF 1
FOR LINE NUMBER
29

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NAME OF COMMITTEE (In Full)

THE REPUBLICAN FINANCE COMMITTEE OF HAMILTON COUNTY

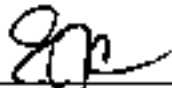
A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Voinovich for U.S. Senate Campaign 8 East Broad St. 8th Floor Columbus, OH 43215	Contribution for Fundraiser Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/4/98	1,000.00
B. Full Name, Mailing Address and ZIP Code Chabot for U.S. Congress 105 W. Fourth St., Suite 1133 Cincinnati, OH 45202	Purpose of Disbursement Campaign Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/31/98	500.00
C. Full Name, Mailing Address and ZIP Code Portman for U.S. Congress P.O. Box 2365 Cincinnati, OH 45201-2365	Purpose of Disbursement Campaign Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/31/98	500.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	
TOTAL This Period (last page this line number only)	2,000.00

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 4/14/98
<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	
 PREPARER	4/18/98 DATE PREPARED