

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

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USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (In full) Bob Wise for Congress Committee		2. FEC IDENTIFICATION NUMBER C00152603
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported. Po Box 5336		
CITY, STATE and ZIP CODE Charleston WV 25361	STATE/DISTRICT WV 2nd	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 _____ (Type of Election) election on _____ in the State of _____
- July 15 Quarterly Report
- October 15 Quarterly Report Thirtieth day report following the General Election on _____ in the State of _____
- January 31 Year End Report
- July 31 Mid-Year Report (Non-election Year Only) Termination Report

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

SUMMARY

5. Covering Period	COLUMN A This Period	COLUMN B Calendar Year-to-Date
7/1/97 through 12/31/97		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(a))	160,360.39	207,874.55
(b) Total Contribution Refunds (from Line 20(d))	2,000.00	2,000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	158,360.39	205,874.55
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	33,959.46	50,711.53
(b) Total Offsets to Operating Expenditures (from Line 14)	12.69	489.90
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	33,946.77	50,221.63
8. Cash on Hand at Close of Reporting Period (from Line 27)	207,409.23	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	-	
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 Bonita J Greenleaf	Date 1/15/98
Signature of Treasurer <i>Bonita J Greenleaf</i>	

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 3
(revised 4/87)

DETAILED SUMMARY PAGE

of Receipts and Disbursements

(Page 2, FEC FORM 3)

Name of Committee (In full)	Report Covering the Period:	
Bob Wise for Congress Committee	From: 7/1/77	To: 12/31/77
I. RECEIPTS	COLUMN A Total This Period	COLUMN B Calendar Year-To-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	79,952.33	
(ii) Unitemized	37,158.06	
(iii) Total of contributions from individuals	117,110.39	121,725.39
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)	43,250.00	86,149.16
(d) The Candidate		
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d))	160,360.39	207,874.55
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	-	-
13. LOANS:		
(a) Made or Guaranteed by the Candidate	-	-
(b) All Other Loans	-	-
(c) TOTAL LOANS (add 13(a) and (b))	-	-
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	12.69	489.90
15. OTHER RECEIPTS (Dividends, Interest, etc.)	535.43	988.28
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)	160,908.51	209,352.73
II. DISBURSEMENTS		
17. OPERATING EXPENDITURES	33,959.46	50,711.53
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES		
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate		
(b) Of All Other Loans		
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))		
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)	2,000.00	2,000.00
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))		
21. OTHER DISBURSEMENTS	10,100.00	10,600.00
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)	46,059.46	63,311.53

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	\$	92,560.18	
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)	\$	160,908.51	
25. SUBTOTAL (add Line 23 and Line 24)	\$	253,468.69	
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	\$	46,059.46	
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)	\$	207,409.23	

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 11 OF 17
FOR LINE NUMBER 11(a)(i)

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)

Bob Wise for Congress Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James Ahern 500 Silvercrest Terrace Dayton OH 45440	Ahern - Associates	11-17-97	400.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Engineer	Aggregate Year-to-Date > \$ 400.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert Berthold, JR 208 Capital St Chas. WV 25301	Berthold-Tiano	11-18-97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Attorney	Aggregate Year-to-Date > \$ 500.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dennis Bone 124 E. Ridge Rd. Chas. WV 25314	Bell Atlantic - WV	11-13-97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: President + CEO	Aggregate Year-to-Date > \$ 500.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
M. Ann Bradley 635 Holly Rd. Chas. WV 25314	Robinson + McElwee	11-18-97	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Lawyer	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 Breuer PO Box 44 Hico WV 25854	Mt. River Tours, Inc.	11-21-97	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Gen. Manager	Aggregate Year-to-Date > \$ 250.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William Bright PO Box 149 Summersville WV 26651	Bright of America	10-22-97	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Business Executive	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
Patricia Bright PO Box 149 Summersville WV 26651	—	10-22-97	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Homemaker	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)

4650.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 17
FOR LINE NUMBER 11(a)(1)

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 committees.

NAME OF COMMITTEE (in Full)

Bob Wise for Congress Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
K.W. Brill 2999 S. Detroit Way Denver CO 80210	Energy Corp. of America	11-21-97	1,000. ⁰⁰
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chairman of the Board	Aggregate Year-to-Date > \$ 1,000.00	
B. Full Name, Mailing Address and ZIP Code Guy Bucci 1 Gat Creek Rd Chas. WV 25314	Name of Employer Bucci + Chambers	Date (month, day, year) 11-18-97	Amount of Each Receipt this Period 1,000. ⁰⁰
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 1,000.00	
C. Full Name, Mailing Address and ZIP Code Linda Bucci 1 Gat Creek Rd Chas. WV 25314	Name of Employer —	Date (month, day, year) 11-18-97	Amount of Each Receipt this Period 1,000. ⁰⁰
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Housewife	Aggregate Year-to-Date > \$ 1,000.00	
D. Full Name, Mailing Address and ZIP Code Michael Burke PO Box 1938 Martinsburg WV 25402	Name of Employer Burke + Schultz	Date (month, day, year) 11-8-97	Amount of Each Receipt this Period 250. ⁰⁰
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 250.00	
E. Full Name, Mailing Address and ZIP Code Stuart Calwell 854 Edgewood Dr. Chas. WV 25302	Name of Employer Self	Date (month, day, year) 11-18-97	Amount of Each Receipt this Period 250. ⁰⁰
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 250.00	
F. Full Name, Mailing Address and ZIP Code Billie Cherry PO Box 736 Keystone WV 24852	Name of Employer Self	Date (month, day, year) 8-13-97	Amount of Each Receipt this Period 1,000. ⁰⁰
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Consultant	Aggregate Year-to-Date > \$ 1,000.00	
G. Full Name, Mailing Address and ZIP Code Terry Church PO Box 736 Keystone WV 24852	Name of Employer First Nat'l Bank of Keystone	Date (month, day, year) 8-13-97	Amount of Each Receipt this Period 1,000. ⁰⁰
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Senior VP	Aggregate Year-to-Date > \$ 1,000.00	

SUBTOTAL of Receipts This Page (optional)

5,500.⁰⁰

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 17
FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full)

Bob Wise for Congress Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Rodney Clay PO Box 5102 Chas. WV 25361	Green Mt. Co. Occupation: Manager	11-14-97	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Harry Dietzler 4910 Kanawha Ave. Chas. WV 25304	Hill, Peterson, Carper, Bee + Dietzler Occupation: Attorney	11-17-97	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
David Dickirson PO Box 1 Ripley WV 25271	Dickirson Corp. Occupation: President	11-14-97	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
Linda Dickirson PO Box 1 Ripley WV 25271	Jackson Co. Board of Education Occupation: Teacher	11-17-97	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
William Druckman 606 Virginia St E, Suite 100 Chas. WV 25301	Salsbery + Druckman Occupation: Attorney	11-18-97	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
Barbara Elswick 139 Susset Dr. Chas. WV 25301	King, Allen + Guthrie Occupation: Office Manager	11-17-97	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
P. R. Esposito 1265 Fairlawns Ave. Morgantown WV 26505	Fairmont State College Occupation: Professor	11-17-97 11-17-97	\$800.00 \$200.00
Receipt For: <input checked="" type="checkbox"/> Primary \$800 <input checked="" type="checkbox"/> General \$200 <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1200.00		

SUBTOTAL of Receipts This Page (optional)	6,250.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 4 OF 17

FOR LINE NUMBER 4(a)(i)

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NAME OF COMMITTEE (in full)
Bob Wise for Congress Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
E. Caroline Esposito 1265 Fairlawns Ave Morgantown WV 26505 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	PRI Occupation: Psychologist Aggregate Year-to-Date > \$ 1,000.00	11-17-97	1,000.00
Lee Feinberg 1609 Woodvale Dr. Chas. WV 25314 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: Spilman, Thomas, + Battle Occupation: Attorney Aggregate Year-to-Date > \$ 500.00	11-18-97	500.00
J. Steven Ferguson 1004 Vaughan Ave. Summersville WV 26651 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: North Side Land Co. Occupation: President, CPA Aggregate Year-to-Date > \$ 250.00	11-25-97	250.00
Jacob Freshwater PO Box 585 Spencer WV 25276 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: Contractor Sivas Inc Occupation: President Aggregate Year-to-Date > \$ 1,000.00	11-13-97	1,000.00
D.A. Freshwater 1015 Charleston Rd. Spencer WV 25276 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: Contractor Sivas Inc Occupation: CEO Aggregate Year-to-Date > \$ 1,000.00	11-13-97	1,000.00
Jack Fruth Rt 1 Box 332 Pt. Pleasant WV 25550 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: Fruth Pharmacies Occupation: Pharmacist Aggregate Year-to-Date > \$ 500.00	11-19-97	500.00
Frances Fruth Rt 1 Box 332 Pt. Pleasant WV 25550 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: — Occupation: Homemaker Aggregate Year-to-Date > \$ 500.00	11-19-97	500.00

SUBTOTAL of Receipts This Page (optional)	4,750.00
TOTAL This Period (last page this line number only)	4,750.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 5 OF 17
FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full)

Bob Wise for Congress Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Glenmark Holding LLC 1369 Stewartstown Rd Morgantown WV 26505	—	11-18-97	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input 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
Stephen Goodwin 1500 One Valley Square Chas. WV 25301	Self	11-17-97	400.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Attorney	Aggregate Year-to-Date > \$ 400.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kathleen Goodwin 7 Vail Drive Ripley WV 25271	Self	11-17-97	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Arts Volunteer	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
Phil Goodwin 3 Woodbeary Lane Chas. WV 25304	CAMC	11-17-97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Health Care Management	Aggregate Year-to-Date > \$ 500.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
R. Booth Goodwin 26 Downing St. Chas. WV 25301	Goodwin + Goodwin	11-18-97	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Attorney	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
Michael Graham 1804 Cherry Wood Lane Bluefield WV 24701	Keystone Mortgage Corp.	8-13-97	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Senior VP	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
George Guthrie 4603 Kanawha Ave. SE Chas. WV 25304	King, Betts & Allen	11-4-97	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: attorney	Aggregate Year-to-Date > \$ 1,000.00	

SUBTOTAL of Receipts This Page (optional)	\$ 5,900.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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PAGE 6 OF 17
FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in full)

Bob Wise for Congress Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mary Hamilton PO Box 1745 Lewisburg WV 24901	Self	10-13-97 11-17-97	250.00 250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Retailer	Aggregate Year-to-Date > \$ 500.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gregory Hartley 1915 Marquette Ave. Pt. Pleasant WV 25550	City Ice + Fuel Co.	11-19-97	400.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: OWNER	Aggregate Year-to-Date > \$ 400.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Art Hartley 2622 Mt. Vernon Ave. Pt. Pleasant WV 25550	City Ice + Fuel Co.	11-19-97	400.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: OWNER	Aggregate Year-to-Date > \$ 400.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Heater 614 Braxton St. Gassaway WV 26624	Go Mart, Inc.	10-30-97	200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Manager	Aggregate Year-to-Date > \$ 350.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jeffrey Hester 1011 Breckenridge Lane Winchester VA 22601	Hester Industries	11-14-97 11-17-97	1,000.00 800.00
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): \$1000 \$800	Occupation: President, CEO	Aggregate Year-to-Date > \$ 1800.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Patricia Hester 1011 Breckenridge Lane Winchester VA 22601	-	11-14-97	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Homemaker	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
Thomas Heywood 21 Carriage Rd. Chas WV 25314	Bowles, Rice, McDavid, Graff - Love	11-18-97	400.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Attorney	Aggregate Year-to-Date > \$ 400.00	

SUBTOTAL of Receipts This Page (optional)

4,700.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 7 OF 17
FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in full)

Bob Wise for Congress Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Hill, Peterson, Carper, Bee + Deitzler - P. LLC 500 Tracy Way Chas WV 25311	-	11-18-97	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: -	Aggregate Year-to-Date > \$ 1,000.00	
B. Full Name, Mailing Address and ZIP Code Mark Hrutkay PO Box 306 Logan WV 25601	Self	10-28-97	400.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Attorney	Aggregate Year-to-Date > \$ 400.00	
C. Full Name, Mailing Address and ZIP Code Russell Isaacs PO Box 441 Chas. WV 25322	Self	11-12-97	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Businessman	Aggregate Year-to-Date > \$ 1,000.00	
D. Full Name, Mailing Address and ZIP Code Dr. S.S. Jamie PO Box 10 Clay WV 25043	Self	11-13-97	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Physician	Aggregate Year-to-Date > \$ 1,000.00	
E. Full Name, Mailing Address and ZIP Code Shida Jamie PO Box 10 Clay WV 25043	S.S. Jamie, MD	11-13-97	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Medical Director	Aggregate Year-to-Date > \$ 1,000.00	
F. Full Name, Mailing Address and ZIP Code Mike Kelly, ESQ. PO Box 246 Chas WV 25321	Self	11-17-97	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Attorney	Aggregate Year-to-Date > \$ 250.00	
G. Full Name, Mailing Address and ZIP Code Bashar Khoury 1525 Dixie St Chas. WV 25311	WV PSC	11-18-97	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Utility Analyst	Aggregate Year-to-Date > \$ 250.00	

SUBTOTAL of Receipts This Page (optional)

4,900.00

TOTAL 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)

Bob Wise for Congress Committee

A. Full Name, Mailing Address and ZIP Code Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Vaughn Kiger PO Box 29 Morgantown WV 26507	Dorsey + Kiger Realtor	11-3-97	250.00
B. Full Name, Mailing Address and ZIP Code Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Ohio Valley Bank Banker	11-19-97	400.00
C. Full Name, Mailing Address and ZIP Code Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Goodwin + Goodwin Attorney	11-18-97	300.00
D. Full Name, Mailing Address and ZIP Code Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self Attorney	11-21-97	250.00
E. Full Name, Mailing Address and ZIP Code Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Martin + Siebert Attorney	11-7-97	1,000.00
F. Full Name, Mailing Address and ZIP Code Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self Attorney	11-25-97	1,000.00
G. Full Name, Mailing Address and ZIP Code Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	- Housewife	11-25-97	1,000.00

SUBTOTAL of Receipts This Page (optional)

4,200.00

TOTAL 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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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)
Bob Wise for Congress Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Randall McDavid 60 Parkview Dr. Poca WV 25159	Union Boiler Co.	11-17-97	1,000. ⁰⁰
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: President / CEO	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
William McKee, Jr. 14 Birch Tree Lane Chas WV 25314	Self	11-12-97	300. ⁰⁰
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CPA	Aggregate Year-to-Date > \$ 300. ⁰⁰	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Samuel McNeill 17 Stoneybrook Estates Pt. Pleasant WV 25550	Pleasant Valley Hospital	11-21-97	250. ⁰⁰
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Physician	Aggregate Year-to-Date > \$ 250. ⁰⁰	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Timothy Miller 701 Laurel Rd. Chas. WV 25314	Robinson + McEwee	11-17-97	250. ⁰⁰
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Lawyer	Aggregate Year-to-Date > \$ 250. ⁰⁰	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James Miller RR4 Box 325 Berkeley Springs WV 25411	-	11-17-97	300. ⁰⁰
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Retired	Aggregate Year-to-Date > \$ 300. ⁰⁰	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Spiro Mitias PO Box 115 Alum Creek WV 25003	WV PSC	11-18-97	1,000. ⁰⁰
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Utility Analyst	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
John Mork 4643 Ulster St. S, Suite 1100 Denver CO 80210	Eastern American Energy	11-21-97	1,000. ⁰⁰
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: President	Aggregate Year-to-Date > \$ 1,000. ⁰⁰	

SUBTOTAL of Receipts This Page (optional)	4,100. ⁰⁰
TOTAL This Period (last page this line number only)	

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ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

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NAME OF COMMITTEE (in Full)

Bob Wise for Congress Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Betty Sue Morris PO Box 397 Glennville WV 26351	-	11-19-97	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Homemaker	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
I L. Morris PO Box 397 Glennville WV 26351	Waco Oil Co.	11-19-97	800.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	11-5-97	200.00
	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
Harriet Nusbaum 2130 Presidential Dr. Chas. WV 25314	Charleston Surgicare	11-22-97	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CRNA	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
Edwin Pancake 608 Virginia St E Chas. WV 25301	Maroney, LC	11-17-97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 500.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Connie Perry 201 N. Washington St Berkeley Springs WV 25411	Self	11-7-97	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Real Estate Broker	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
Joseph Powell 45 Hillside Circle Scott Depot WV 25560	-	11-5-97	300.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	Aggregate Year-to-Date > \$ 300.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Roger Pritt 2558 Dudden Fork Rd. Kenra WV 25248	MTI Corp.	11-17-97	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Financial Manager	Aggregate Year-to-Date > \$ 250.00	

SUBTOTAL of Receipts This Page (optional)

5,050.00

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

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NAME OF COMMITTEE (In Full)

Bob Wise for Congress Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Philip A Reale PO Box 157 Glennville WV 26351	Self	11-18-97	1,000. ⁰⁰
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	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
F. Scott Rotruck Rt 7 Box 480 Morgantown WV 26505	Anker Energy Corp.	11-15-97	500. ⁰⁰
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP - Public Relations	Aggregate Year-to-Date > \$ 500.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard Rowe Rt 2 Box 209A Cottageville WV 25239	Goodwin & Goodwin	11-19-97	250. ⁰⁰
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Lawyer	Aggregate Year-to-Date > \$ 250.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Timothy Rutledge PO Box 323 Gilbert WV 25621	Gilbert Foodland	11-18-97	500. ⁰⁰
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner	Aggregate Year-to-Date > \$ 500.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
H.F. Salsbery 606 Virginia St E, Ste 100 Chas. WV 25301	Salsbery-Drackman	11-18-97	1,000. ⁰⁰
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	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
Scott Segal 810 Kanawha Blvd E Chas WV 25301	Self	11-17-97	1,000. ⁰⁰
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	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
Michael Sellards 509 Chandler Dr. Pt. Pleasant WV 25550	Pleasant Valley Hospital	11-13-97	1,000. ⁰⁰
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO	Aggregate Year-to-Date > \$ 1,000.00	

SUBTOTAL of Receipts This Page (optional)	5,250. ⁰⁰
TOTAL This Period (last page this line number only)	

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ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)

Bob Wise for Congress Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mukesh Shah 959 A Gordon Rd South Chas. WV 25303	Bio Chem Testing	11-29-97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Chemist	Aggregate Year-to-Date > \$ 500.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard Simon Rt 1 Box 18A Walkersville WV 26447	Tri County Health Clinic	11-18-97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Health Care Admin.	Aggregate Year-to-Date > \$ 500.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bailey Skidmore 90 Flatwoods Run Rd. Sutton WV 26601	-	11-17-97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Retired	Aggregate Year-to-Date > \$ 500.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Skidmore Airport Rd. Sutton WV 26601	John Skidmore Development Co.	11-17-97	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: owner	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
Suzanne Skidmore 325 McCoy Dr. Sutton WV 26601	Days Inn	11-97-97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Ass't. Manager	Aggregate Year-to-Date > \$ 500.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Randy Smith 3 Pinnell St. Ripley WV 25271	Ripley Dental Center	11-5-97	400.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Dentist	Aggregate Year-to-Date > \$ 400.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gregory Smith PO Box 150 Glennville, WV 26351	Smith Land Surveying Co.	11-18-97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Surveyor	Aggregate Year-to-Date > \$ 500.00	

SUBTOTAL of Receipts This Page (optional)

3,900.00

TOTAL 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)

Bob Wise for Congress Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bruce Sparks 2019 Ices Ferry Dr. Morgantown WV 26505	Anker Coal Group Inc	11-15-97	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: President / CEO	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
Jane R. Stein White Oaks Crossing, Box 477 Mooresfield WV 26836	Mooresfield Elementary	11-17-97	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Teacher	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
Thomas Stein, ED.D White Oaks Crossing, Box 477 Mooresfield, WV 26836	Self	11-17-97	900.00
Receipt For: <input checked="" type="checkbox"/> Primary \$900 <input checked="" type="checkbox"/> General \$100 <input type="checkbox"/> Other (specify):	Occupation: Psychologist	11-17-97	100.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jay Stern PO Box 8 Parkersburg WV 26102	Stern Bros. Inc	11-6-97	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Businessman	Aggregate Year-to-Date > \$ 250.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Wylie Stowers Rt 1 Box 192B West Hamlin WV 25571	Stowers + Son	11-19-97	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Owner	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
John Strickland 3410 Chesterfield Ave Chas. WV 25304	Maynard C. Smith Construction Co.	11-12-97	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date > \$ 250.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Susan Thompson 502 Woodbridge Chas WV 25311	Neurological Associates	11-17-97	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Personnel Manager	Aggregate Year-to-Date > \$ 1,000.00	

SUBTOTAL of Receipts This Page (optional)

5,500.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full)
Bob Wise for Congress Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kathryn VanWyk Rt 1 Box 247 Hedgesville WV 25427	Self	11-3-97	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Editor, Writer, Photographer	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
Bruce VanWyk Rt 1 Box 247 Hedgesville WV 25427	VanWyk Enterprises	11-3-97	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: President	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
J. Robert Weaver 608 Virginia St E Chas WV 25301	Maroney, LC	11-18-97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Attorney	Aggregate Year-to-Date > \$ 500.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lee Wesson HC 81 - Box 73A Springfield WV 26763	Peach Music + Amusement Co.	11-17-97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: owner	Aggregate Year-to-Date > \$ 500.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Timothy Wilcox 1720 Rolling Hills Circle Chas. WV 25314	Southern Public Service Co.	11-17-97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: President	Aggregate Year-to-Date > \$ 500.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William E Watson + Assoc. 800 Main St Wellsburg WV 26070	Self (Sole Proprietorship)	11-17-97	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): \$1000 \$1000	Occupation: Attorney	11-17-97	1,000.00
	Aggregate Year-to-Date > \$ 2,000.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert Williams 608 Virginia St E Chas WV 25301	Maroney LC	11-18-97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Attorney	Aggregate Year-to-Date > \$ 500.00	

SUBTOTAL of Receipts This Page (optional)

6,000.00

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NAME OF COMMITTEE (In Full)

Bob Wise for Congress Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Elizabeth J. Wilson 10 Downing St. Charleston WV 25301	self Occupation: writer	11-12-97	1,000. ⁰⁰
Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	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
James Arnold PO Box 3842 Charleston WV 25338	Farmer, Cline + Arnold, PLLC Occupation: Attorney	12-17-97	1,000. ⁰⁰
Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	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
Phyllis Arnold PO Box 3842 Charleston WV 25338	One Valley Bank Occupation: President/CEO	12-17-97	1,000. ⁰⁰
Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	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
F.T. Graff, JR. PO Box 1386 Chas WV 25325	Bowles, Rice, McDavid, Graff + Love Occupation: Attorney	12-18-97	250. ⁰⁰
Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Aggregate Year-to-Date > \$ 250.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard Grant, SR. 2100 Presidential Dr. Chas WV 25314	Mountaineer Gas Occupation: Executive	12-19-97	1,000. ⁰⁰
Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	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
Clint Hunt PO Box 3067 Chas WV 25331	Clint Hunt + Assoc Inc Occupation: President	12-16-97	1,000. ⁰⁰
Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	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
Connie Perry 201 N. Washl St. Berkeley Springs WV 25411	Self Occupation: Real Estate Broker	12-19-97	50. ⁰⁰
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Aggregate Year-to-Date > \$ 1050.00		

SUBTOTAL of Receipts This Page (optional)

5300.⁰⁰

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 16 OF 17

FOR LINE NUMBER 11/9/11

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)

Bob Wise for Congress Committee

A. Full Name, Mailing Address and ZIP Code Butch Pennington Edwin Miller Blvd Martinsburg WV 25401	Name of Employer Pennington's Auto Center Occupation owner	Date (month, day, year) 12-18-97	Amount of Each Receipt this Period 202.33 IN KIND
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > \$			
B. Full Name, Mailing Address and ZIP Code Robert McMillan 210 N. Georgia Ave. Martinsburg WV 25401	Name of Employer Jefferson Distributing Company Occupation Beer Wholesaler	Date (month, day, year) 12-18-97	Amount of Each Receipt this Period 1,000. ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > \$ 1,000.00			
C. Full Name, Mailing Address and ZIP Code A. Michael Perry 3350 Harvey Rd Huntington WV 25704	Name of Employer Bank One Occupation Chairman	Date (month, day, year) 12-20-97	Amount of Each Receipt this Period 500. ⁰⁰
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > \$ 500.00			
D. Full Name, Mailing Address and ZIP Code R.H. Peters Realty P.O. Box 445 Hurricane WV 25526	Name of Employer R.H. Peters Chevrolet + R.H. Peters Ford Occupation Dealer/operator	Date (month, day, year) 12-20-97	Amount of Each Receipt this Period 300. ⁰⁰
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > \$ 300.00			
E. Full Name, Mailing Address and ZIP Code Steven Williams 137 Ashford Dr Bridgeport WV 26330	Name of Employer Petroleum Development Corp. Occupation President	Date (month, day, year) 12/31/97	Amount of Each Receipt this Period 500. ⁰⁰
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > \$ 500.00			
F. Full Name, Mailing Address and ZIP Code Dale Rettinger PO Box 26 Bridgeport WV 26330	Name of Employer Petroleum Development Corp. Occupation CFO	Date (month, day, year) 12/31/97	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			
G. Full Name, Mailing Address and ZIP Code James Ryan PO Box 26 Bridgeport WV 26330	Name of Employer Petroleum Development Corp. Occupation Chairman of the Board	Date (month, day, year) 12/31/97	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			

SUBTOTAL of Receipts This Page (optional)	3002.33
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 17 OF 17
FOR LINE NUMBER 11910

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)

Bob Wise for Congress Committee

<p>A. Full Name, Mailing Address and ZIP Code Rhoda Mitias PO Box 115 Alum Creek WV 25003</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Citgo</p> <p>Occupation Owner/Manager</p> <p>Aggregate Year-to-Date \$ 1,000.00</p>	<p>Date (month, day, year) 12-30-97</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>B. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date \$ 5</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>C. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>D. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date \$ 5</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>E. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>F. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>G. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>1000.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p>79,952.33</p>

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 5

FOR LINE NUMBER

1110

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)

Bob Wise for Congress Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Aluminum Assoc. PAC 900 19th St Wash DC 20006		11-5-97	100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 100.00	
B. Full Name, Mailing Address and ZIP Code Amalgamated Transit Union Cape 5025 Wisconsin Ave NW Wash DC 20016		9-4-97	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,000.00	
C. Full Name, Mailing Address and ZIP Code Amer. Hospital Assoc. PAC 325 Seventh St NW Wash DC 20004		11-17-97	400.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 400.00	
D. Full Name, Mailing Address and ZIP Code Amer. Dental PAC 1111 14th St NW, Suite 1100 Wash DC 20005		12-3-97	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,000.00	
E. Full Name, Mailing Address and ZIP Code Amer. Fed. of Teachers COPE 555 New Jersey Ave NW Wash DC 20001		12-4-97	2,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 2,000	
F. Full Name, Mailing Address and ZIP Code Bank One PAC 100 E. Broad St Columbus OH 43271		8-11-97 12-20-97 12-20-97	500.00 500.00 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,500.00	
G. Full Name, Mailing Address and ZIP Code Bank PAC 1120 Conn. Ave. NW WASH DC 20036		8-11-97 11-17-97	1,000.00 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,500.00	

SUBTOTAL of Receipts This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 5

FOR LINE NUMBER

11(c)

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)

Bob Wise for Congress Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bell Atlantic PAC 1717 Arch St, 46 W Philadelphia PA 19103		12-4-97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input 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
Boilermakers-Blacksmiths LEAP 319 Glenwood Rd Rossford OH 43460		11-17-97	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1500.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Brotherhood of Locomotive Engrs. PAC 1370 Ontario St Cleveland OH 44113		11-29-97 12-23-97	1,000.00 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 3,000.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Columbia Employees Pol. Action Fund 1700 MacCorkle Ave SE Charleston WV 25314		11-17-97	4,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 4,500.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Comm. on Letter Carriers Pol. Ed. 100 Indiana Ave NW Wash DC 20001		10-15-97	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input 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
CONCEPT 445 W. Main St Clarksburg WV 26301		11-17-97	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input 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
CONPAC Po Box 2545 Pittsburgh PA 15320		12-5-97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500.00	

SUBTOTAL of Receipts This Page (optional)

10,000.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 5

FOR LINE NUMBER 11(C)

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NAME OF COMMITTEE (in Full)

Bob Wise for Congress Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Consolidated Freightways Inc PAC 3240 Hillview Ave Palo Alto CA 94304 Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Occupation Aggregate Year-to-Date > \$ 500.00	10-2-97	500.00
B. Full Name, Mailing Address and ZIP Code CWA-COPE PCC 501 3rd St NW Wash DC 20001 Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Name of Employer Occupation Aggregate Year-to-Date > \$ 3,500.00	Date (month, day, year) 12-15-97	Amount of Each Receipt this Period 2000.00
C. Full Name, Mailing Address and ZIP Code CWA-District 2 PEC 8611 Second Ave Third Floor Silver Spring MD 20910 Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Name of Employer Refunded 12-10-97 Occupation Aggregate Year-to-Date > \$ Refunded-NET 10	Date (month, day, year) 11-17-97	Amount of Each Receipt this Period 2,000.00
D. Full Name, Mailing Address and ZIP Code CYMAX PAC PO Box 3299 Englewood CO 80112 Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Name of Employer Occupation Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 10-15-97	Amount of Each Receipt this Period 1,000.00
E. Full Name, Mailing Address and ZIP Code IBEW-COPE 1125 15th St NW Wash DC 20005 Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Name of Employer Occupation Aggregate Year-to-Date > \$ 2,000.00	Date (month, day, year) 12-18-97	Amount of Each Receipt this Period 1,000.00
F. Full Name, Mailing Address and ZIP Code Laborer's Pol. League 905 16th St NW Wash DC 20006 Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Name of Employer Occupation Aggregate Year-to-Date > \$ 3,000.00	Date (month, day, year) 8-12-97 11-17-97	Amount of Each Receipt this Period 2,000.00 500.00
G. Full Name, Mailing Address and ZIP Code Maintenance of Way Pol. League 26555 Evergreen Rd Suite 200 Southfield MI 48076 Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Name of Employer Occupation Aggregate Year-to-Date > \$ 2,500.00	Date (month, day, year) 12-1-97	Amount of Each Receipt this Period 2,000.00

SUBTOTAL of Receipts This Page (optional)

11000.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 4 OF 5
FOR LINE NUMBER 111C

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NAME OF COMMITTEE (In Full)

Bob Wise for Congress Committee

A. Full Name, Mailing Address and ZIP Code
Nat'l League of Postmasters PAC
1023 N. Royal St
Alexandria VA 22314

Name of Employer

Date (month, day, year)
9-15-97

Amount of Each Receipt this Period
500.00

Receipt For: Primary General
 Other (specify):

Occupation

Aggregate Year-to-Date > \$ 500.00

B. Full Name, Mailing Address and ZIP Code
NEA - PAC
1201 16th St NW
Wash DC 20036

Name of Employer

Date (month, day, year)
11-17-97

Amount of Each Receipt this Period
1,000.00

Receipt For: Primary General
 Other (specify):

Occupation

Aggregate Year-to-Date > \$ 1,500.00

C. Full Name, Mailing Address and ZIP Code
OCAWIU - COPE
2722 Merrilee Dr. Suite 250
Fairfax VA 22031

Name of Employer

Date (month, day, year)
9-23-97

Amount of Each Receipt this Period
500.00

Receipt For: Primary General
 Other (specify):

Occupation

Aggregate Year-to-Date > \$ 500.00

D. Full Name, Mailing Address and ZIP Code
Peoples Natural Gas Co.
Empl. Pol. Involvement Comm.
625 Liberty Ave.
Pittsburgh PA 15222

Name of Employer

Date (month, day, year)
11-17-97

Amount of Each Receipt this Period
250.00

Receipt For: Primary General
 Other (specify):

Occupation

Aggregate Year-to-Date > \$ 250.00

E. Full Name, Mailing Address and ZIP Code
Responsible Citizens Pol. League
3 Research Place
Hockville MD 20850

Name of Employer

Date (month, day, year)
11-21-97
12-31-97

Amount of Each Receipt this Period
1,000.00
2,000.00

Receipt For: Primary General
 Other (specify):

Occupation

Aggregate Year-to-Date > \$ 3,500.00

F. Full Name, Mailing Address and ZIP Code
East Ohio Gas Group Vol. Good
1717 E 9th St. Room 834
Cleveland OH 44114

Name of Employer

Date (month, day, year)
12-15-97

Amount of Each Receipt this Period
500.00

Receipt For: Primary General
 Other (specify):

Occupation

Aggregate Year-to-Date > \$ 500.00

G. Full Name, Mailing Address and ZIP Code
UAW VCAP
8000 E. Jefferson
Detroit MI 48214

Name of Employer

Date (month, day, year)
12-11-97

Amount of Each Receipt this Period
2,500.00

Receipt For: Primary General
 Other (specify):

Occupation

Aggregate Year-to-Date > \$ 3,000.00

SUBTOTAL of Receipts This Page (optional)

8,250.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 5 OF 5

FOR LINE NUMBER

11/0

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NAME OF COMMITTEE (In Full)

Bob Wise for Congress Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FIREPAC 1750 New York Ave NW Wash DC 20006		12-20-97	1,000. ⁰⁰
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,000.00	
B. Full Name, Mailing Address and ZIP Code Dealers Election Action Comm. of Nat'l Auto Dealers Assoc. 8400 Westpark Dr. Mc Clean VA 22102		12/23/97	2500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 2,500.00	
C. Full Name, Mailing Address and ZIP Code United Phac Workers of America 900 15th St NW COMPAC Wash DC 20005		12-31-97	3000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 3,500.00	
D. Full Name, Mailing Address and ZIP Code			
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			
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			
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			
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)

6500.00

TOTAL This Period (last page this line number only)

43,250.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 15

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NAME OF COMMITTEE (in Full)

Bob Wise for Congress Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
One Valley Bank One Valley Square Chas. WV	Interest Earned	7-31-97	75.81
		8-31-97	75.63
	Occupation	9-30-97	70.08
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
		10-31-97	64.37
		11-30-97	89.14
	Occupation	12-31-97	160.38
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

535.43

SCHEDULE B

ITEMIZED DISBURSEMENTS

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)

Bob Wise for Congress Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Anchor Tobacco 605 Capitol St Chas. WV 25301	Candy	9-23-97	682.24
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	10-17-97	312.00
	<input type="checkbox"/> Other (specify)	11-14-97	156.00
B. Full Name, Mailing Address and ZIP Code Bankcard Center PO Box 1913 Chas. WV 25327	Purpose of Disbursement: <i>Mask cards</i> Fundraising + <i>Internet expenses</i>	Date (month, day, year) 7-7-97	Amount of Each Disbursement This Period 100.86
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	8-15-97	310.95
	<input type="checkbox"/> Other (specify)	9-1-97	682.54
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement: Including \$299 to USAIR for Airtravel	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: <i>all other expenses are less than \$200 aggregate YTD - PER VENDOR.</i>	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 Bell Atlantic PO Box 17398 Baltimore MD 21297	Purpose of Disbursement: Phone, incl. deposits	Date (month, day, year) 9-5-97	Amount of Each Disbursement This Period 700.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	10-16-97	62.46
	<input type="checkbox"/> Other (specify)	11-14-97	542.71
F. Full Name, Mailing Address and ZIP Code Betty Jane Hissom P.O. Box 6604 Charleston WV 25362	Purpose of Disbursement: Net Wages	Date (month, day, year) 7-25-97	Amount of Each Disbursement This Period 357.10
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	8-25-97	357.10
	<input type="checkbox"/> Other (specify)	9-23-97	357.10
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year) 10-22-97	Amount of Each Disbursement This Period 357.10
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	11-24-97	357.10
	<input type="checkbox"/> Other (specify)	12-10-97	357.10
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement: Mileage	Date (month, day, year) 7-25-97	Amount of Each Disbursement This Period 109.46
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	8-25-97	69.68
	<input type="checkbox"/> Other (specify)	9-23-97	131.15
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year) 10-22-97	Amount of Each Disbursement This Period 178.88
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	11-28-97	62.40
	<input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	6601.03
TOTAL 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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FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

Bob Wise for Congress Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bob Wise 101 Gabe Rd. Clendenin WV 25045	Mileage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-7-97	439.14
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Cellular One PO Box 64099 Baltimore MD 21264	Phone Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-1-97 21.97 8-15-97 9-5-97 8-15-97	170.62 52.69 41.46 35.25 344.87
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
↓	↓	8-10-97 10-21-97 9-21-97 11-28-97 10-16-97	41.25 236.95 292.01 181.97 41.15
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
CH Montgomery PO Box 3312 Chas WV 25333	Design, Printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-24-97 11-14-97	402.80 386.90
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Charleston Civic Center 200 Civic Center Dr Charleston WV 25301	Conference Room Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-7-97	424.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Designed Telecommunications 901 Russell Dr. Salem VA 24153	Installation Phones Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-24-97	238.38
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Janet Boston 102 Arlington Ave. Chas. WV 25302	Net Wages, Mileage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-17-97 10-23-97 11-2-97 11-15-97	299.72 382.98 291.23 353.52
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
↓	↓	11-28-97 11-28-97 12-18-97 12-18-97	79.30 153.01 394.55 60.06
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Kinko's P.O. Box 105522 Atlanta GA 38348	Photocopies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-14-97	225.76

SUBTOTAL of Disbursements This Page (optional)

5569.07

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 3 OF 5
FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

Bob Wise for Congress Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
National Travel 1063 Town Center Charleston WV 25301	Air Travel Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-4-97	698.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Ohio Carpenters Health & Welfare 6281 Youngstown-Warren Rd Ste 240 Niles OH	Insurance Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-5-97 11-7-97	622.98 751.98
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
One Valley Bank One Valley Square Chas. WV 25301	Federal Taxes Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-0-97 11-3-97 8-13-97 10-3-97 9-5-97 12-2-97	120.26 61.20 61.20 576.88 61.20 539.53
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
OV Smith + Sons Big Chimney Station Big Chimney WV 25302	Rent Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-1-97 9-29-97 10-28-97 11-28-97	400.00 400.00 400.00 400.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Plante + Associates, Inc. P.O. Box 12015 Chas. WV 25302	Consultant Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-21-97	1,000.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Sam's Wholesale Club 2500 Mountaineer Blvd. Chas WV 25309	Candy, office supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-17-97 10-17-97 10-22-97	169.33 58.30 10.60
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Sprint Spectrum P.O. Box 341140 Bethesda MD 20827	Phone Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-8-97 10-17-97 11-18-97	220.51 416.00 174.42
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Staples 2810 Mountaineer Blvd. Charleston WV 25309	Office Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8-3-97 10-22-97 10-8-97 11-8-97 10-17-97 12-3-97	180.70 66.59 52.80 12.38 296.01 27.39
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Stuart Slaven PO Box 2132 Shepherdstown WV 25443	Mileage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-2-97 11-2-97 8-21-97 11-2-97 10-5-97	270.40 163.80 67.60 252.72 249.60

SUBTOTAL of Disbursements This Page (optional)

8782.38

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 4 of 5

FOR LINE NUMBER

17

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NAME OF COMMITTEE (In Full)

Bob Wise for Congress Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Susan Small-Plante 1503 Viewmont Drive Chas. WV 25302	Net wages	10-31-97	697.79
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-30-97	870.18
B. Full Name, Mailing Address and ZIP Code	Mileage	10-22-97	125.32
		12-4-97	54.08
		7-28-97	315.74
		9-19-97	253.62
C. Full Name, Mailing Address and ZIP Code	Stickers Hats	9-1-97	2,334.00
		9-24-97	3,521.56
D. Full Name, Mailing Address and ZIP Code	Mileage	11-17-97	79.05
		12-18-97	196.88
E. Full Name, Mailing Address and ZIP Code	Postage	7-7-97	34.77
		7-30-97	7.38
		8-15-97	29.00
		10-24-97	1485.00
F. Full Name, Mailing Address and ZIP Code		10-29-97	154.60
		11-4-97	108.00
		11-12-97	96.00
		11-14-97	32.00
G. Full Name, Mailing Address and ZIP Code		12-2-97	128.00
		12-8-97	9.17
		12-18-97	96.00
H. Full Name, Mailing Address and ZIP Code	Taxes	7-10-97	45.90
		10-17-97	22.80
I. Full Name, Mailing Address and ZIP Code	State Taxes	12-10-97	73.77
		7-10-97	1230
		7-10-97	28.85
		8-13-97	1230

SUBTOTAL of Disbursements This Page (optional)

10919.83

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 5 OF 5

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NAME OF COMMITTEE (In Full)

Bob Wise for Congress Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Refreshments at Fund Raiser 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
Butch Pennington Edwin Miller Blvd. Martinsburg WV 25401		12-18-97	202.33 IN KIND
B. 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
C. 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
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)	202.33
TOTAL This Period (last page this line number only)	32,074.64

Unitemized: 1884.82

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1

FOR LINE NUMBER

20 (0)

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NAME OF COMMITTEE (In Full)

Bob Wise for Congress Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
CWA District 2 PEC 8611 Second Ave Third Floor Silver Spring MD 20910	Refund of Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12-10-97	2,000.00
B. 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
C. 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
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)

2,000.00

TOTAL This Period (last page this line number only)

2,000.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1

FOR LINE NUMBER 21

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NAME OF COMMITTEE (In Full)

Bob Wise for Congress Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
DCCC 430 S. Capitol St Wash DC 20003	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-3-97	5000.00
B. Full Name, Mailing Address and ZIP Code WV State Dem. Exec. Comm. 405 Capitol St Chas WV 25301	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-14-97 7-25-97 9-29-97 10-26-97	2500.00 175.00 735.00 1390.00
C. Full Name, Mailing Address and ZIP Code ↓	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-26-97	100.00
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)

10,100.00

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
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<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	2/5/98 DATE PREPARED