

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

ADDRESS (number and street) PO Box 600
 Check if different than previously reported. (ACC)
Hebron OH 43025 0600

2. **FEC IDENTIFICATION NUMBER** C00288324
CITY **STATE** **ZIP CODE** **STATE** **DISTRICT**
3. IS THIS REPORT NEW (N) OR AMENDED (A)
OH 18

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

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

5. Covering Period 04 13 2006 through 06 30 2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Terrence Lee

Signature of Treasurer Electronically Filed by Terrence Lee Date 07 22 2006

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

BOB NEY FOR CONGRESS

Report Covering the Period:

From:

| | |
|---|---|
| M | M |
| 0 | 4 |

| | |
|---|---|
| D | D |
| 1 | 3 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

 To:

| | |
|---|---|
| M | M |
| 0 | 6 |

| | |
|---|---|
| D | D |
| 3 | 0 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

| | COLUMN A This Period | COLUMN B Election Cycle-to-Date |
|---|-------------------------|------------------------------------|
| 6. Net Contributions (other than loans) | | |
| (a) Total Contributions (other than loans) (from Line 11(e))..... | 123520.24 | 1315209.65 |
| (b) Total Contribution Refunds (from Line 20(d))..... | 500.00 | 7936.20 |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))..... | 123020.24 | 1307273.45 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17)..... | 176516.88 | 1062082.72 |
| (b) Total Offsets to Operating Expenditures (from Line 14)..... | 321.47 | 4956.71 |
| (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))..... | 176195.41 | 1057126.01 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)..... | 419517.91 | |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)..... | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)..... | 0.00 | |

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name
BOB NEY FOR CONGRESS

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 4 |

| | |
|---|---|
| D | D |
| 1 | 3 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

 To:

| | |
|---|---|
| M | M |
| 0 | 6 |

| | |
|---|---|
| D | D |
| 3 | 0 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

| I. RECEIPTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|--|--------------------------------------|---|
| 11. CONTRIBUTIONS (other than loans) FROM: | | |
| (a) Individuals/Persons Other Than Political Committees | 43775.00 | 347971.02 |
| (i) Itemized (use Schedule A)..... | 10995.24 | 63423.62 |
| (ii) Unitemized..... | 54770.24 | 411394.64 |
| (iii) TOTAL of contributions from individuals..... ▶ | 700.00 | 4195.83 |
| (b) Political Party Committees..... | 68050.00 | 899619.18 |
| (c) Other Political Committees (such as PACS)..... | 0.00 | 0.00 |
| (d) The Candidate..... | 123520.24 | 1315209.65 |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d)) | | |
| 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES..... | 0.00 | 0.00 |
| 13. LOANS | | |
| (a) Made or Guaranteed by the Candidate..... | 0.00 | 0.00 |
| (b) All Other Loans..... | 0.00 | 0.00 |
| (c) TOTAL LOANS (add Lines 13(a) and (b))..... | 0.00 | 0.00 |
| 14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)..... | 321.47 | 4956.71 |
| 15. OTHER RECEIPTS (Dividends, Interest, etc.)..... | 916.48 | 4383.11 |
| 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶ | 124758.19 | 1324549.47 |

DETAILED SUMMARY PAGE
of Disbursements

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|--|---------------------------------------|--|
| 17. OPERATING EXPENDITURES..... | 176516.88 | 1062082.72 |
| 18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES..... | 0.00 | 0.00 |
| 19. LOAN REPAYMENTS: | | |
| (a) Of Loans Made or Guaranteed by the Candidate..... | 0.00 | 0.00 |
| (b) Of all Other Loans..... | 0.00 | 0.00 |
| (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))..... | 0.00 | 0.00 |
| 20. REFUNDS OF CONTRIBUTIONS TO: | | |
| (a) Individuals/Persons Other Than Political Committees..... | 0.00 | 6000.00 |
| (b) Political Party Committees..... | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 500.00 | 1936.20 |
| (d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))..... | 500.00 | 7936.20 |
| 21. OTHER DISBURSEMENTS..... | 0.00 | 750.00 |
| 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶ | 177016.88 | 1070768.92 |

III. CASH SUMMARY

| | |
|---|-----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 471776.60 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3)..... | 124758.19 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 596534.79 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 177016.88 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)..... | 419517.91 |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 5 / 144 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. Mr. Corey R Lewandowski | | Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 6 |
| Mailing Address 360 Coolidge Ave | | Transaction ID: 0012116 |
| City State Zip Code Manchester NH 03102-3286 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer N England Seafood Produce- rs Assoc | Occupation Director Gov. Relations | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1000.00 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Mr. Jack O. Cartner | | Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 6 |
| Mailing Address PO Box 827 | | Transaction ID: 0012121 |
| City State Zip Code Cambridge OH 43725-0827 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer Motrim Incorporated | Occupation President | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 500.00 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. Ms. Patricia Evans Coppel | | Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 6 |
| Mailing Address 2 Ridge Dr | | Transaction ID: 0012128 |
| City State Zip Code Chillicothe OH 45601-1146 | Amount of Each Receipt this Period 50.00 | |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer N/A | Occupation Housewife | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 300.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1300.00 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 6 / 144 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mrs. Jody L Fry

Mailing Address 106 Applewood Dr

City State Zip Code
Chillicothe OH 45601-1907

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

Name of Employer Scioto Township Occupation Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 700.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 7 / 2 0 0 6

Transaction ID: 0012129

Amount of Each Receipt this Period
50.00

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

B. Full Name (Last, First, Middle Initial)
Allan Daniels

Mailing Address 43902 Woodward Ave Ste 20

City State Zip Code
Bloomfield MI 48302-5023

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

Name of Employer Self Employed Occupation Business Owner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 0 6

Transaction ID: 0012149

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Jim Howard Brown, Jr.

Mailing Address 9804 39th Dr NE

City State Zip Code
Marysville WA 98270-9100

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

Name of Employer Self Employed Occupation Business Owner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 0 6

Transaction ID: 0012150

Amount of Each Receipt this Period
250.00

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

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 550.00 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 7 / 144 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. Mr. A. W. Pickel | | Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 6 |
| Mailing Address 13604 W 54th St | | Transaction ID: 0012151 |
| City Shawnee Msn | State KS | Zip Code 66216-5110 |
| Amount of Each Receipt this Period 250.00 | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Self Employed | Occupation Business Owner | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 250.00 | |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. Melody H. Fennel | | Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 6 |
| Mailing Address 2000 L St NW Ste 350 | | Transaction ID: 0012152 |
| City Washington | State DC | Zip Code 20036-4907 |
| Amount of Each Receipt this Period 250.00 | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Fennel Consulting, LLC | Occupation Owner | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 500.00 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. Connie L. Lausten | | Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 6 |
| Mailing Address 4308 Brandywine St NW | | Transaction ID: 0012171 |
| City Washington | State DC | Zip Code 20016-4530 |
| Amount of Each Receipt this Period 500.00 | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer National Grid | Occupation Mgr. Federal Affairs | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1020.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1000.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 8 / 144 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. Richard M Robinson

Mailing Address 229 N Bridge St

City State Zip Code
Newcomerstown OH 43832-1005

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

Name of Employer N/A Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
05 / 01 / 2006

Transaction ID: 0012189

Amount of Each Receipt this Period
100.00

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

B. Full Name (Last, First, Middle Initial)
Nancy A. Baker

Mailing Address 550 Ridgewood Ln

City State Zip Code
Cambridge OH 43725-2151

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

Name of Employer N/A Occupation Housewife

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
05 / 01 / 2006

Transaction ID: 0012201

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Dr. James A. Karłowicz, DDS

Mailing Address 1401 Parkdale Drive

City State Zip Code
Dover OH 44622

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

Name of Employer Self Employed Occupation Dentist

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1750.00

Date of Receipt
MM / DD / YYYY
05 / 01 / 2006

Transaction ID: 0012203

Amount of Each Receipt this Period
500.00

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

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1100.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 9 / 144 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. William James Steils

Mailing Address 60916 Stewart Rd

City State Zip Code
Cambridge OH 43725-8629

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

Name of Employer Retired Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **300.00**

Date of Receipt
M M / D D / Y Y Y Y
05 / 01 / 2006

Transaction ID: 0012210

Amount of Each Receipt this Period
50.00

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

B. Full Name (Last, First, Middle Initial)
Ms. Kate C. Thompson

Mailing Address PO Box 221

City State Zip Code
Prt Washngtn OH 43837-0221

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

Name of Employer N/A Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **300.00**

Date of Receipt
M M / D D / Y Y Y Y
05 / 02 / 2006

Transaction ID: 0012214

Amount of Each Receipt this Period
100.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Steve Sorvalis

Mailing Address 206 Harbel Dr

City State Zip Code
St Clairsvle OH 43950-1008

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

Name of Employer Self Employed Occupation Restaurant Owner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **1000.00**

Date of Receipt
M M / D D / Y Y Y Y
05 / 02 / 2006

Transaction ID: 0012216

Amount of Each Receipt this Period
250.00

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

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 400.00 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 10 / 144 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mrs. Paula Jean Whiteside

Mailing Address 48368 Summit Dr

City State Zip Code
St Clairsvle OH 43950-9400

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

Name of Employer Occupation
Whiteside Auto Dealers Auto Dealer

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 2 / 2 0 0 6

Transaction ID: 0012217

Amount of Each Receipt this Period
100.00

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

B. Full Name (Last, First, Middle Initial)
Joseph Facello

Mailing Address 109 Woodrow Ave

City State Zip Code
St Clairsvle OH 43950-1566

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

Name of Employer Occupation
N/A Retired

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 2 / 2 0 0 6

Transaction ID: 0012240

Amount of Each Receipt this Period
50.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Edwin F. Mulligan

Mailing Address 885 Sheridan Rd

City State Zip Code
Coshocton OH 43812-2744

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

Name of Employer Occupation
N/A Retired

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 2 / 2 0 0 6

Transaction ID: 0012245

Amount of Each Receipt this Period
100.00

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

SUBTOTAL of Receipts This Page (optional) ► **250.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 11 / 144 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) A. Mr. Michael G. Maistros | | Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 6 | |
| Mailing Address 101 Windermere Dr | | Transaction ID: 0012249 | |
| City State Zip Code St. Clairsville OH 43950 | Amount of Each Receipt this Period 100.00 | | |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer N/A Occupation Retired | Election Cycle-to-Date 500.00 | | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. Patrick E. O'Donnell | | Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 6 | |
| Mailing Address 4026 Glenridge St | | Transaction ID: 0012256 | |
| City State Zip Code Kensington MD 20895-3707 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Venable LLP Occupation Attorney | Election Cycle-to-Date 500.00 | | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) C. Mr. Thomas B. Whatman | | Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 6 | |
| Mailing Address 3053 Meadowsglen Ct | | Transaction ID: 0012258 | |
| City State Zip Code Dublin OH 43017-1851 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Strategic Public Partners Occupation Lobbyist | Election Cycle-to-Date 1500.00 | | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |

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|--|---------|
| SUBTOTAL of Receipts This Page (optional) | 1600.00 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 12 / 144 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. Mr. John Edward Capers, III | | Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 6 |
| Mailing Address 62534 US Hwy 50 | | Transaction ID: 0012259 |
| City State Zip Code Mc Arthur OH 45651-8414 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Occupation Austin Powder Technical Manager | Election Cycle-to-Date ▼ 700.00 | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. Mr. J. Gary Watson | | Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 6 |
| Mailing Address 58676 Marietta Rd | | Transaction ID: 0012265 |
| City State Zip Code Byesville OH 43723-9452 | Amount of Each Receipt this Period 100.00 | |
| FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Occupation Self Employed Farmer | Election Cycle-to-Date ▼ 450.00 | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. Mr. Joseph M. Carson, Jr | | Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 6 |
| Mailing Address 101 Walnut Ave | | Transaction ID: 0012267 |
| City State Zip Code St Clairsvle OH 43950-1702 | Amount of Each Receipt this Period 100.00 | |
| FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Occupation N/A Retired | Election Cycle-to-Date ▼ 500.00 | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 450.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 13 / 144 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) A. Dr. Michael David Derosa | | Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 6 | |
| Mailing Address 69309 Lee Rd | | Transaction ID: 0012275 | |
| City State Zip Code St Clairsvle OH 43950-7712 | | Amount of Each Receipt this Period 100.00 | |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Occupation Self Employed Dentist | | | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ 400.00 | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. Jeremy Malcolm McLendon | | Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 0 / 2 0 0 6 | |
| Mailing Address 3490 S River Rd | | Transaction ID: 0012290 | |
| City State Zip Code Zanesville OH 43701-6971 | | Amount of Each Receipt this Period 50.00 | |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Occupation Micheli, Baldwin, Northrup LLP Attorney | | | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ 420.00 | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. Wendel Edward Dreve | | Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 0 / 2 0 0 6 | |
| Mailing Address 9665 Young America Rd | | Transaction ID: 0012297 | |
| City State Zip Code Adamsville OH 43802-9721 | | Amount of Each Receipt this Period 50.00 | |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Occupation Farmers' Ethanol LLC Administrator | | | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ 300.00 | |

| | |
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| SUBTOTAL of Receipts This Page (optional) ▶ | 200.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | |
|--|--|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 14 / 144 (check only one) <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15 |
|--|--|

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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

| | |
|---|--|
| A. Full Name (Last, First, Middle Initial) Mr. Jack O. Cartner Mailing Address PO Box 827 City State Zip Code Cambridge OH 43725-0827 FEC ID number of contributing federal political committee. C | Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 7 / 2 0 0 6 Transaction ID: 0012301 Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer Occupation Motrim Incorporated President Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 750.00 | |

| | |
|---|--|
| B. Full Name (Last, First, Middle Initial) Mr. Joseph Swarts Mailing Address 5714 Crane Run Rd City State Zip Code Cumberland OH 43732-9751 FEC ID number of contributing federal political committee. C | Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 7 / 2 0 0 6 Transaction ID: 0012303 Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer Occupation N/A Retired Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 750.00 | |

| | |
|---|--|
| C. Full Name (Last, First, Middle Initial) Cheryl A. Savitt Mailing Address 388 Applevue Drive City State Zip Code Clear Brook VA 22624-1766 FEC ID number of contributing federal political committee. C | Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 7 / 2 0 0 6 Transaction ID: 0012305 Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer Occupation Mortgage Center Mortgage Broker Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00 | |

| | |
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| SUBTOTAL of Receipts This Page (optional) ▶ | 750.00 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 15 / 144 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. James Joseph Jennie

Mailing Address 5079 N Bank Rd

City State Zip Code
Buckeye Lake OH 43008

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

Name of Employer N/A Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 1 7 / 2 0 0 6

Transaction ID: 0012306

Amount of Each Receipt this Period
50.00

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

B. Full Name (Last, First, Middle Initial)
Karen Buchwald Wright

Mailing Address PO Box 243

City State Zip Code
Mount Vernon OH 43050

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

Name of Employer Ariel Corp Occupation Executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 1 7 / 2 0 0 6

Transaction ID: 0012312

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Saron, LTD.

Mailing Address 1125 Winkler Drive

City State Zip Code
Dover OH 44622-1215

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

Name of Employer Occupation Partnership

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 25.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 1 7 / 2 0 0 6

Transaction ID: 0012313

Amount of Each Receipt this Period
25.00

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

SEE ATTRIBUTION BELOW

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 575.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | |
|--|---|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 16 / 144 |
| | (check only one) |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| <input type="checkbox"/> | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

| | |
|--|--|
| <p>A. Full Name (Last, First, Middle Initial) Debra Schere</p> <p>Mailing Address 1125 Winkler Dr</p> <p>City State Zip Code Dover OH 44622-1215</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation</p> <p>Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 12.50</p> | <p>Date of Receipt MM / DD / YYYY 05 / 17 / 2006</p> <p>Transaction ID: 0012313-001</p> <p>Amount of Each Receipt this Period 12.50</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) [MEMO ITEM] Partnership Share</p> |
|--|--|

| | |
|--|--|
| <p>B. Full Name (Last, First, Middle Initial) Ronald B. Schere</p> <p>Mailing Address 1125 Winkler Dr</p> <p>City State Zip Code Dover OH 44622-1215</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation</p> <p>Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 12.50</p> | <p>Date of Receipt MM / DD / YYYY 05 / 17 / 2006</p> <p>Transaction ID: 0012313-002</p> <p>Amount of Each Receipt this Period 12.50</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) [MEMO ITEM] Partnership Share</p> |
|--|--|

| | |
|--|--|
| <p>C. Full Name (Last, First, Middle Initial) Mr. Ralph W. Anderson</p> <p>Mailing Address 42408 National Rd</p> <p>City State Zip Code Belmont OH 43718-9727</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Anco Mining Inc President</p> <p>Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 250.00</p> | <p>Date of Receipt MM / DD / YYYY 05 / 17 / 2006</p> <p>Transaction ID: 0012316</p> <p>Amount of Each Receipt this Period 250.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p> |
|--|--|

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 17 / 144 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. Sarah Tikpa | | Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 7 / 2 0 0 6 |
| Mailing Address 1336 Terrace Rd NW | | Transaction ID: 0012488 |
| City State Zip Code New Philadelphia OH 44663-1384 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Tipka Oil & Gas, Inc Occupation Land Manager | Election Cycle-to-Date ▼ 250.00 | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. Mrs. Sarah J. Tipka | | Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 7 / 2 0 0 6 |
| Mailing Address 1336 Terrace Rd Nw | | Transaction ID: 0012659 |
| City State Zip Code New Phila OH 44663-1384 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Tipka Oil & Gas Occupation Land Manager | Election Cycle-to-Date ▼ 750.00 | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. Mrs. W. Hudson Hudson Hillyer | | Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 9 / 2 0 0 6 |
| Mailing Address PO Box 272 | | Transaction ID: 0012322 |
| City State Zip Code Uhrichsville OH 44683-0272 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer N/A Occupation Retired | Election Cycle-to-Date ▼ 1100.00 | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 750.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | |
|--|--|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 18 / 144 (check only one) <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15 |
|--|--|

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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

| | |
|--|---|
| A. Full Name (Last, First, Middle Initial) Mr. Carl N. Frankovitch Mailing Address 337 Penco Rd City State Zip Code Weirton WV 26062-3847 FEC ID number of contributing federal political committee. C Name of Employer Occupation Self Employed Attorney Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 850.00 | Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 9 / 2 0 0 6 Transaction ID: 0012324 Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
|--|---|

| | |
|--|---|
| B. Full Name (Last, First, Middle Initial) James L. Van Ostran Mailing Address 1812 Cedar Cir City State Zip Code Heath OH 43056-1719 FEC ID number of contributing federal political committee. C Name of Employer Occupation Jobs Henderson & Assoc, Inc CEO Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1000.00 | Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 9 / 2 0 0 6 Transaction ID: 0012325 Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
|--|---|

| | |
|---|---|
| C. Full Name (Last, First, Middle Initial) Mr. James E. Chapman Mailing Address PO Box 2247 City State Zip Code Wintersville OH 43953-0247 FEC ID number of contributing federal political committee. C Name of Employer Occupation Self Employed Accountant Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00 | Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 9 / 2 0 0 6 Transaction ID: 0012326 Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
|---|---|

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 19 / 144 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. Mrs. Shirley Burgett | | Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 9 / 2 0 0 6 |
| Mailing Address 2922 Lost Run Rd | | Transaction ID: 0012327 |
| City State Zip Code Fredericktown OH 43019-9101 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Occupation Kokosing Construction Co Construction | | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 2250.00 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. Craig Blake Cairns | | Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 0 / 2 0 0 6 |
| Mailing Address 320 English Oaks Dr | | Transaction ID: 0012489 |
| City State Zip Code Heath OH 43056-8227 | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Occupation Memorial Health Systems Physican | | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 500.00 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. Dwight R Graham, Jr | | Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 6 |
| Mailing Address 4817 N State Route 78 Nw | | Transaction ID: 0012334 |
| City State Zip Code Mc Connelsvle OH 43756-9747 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Occupation N/A Retired | | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 250.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1000.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 20 / 144 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) A. Mr. John H. Goodman, II | | Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 6 | |
| Mailing Address 68000 Country Club Rd | | Transaction ID: 0012338 | |
| City State Zip Code St Clairsvle OH 43950-9483 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | | |
| Name of Employer Goodman Group, Inc Occupation Real Estate | Election Cycle-to-Date 500.00 | | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) B. Mr. Stephen Walter Schick | | Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 6 | |
| Mailing Address 1055 Lakeside Dr | | Transaction ID: 0012339 | |
| City State Zip Code Cambridge OH 43725-1517 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | | |
| Name of Employer Self Employed Occupation Auto Service Shop | Election Cycle-to-Date 350.00 | | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) C. Mrs. Eva M. Wray | | Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 6 | |
| Mailing Address 1301 Willow Oak Ct | | Transaction ID: 0012340 | |
| City State Zip Code Heath OH 43056-8235 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | | |
| Name of Employer N/A Occupation Retired | Election Cycle-to-Date 290.00 | | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) | 1000.00 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 21 / 144 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. Charles Elsworth Matthews

Mailing Address **PO Box 565**

City **Dover** State **OH** Zip Code **44622-0565**

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

Name of Employer **Superior Mobile Homes Inc** Occupation **CEO**

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **2653.00**

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | / | 2 | 2 | / | 2 | 0 | 0 | 6 |

Transaction ID: 0012341

Amount of Each Receipt this Period

| |
|--------|
| 250.00 |
|--------|

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

B. Full Name (Last, First, Middle Initial)
Dr. James A. Karłowicz, DDS

Mailing Address **1401 Parkdale Drive**

City **Dover** State **OH** Zip Code **44622**

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

Name of Employer **Self Employed** Occupation **Dentist**

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **2000.00**

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | / | 2 | 3 | / | 2 | 0 | 0 | 6 |

Transaction ID: 0012342

Amount of Each Receipt this Period

| |
|--------|
| 250.00 |
|--------|

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

C. Full Name (Last, First, Middle Initial)
Mr. William G. Deadman

Mailing Address **PO Box 486**

City **Coshocton** State **OH** Zip Code **43812-0486**

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

Name of Employer **Self Employed** Occupation **Attorney**

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **850.00**

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | / | 2 | 3 | / | 2 | 0 | 0 | 6 |

Transaction ID: 0012344

Amount of Each Receipt this Period

| |
|--------|
| 250.00 |
|--------|

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 22 / 144 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

| | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|--------|
| A. Full Name (Last, First, Middle Initial) Mr. John C. Matesich, III Mailing Address 1190 E Main St City Newark State OH Zip Code 43055-8803 FEC ID number of contributing federal political committee. C | | Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 0012346 Amount of Each Receipt this Period <table border="1"> <tr> <td>500.00</td> </tr> </table> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 5 | | 2 | 3 | | 2 | 0 | 0 | 6 | 500.00 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| 0 | 5 | | 2 | 3 | | 2 | 0 | 0 | 6 | | | | | | | | | | | | | | |
| 500.00 | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Employer Matesich Distribution Company Occupation Sales CEO Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <table border="1"> <tr> <td>2350.00</td> </tr> </table> | | 2350.00 | | | | | | | | | | | | | | | | | | | | | |
| 2350.00 | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|--------|
| B. Full Name (Last, First, Middle Initial) Nancy S. Dix Mailing Address PO Box 250 City Hebron State OH Zip Code 43025-0250 FEC ID number of contributing federal political committee. C | | Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 0012349 Amount of Each Receipt this Period <table border="1"> <tr> <td>250.00</td> </tr> </table> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 5 | | 2 | 5 | | 2 | 0 | 0 | 6 | 250.00 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| 0 | 5 | | 2 | 5 | | 2 | 0 | 0 | 6 | | | | | | | | | | | | | | |
| 250.00 | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Employer WE Shrider Co Occupation President Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <table border="1"> <tr> <td>250.00</td> </tr> </table> | | 250.00 | | | | | | | | | | | | | | | | | | | | | |
| 250.00 | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|--------|
| C. Full Name (Last, First, Middle Initial) Evelyn Minning Mailing Address Apt C4 1575 Bowers Ln City Zanesville State OH Zip Code 43701-1033 FEC ID number of contributing federal political committee. C | | Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 0012350 Amount of Each Receipt this Period <table border="1"> <tr> <td>250.00</td> </tr> </table> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 5 | | 2 | 5 | | 2 | 0 | 0 | 6 | 250.00 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| 0 | 5 | | 2 | 5 | | 2 | 0 | 0 | 6 | | | | | | | | | | | | | | |
| 250.00 | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Employer N/A Occupation Housewife Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <table border="1"> <tr> <td>250.00</td> </tr> </table> | | 250.00 | | | | | | | | | | | | | | | | | | | | | |
| 250.00 | | | | | | | | | | | | | | | | | | | | | | | |

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|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 1000.00 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 23 / 144 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. William Randles | | Date of Receipt M M / D D / Y Y Y Y Y 05 / 25 / 2006 |
| Mailing Address 417 Coventry Cir | | Transaction ID: 0012352 |
| City Zanesville | State OH | Zip Code 43701-1955 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer N/A | Occupation Retired | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 250.00 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. Mark Stanley Slabinski | | Date of Receipt M M / D D / Y Y Y Y Y 05 / 25 / 2006 |
| Mailing Address 67043 Old Twenty One Rd | | Transaction ID: 0012354 |
| City Cambridge | State OH | Zip Code 43725-9402 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer EMP | Occupation Physician | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 600.00 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. Dawn L Bannon | | Date of Receipt M M / D D / Y Y Y Y Y 05 / 31 / 2006 |
| Mailing Address 211 Greentree Dr | | Transaction ID: 0012431 |
| City St Clairsvle | State OH | Zip Code 43950-1443 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer N/A | Occupation Housewife | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 250.00 | |

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 24 / 144 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Wendel Edward Dreve | | Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 6 |
| Mailing Address 9665 Young America Rd | | Transaction ID: 0012482 |
| City Adamsville State OH Zip Code 43802-9721 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer Farmers' Ethanol LLC Occupation Administrator | Election Cycle-to-Date ▼ 550.00 | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Mr. Edward N. Rose | | Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 6 |
| Mailing Address 165 Rainbow Dr | | Transaction ID: 0012483 |
| City Bloomingdale State OH Zip Code 43910-7747 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer Jefferson County Occupation BMV | Election Cycle-to-Date ▼ 950.00 | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Mr. Charles F. Sinsabaugh M.D. | | Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 6 |
| Mailing Address 124 Colomen Gwen Circle | | Transaction ID: 0012485 |
| City Granville State OH Zip Code 43023-1493 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer N/A Occupation Retired | Election Cycle-to-Date ▼ 1250.00 | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 25 / 144 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. Dominic Teramana

Mailing Address 4525 Fairway Dr

City State Zip Code
Wintersville OH 43953-3306

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

Name of Employer Occupation
Teramana Enterprises Real Estate Developer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 05 / 2006

Transaction ID: 0012487

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Mrs. Lisa J. Defilippo

Mailing Address 49475 Oldefield Dr

City State Zip Code
St Clairsvle OH 43950-8357

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

Name of Employer Occupation
N/A Housewife

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 12 / 2006

Transaction ID: 0012495

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Philip John Rich

Mailing Address 6501 Mathers Rd

City State Zip Code
Cambridge OH 43725-9029

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

Name of Employer Occupation
N/A Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 12 / 2006

Transaction ID: 0012496

Amount of Each Receipt this Period
250.00

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

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1000.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 26 / 144 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. David E. Dean

Mailing Address 49859 High Street Ext

City State Zip Code
St Clairsvle OH 43950-1661

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

Name of Employer N/A Occupation Retired

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

725.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 1 2 / 2 0 0 6

Transaction ID: 0012497

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Mrs. Rita G Dutton

Mailing Address 72868 Uniontown Flushing Road

City State Zip Code
Flushing OH 43972

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

Name of Employer Capstone Holding Co Occupation

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

500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 1 2 / 2 0 0 6

Transaction ID: 0012498

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Mrs. Leana Emami

Mailing Address 400 Olive Dr

City State Zip Code
Steubenville OH 43953-4259

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

Name of Employer Self Employed Occupation Physician

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

850.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 1 2 / 2 0 0 6

Transaction ID: 0012500

Amount of Each Receipt this Period
250.00

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

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 750.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 27 / 144 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b |
| <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

| | | |
|---|---|---|
| A. Full Name (Last, First, Middle Initial) Mr. Mark K. Teramana | | Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 6 |
| Mailing Address 905 BRADY AVE PO Box 2009 | | Transaction ID: 0012504 |
| City State Zip Code Steubenville OH 43953-0009 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer Self Employed | Occupation Car Dealer | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1500.00 | |

| | | |
|---|--|---|
| B. Full Name (Last, First, Middle Initial) Ms. Nancy (Hughes) Karvellis | | Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 6 |
| Mailing Address 54502 Sunny Acres | | Transaction ID: 0012505 |
| City State Zip Code Bellaire OH 43906-9584 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer N/A | Occupation Retired | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 500.00 | |

| | | |
|---|--|---|
| C. Full Name (Last, First, Middle Initial) Robert W Litter | | Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 6 |
| Mailing Address 524 Eastern Ave # 297 | | Transaction ID: 0012506 |
| City State Zip Code Chillicothe OH 45601-3471 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer Litter Corp | Occupation Owner | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 285.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1500.00 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 28 / 144 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Jerry S. Marlowe

Mailing Address 3201 Dogwood Dr Nw

City State Zip Code
Dover OH 44622-6822

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

Name of Employer Self Employed Occupation
Pharmacy

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 725.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 12 / 2006

Transaction ID: 0012508

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
William A. Robinson

Mailing Address 755 Baywood Drive, Suite 180

City State Zip Code
Petaluma CA 94954

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

Name of Employer Self Employed Occupation
Horseman

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2100.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 19 / 2006

Transaction ID: 0012511

Amount of Each Receipt this Period
2100.00

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

C. Full Name (Last, First, Middle Initial)
Hon. James S. Aslanides

Mailing Address 46275 Us Hwy 36

City State Zip Code
Coshocton OH 43812-9189

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

Name of Employer MFC Drilling, Inc Occupation
President

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2005.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 19 / 2006

Transaction ID: 0012516

Amount of Each Receipt this Period
2000.00

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

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 4350.00 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 29 / 144 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) A. Mr. Thomas Benjamin Swan | | Date of Receipt M M / D D / Y Y Y Y 06 / 19 / 2006 |
| Mailing Address 3097 Dresden Rd | | Transaction ID: 0012518 |
| City State Zip Code Zanesville OH 43701-1541 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer N/A Occupation Homemaker | Election Cycle-to-Date ▼ 750.00 | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) B. Mr. Robert M. Chapman | | Date of Receipt M M / D D / Y Y Y Y 06 / 19 / 2006 |
| Mailing Address 123 Aberdeen Rd | | Transaction ID: 0012519 |
| City State Zip Code Steubenville OH 43953-3454 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer KMC Beverage Marketing Co-rp Occupation President | Election Cycle-to-Date ▼ 600.00 | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) C. Ernie Malas | | Date of Receipt M M / D D / Y Y Y Y 06 / 19 / 2006 |
| Mailing Address PO Box 20265 2481 Stonehaven Pl | | Transaction ID: 0012520 |
| City State Zip Code Columbus OH 43220-2861 | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Platinum Ridge Properties Occupation Real Estate | Election Cycle-to-Date ▼ 1700.00 | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1000.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 30 / 144 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mrs. Barbara J. Pittman

Mailing Address 560 Rix Mills Rd

City State Zip Code
New Concord OH 43762-9430

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

Name of Employer N/A Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 700.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 19 / 2006

Transaction ID: 0012521

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Jeff S. Dennis

Mailing Address PO Box 29

City State Zip Code
Crooksville OH 43731-0029

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

Name of Employer Self Employed Occupation Insurance Agent

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 625.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 19 / 2006

Transaction ID: 0012523

Amount of Each Receipt this Period
375.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Wendell W Parkinson

Mailing Address 4401 Hunts Landing Rd Apt 406

City State Zip Code
Hebron OH 43025-9495

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

Name of Employer Jacktown Pub Occupation Restaurant Owner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 375.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 19 / 2006

Transaction ID: 0012524

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional) ► **875.00**

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

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 31 / 144 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mrs. Patsy P. Jones

Mailing Address 335 Bryn Du Dr

City State Zip Code
Granville OH 43023-1512

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

Name of Employer N/A Occupation Housewife

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
540.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 19 / 2006

Transaction ID: 0012526

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Thomas H. Hisrich

Mailing Address 121 W 4th St

City State Zip Code
Dover OH 44622-2961

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

Name of Employer Self Employed Occupation Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
625.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 19 / 2006

Transaction ID: 0012527

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Mrs. Claudine Conway

Mailing Address 68439 Greenwood Rd

City State Zip Code
St Clairsvle OH 43950-9706

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

Name of Employer N/A Occupation Housewife

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 19 / 2006

Transaction ID: 0012528

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 32 / 144 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

| | | | |
|---|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) A. Mrs. Deborah Sue Hennessey | | Date of Receipt M M / D D / Y Y Y Y 06 / 19 / 2006 | |
| Mailing Address 2812 Center Dr | | Transaction ID: 0012529 | |
| City Zanesville | State OH | Amount of Each Receipt this Period 250.00 | |
| Zip Code 43701-1429 | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer N/A | Occupation Housewife | | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 250.00 | | |

| | | | |
|---|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) B. Mr. Richard Held Buchsieb | | Date of Receipt M M / D D / Y Y Y Y 06 / 19 / 2006 | |
| Mailing Address 610 N 7th St | | Transaction ID: 0012530 | |
| City Cambridge | State OH | Amount of Each Receipt this Period 250.00 | |
| Zip Code 43725-1420 | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Cantwell Machinery | Occupation Sales Engineer | | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 500.00 | | |

| | | | |
|---|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) C. Rachel Ann Williams | | Date of Receipt M M / D D / Y Y Y Y 06 / 19 / 2006 | |
| Mailing Address 1218 N 14th St | | Transaction ID: 0012531 | |
| City Cambridge | State OH | Amount of Each Receipt this Period 250.00 | |
| Zip Code 43725-1117 | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Self Employed | Occupation Real Estate | | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 250.00 | | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 750.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 33 / 144 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mrs. Brenda J Costine

Mailing Address 69691 Oxford Dr

City State Zip Code
St Clairsvle OH 43950-9109

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

Name of Employer Occupation
Pilney-Costine Insurance Insurance

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

250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 0 / 2 0 0 6

Transaction ID: 0012534

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Brenda D Madden

Mailing Address 6140 Adamsville Rd

City State Zip Code
Zanesville OH 43701-7920

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

Name of Employer Occupation
N/A Housewife

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

250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 0 / 2 0 0 6

Transaction ID: 0012536

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Ms Diane Carnes

Mailing Address 2 Turnberry Ln

City State Zip Code
Chillicothe OH 45601-1100

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

Name of Employer Occupation
Caldwell Banker-Realtor Real Estate

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

270.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 0 / 2 0 0 6

Transaction ID: 0012537

Amount of Each Receipt this Period
250.00

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

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

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 34 / 144 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. Bruce A. Smith

Mailing Address 56973 Wegee Rd

City State Zip Code
Shadyside OH 43947-9733

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

Name of Employer Occupation
Advance Home Health Inc owner

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ **1250.00**

Date of Receipt
M M / D D / Y Y Y Y
06 / 20 / 2006

Transaction ID: 0012538

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Giuseppe Lancia

Mailing Address 244 Orlando Mnr

City State Zip Code
Wintersville OH 43953-7649

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

Name of Employer Occupation
Self Employed

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ **1340.00**

Date of Receipt
M M / D D / Y Y Y Y
06 / 20 / 2006

Transaction ID: 0012539

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Mr. James F. Graham

Mailing Address National City Bank Bldg 3rd Fl
PO Box 340

City State Zip Code
Zanesville OH 43702-0340

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

Name of Employer Occupation
Graham, McClelland, McCann Attorney

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ **250.00**

Date of Receipt
M M / D D / Y Y Y Y
06 / 20 / 2006

Transaction ID: 0012541

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional) **750.00**

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 35 / 144 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

| | | | |
|---|------------------------------------|---|--|
| A. Full Name (Last, First, Middle Initial) Mr. Jeff S. Dennis | | Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 0 / 2 0 0 6 | |
| Mailing Address PO Box 29 | | Transaction ID: 0012543 | |
| City Crooksville | State OH | Zip Code 43731-0029 | Amount of Each Receipt this Period 125.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Self Employed | Occupation Insurance Agent | | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 750.00 | | |

| | | | |
|---|------------------------------------|---|--|
| B. Full Name (Last, First, Middle Initial) Mr. Bob Kessler | | Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 6 | |
| Mailing Address 3107 West Dr | | Transaction ID: 0012550 | |
| City Zanesville | State OH | Zip Code 43701-1466 | Amount of Each Receipt this Period 250.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Kessler Sign Co | Occupation President | | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 250.00 | | |

| | | | |
|---|------------------------------------|---|--|
| C. Full Name (Last, First, Middle Initial) Donald J. Crock | | Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 6 | |
| Mailing Address 46135 Twp Rd 316 | | Transaction ID: 0012609 | |
| City Caldwell | State OH | Zip Code 43724 | Amount of Each Receipt this Period 250.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Summit Acres, Inc | Occupation Administrator | | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 525.00 | | |

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|--|--------|
| SUBTOTAL of Receipts This Page (optional) | 625.00 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 36 / 144 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) A. Mr. John K. Mahoney | | Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 6 | |
| Mailing Address Ohio Municipal League, #510 175 S 3rd St Ste 510 | | Transaction ID: 0012611 | |
| City Columbus State OH Zip Code 43215-5134 | | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Ohio Municipal League Occupation Deputy Director | | | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ 250.00 | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. Mr. Michael P. Morrison | | Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 6 | |
| Mailing Address NSC Consulting Corporation 137 E State St | | Transaction ID: 0012612 | |
| City Columbus State OH Zip Code 43215-4331 | | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer NSC Consulting Occupation Legislative | | | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ 1110.00 | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. Ms. Sarah D. Morrison | | Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 6 | |
| Mailing Address 65 E State St | | Transaction ID: 0012613 | |
| City Columbus State OH Zip Code 43215-4213 | | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Chester, Willcox & Saxbe LLP Occupation Attorney | | | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ 275.00 | |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 750.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 37 / 144 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Mr. Dean A. Fadel | | Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 6 |
| Mailing Address 768 Chateaugay Way | | Transaction ID: 0012614 |
| City State Zip Code Blacklick OH 43004 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer Ohio Ins Institute | Occupation Dir. Legislative Affairs | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 250.00 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Mr. Keith H. Brooks | | Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 6 |
| Mailing Address Capitol Advocates 172 E State St Ste 550 | | Transaction ID: 0012615 |
| City State Zip Code Columbus OH 43215-4300 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer Capitol Advocates | Occupation Lobbyist | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 500.00 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Ms. Barbara J. Benton | | Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 6 |
| Mailing Address Ohio Society Of Cpas 535 Metro Pl S | | Transaction ID: 0012616 |
| City State Zip Code Dublin OH 43017-1373 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer Ohio Society of CPA's | Occupation VP Government Affairs | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 250.00 | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 750.00 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 38 / 144 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Mr. John E. Callender | | Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 6 |
| Mailing Address 2743 Elginfield Rd | | Transaction ID: 0012617 |
| City State Zip Code Columbus OH 43220-4247 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer Ohio Hospital Assoc | Occupation Senior VP | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 250.00 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Mr. Steve D. Dimon | | Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 6 |
| Mailing Address 21 W Broad St Ste 500 | | Transaction ID: 0012618 |
| City State Zip Code Columbus OH 43215-4170 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer Self Employed | Occupation Lobbyist | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 250.00 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Mr. Steven R. Wermuth | | Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 6 |
| Mailing Address 17 S High St Ste 795 | | Transaction ID: 0012620 |
| City State Zip Code Columbus OH 43215-3441 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer Strategic Health Care | Occupation Health care worker | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 250.00 | |

| | |
|--|-------------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 750.00 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 39 / 144 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

| | | |
|---|--|---|
| A. Full Name (Last, First, Middle Initial) Kyle F. Hanson Mailing Address 54 Short Street City State Zip Code Worthington OH 43085 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 6 Transaction ID: 0012621 Amount of Each Receipt this Period 2000.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer CheckSmart Occupation Director Store Operations Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00 | | |

| | | |
|--|--|---|
| B. Full Name (Last, First, Middle Initial) Mr. James H. Frauenberg Mailing Address 8937 Locherbie Ct City State Zip Code Dublin OH 43017-7610 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 6 Transaction ID: 0012622 Amount of Each Receipt this Period 2000.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer Check Smart Occupation President Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 4000.00 | | |

| | | |
|---|--|---|
| C. Full Name (Last, First, Middle Initial) Mr. Chad M. Streff Mailing Address 7545 Duncans Glen Dr City State Zip Code Westerville OH 43082-9662 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 6 Transaction ID: 0012623 Amount of Each Receipt this Period 2000.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer CheckSmart Occupation Banking Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00 | | |

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 6000.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 40 / 144 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. William E. Saunders | | Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 6 |
| Mailing Address 7001 Post Road, Suite 200 | | Transaction ID: 0012624 |
| City State Zip Code Dublin OH 43016 | Amount of Each Receipt this Period 2000.00 | |
| FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Information Request Pending Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Election Cycle-to-Date ▼ 2000.00 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. Mr. Fred Evensen | | Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 6 |
| Mailing Address 5988 Wilderness Ln | | Transaction ID: 0012625 |
| City State Zip Code Parma Heights OH 44130-1960 | Amount of Each Receipt this Period 2000.00 | |
| FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Pal Financial Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Chief Executive Officer Election Cycle-to-Date ▼ 2000.00 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. Mrs. Ann L. Frauenberg | | Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 6 |
| Mailing Address 8937 Locherbie Ct | | Transaction ID: 0012626 |
| City State Zip Code Dublin OH 43017-7610 | Amount of Each Receipt this Period 2000.00 | |
| FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer N/A Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Housewife Election Cycle-to-Date ▼ 2000.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 6000.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 41 / 144 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

| | | | |
|---|---------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) A. Mr. George Kontogiannis | | Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006 | |
| Mailing Address 400 S 5th St Ste 400 | | Transaction ID: 0012639 | |
| City Columbus | State OH | Zip Code 43215-5430 | Amount of Each Receipt this Period 500.00 |
| FEC ID number of contributing federal political committee. C | | Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <input type="checkbox"/> | |
| Name of Employer George J Kontogiannis and Associa | Occupation Chief Execurive Officer | Election Cycle-to-Date 1500.00 | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|-------------------------|---|--|
| Full Name (Last, First, Middle Initial) B. Perry Kalis, MD | | Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006 | |
| Mailing Address 950 Bethesda Dr | | Transaction ID: 0012640 | |
| City Zanesville | State OH | Zip Code 43701-7507 | Amount of Each Receipt this Period 250.00 |
| FEC ID number of contributing federal political committee. C | | Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <input type="checkbox"/> | |
| Name of Employer Self Employed | Occupation Physician | Election Cycle-to-Date 250.00 | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|------------------------|---|--|
| Full Name (Last, First, Middle Initial) C. Ms. Linda E. White | | Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006 | |
| Mailing Address 102 Utah Ave | | Transaction ID: 0012664 | |
| City Oak Ridge | State TN | Zip Code 37830-5248 | Amount of Each Receipt this Period 250.00 |
| FEC ID number of contributing federal political committee. C | | Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <input type="checkbox"/> | |
| Name of Employer Self Employed | Occupation Business | Election Cycle-to-Date 650.00 | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1000.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

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

FOR LINE NUMBER: PAGE 42 / 144
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Ms. Linda E. White

Mailing Address 102 Utah Ave

City State Zip Code
Oak Ridge TN 37830-5248

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

Name of Employer Self Employed Occupation
Business

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

900.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2006

Transaction ID: 0012665

Amount of Each Receipt this Period
 250.00

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

| | | |
|--|---|----------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 250.00 |
| TOTAL This Period (last page this line number only) | ▶ | 43775.00 |

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

| | |
|--|---|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 43 / 144 |
| | (check only one) |
| <input type="checkbox"/> 11a | <input checked="" type="checkbox"/> 11b |
| <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Morgan Co. Republican Committee

Mailing Address 3115 Vickroy Lane

City State Zip Code
Malta OH 43758

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
325.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 20 / 2006

Transaction ID: 0012658

Amount of Each Receipt this Period
200.00

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

B. Full Name (Last, First, Middle Initial)
Belmont County Republican Party

Mailing Address 47686 Centerville Jacobsburg Road

City State Zip Code
Jacobsburg OH 43933

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 26 / 2006

Transaction ID: 0012551

Amount of Each Receipt this Period
500.00

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

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 700.00 |
| TOTAL This Period (last page this line number only) | 700.00 |

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

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

FOR LINE NUMBER: PAGE 44 / 144
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Carolina Majority PAC

Mailing Address P O Box 2485

City State Zip Code
Springfield VA 22152

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 2 1 / 2 0 0 6

Transaction ID: 0012119

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Care PAC-Multicandidate

Mailing Address 228 South Washington Street, Suite

City State Zip Code
Alexandria VA 22314

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 2 4 / 2 0 0 6

Transaction ID: 0012120

Amount of Each Receipt this Period
2500.00

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

C. Full Name (Last, First, Middle Initial)
National Association of Federal Credit Unions

Mailing Address 3138 10th Street N

City State Zip Code
Arlington VA 22201-2149

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 2 8 / 2 0 0 6

Transaction ID: 0012148

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **4500.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|---------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 45 / 144 |
| | <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d | |
| | <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. Thorp for Sheriff | | Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 6 |
| Mailing Address 154 South 36th Street | | Transaction ID: 0012175 |
| City State Zip Code Newark OH 43055 | Amount of Each Receipt this Period 50.00 | |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer | Occupation | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 50.00 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. Realtors PAC R.P.A.C. | | Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 6 |
| Mailing Address 430 North Michigan Avenue | | Transaction ID: 0012230 |
| City State Zip Code Chicago IL 60611 | Amount of Each Receipt this Period 3000.00 | |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer | Occupation | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 5000.00 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. Buckeye State PAC | | Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 6 |
| Mailing Address PO Box 29343 | | Transaction ID: 0012231 |
| City State Zip Code Columbus OH 43229-0362 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer | Occupation | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 3000.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 4050.00 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|---------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 46 / 144 |
| | <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d | |
| | <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

| | | |
|---|--|--|
| A. Full Name (Last, First, Middle Initial) Horizontal PAC Mailing Address 68 E Main Street City Chillicothe State OH Zip Code 45601-2503 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 6 Transaction ID: 0012232 Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer Occupation Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 950.00 | | |

| | | |
|---|--|---|
| B. Full Name (Last, First, Middle Initial) RJR PAC Mailing Address PO Box 718 City Winston-Salem State NC Zip Code 27102 FEC ID number of contributing federal political committee. C C00042002 | | Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 6 Transaction ID: 0012233 Amount of Each Receipt this Period 1000.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer Occupation Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 5000.00 | | |

| | | |
|---|--|---|
| C. Full Name (Last, First, Middle Initial) Ven-PAC Mailing Address PO Box 70002 City Washington State DC Zip Code 20024-0002 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 6 Transaction ID: 0012257 Amount of Each Receipt this Period 1000.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer Occupation Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00 | | |

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 2250.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

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

FOR LINE NUMBER: PAGE 47 / 144
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
American Council of Life Insurers PAC

Mailing Address 101 Constitution Avenue, NW
Suite 700

City State Zip Code
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00147066

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 2 / 2 0 0 6

Transaction ID: 0012270

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
GM PAC

Mailing Address 1660 L Street, NW
Suite 400

City State Zip Code
Washington DC 20036

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 2 / 2 0 0 6

Transaction ID: 0012271

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
FirstEnergy Pac

Mailing Address 76 S Main Street

City State Zip Code
Akron OH 44308

FEC ID number of contributing federal political committee. **C** C00140855

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
10000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 3 / 2 0 0 6

Transaction ID: 0012272

Amount of Each Receipt this Period
5000.00

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

SUBTOTAL of Receipts This Page (optional) ► **6500.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 48 / 144 |
| | <input type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input checked="" type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Patriots for United Leadership

Mailing Address **PO Box 4508**

City **Arlington** State **VA** Zip Code **22204**

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

Name of Employer _____ Occupation _____

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **2000.00**

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | / | 1 | 7 | / | 2 | 0 | 0 | 6 |

Transaction ID: 0012304

Amount of Each Receipt this Period

| |
|---------|
| 2000.00 |
|---------|

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

B. Full Name (Last, First, Middle Initial)
American Electric Power Committee for Responsible Government

Mailing Address **801 Pennsylvania Avenue Suite 320**

City **Washington** State **DC** Zip Code **20004-2684**

FEC ID number of contributing federal political committee. **C C00096842**

Name of Employer _____ Occupation _____

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **4000.00**

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | / | 3 | 0 | / | 2 | 0 | 0 | 6 |

Transaction ID: 0012355

Amount of Each Receipt this Period

| |
|---------|
| 2000.00 |
|---------|

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

C. Full Name (Last, First, Middle Initial)
International Association of Fire Fighters FIREPAC

Mailing Address **1750 New York AveNW**

City **Washington** State **DC** Zip Code **20006**

FEC ID number of contributing federal political committee. **C C70003108**

Name of Employer _____ Occupation _____

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **7000.00**

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | / | 3 | 1 | / | 2 | 0 | 0 | 6 |

Transaction ID: 0012433

Amount of Each Receipt this Period

| |
|---------|
| 5000.00 |
|---------|

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

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 9000.00 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER: PAGE 49 / 144
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Sharp Pencil PAC

Mailing Address 2875 Towerview Road, Suite 1000

City Herndon State VA Zip Code 20171

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 1 2 / 2 0 0 6

Transaction ID: 0012493

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
International Union Of Operating Engineers

Mailing Address 1125 Seventeenth St NW

City Washington State DC Zip Code 20036

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
9000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 1 2 / 2 0 0 6

Transaction ID: 0012494

Amount of Each Receipt this Period
5000.00

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

C. Full Name (Last, First, Middle Initial)
Responsible Citizens Political League (RCPL)

Mailing Address 3 Research Place

City Rockville State MD Zip Code 20850

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 1 9 / 2 0 0 6

Transaction ID: 0012510

Amount of Each Receipt this Period
1000.00

06/15/06 Evebt Bullfeathe-
rs

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

SUBTOTAL of Receipts This Page (optional) ► **7000.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|---------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 50 / 144 |
| | <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d | |
| | <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) A. Watson For Commissioner | | Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 0 / 2 0 0 6 |
| Mailing Address 74930 New Athens - St Clairsville | | Transaction ID: 0012544 |
| City New Athens State OH Zip Code 43981-0067 | FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 100.00 |
| Name of Employer Occupation | Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Election Cycle-to-Date ▼ | 100.00 | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) B. Transportaion Trade Department, AFL-CIO (PAC) | | Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 0 6 |
| Mailing Address 888 16th Street Suite 650 | | Transaction ID: 0012548 |
| City Washington State DC Zip Code 20006 | FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 500.00 |
| Name of Employer Occupation | Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Labor Breakfast |
| Election Cycle-to-Date ▼ | 500.00 | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) C. Candice Miller For Congress | | Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 6 |
| Mailing Address PO Box 182152 | | Transaction ID: 0012549 |
| City Shelby Twp. State MI Zip Code 48318-2152 | FEC ID number of contributing federal political committee. C C00365593 | Amount of Each Receipt this Period 1000.00 |
| Name of Employer Occupation | Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Election Cycle-to-Date ▼ | 1000.00 | |

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1600.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

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

FOR LINE NUMBER: PAGE 51 / 144
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
U.A. Political Education Committee

Mailing Address 901 Massachusetts Ave NW

City State Zip Code
Washington DC 20001

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 2 8 / 2 0 0 6

Transaction ID: 0012610

Amount of Each Receipt this Period
2500.00

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

B. Full Name (Last, First, Middle Initial)
Motorist Insurance Civic Fund

Mailing Address 471 East Broad Street

City State Zip Code
Columbus OH 43215

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 2 8 / 2 0 0 6

Transaction ID: 0012619

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Boilermakers - Blacksmiths Legislative Education

Mailing Address 753 State Ave,
Suite 565

City State Zip Code
Kansas City KS 66101

FEC ID number of contributing federal political committee. **C** C00005157

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 3 0 / 2 0 0 6

Transaction ID: 0012642

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **3750.00**

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

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

| | | |
|--|------------------------------|---|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 52 / 144 |
| | (check only one) | |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b |
| | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. Cash America International PAC | | Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6 |
| Mailing Address 1600 West 7th Street | | Transaction ID: 0012643 |
| City Ft Worth | State TX | Zip Code 76102 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| Name of Employer | Occupation | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1850.00 | |

| | | |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. Deloitte & Touche Federal Political Action Committee | | Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6 |
| Mailing Address 555 12th Street, NW Fifth Floor | | Transaction ID: 0012645 |
| City Washington | State DC | Zip Code 20004 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 5000.00 |
| Name of Employer | Occupation | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 10000.00 | |

| | | |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. Superior California PAC | | Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6 |
| Mailing Address 2150 River Plaza Drive #150 | | Transaction ID: 0012646 |
| City Sacramento | State CA | Zip Code 95833 |
| FEC ID number of contributing federal political committee. C C00317511 | | Amount of Each Receipt this Period 5000.00 |
| Name of Employer | Occupation | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 10000.00 | |

| | | |
|--|---|----------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 10500.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|--|---|---------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 53 / 144 |
| | <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d | |
| | <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

| | | |
|---|---|--|
| A. Patriots for United Leadership Full Name (Last, First, Middle Initial) Mailing Address PO Box 4508 City Arlington State VA Zip Code 22204 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6 Transaction ID: 0012647 Amount of Each Receipt this Period 2000.00 |
| Name of Employer Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Election Cycle-to-Date ▼ 4000.00 | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |

| | | |
|---|---|--|
| B. McHenry for Congress Full Name (Last, First, Middle Initial) Mailing Address PO Box 1406 City Hickory State NC Zip Code 28603 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6 Transaction ID: 0012648 Amount of Each Receipt this Period 1000.00 |
| Name of Employer Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Election Cycle-to-Date ▼ 1000.00 | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |

| | | |
|---|---|--|
| C. The Commonwealth PAC Full Name (Last, First, Middle Initial) Mailing Address PO Box 151 City Boston State MA Zip Code 02117 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6 Transaction ID: 0012649 Amount of Each Receipt this Period 1000.00 |
| Name of Employer Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Election Cycle-to-Date ▼ 1000.00 | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 4000.00 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER: PAGE 54 / 144
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

Full Name (Last, First, Middle Initial)
A. AFSA PAC-American Financial Services Association

Mailing Address 919 Eighteenth Street, NW

City State Zip Code
Washington DC 20006

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
10000.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 30 / 2006

Transaction ID: 0012650

Amount of Each Receipt this Period
2500.00

June 21 Coffee

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

Full Name (Last, First, Middle Initial)
B. AICPA Political Action Committee

Mailing Address 1455 Pennsylvania Avenue, NW

City State Zip Code
Washington DC 20004-1081

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
7159.72

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 30 / 2006

Transaction ID: 0012651

Amount of Each Receipt this Period
1400.00

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

Full Name (Last, First, Middle Initial)
C. Mike R Fund

Mailing Address POBox 65796

City State Zip Code
Washington DC 20035

FEC ID number of contributing federal political committee. **C** C00370791

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
10000.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 30 / 2006

Transaction ID: 0012653

Amount of Each Receipt this Period
5000.00

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

SUBTOTAL of Receipts This Page (optional) ► **8900.00**

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

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

| | | |
|--|------------------------------|---|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 55 / 144 |
| | (check only one) | |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c |
| <input type="checkbox"/> 11d | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| <input type="checkbox"/> 13b | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
21st Century PAC

Mailing Address 2052 Lake Audobon Court

City Reston State VA Zip Code 20191

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
10000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2006

Transaction ID: 0012654

Amount of Each Receipt this Period
5000.00

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

B. Full Name (Last, First, Middle Initial)
Bill PAC

Mailing Address 228 S Washington St, Ste 115

City Alexandria State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00412288

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2006

Transaction ID: 0012655

Amount of Each Receipt this Period
1000.00

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

| | | |
|--|---|----------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 6000.00 |
| TOTAL This Period (last page this line number only) | ▶ | 68050.00 |

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

| | | |
|--|--|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 56 / 144 |
| | (check only one) | |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 11d | <input checked="" type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| <input type="checkbox"/> 13b | <input checked="" type="checkbox"/> 14 | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
U.S. Postal Service

Mailing Address Post Office

City State Zip Code
St. Clairsville OH 43950

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
797.14

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 0 9 / 2 0 0 6

Transaction ID: 0012273

Amount of Each Receipt this Period
305.05

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

B. Full Name (Last, First, Middle Initial)
Classic Brands Chillicothe

Mailing Address PO Box 297

City State Zip Code
Chillicothe OH 45601-0297

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
16.42

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 2 2 / 2 0 0 6

Transaction ID: 0012331

Amount of Each Receipt this Period
16.42

Refund Event Supplies

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

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 321.47 |
| TOTAL This Period (last page this line number only) | 321.47 |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|--|---------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 57 / 144 |
| | <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d | |
| | <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input checked="" type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

| | | |
|--|--------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. Advantage Bank | | Date of Receipt |
| Mailing Address 814 Wheeling Avenue | | <input type="text" value="04"/> / <input type="text" value="28"/> / <input type="text" value="2006"/> |
| City | State | Zip Code |
| Cambridge | OH | 43725 |
| FEC ID number of contributing federal political committee. | | Transaction ID: 0012478 |
| <input type="text" value="C"/> | | Amount of Each Receipt this Period |
| | | <input type="text" value="400.61"/> |
| Name of Employer | Occupation | Interest Income |
| Receipt For: 2006 | Election Cycle-to-Date ▼ | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="3867.24"/> | |
| <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|--|--------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. Advantage Bank | | Date of Receipt |
| Mailing Address 814 Wheeling Avenue | | <input type="text" value="05"/> / <input type="text" value="19"/> / <input type="text" value="2006"/> |
| City | State | Zip Code |
| Cambridge | OH | 43725 |
| FEC ID number of contributing federal political committee. | | Transaction ID: 0012479 |
| <input type="text" value="C"/> | | Amount of Each Receipt this Period |
| | | <input type="text" value="300.80"/> |
| Name of Employer | Occupation | Interest Income |
| Receipt For: 2006 | Election Cycle-to-Date ▼ | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General | <input type="text" value="4168.04"/> | |
| <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|--|--------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. Advantage Bank | | Date of Receipt |
| Mailing Address 814 Wheeling Avenue | | <input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2006"/> |
| City | State | Zip Code |
| Cambridge | OH | 43725 |
| FEC ID number of contributing federal political committee. | | Transaction ID: 0012652 |
| <input type="text" value="C"/> | | Amount of Each Receipt this Period |
| | | <input type="text" value="215.07"/> |
| Name of Employer | Occupation | Interest Income |
| Receipt For: 2006 | Election Cycle-to-Date ▼ | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General | <input type="text" value="4383.11"/> | |
| <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|---|-------------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text" value="916.48"/> |
| TOTAL This Period (last page this line number only) | <input type="text" value="916.48"/> |

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Brabender Cox | | Transaction ID: 0012357 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 3 / 2 0 0 6 |
| Mailing Address 100 W Station Square Drive, Suite | | Amount of Each Disbursement this Period 2608.60 |
| City Pittsburgh State PA Zip Code 15219 | Purpose of Disbursement Political Advertising Candidate Name Category/Type 004 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. U.S. Postal Service | | Transaction ID: 0012356 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 3 / 2 0 0 6 |
| Mailing Address Post Office | | Amount of Each Disbursement this Period 8600.00 |
| City St. Clairsville State OH Zip Code 43950 | Purpose of Disbursement Postage Candidate Name Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Bogart Associates, Inc. | | Transaction ID: 0012366 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 6 |
| Mailing Address 1200 Trinity Drive | | Amount of Each Disbursement this Period 2500.00 |
| City Alexandria State VA Zip Code 22314 | Purpose of Disbursement Political Consulting Candidate Name Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

| | |
|--|----------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 13708.60 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Bank of America | | Transaction ID: 0012358 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 6 |
| Mailing Address PO Box 60073 | | Amount of Each Disbursement this Period 306.60 |
| City State Zip Code City Of Industry CA 91716-0073 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Political Food and Travel | Category/Type 002 | ITEMIZATION BELOW |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. US Air | | Transaction ID: 0012358-003 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 7 / 2 0 0 6 |
| Mailing Address 111 West Rio Salado Parkway | | Amount of Each Disbursement this Period 141.60 |
| City State Zip Code Tempe AZ 85281 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Political Travel | Category/Type 002 | [MEMO ITEM] MEMO |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Matthew D Parker | | Transaction ID: 0012361 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 6 |
| Mailing Address 297 English Oaks Dr | | Amount of Each Disbursement this Period 57.10 |
| City State Zip Code Heath OH 43056-8243 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Political Food and Travel | Category/Type 002 | ITEMIZATION BELOW |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | |
|--|--------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 363.70 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 60 / 144

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

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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

| | | |
|--|--|---|
| A. David M. Popp Full Name (Last, First, Middle Initial) Mailing Address 2633 River Oaks Dr City Columbus State OH Zip Code 43228-9172 Purpose of Disbursement Office Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 0012362 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 6 Amount of Each Disbursement this Period 68.15 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 ITEMIZATION BELOW |
|--|--|---|

| | | |
|--|--|---|
| B. Cingular Wireless Full Name (Last, First, Middle Initial) Mailing Address PO Box 8229 City Aurora State IL Zip Code 60572-8229 Purpose of Disbursement Telephone Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 0012359 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 6 Amount of Each Disbursement this Period 84.20 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|--|--|---|

| | | |
|---|--|--|
| C. Brabender Cox Full Name (Last, First, Middle Initial) Mailing Address 100 W Station Square Drive, Suite City Pittsburgh State PA Zip Code 15219 Purpose of Disbursement Telephone Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 0012367 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 6 Amount of Each Disbursement this Period 136.79 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|---|--|--|

| | |
|--|--------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 289.14 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) A. Franklin Printing Company, Inc. | | Transaction ID: 0012368 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 6 | |
| Mailing Address 984 Beverly Avenue | | Amount of Each Disbursement this Period 874.73 | |
| City Zanesville State OH Zip Code 43701 | Purpose of Disbursement Political Printing Candidate Name | Category/ Type 006 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) B. Elizabeth P. P Ney | | Transaction ID: 0012462 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 6 | |
| Mailing Address 310 English Oaks Dr | | Amount of Each Disbursement this Period 851.77 | |
| City Heath State OH Zip Code 43056-8227 | Purpose of Disbursement Bi Monthly Salary Candidate Name | Category/ Type 001 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) C. Matthew D Parker | | Transaction ID: 0012466 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 6 | |
| Mailing Address 297 English Oaks Dr | | Amount of Each Disbursement this Period 4022.95 | |
| City Heath State OH Zip Code 43056-8243 | Purpose of Disbursement Monthly Salary Candidate Name | Category/ Type 001 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 5749.45 |
| TOTAL This Period (last page this line number only) ▶ | |

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Benjamin W. Yoho | | Transaction ID: 0012468 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 6 |
| Mailing Address 47611 Deerfield Dr | | Amount of Each Disbursement this Period 660.59 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City St Clairsvle State OH Zip Code 43950-9624 | Purpose of Disbursement Monthly Salary Candidate Name Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Brian J. Walsh | | Transaction ID: 0012470 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 6 |
| Mailing Address 122 6th St NE | | Amount of Each Disbursement this Period 184.70 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Washington State DC Zip Code 20002-6055 | Purpose of Disbursement Monthly Salary Candidate Name Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. David M. Popp | | Transaction ID: 0012472 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 6 |
| Mailing Address 2633 River Oaks Dr | | Amount of Each Disbursement this Period 429.32 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Columbus State OH Zip Code 43228-9172 | Purpose of Disbursement Monthly Salary Candidate Name Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 1274.61 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

| | | |
|---|--|--|
| A. Filpac Software Development Full Name (Last, First, Middle Initial) Mailing Address PO Box 20235 City Columbus State OH Zip Code 43220-0235 Purpose of Disbursement Office Software Maintenance Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 0012363 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 6 Amount of Each Disbursement this Period 543.85 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|---|--|--|

| | | |
|---|--|--|
| B. Mail America Full Name (Last, First, Middle Initial) Mailing Address 89 Bridge Street Plaza City Wheeling State WV Zip Code 26003 Purpose of Disbursement Political Advertising Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 0012365 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 0 6 Amount of Each Disbursement this Period 11833.80 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|---|--|--|

| | | |
|--|--|---|
| C. U.S. Postal Service Full Name (Last, First, Middle Initial) Mailing Address Post Office City St. Clairsville State OH Zip Code 43950 Purpose of Disbursement Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 0012364 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 0 6 Amount of Each Disbursement this Period 3105.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
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| SUBTOTAL of Disbursements This Page (optional) ▶ | 15482.65 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

| | | |
|---|--|---|
| A. Tuttle & Tuttle Full Name (Last, First, Middle Initial) Mailing Address 12 Fort Williams Parkway City Alexandria State VA Zip Code 22304 Purpose of Disbursement Political Cards Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 0012371 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 0 6 Amount of Each Disbursement this Period 1255.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
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| B. Sprint Full Name (Last, First, Middle Initial) Mailing Address PO Box 96031 City Charlotte State NC Zip Code 28296-0031 Purpose of Disbursement Telephone Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 0012370 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 0 6 Amount of Each Disbursement this Period 479.79 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
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| | | |
|---|--|--|
| C. Alltel Full Name (Last, First, Middle Initial) Mailing Address PO Box 9001902 City Louisville State KY Zip Code 40290-1902 Purpose of Disbursement Telephone Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 0012372 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 0 6 Amount of Each Disbursement this Period 102.85 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
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| SUBTOTAL of Disbursements This Page (optional) ▶ | 1838.14 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

| | | | |
|--|--|---|--------------------------|
| Full Name (Last, First, Middle Initial) A. U.S. Postal Service | | Transaction ID: 0012369 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 0 6 | |
| Mailing Address Post Office | | Amount of Each Disbursement this Period 7600.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| City St. Clairsville | State OH | | Zip Code 43950 |
| Purpose of Disbursement Postage | | | 001 Category/ Type |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: District: | | | |

| | | | |
|--|--|---|--------------------------|
| Full Name (Last, First, Middle Initial) B. Martins Ferry Flower Shop | | Transaction ID: 0012374 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 6 | |
| Mailing Address 9 South Fourth Street | | Amount of Each Disbursement this Period 53.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| City Martins Ferry | State OH | | Zip Code 43935 |
| Purpose of Disbursement Flowers For Constituents | | | 001 Category/ Type |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: District: | | | |

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|--|--|---|--------------------------|
| Full Name (Last, First, Middle Initial) C. American Express | | Transaction ID: 0012373 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 6 | |
| Mailing Address PO Box 36001 | | Amount of Each Disbursement this Period 8493.87 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| City Ft Lauderdale | State FL | | Zip Code 33336-0001 |
| Purpose of Disbursement Political Food and Travel Advertising | | | 002 Category/ Type |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: District: | | | |

ITEMIZATION BELOW

SUBTOTAL of Disbursements This Page (optional) ▶

16147.37

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. U.S. Postal Service | | Transaction ID: 0012373-001 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 6 |
| Mailing Address Post Office | | Amount of Each Disbursement this Period 351.00 |
| City St. Clairsville | State OH | |
| Zip Code 43950 | Purpose of Disbursement Postage | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO |
| Candidate Name | Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. U.S. Postal Service | | Transaction ID: 0012373-003 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 6 |
| Mailing Address Post Office | | Amount of Each Disbursement this Period 156.00 |
| City St. Clairsville | State OH | |
| Zip Code 43950 | Purpose of Disbursement Postage | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO |
| Candidate Name | Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Staples | | Transaction ID: 0012373-004 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 6 |
| Mailing Address 50585 National Road | | Amount of Each Disbursement this Period 28.41 |
| City St. Clairsville | State OH | |
| Zip Code 43950 | Purpose of Disbursement Office Expense | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO |
| Candidate Name | Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 0.00 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) A. FedEx | | Transaction ID: 0012373-005 Date of Disbursement 03 / 16 / 2006 | |
| Mailing Address PO Box 371461 | | Amount of Each Disbursement this Period 18.69 | |
| City Pittsburgh State PA Zip Code 15250-7461 | Purpose of Disbursement Postage Candidate Name | 001 Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

[MEMO ITEM]
MEMO

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) B. U.S. Postal Service | | Transaction ID: 0012373-007 Date of Disbursement 03 / 20 / 2006 | |
| Mailing Address Post Office | | Amount of Each Disbursement this Period 780.00 | |
| City St. Clairsville State OH Zip Code 43950 | Purpose of Disbursement Postage Candidate Name | 001 Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

[MEMO ITEM]
MEMO

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) C. U.S. Postal Service | | Transaction ID: 0012373-008 Date of Disbursement 03 / 21 / 2006 | |
| Mailing Address Post Office | | Amount of Each Disbursement this Period 1.89 | |
| City St. Clairsville State OH Zip Code 43950 | Purpose of Disbursement Postage Candidate Name | 001 Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

[MEMO ITEM]
MEMO

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 0.00 |
| TOTAL This Period (last page this line number only) ▶ | [] |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

| | | |
|---|--|--|
| A. U.S. Postal Service Full Name (Last, First, Middle Initial) Mailing Address Post Office City State Zip Code St. Clairsville OH 43950 Purpose of Disbursement Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 0012373-010 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 6 Amount of Each Disbursement this Period 2851.18 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO |
|---|--|--|

| | | |
|--|--|--|
| B. Speedway Full Name (Last, First, Middle Initial) Mailing Address 3535 Massilon Road City State Zip Code Uniontown OH 44685 Purpose of Disbursement Campaign Vehicle Costs Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 0012373-011 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 5 / 2 0 0 6 Amount of Each Disbursement this Period 41.04 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO |
|--|--|--|

| | | |
|---|--|---|
| C. U.S. Postal Service Full Name (Last, First, Middle Initial) Mailing Address Post Office City State Zip Code St. Clairsville OH 43950 Purpose of Disbursement Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 0012373-012 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 7 / 2 0 0 6 Amount of Each Disbursement this Period 585.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO |
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| SUBTOTAL of Disbursements This Page (optional) ▶ | 0.00 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) A. Hunan Dynasty | | Transaction ID: 0012373-020 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 6 |
| Mailing Address 215 Pennsylvania Avenue SE | | Amount of Each Disbursement this Period 932.70 |
| City Washington State DC Zip Code 20003 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Political Event Candidate Name | 003 Category/Type | [MEMO ITEM] MEMO |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | State: District: | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) B. U.S. Postal Service | | Transaction ID: 0012373-022 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 6 |
| Mailing Address Post Office | | Amount of Each Disbursement this Period 9.10 |
| City St. Clairsville State OH Zip Code 43950 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Postage Candidate Name | 001 Category/Type | [MEMO ITEM] MEMO |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | State: District: | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) C. Hunan Dynasty | | Transaction ID: 0012373-023 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 0 6 |
| Mailing Address 215 Pennsylvania Avenue SE | | Amount of Each Disbursement this Period 249.65 |
| City Washington State DC Zip Code 20003 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Political Food Candidate Name | 001 Category/Type | [MEMO ITEM] MEMO |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | State: District: | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 0.00 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. U.S. Postal Service | | Transaction ID: 0012373-027 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 0 6 |
| Mailing Address Post Office | | Amount of Each Disbursement this Period 1.87 |
| City St. Clairsville | State OH | |
| Zip Code 43950 | | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO |
| Purpose of Disbursement Postage | | |
| Candidate Name | | 001 Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

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|--|--|---|
| Full Name (Last, First, Middle Initial) B. U.S. Postal Service | | Transaction ID: 0012373-028 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 6 |
| Mailing Address Post Office | | Amount of Each Disbursement this Period 2.31 |
| City St. Clairsville | State OH | |
| Zip Code 43950 | | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO |
| Purpose of Disbursement Postage | | |
| Candidate Name | | 001 Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Speedway | | Transaction ID: 0012373-031 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 6 |
| Mailing Address 3535 Massilon Road | | Amount of Each Disbursement this Period 40.90 |
| City Uniontown | State OH | |
| Zip Code 44685 | | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO |
| Purpose of Disbursement Campaign Vehicle Costs | | |
| Candidate Name | | 001 Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 0.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

| | | |
|---|--|--|
| <p>A. Staples</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Staples</p> <p>Mailing Address 50585 National Road</p> <p>City St. Clairsville State OH Zip Code 43950</p> <p>Purpose of Disbursement Office Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> | | <p>Transaction ID: 0012373-033</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="46.83"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO</p> |
| <p>Disbursement For: 2006</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p> | | <p>Category/Type</p> <p><input type="text" value="001"/></p> |

| | | |
|--|--|--|
| <p>B. Speedway</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Speedway</p> <p>Mailing Address 3535 Massilon Road</p> <p>City Uniontown State OH Zip Code 44685</p> <p>Purpose of Disbursement Campaign Vehicle Costs</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> | | <p>Transaction ID: 0012373-034</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="27.15"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO</p> |
| <p>Disbursement For: 2006</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p> | | <p>Category/Type</p> <p><input type="text" value="001"/></p> |

| | | |
|--|--|---|
| <p>C. Speedway</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Speedway</p> <p>Mailing Address 3535 Massilon Road</p> <p>City Uniontown State OH Zip Code 44685</p> <p>Purpose of Disbursement Campaign Vehicle Costs</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> | | <p>Transaction ID: 0012373-037</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="5.98"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO</p> |
| <p>Disbursement For: 2006</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p> | | <p>Category/Type</p> <p><input type="text" value="001"/></p> |

| | |
|---|--|
| <p>SUBTOTAL of Disbursements This Page (optional)</p> | <p><input type="text" value="0.00"/></p> |
| <p>TOTAL This Period (last page this line number only)</p> | <p><input type="text"/></p> |

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Kathryn Harbath | | Transaction ID: 0012474 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 6 |
| Mailing Address 1138 Nadine dr | | Amount of Each Disbursement this Period 403.71 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Heath State OH Zip Code 43056 | Purpose of Disbursement Bi Monthly Salary Candidate Name Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Brabender Cox | | Transaction ID: 0012380 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 6 |
| Mailing Address 100 W Station Square Drive, Suite | | Amount of Each Disbursement this Period 12665.89 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Pittsburgh State PA Zip Code 15219 | Purpose of Disbursement Political Advertising Candidate Name Category/Type 004 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Xerox Corp | | Transaction ID: 0012376 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 6 |
| Mailing Address PO Box 827181 | | Amount of Each Disbursement this Period 414.54 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Philadelphia State PA Zip Code 19182 | Purpose of Disbursement Copier Lease Candidate Name Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|----------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 13484.14 |
| TOTAL This Period (last page this line number only) ▶ | [] |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

| | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|--------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <p>A. Full Name (Last, First, Middle Initial) City of Heath Ohio</p> | | <p>Transaction ID: 0012383 Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 4 | | 2 | 4 | | 2 | 0 | 0 | 6 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | |
| 0 | 4 | | 2 | 4 | | 2 | 0 | 0 | 6 | | | | | | | | | | | | | |
| <p>Mailing Address 1287 Hebron Road</p> | | <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td>213.00</td> </tr> </table> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> | 213.00 | | | | | | | | | | | | | | | | | | | |
| 213.00 | | | | | | | | | | | | | | | | | | | | | | |
| <p>City Newark State OH Zip Code 43056</p> | <p>Purpose of Disbursement Local Income Tax Withheld</p> | | | | | | | | | | | | | | | | | | | | | |
| <p>Candidate Name</p> | <p>Category/Type 001</p> | | | | | | | | | | | | | | | | | | | | | |
| <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> | <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | | | | | | | | | | | | | | | | | | | | |
| <p>State: District:</p> | | | | | | | | | | | | | | | | | | | | | | |

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|---|---|---|-------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <p>B. Full Name (Last, First, Middle Initial) MCI World Com</p> | | <p>Transaction ID: 0012379 Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 4 | | 2 | 4 | | 2 | 0 | 0 | 6 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | |
| 0 | 4 | | 2 | 4 | | 2 | 0 | 0 | 6 | | | | | | | | | | | | | |
| <p>Mailing Address PO Box 73881</p> | | <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td>38.93</td> </tr> </table> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> | 38.93 | | | | | | | | | | | | | | | | | | | |
| 38.93 | | | | | | | | | | | | | | | | | | | | | | |
| <p>City Chicago State IL Zip Code 60673</p> | <p>Purpose of Disbursement Telephone Expense</p> | | | | | | | | | | | | | | | | | | | | | |
| <p>Candidate Name</p> | <p>Category/Type 001</p> | | | | | | | | | | | | | | | | | | | | | |
| <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> | <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | | | | | | | | | | | | | | | | | | | | |
| <p>State: District:</p> | | | | | | | | | | | | | | | | | | | | | | |

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|---|---|---|--------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <p>C. Full Name (Last, First, Middle Initial) Kathryn Harbath</p> | | <p>Transaction ID: 0012377 Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 4 | | 2 | 4 | | 2 | 0 | 0 | 6 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | |
| 0 | 4 | | 2 | 4 | | 2 | 0 | 0 | 6 | | | | | | | | | | | | | |
| <p>Mailing Address 1138 Nadine dr</p> | | <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td>160.82</td> </tr> </table> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> | 160.82 | | | | | | | | | | | | | | | | | | | |
| 160.82 | | | | | | | | | | | | | | | | | | | | | | |
| <p>City Heath State OH Zip Code 43056</p> | <p>Purpose of Disbursement Postage Office Expenses</p> | | | | | | | | | | | | | | | | | | | | | |
| <p>Candidate Name</p> | <p>Category/Type 001</p> | | | | | | | | | | | | | | | | | | | | | |
| <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> | <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | | | | | | | | | | | | | | | | | | | | |
| <p>State: District:</p> | | | | | | | | | | | | | | | | | | | | | | |

ITEMIZATION BELOW

SUBTOTAL of Disbursements This Page (optional) ►

412.75

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. U.S. Postal Service | | Transaction ID: 0012377-001 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 0 6 |
| Mailing Address Post Office | | Amount of Each Disbursement this Period 156.00 |
| City St. Clairsville | State OH | |
| Zip Code 43950 | | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO |
| Purpose of Disbursement Postage | | |
| Candidate Name | | 001 Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. U.S. Postal Service | | Transaction ID: 0012384 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 6 |
| Mailing Address Post Office | | Amount of Each Disbursement this Period 39.00 |
| City St. Clairsville | State OH | |
| Zip Code 43950 | | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Purpose of Disbursement Postage | | |
| Candidate Name | | 001 Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Sky Bank | | Transaction ID: 0012381 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 6 |
| Mailing Address PO Box 249 | | Amount of Each Disbursement this Period 128.36 |
| City St. Clairsville | State OH | |
| Zip Code 43950 | | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Purpose of Disbursement Federal Tax Deposit | | |
| Candidate Name | | 001 Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

SUBTOTAL of Disbursements This Page (optional) ▶

167.36

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Oh Dept. of Job & Family Services | | Transaction ID: 0012382 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 6 |
| Mailing Address PO Box 182413 | | Amount of Each Disbursement this Period 292.41 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Columbus State OH Zip Code 43218-2413 | Purpose of Disbursement State Unemployment Tax Candidate Name Category/Type: 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. GMAC | | Transaction ID: 0012378 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 6 |
| Mailing Address PO Box 9001951 | | Amount of Each Disbursement this Period 673.73 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Louisville State KY Zip Code 40290-1951 | Purpose of Disbursement Campaign Vehicle Costs Candidate Name Category/Type: 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Martins Ferry Flower Shop | | Transaction ID: 0012387 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 6 |
| Mailing Address 9 South Fourth Street | | Amount of Each Disbursement this Period 175.48 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Martins Ferry State OH Zip Code 43935 | Purpose of Disbursement Flowers For Constituents Candidate Name Category/Type: 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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|--|-------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 1141.62 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Verizon Wireless | | Transaction ID: 0012386 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 6 |
| Mailing Address 771 S 30th Street | | Amount of Each Disbursement this Period 245.42 |
| City Heath State OH Zip Code 43056 | Purpose of Disbursement Telephone Expense Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. AT&T Business Service | | Transaction ID: 0012388 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 6 |
| Mailing Address PO Box 9001309 | | Amount of Each Disbursement this Period 95.02 |
| City Louisville State KY Zip Code 40290 | Purpose of Disbursement Telephone Expense Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. U.S. Postal Service | | Transaction ID: 0012389 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 6 |
| Mailing Address Post Office | | Amount of Each Disbursement this Period 600.00 |
| City St. Clairsville State OH Zip Code 43950 | Purpose of Disbursement Postage Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 940.44 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Southgate Company LTD PTR | | Transaction ID: 0012385 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 6 |
| Mailing Address 1445 West Main Street | | Amount of Each Disbursement this Period 218.20 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Newark State OH Zip Code 43055 | Purpose of Disbursement Campaign Office Rent Candidate Name Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. FLS Connect | | Transaction ID: 0012394 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 6 |
| Mailing Address 2401 W Behrend Drive Suite 7 | | Amount of Each Disbursement this Period 4666.65 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Phoenix State AZ Zip Code 85027 | Purpose of Disbursement Political Advertising Candidate Name Category/Type 004 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Matthew D Parker | | Transaction ID: 0012392 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 6 |
| Mailing Address 297 English Oaks Dr | | Amount of Each Disbursement this Period 107.11 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Heath State OH Zip Code 43056-8243 | Purpose of Disbursement Political Food Candidate Name Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | ITEMIZATION BELOW |

| | |
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| SUBTOTAL of Disbursements This Page (optional) ▶ | 4991.96 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

| | | |
|--|--|---|
| A. Kathryn Harbath Full Name (Last, First, Middle Initial) Mailing Address 1138 Nadine dr City Heath State OH Zip Code 43056 Purpose of Disbursement Office Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 0012390 Date of Disbursement 04 / 27 / 2006 Amount of Each Disbursement this Period 53.48 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|--|--|---|

| | | |
|---|--|---|
| B. Benjamin W. Yoho Full Name (Last, First, Middle Initial) Mailing Address 47611 Deerfield Dr City St Clairsvle State OH Zip Code 43950-9624 Purpose of Disbursement Office Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 0012391 Date of Disbursement 04 / 27 / 2006 Amount of Each Disbursement this Period 104.92 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 ITEMIZATION BELOW |
|---|--|---|

| | | |
|---|--|---|
| C. Staples Full Name (Last, First, Middle Initial) Mailing Address 50585 National Road City St. Clairsville State OH Zip Code 43950 Purpose of Disbursement Office Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 0012391-002 Date of Disbursement 04 / 24 / 2006 Amount of Each Disbursement this Period 85.25 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO |
|---|--|---|

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 158.40 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

| | | | |
|--|--|---|---|
| Full Name (Last, First, Middle Initial) A. U.S. Postal Service | | Transaction ID: 0012391-003 Date of Disbursement 04 / 17 / 2006 | |
| Mailing Address Post Office | | Amount of Each Disbursement this Period 1.83 | |
| City St. Clairsville | State OH | Zip Code 43950 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Purpose of Disbursement Postage | | Category/ Type 001 | |
| Candidate Name | | <input type="checkbox"/> Other (specify) ▼ | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: District: | [MEMO ITEM] MEMO | | |

| | | | |
|--|--|---|---|
| Full Name (Last, First, Middle Initial) B. FedEx | | Transaction ID: 0012393 Date of Disbursement 04 / 27 / 2006 | |
| Mailing Address PO Box 371461 | | Amount of Each Disbursement this Period 74.65 | |
| City Pittsburgh | State PA | Zip Code 15250-7461 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Purpose of Disbursement Postage | | Category/ Type 001 | |
| Candidate Name | | <input type="checkbox"/> Other (specify) ▼ | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: District: | | | |

| | | | |
|--|--|---|---|
| Full Name (Last, First, Middle Initial) C. Filpac Software Development | | Transaction ID: 0012395 Date of Disbursement 04 / 27 / 2006 | |
| Mailing Address PO Box 20235 | | Amount of Each Disbursement this Period 425.00 | |
| City Columbus | State OH | Zip Code 43220-0235 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Purpose of Disbursement Office Software Maintenance | | Category/ Type 001 | |
| Candidate Name | | <input type="checkbox"/> Other (specify) ▼ | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: District: | | | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 499.65 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Sky Bank | | Transaction ID: 0012669 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 6 |
| Mailing Address PO Box 249 | | Amount of Each Disbursement this Period 12.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City St. Clairsville State OH Zip Code 43950 | Purpose of Disbursement Bank Fees Candidate Name Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Elizabeth P. P Ney | | Transaction ID: 0012463 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 6 |
| Mailing Address 310 English Oaks Dr | | Amount of Each Disbursement this Period 851.77 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Heath State OH Zip Code 43056-8227 | Purpose of Disbursement Bi Monthly Salary Candidate Name Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Kathryn Harbath | | Transaction ID: 0012475 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 6 |
| Mailing Address 1138 Nadine dr | | Amount of Each Disbursement this Period 1230.86 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Heath State OH Zip Code 43056 | Purpose of Disbursement Bi Monthly Salary Candidate Name Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 2094.63 |
| TOTAL This Period (last page this line number only) ▶ | |

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Lee & Associates | | Transaction ID: 0012398 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 6 |
| Mailing Address PO Box 61, 252 West Main Street | | Amount of Each Disbursement this Period 3135.00 |
| City St. Clairsville State OH Zip Code 43950 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Profession Sevices Payroll and Reporting Candidate Name | 001 Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Full Name (Last, First, Middle Initial) B. Guernsey Co. Fair Board | | Transaction ID: 0012397 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 6 |
| Mailing Address 73140 Freeport Road | | Amount of Each Disbursement this Period 375.00 |
| City Freeport State OH Zip Code 43973 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Booth At Fair For Political Campaign Candidate Name | 001 Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Full Name (Last, First, Middle Initial) C. Franklin Printing Company, Inc. | | Transaction ID: 0012396 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 6 |
| Mailing Address 984 Beverly Avenue | | Amount of Each Disbursement this Period 1170.71 |
| City Zanesville State OH Zip Code 43701 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Political Printing Candidate Name | 006 Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

SUBTOTAL of Disbursements This Page (optional) ▶

4680.71

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Sky Bank | | Transaction ID: 0012670 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 6 |
| Mailing Address PO Box 249 | | Amount of Each Disbursement this Period 12.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City St. Clairsville State OH Zip Code 43950 | Purpose of Disbursement Bank Fees Candidate Name Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Brabender Cox | | Transaction ID: 0012403 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 0 6 |
| Mailing Address 100 W Station Square Drive, Suite | | Amount of Each Disbursement this Period 812.96 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Pittsburgh State PA Zip Code 15219 | Purpose of Disbursement Political Advertising Candidate Name Category/Type 004 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Bogart Associates, Inc. | | Transaction ID: 0012408 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 0 6 |
| Mailing Address 1200 Trinity Drive | | Amount of Each Disbursement this Period 2500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Alexandria State VA Zip Code 22314 | Purpose of Disbursement Political Consulting Candidate Name Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 3324.96 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Martins Ferry Flower Shop | | Transaction ID: 0012404 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 0 6 |
| Mailing Address 9 South Fourth Street | | Amount of Each Disbursement this Period 64.20 |
| City Martins Ferry State OH Zip Code 43935 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Flowers For Constituents | Candidate Name | 001 Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Bank of America | | Transaction ID: 0012402 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 0 6 |
| Mailing Address PO Box 60073 | | Amount of Each Disbursement this Period 1262.62 |
| City City Of Industry State CA Zip Code 91716-0073 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Political Food and Travel | Candidate Name | 002 Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | ITEMIZATION BELOW |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. BP Amoco Oil Company | | Transaction ID: 0012402-001 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 6 |
| Mailing Address PO Box 9001002 | | Amount of Each Disbursement this Period 25.55 |
| City Louisville State KY Zip Code 40290 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Campaign Vehicle Costs | Candidate Name | 001 Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM] MEMO |

| | |
|--|-------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 1326.82 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 87 / 144

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

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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. US Air | | Transaction ID: 0012402-007 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 6 |
| Mailing Address 111 West Rio Salado Parkway | | Amount of Each Disbursement this Period 13.00 |
| City Tempe State AZ Zip Code 85281 | Purpose of Disbursement Political Travel Candidate Name Category/Type 002 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Heath Mini Storage | | Transaction ID: 0012402-008 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 6 |
| Mailing Address 440 Industrial Parkway | | Amount of Each Disbursement this Period 101.65 |
| City Heath State OH Zip Code 43056 | Purpose of Disbursement Campaign Office Rent Candidate Name Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. A.V. Ristorante Italiano | | Transaction ID: 0012402-009 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 6 |
| Mailing Address 607 New York Avenue | | Amount of Each Disbursement this Period 68.65 |
| City Washington State DC Zip Code 20001 | Purpose of Disbursement Political Food Candidate Name Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO |

| | |
|--|-------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 0.00 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

| | | |
|--|--|--|
| <p>A. Onstar</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 400 Renaissance Center</p> <p>City Detroit State MI Zip Code 48265</p> <p>Purpose of Disbursement Campaign Vehicle Costs</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> | | <p>Transaction ID: 0012402-010</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="69.95"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO</p> |
| <p>Disbursement For: 2006</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p> | | <p>Category/Type</p> <p><input type="text" value="001"/></p> |

| | | |
|---|--|---|
| <p>B. Friends of the NRA</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 72811 Bolon Drive</p> <p>City Dillonvale State OH Zip Code 43917</p> <p>Purpose of Disbursement Political Event</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> | | <p>Transaction ID: 0012402-011</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="1"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="410.98"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO</p> |
| <p>Disbursement For: 2006</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p> | | <p>Category/Type</p> <p><input type="text" value="003"/></p> |

| | | |
|--|--|---|
| <p>C. Verizon Wireless</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 771 S 30th Street</p> <p>City Heath State OH Zip Code 43056</p> <p>Purpose of Disbursement Telephone Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> | | <p>Transaction ID: 0012402-013</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="117.68"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO</p> |
| <p>Disbursement For: 2006</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p> | | <p>Category/Type</p> <p><input type="text" value="001"/></p> |

| | |
|---|--|
| <p>SUBTOTAL of Disbursements This Page (optional)</p> | <p><input type="text" value="0.00"/></p> |
| <p>TOTAL This Period (last page this line number only)</p> | <p><input type="text"/></p> |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Papa Boos | | Transaction ID: 0012402-014 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 6 / 2 0 0 6 |
| Mailing Address 11356 Avondale Road | | Amount of Each Disbursement this Period 109.69 |
| City Thornville State OH Zip Code 43076 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Political Food Candidate Name | 001 Category/Type | [MEMO ITEM] MEMO |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. BP Amoco Oil Company | | Transaction ID: 0012402-015 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 6 / 2 0 0 6 |
| Mailing Address PO Box 9001002 | | Amount of Each Disbursement this Period 58.32 |
| City Louisville State KY Zip Code 40290 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Campaign Vehicle Costs Candidate Name | 001 Category/Type | [MEMO ITEM] MEMO |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Olive Garden | | Transaction ID: 0012402-016 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 6 |
| Mailing Address 898 Hebron Road | | Amount of Each Disbursement this Period 38.21 |
| City Heath State OH Zip Code 43056 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Political Food Candidate Name | 001 Category/Type | [MEMO ITEM] MEMO |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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|--|-------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 0.00 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Cingular Wireless | | Transaction ID: 0012406 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 0 6 |
| Mailing Address PO Box 8229 | | Amount of Each Disbursement this Period 48.82 |
| City Aurora State IL Zip Code 60572-8229 | Purpose of Disbursement Telephone Expense Candidate Name Category/Type: 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Stein-Palmer Printing | | Transaction ID: 0012405 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 0 6 |
| Mailing Address 1317 South Zane Highway | | Amount of Each Disbursement this Period 10670.34 |
| City Martins Ferry State OH Zip Code 43935 | Purpose of Disbursement Political Printing Candidate Name Category/Type: 006 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Treasurer State of Ohio | | Transaction ID: 0012401 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 0 6 |
| Mailing Address PO Box 347 | | Amount of Each Disbursement this Period 423.83 |
| City Columbus State OH Zip Code 43266 | Purpose of Disbursement State Tax Withheld Candidate Name Category/Type: 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

| | |
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| SUBTOTAL of Disbursements This Page (optional) ▶ | 11142.99 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Sky Bank | | Transaction ID: 0012400 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 0 6 |
| Mailing Address PO Box 249 | | Amount of Each Disbursement this Period 3826.76 |
| City St. Clairsville State OH Zip Code 43950 | Purpose of Disbursement Federal Tax Deposit Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. The Energy Cooperative | | Transaction ID: 0012407 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 0 6 |
| Mailing Address PO Box 89457 | | Amount of Each Disbursement this Period 78.00 |
| City Cleveland State OH Zip Code 44101-6457 | Purpose of Disbursement Office Utilities Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. BP Amoco Oil Company | | Transaction ID: 0012409 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 0 6 |
| Mailing Address PO Box 9001002 | | Amount of Each Disbursement this Period 532.40 |
| City Louisville State KY Zip Code 40290 | Purpose of Disbursement Campaign Vehicle Costs Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 4437.16 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) A. FLS Connect | | Transaction ID: 0012413 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 6 | |
| Mailing Address 2401 W Behrend Drive Suite 7 | | Amount of Each Disbursement this Period 1334.23 | |
| City Phoenix State AZ Zip Code 85027 | Purpose of Disbursement Political Advertising | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Candidate Name | Category/Type 004 | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) B. Matthew D Parker | | Transaction ID: 0012410 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 6 | |
| Mailing Address 297 English Oaks Dr | | Amount of Each Disbursement this Period 140.02 | |
| City Heath State OH Zip Code 43056-8243 | Purpose of Disbursement Political Food and Travel | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Candidate Name | Category/Type 002 | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) C. MCI Conferencing | | Transaction ID: 0012412 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 6 | |
| Mailing Address P O Box 70129 | | Amount of Each Disbursement this Period 190.17 | |
| City Chicago State IL Zip Code 60673-0129 | Purpose of Disbursement Telephone Expense | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Candidate Name | Category/Type 001 | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 1664.42 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 93 / 144

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

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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

| | | | |
|--|---|---|--|
| Full Name (Last, First, Middle Initial) A. U.S. Postal Service | | Transaction ID: 0012411 Date of Disbursement 05 / 04 / 2006 | |
| Mailing Address Post Office | | Amount of Each Disbursement this Period 12.67 | |
| City St. Clairsville | State OH | Zip Code 43950 | Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Purpose of Disbursement Postage | | Category/ Type 001 | |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: District: | | | |

| | | | |
|--|---|---|--|
| Full Name (Last, First, Middle Initial) B. MCI World Com | | Transaction ID: 0012415 Date of Disbursement 05 / 09 / 2006 | |
| Mailing Address PO Box 73881 | | Amount of Each Disbursement this Period 40.44 | |
| City Chicago | State IL | Zip Code 60673 | Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Purpose of Disbursement Telephone Expense | | Category/ Type 001 | |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: District: | | | |

| | | | |
|--|---|---|--|
| Full Name (Last, First, Middle Initial) C. Brabender Cox | | Transaction ID: 0012416 Date of Disbursement 05 / 10 / 2006 | |
| Mailing Address 100 W Station Square Drive, Suite | | Amount of Each Disbursement this Period 5204.63 | |
| City Pittsburgh | State PA | Zip Code 15219 | Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Purpose of Disbursement Political Advertising | | Category/ Type 004 | |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: District: | | | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 5257.74 |
| TOTAL This Period (last page this line number only) ▶ | |

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Verizon Wireless | | Transaction ID: 0012417 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 0 / 2 0 0 6 |
| Mailing Address 771 S 30th Street | | Amount of Each Disbursement this Period 50.85 |
| City Heath State OH Zip Code 43056 | Purpose of Disbursement Telephone Expense Candidate Name Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Southgate Company LTD PTR | | Transaction ID: 0012419 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 6 |
| Mailing Address 1445 West Main Street | | Amount of Each Disbursement this Period 1145.83 |
| City Newark State OH Zip Code 43055 | Purpose of Disbursement Campaign Office Rent Candidate Name Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Matthew D Parker | | Transaction ID: 0012420 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 6 |
| Mailing Address 297 English Oaks Dr | | Amount of Each Disbursement this Period 31.42 |
| City Heath State OH Zip Code 43056-8243 | Purpose of Disbursement Political Travel Candidate Name Category/Type 002 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

| | |
|--|-------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 1228.10 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 95 / 144

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

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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) A. Ohio University Foundation | | Transaction ID: 0012422 Date of Disbursement 05 / 15 / 2006 | |
| Mailing Address PO Box 869 | | Amount of Each Disbursement this Period 1500.00 | |
| City Athens State OH Zip Code 45701-9917 | Purpose of Disbursement Donation Hanson Scholarship Fund Candidate Name | Category/Type 012 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) B. Sprint | | Transaction ID: 0012423 Date of Disbursement 05 / 15 / 2006 | |
| Mailing Address PO Box 96031 | | Amount of Each Disbursement this Period 73.28 | |
| City Charlotte State NC Zip Code 28296-0031 | Purpose of Disbursement Telephone Expense Candidate Name | Category/Type 001 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) C. Elizabeth P. P Ney | | Transaction ID: 0012464 Date of Disbursement 05 / 15 / 2006 | |
| Mailing Address 310 English Oaks Dr | | Amount of Each Disbursement this Period 851.77 | |
| City Heath State OH Zip Code 43056-8227 | Purpose of Disbursement Bi Monthly Salary Candidate Name | Category/Type 001 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

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|--|-------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 2425.05 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

| | | |
|---|--|---|
| A. Kathryn Harbath Full Name (Last, First, Middle Initial) Mailing Address 1138 Nadine dr City Heath State OH Zip Code 43056 Purpose of Disbursement Bi Monthly Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 0012476 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 6 Amount of Each Disbursement this Period 1230.87 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|---|--|---|

| | | |
|---|--|---|
| B. Matthew D Parker Full Name (Last, First, Middle Initial) Mailing Address 297 English Oaks Dr City Heath State OH Zip Code 43056-8243 Purpose of Disbursement Monthly Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 0012467 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 6 Amount of Each Disbursement this Period 4022.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|---|--|---|

| | | |
|---|--|---|
| C. Benjamin W. Yoho Full Name (Last, First, Middle Initial) Mailing Address 47611 Deerfield Dr City St Clairsvle State OH Zip Code 43950-9624 Purpose of Disbursement Monthly Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 0012469 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 6 Amount of Each Disbursement this Period 2633.35 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
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| SUBTOTAL of Disbursements This Page (optional) ▶ | 7887.17 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

| | | |
|--|--|--|
| A. Brian J. Walsh Full Name (Last, First, Middle Initial) Mailing Address 122 6th St NE City Washington State DC Zip Code 20002-6055 Purpose of Disbursement Monthly Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 0012471 Date of Disbursement 05 / 15 / 2006 Amount of Each Disbursement this Period 184.70 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|--|--|--|

| | | |
|--|--|--|
| B. David M. Popp Full Name (Last, First, Middle Initial) Mailing Address 2633 River Oaks Dr City Columbus State OH Zip Code 43228-9172 Purpose of Disbursement Monthly Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 0012473 Date of Disbursement 05 / 15 / 2006 Amount of Each Disbursement this Period 429.32 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|--|--|--|

| | | |
|---|--|---|
| C. Matthew D Parker Full Name (Last, First, Middle Initial) Mailing Address 297 English Oaks Dr City Heath State OH Zip Code 43056-8243 Purpose of Disbursement Office Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 0012427 Date of Disbursement 05 / 17 / 2006 Amount of Each Disbursement this Period 8.55 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 ITEMIZATION BELOW |
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| SUBTOTAL of Disbursements This Page (optional) ▶ | 622.57 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

| | | |
|---|--|--|
| <p>A. Staples</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Staples</p> <p>Mailing Address 50585 National Road</p> <p>City St. Clairsville State OH Zip Code 43950</p> <p>Purpose of Disbursement Office Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> | | <p>Transaction ID: 0012427-001</p> <p>Date of Disbursement</p> <p>05 / 14 / 2006</p> <p>Amount of Each Disbursement this Period</p> <p>8.55</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p> <p>MEMO</p> |
| <p>Disbursement For: 2006</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type: 001</p> | | |

| | | |
|--|--|--|
| <p>B. Sprint</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Sprint</p> <p>Mailing Address PO Box 96031</p> <p>City Charlotte State NC Zip Code 28296-0031</p> <p>Purpose of Disbursement Telephone Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> | | <p>Transaction ID: 0012426</p> <p>Date of Disbursement</p> <p>05 / 17 / 2006</p> <p>Amount of Each Disbursement this Period</p> <p>462.09</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>Disbursement For: 2006</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type: 001</p> | | |

| | | |
|--|--|---|
| <p>C. AT&T Business Service</p> <p>Full Name (Last, First, Middle Initial)</p> <p>AT&T Business Service</p> <p>Mailing Address PO Box 9001309</p> <p>City Louisville State KY Zip Code 40290</p> <p>Purpose of Disbursement Telephone Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> | | <p>Transaction ID: 0012429</p> <p>Date of Disbursement</p> <p>05 / 17 / 2006</p> <p>Amount of Each Disbursement this Period</p> <p>55.80</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>Disbursement For: 2006</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type: 001</p> | | |

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| <p>SUBTOTAL of Disbursements This Page (optional)</p> | <p>517.89</p> |
| <p>TOTAL This Period (last page this line number only)</p> | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

| | | |
|---|--|--|
| A. Verizon Wireless Full Name (Last, First, Middle Initial) Mailing Address 771 S 30th Street City Heath State OH Zip Code 43056 Purpose of Disbursement Telephone Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 0012434 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 7 / 2 0 0 6 Amount of Each Disbursement this Period 126.68 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
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|--|--|--|
| B. Alltel Full Name (Last, First, Middle Initial) Mailing Address PO Box 9001902 City Louisville State KY Zip Code 40290-1902 Purpose of Disbursement Telephone Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 0012435 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 9 / 2 0 0 6 Amount of Each Disbursement this Period 102.56 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|--|--|--|

| | | |
|--|--|--|
| C. Conquest Communications Group Full Name (Last, First, Middle Initial) Mailing Address 2812 Emerywood Pky Suite 103 City Richmond State VA Zip Code 23294-3718 Purpose of Disbursement Political Consulting Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 0012441 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 6 Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
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| SUBTOTAL of Disbursements This Page (optional) ▶ | 479.24 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Xerox Corp | | Transaction ID: 0012439 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 6 |
| Mailing Address PO Box 827181 | | Amount of Each Disbursement this Period 414.54 |
| City Philadelphia State PA Zip Code 19182 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Copier Lease Candidate Name | Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. American Express | | Transaction ID: 0012440 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 6 |
| Mailing Address PO Box 36001 | | Amount of Each Disbursement this Period 4704.65 |
| City Ft Lauderdale State FL Zip Code 33336-0001 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Political Food and Travel Candidate Name | Category/Type 002 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | ITEMIZATION BELOW |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Speedway | | Transaction ID: 0012440-002 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 6 |
| Mailing Address 3535 Massilon Road | | Amount of Each Disbursement this Period 18.04 |
| City Uniontown State OH Zip Code 44685 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Campaign Vehicle Costs Candidate Name | Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM] MEMO |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 5119.19 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) A. BP Amoco Oil Company | | Transaction ID: 0012440-003 Date of Disbursement 04 / 16 / 2006 | |
| Mailing Address PO Box 9001002 | | Amount of Each Disbursement this Period 43.24 | |
| City Louisville State KY Zip Code 40290 | Purpose of Disbursement Campaign Vehicle Costs Candidate Name | 001 Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO | |

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) B. Olive Garden | | Transaction ID: 0012440-005 Date of Disbursement 05 / 01 / 2006 | |
| Mailing Address 898 Hebron Road | | Amount of Each Disbursement this Period 206.72 | |
| City Heath State OH Zip Code 43056 | Purpose of Disbursement Political Food Candidate Name | 001 Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO | |

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) C. VoIP Telephone Service | | Transaction ID: 0012440-006 Date of Disbursement 05 / 02 / 2006 | |
| Mailing Address Nine Executive Park Drive | | Amount of Each Disbursement this Period 231.18 | |
| City North Billerica State MA Zip Code 01862 | Purpose of Disbursement Telephone Expense Candidate Name | 001 Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO | |

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. U.S. Postal Service | | Transaction ID: 0012440-008 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 6 |
| Mailing Address Post Office | | Amount of Each Disbursement this Period 312.00 |
| City St. Clairsville | State OH | |
| Zip Code 43950 | | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO |
| Purpose of Disbursement Postage | | |
| Candidate Name | | Category/ Type 001 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Monocle on Capital Hill | | Transaction ID: 0012440-009 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 0 / 2 0 0 6 |
| Mailing Address 107 D Street NE | | Amount of Each Disbursement this Period 300.00 |
| City Washington | State DC | |
| Zip Code 20002 | | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO |
| Purpose of Disbursement Political Food | | |
| Candidate Name | | Category/ Type 001 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. U.S. Postal Service | | Transaction ID: 0012440-011 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 6 |
| Mailing Address Post Office | | Amount of Each Disbursement this Period 53.88 |
| City St. Clairsville | State OH | |
| Zip Code 43950 | | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO |
| Purpose of Disbursement Postage | | |
| Candidate Name | | Category/ Type 001 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 0.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) A. Spalding Group | | Transaction ID: 0012440-012 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 6 | |
| Mailing Address 2306 Frankfort Avenue | | Amount of Each Disbursement this Period 265.99 | |
| City Louisville State KY Zip Code 40206 | Purpose of Disbursement Political Promotional Items | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Candidate Name | Category/Type 001 | [MEMO ITEM] MEMO | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) B. U.S. Postal Service | | Transaction ID: 0012440-014 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 5 / 2 0 0 6 | |
| Mailing Address Post Office | | Amount of Each Disbursement this Period 2.65 | |
| City St. Clairsville State OH Zip Code 43950 | Purpose of Disbursement Postage | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Candidate Name | Category/Type 001 | [MEMO ITEM] MEMO | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) C. Dell Marketing L.P. | | Transaction ID: 0012440-016 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 6 | |
| Mailing Address 300 West 15th Street | | Amount of Each Disbursement this Period 2165.77 | |
| City Austin State TX Zip Code 78701 | Purpose of Disbursement Office Equipment | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Candidate Name | Category/Type 001 | [MEMO ITEM] MEMO | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 0.00 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

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

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

FOR LINE NUMBER:
(check only one)

PAGE 104 / 144

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

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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. FedEx | | Transaction ID: 0012440-017 Date of Disbursement 04 / 26 / 2006 |
| Mailing Address PO Box 371461 | | Amount of Each Disbursement this Period 16.15 |
| City Pittsburgh State PA Zip Code 15250-7461 | Purpose of Disbursement Postage Candidate Name Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. U.S. Postal Service | | Transaction ID: 0012440-018 Date of Disbursement 04 / 27 / 2006 |
| Mailing Address Post Office | | Amount of Each Disbursement this Period 39.50 |
| City St. Clairsville State OH Zip Code 43950 | Purpose of Disbursement Postage Candidate Name Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. BP Amoco Oil Company | | Transaction ID: 0012440-021 Date of Disbursement 04 / 30 / 2006 |
| Mailing Address PO Box 9001002 | | Amount of Each Disbursement this Period 44.74 |
| City Louisville State KY Zip Code 40290 | Purpose of Disbursement Campaign Vehicle Costs Candidate Name Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO |

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|--|-------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 0.00 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Monocle on Capital Hill | | Transaction ID: 0012440-022 Date of Disbursement 05 / 11 / 2006 |
| Mailing Address 107 D Street NE | | Amount of Each Disbursement this Period 147.26 |
| City Washington State DC Zip Code 20002 | Purpose of Disbursement Political Food Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Speedway | | Transaction ID: 0012440-023 Date of Disbursement 04 / 13 / 2006 |
| Mailing Address 3535 Massilon Road | | Amount of Each Disbursement this Period 40.23 |
| City Uniontown State OH Zip Code 44685 | Purpose of Disbursement Campaign Vehicle Costs Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. BP Amoco Oil Company | | Transaction ID: 0012440-024 Date of Disbursement 04 / 21 / 2006 |
| Mailing Address PO Box 9001002 | | Amount of Each Disbursement this Period 26.56 |
| City Louisville State KY Zip Code 40290 | Purpose of Disbursement Campaign Vehicle Costs Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO |

| | |
|--|-------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 0.00 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

| | | |
|--|--|---|
| A. US Air Full Name (Last, First, Middle Initial) Mailing Address 111 West Rio Salado Parkway City Tempe State AZ Zip Code 85281 Purpose of Disbursement Political Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Transaction ID: 0012440-026 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 6 Amount of Each Disbursement this Period 415.59 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO |
| Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Category/Type 002 |

| | | |
|--|--|--|
| B. BP Amoco Oil Company Full Name (Last, First, Middle Initial) Mailing Address PO Box 9001002 City Louisville State KY Zip Code 40290 Purpose of Disbursement Campaign Vehicle Costs Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Transaction ID: 0012440-027 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 6 Amount of Each Disbursement this Period 36.38 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO |
| Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Category/Type 001 |

| | | |
|---|--|---|
| C. Verizon Wireless Full Name (Last, First, Middle Initial) Mailing Address 771 S 30th Street City Heath State OH Zip Code 43056 Purpose of Disbursement Telephone Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Transaction ID: 0012440-028 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 6 Amount of Each Disbursement this Period 122.44 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO |
| Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Category/Type 001 |

| | |
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| SUBTOTAL of Disbursements This Page (optional) ▶ | 0.00 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

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

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

FOR LINE NUMBER:
(check only one)

PAGE 107 / 144

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

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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Southgate Company LTD PTR | | Transaction ID: 0012438 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 6 |
| Mailing Address 1445 West Main Street | | Amount of Each Disbursement this Period 1145.83 |
| City Newark State OH Zip Code 43055 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Campaign Office Rent Candidate Name | Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Mr. Terrence A. Lee | | Transaction ID: 0012442 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 6 |
| Mailing Address 245 Harbel Dr | | Amount of Each Disbursement this Period 332.04 |
| City St Clairsvle State OH Zip Code 43950-1042 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Political Travel Candidate Name | Category/Type 002 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | ITEMIZATION BELOW |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Holiday Inn Capitol | | Transaction ID: 0012442-001 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 6 |
| Mailing Address 550 C Street SW | | Amount of Each Disbursement this Period 332.04 |
| City Washington State DC Zip Code 20024 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Political Travel Candidate Name | Category/Type 002 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM] MEMO |

| | |
|--|-------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 1477.87 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

| | | |
|---|--|---|
| A. Matthew D Parker Full Name (Last, First, Middle Initial) Mailing Address 297 English Oaks Dr City Heath State OH Zip Code 43056-8243 Purpose of Disbursement Political Event Food Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 0012444 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 6 Amount of Each Disbursement this Period 194.04 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 ITEMIZATION BELOW |
|---|--|---|

| | | |
|--|--|---|
| B. Mr. Joseph Angelo Rosato Full Name (Last, First, Middle Initial) Mailing Address 1335 Bluejack Ln City Heath State OH Zip Code 43056-8224 Purpose of Disbursement Office Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 0012581 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 6 Amount of Each Disbursement this Period 14.91 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|--|--|---|

| | | |
|---|--|---|
| C. MCI World Com Full Name (Last, First, Middle Initial) Mailing Address PO Box 73881 City Chicago State IL Zip Code 60673 Purpose of Disbursement Telephone Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 0012443 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 6 Amount of Each Disbursement this Period 38.94 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|---|--|---|

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 247.89 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

| | | |
|---|--|---|
| A. Benjamin W. Yoho Full Name (Last, First, Middle Initial) Mailing Address 47611 Deerfield Dr City St Clairsvle State OH Zip Code 43950-9624 Purpose of Disbursement Office Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 0012447 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 6 Amount of Each Disbursement this Period 125.80 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 ITEMIZATION BELOW |
|---|--|---|

| | | |
|--|--|---|
| B. U.S. Postal Service Full Name (Last, First, Middle Initial) Mailing Address Post Office City St. Clairsville State OH Zip Code 43950 Purpose of Disbursement Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 0012447-001 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 6 Amount of Each Disbursement this Period 42.42 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO |
|--|--|---|

| | | |
|---|--|---|
| C. Staples Full Name (Last, First, Middle Initial) Mailing Address 50585 National Road City St. Clairsville State OH Zip Code 43950 Purpose of Disbursement Office Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 0012447-002 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 6 Amount of Each Disbursement this Period 83.38 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO |
|---|--|---|

| | |
|--|-------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 125.80 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Verizon Wireless | | Transaction ID: 0012446 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 6 |
| Mailing Address 771 S 30th Street | | Amount of Each Disbursement this Period 135.55 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Heath State OH Zip Code 43056 | Purpose of Disbursement Telephone Expense Candidate Name Category/Type: 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Stein-Palmer Printing | | Transaction ID: 0012450 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 6 |
| Mailing Address 1317 South Zane Highway | | Amount of Each Disbursement this Period 512.85 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Martins Ferry State OH Zip Code 43935 | Purpose of Disbursement Political Printing Candidate Name Category/Type: 006 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. GMAC | | Transaction ID: 0012448 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 6 |
| Mailing Address PO Box 9001951 | | Amount of Each Disbursement this Period 673.73 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Louisville State KY Zip Code 40290-1951 | Purpose of Disbursement Campaign Vehicle Costs Candidate Name Category/Type: 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|-------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 1322.13 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

| | | |
|--|---|--|
| <p>A. Filpac Software Development</p> <p>Full Name (Last, First, Middle Initial) Mailing Address PO Box 20235</p> | | <p>Transaction ID: 0012451 Date of Disbursement 05 / 30 / 2006</p> |
| <p>City Columbus State OH Zip Code 43220-0235</p> | <p>Purpose of Disbursement Office Software Maintenance Candidate Name</p> | <p>Amount of Each Disbursement this Period 563.96</p> |
| <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> | <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |

| | | |
|--|---|--|
| <p>B. Lee & Associates</p> <p>Full Name (Last, First, Middle Initial) Mailing Address PO Box 61, 252 West Main Street</p> | | <p>Transaction ID: 0012453 Date of Disbursement 05 / 31 / 2006</p> |
| <p>City St. Clairsville State OH Zip Code 43950</p> | <p>Purpose of Disbursement Profession Sevices Payroll and Reporting Candidate Name</p> | <p>Amount of Each Disbursement this Period 3615.00</p> |
| <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> | <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |

| | | |
|--|---|--|
| <p>C. Mr. Joseph Angelo Rosato</p> <p>Full Name (Last, First, Middle Initial) Mailing Address 1335 Bluejack Ln</p> | | <p>Transaction ID: 0012582 Date of Disbursement 05 / 31 / 2006</p> |
| <p>City Heath State OH Zip Code 43056-8224</p> | <p>Purpose of Disbursement Office Expense Candidate Name</p> | <p>Amount of Each Disbursement this Period 147.73</p> |
| <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> | <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |

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|---|-----------------------|
| <p>SUBTOTAL of Disbursements This Page (optional)</p> | <p>4326.69</p> |
| <p>TOTAL This Period (last page this line number only)</p> | |

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Verizon Wireless | | Transaction ID: 0012456 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 6 |
| Mailing Address 771 S 30th Street | | Amount of Each Disbursement this Period 451.82 |
| City Heath State OH Zip Code 43056 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Telephone Expense Candidate Name | Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. MCI World Com | | Transaction ID: 0012458 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 6 |
| Mailing Address PO Box 73881 | | Amount of Each Disbursement this Period 44.57 |
| City Chicago State IL Zip Code 60673 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Telephone Expense Candidate Name | Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Bogart Associates, Inc. | | Transaction ID: 0012455 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 6 |
| Mailing Address 1200 Trinity Drive | | Amount of Each Disbursement this Period 46.09 |
| City Alexandria State VA Zip Code 22314 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Postage Candidate Name | Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|-------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 542.48 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Elizabeth P. P Ney | | Transaction ID: 0012465 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 6 |
| Mailing Address 310 English Oaks Dr | | Amount of Each Disbursement this Period 851.77 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Heath State OH Zip Code 43056-8227 | Purpose of Disbursement Bi Monthly Salary Candidate Name Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Kathryn Harbath | | Transaction ID: 0012477 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 6 |
| Mailing Address 1138 Nadine dr | | Amount of Each Disbursement this Period 1230.86 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Heath State OH Zip Code 43056 | Purpose of Disbursement Bi Monthly Salary Candidate Name Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. FLS Connect | | Transaction ID: 0012552 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 6 |
| Mailing Address 2401 W Behrend Drive Suite 7 | | Amount of Each Disbursement this Period 277.62 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Phoenix State AZ Zip Code 85027 | Purpose of Disbursement Political Advertising Candidate Name Category/Type 004 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 2360.25 |
| TOTAL This Period (last page this line number only) ▶ | |

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

| | | |
|--|--|---|
| A. Kathryn Harbath Full Name (Last, First, Middle Initial) Mailing Address 1138 Nadine dr City Heath State OH Zip Code 43056 Purpose of Disbursement Political Event Expenses Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 0012559 Date of Disbursement 06 / 05 / 2006 Amount of Each Disbursement this Period 79.09 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|--|--|---|

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|---|--|--|
| B. Martins Ferry Flower Shop Full Name (Last, First, Middle Initial) Mailing Address 9 South Fourth Street City Martins Ferry State OH Zip Code 43935 Purpose of Disbursement Flowers For Constituents Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 0012564 Date of Disbursement 06 / 05 / 2006 Amount of Each Disbursement this Period 117.70 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|---|--|--|

| | | |
|---|--|--|
| C. Bank of America Full Name (Last, First, Middle Initial) Mailing Address PO Box 60073 City City Of Industry State CA Zip Code 91716-0073 Purpose of Disbursement Political Food and Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 0012563 Date of Disbursement 06 / 05 / 2006 Amount of Each Disbursement this Period 1476.04 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 ITEMIZATION BELOW |
|---|--|--|

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 1672.83 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) A. BP Amoco Oil Company | | Transaction ID: 0012563-001 Date of Disbursement 04 / 21 / 2006 | |
| Mailing Address PO Box 9001002 | | Amount of Each Disbursement this Period 43.61 | |
| City Louisville State KY Zip Code 40290 | Purpose of Disbursement Campaign Vehicle Costs Candidate Name | 001 Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO | |

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) B. BP Amoco Oil Company | | Transaction ID: 0012563-002 Date of Disbursement 04 / 22 / 2006 | |
| Mailing Address PO Box 9001002 | | Amount of Each Disbursement this Period 31.62 | |
| City Louisville State KY Zip Code 40290 | Purpose of Disbursement Campaign Vehicle Costs Candidate Name | 001 Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO | |

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) C. BP Amoco Oil Company | | Transaction ID: 0012563-003 Date of Disbursement 04 / 22 / 2006 | |
| Mailing Address PO Box 9001002 | | Amount of Each Disbursement this Period 56.32 | |
| City Louisville State KY Zip Code 40290 | Purpose of Disbursement Campaign Vehicle Costs Candidate Name | 001 Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO | |

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|--|-------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 0.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Papa Boos | | Transaction ID: 0012563-005 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 2 / 2 0 0 6 |
| Mailing Address 11356 Avondale Road | | Amount of Each Disbursement this Period 174.51 |
| City Thornville State OH Zip Code 43076 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Political Food Candidate Name | 001 Category/Type | [MEMO ITEM] MEMO |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Hunan Dynasty | | Transaction ID: 0012563-006 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 6 |
| Mailing Address 215 Pennsylvania Avenue SE | | Amount of Each Disbursement this Period 81.10 |
| City Washington State DC Zip Code 20003 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Political Food Candidate Name | 001 Category/Type | [MEMO ITEM] MEMO |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. BP Amoco Oil Company | | Transaction ID: 0012563-009 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 6 |
| Mailing Address PO Box 9001002 | | Amount of Each Disbursement this Period 39.02 |
| City Louisville State KY Zip Code 40290 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Campaign Vehicle Costs Candidate Name | 001 Category/Type | [MEMO ITEM] MEMO |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 0.00 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. A.V. Ristorante Italiano | | Transaction ID: 0012563-010 Date of Disbursement 05 / 02 / 2006 |
| Mailing Address 607 New York Avenue | | Amount of Each Disbursement this Period 218.60 |
| City Washington State DC Zip Code 20001 | Purpose of Disbursement Political Food | |
| Candidate Name | | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Heath Mini Storage | | Transaction ID: 0012563-011 Date of Disbursement 05 / 04 / 2006 |
| Mailing Address 440 Industrial Parkway | | Amount of Each Disbursement this Period 101.65 |
| City Heath State OH Zip Code 43056 | Purpose of Disbursement Campaign Rent Storage | |
| Candidate Name | | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Bullfeathers | | Transaction ID: 0012563-012 Date of Disbursement 05 / 04 / 2006 |
| Mailing Address 410 First Street SE | | Amount of Each Disbursement this Period 52.00 |
| City Washington State DC Zip Code 20003 | Purpose of Disbursement Political Food | |
| Candidate Name | | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 0.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. BP Amoco Oil Company | | Transaction ID: 0012563-013 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 6 / 2 0 0 6 |
| Mailing Address PO Box 9001002 | | Amount of Each Disbursement this Period 39.96 |
| City Louisville State KY Zip Code 40290 | Purpose of Disbursement Campaign Vehicle Costs Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Onstar | | Transaction ID: 0012563-015 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 6 |
| Mailing Address 400 Renaissance Center | | Amount of Each Disbursement this Period 69.95 |
| City Detroit State MI Zip Code 48265 | Purpose of Disbursement Campaign Vehicle Costs Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Speedway | | Transaction ID: 0012563-018 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 3 / 2 0 0 6 |
| Mailing Address 3535 Massilon Road | | Amount of Each Disbursement this Period 27.19 |
| City Uniontown State OH Zip Code 44685 | Purpose of Disbursement Campaign Vehicle Costs Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 0.00 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) A. BP Amoco Oil Company | | Transaction ID: 0012563-019 Date of Disbursement 05 / 14 / 2006 | |
| Mailing Address PO Box 9001002 | | Amount of Each Disbursement this Period 17.11 | |
| City Louisville State KY Zip Code 40290 | Purpose of Disbursement Campaign Vehicle Costs | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Candidate Name | 001 Category/Type | [MEMO ITEM] MEMO | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) B. Monocle on Capital Hill | | Transaction ID: 0012563-021 Date of Disbursement 05 / 17 / 2006 | |
| Mailing Address 107 D Street NE | | Amount of Each Disbursement this Period 41.22 | |
| City Washington State DC Zip Code 20002 | Purpose of Disbursement Political Food | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Candidate Name | 001 Category/Type | [MEMO ITEM] MEMO | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) C. Anthem Blue Cross Blue Shield | | Transaction ID: 0012558 Date of Disbursement 06 / 05 / 2006 | |
| Mailing Address PO Box 790443 | | Amount of Each Disbursement this Period 82.02 | |
| City St Louis State MO Zip Code 63179-0043 | Purpose of Disbursement Employee Health Insurance | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Candidate Name | 001 Category/Type | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 82.02 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Anthem Blue Cross Blue Shield | | Transaction ID: 0012561 Date of Disbursement 06 / 05 / 2006 |
| Mailing Address PO Box 790443 | | Amount of Each Disbursement this Period 91.73 |
| City St Louis State MO Zip Code 63179-0043 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Employee Health Insurance | Candidate Name | 001 Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

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|--|--|--|
| Full Name (Last, First, Middle Initial) B. Rightclick Strategies LLC | | Transaction ID: 0012491 Date of Disbursement 06 / 05 / 2006 |
| Mailing Address 1140 Connecticut Avenue NW | | Amount of Each Disbursement this Period 112.37 |
| City Washington State DC Zip Code 20036 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Fee for Internet Fundraising | Candidate Name | 003 Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Mr. Joseph Angelo Rosato | | Transaction ID: 0012556 Date of Disbursement 06 / 05 / 2006 |
| Mailing Address 1335 Bluejack Ln | | Amount of Each Disbursement this Period 152.88 |
| City Heath State OH Zip Code 43056-8224 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Office Expense | Candidate Name | 001 Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 356.98 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

| | | |
|---|--|---|
| A. Verizon Wireless Full Name (Last, First, Middle Initial) Mailing Address 771 S 30th Street City Heath State OH Zip Code 43056 Purpose of Disbursement Telephone Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 0012557 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 6 Amount of Each Disbursement this Period 89.15 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
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|---|--|---|
| B. Sprint Full Name (Last, First, Middle Initial) Mailing Address PO Box 96031 City Charlotte State NC Zip Code 28296-0031 Purpose of Disbursement Telephone Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 0012560 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 6 Amount of Each Disbursement this Period 65.73 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
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|--|--|---|
| C. AT&T Business Service Full Name (Last, First, Middle Initial) Mailing Address PO Box 9001309 City Louisville State KY Zip Code 40290 Purpose of Disbursement Telephone Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 0012568 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 6 Amount of Each Disbursement this Period 11.40 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
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| SUBTOTAL of Disbursements This Page (optional) ▶ | 166.28 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Verizon Wireless | | Transaction ID: 0012570 Date of Disbursement 06 / 05 / 2006 |
| Mailing Address 771 S 30th Street | | Amount of Each Disbursement this Period 45.82 |
| City Heath State OH Zip Code 43056 | Purpose of Disbursement Telephone Expense Candidate Name Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Treasurer State of Ohio | | Transaction ID: 0012555 Date of Disbursement 06 / 05 / 2006 |
| Mailing Address PO Box 347 | | Amount of Each Disbursement this Period 583.33 |
| City Columbus State OH Zip Code 43266 | Purpose of Disbursement State Tax Withheld Candidate Name Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Sky Bank | | Transaction ID: 0012554 Date of Disbursement 06 / 05 / 2006 |
| Mailing Address PO Box 249 | | Amount of Each Disbursement this Period 5045.76 |
| City St. Clairsville State OH Zip Code 43950 | Purpose of Disbursement Federal Tax Deposit Candidate Name Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 5674.91 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 123 / 144

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

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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. The Energy Cooperative | | Transaction ID: 0012565 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 6 |
| Mailing Address PO Box 89457 | | Amount of Each Disbursement this Period 18.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Cleveland State OH Zip Code 44101-6457 | Purpose of Disbursement Office Utilities Candidate Name Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. BP Amoco Oil Company | | Transaction ID: 0012567 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 6 |
| Mailing Address PO Box 9001002 | | Amount of Each Disbursement this Period 317.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Louisville State KY Zip Code 40290 | Purpose of Disbursement Campaign Vehicle Costs Candidate Name Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. BP Amoco Oil Company | | Transaction ID: 0012571 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 6 |
| Mailing Address PO Box 9001002 | | Amount of Each Disbursement this Period 285.73 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Louisville State KY Zip Code 40290 | Purpose of Disbursement Campaign Vehicle Costs Candidate Name Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|--------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 621.68 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Rightclick Strategies LLC | | Transaction ID: 0012553 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 6 |
| Mailing Address 1140 Connecticut Avenue NW | | Amount of Each Disbursement this Period 150.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Washington State DC Zip Code 20036 | Purpose of Disbursement Web Site Maintenance Candidate Name Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. FLS Connect | | Transaction ID: 0012573 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 6 |
| Mailing Address 2401 W Behrend Drive Suite 7 | | Amount of Each Disbursement this Period 93.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Phoenix State AZ Zip Code 85027 | Purpose of Disbursement Political Advertising Candidate Name Category/Type 004 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. U.S. Postal Service | | Transaction ID: 0012572 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 6 |
| Mailing Address Post Office | | Amount of Each Disbursement this Period 39.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City St. Clairsville State OH Zip Code 43950 | Purpose of Disbursement Postage Candidate Name Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|--------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 282.00 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Kathryn Harbath | | Transaction ID: 0012633 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 6 |
| Mailing Address 1138 Nadine dr | | Amount of Each Disbursement this Period 403.71 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Heath State OH Zip Code 43056 | Purpose of Disbursement Bi Monthly Salary Candidate Name Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Bogart Associates, Inc. | | Transaction ID: 0012577 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 6 |
| Mailing Address 1200 Trinity Drive | | Amount of Each Disbursement this Period 2500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Alexandria State VA Zip Code 22314 | Purpose of Disbursement Political Consulting Candidate Name Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Cafe Burress | | Transaction ID: 0012575 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 6 |
| Mailing Address 416 North Main Street | | Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Wheeling State WV Zip Code 26003 | Purpose of Disbursement Food for Political Events Candidate Name Category/Type 003 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 3153.71 |
| TOTAL This Period (last page this line number only) ▶ | |

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Benjamin W. Yoho | | Transaction ID: 0012578 Date of Disbursement MM / DD / YYYY 06 / 12 / 2006 |
| Mailing Address 47611 Deerfield Dr | | Amount of Each Disbursement this Period 7.38 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City St Clairsvle State OH Zip Code 43950-9624 | Purpose of Disbursement Political Event Supplies Candidate Name Category/Type 003 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Anthem Blue Cross Blue Shield | | Transaction ID: 0012580 Date of Disbursement MM / DD / YYYY 06 / 12 / 2006 |
| Mailing Address PO Box 790443 | | Amount of Each Disbursement this Period 91.73 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City St Louis State MO Zip Code 63179-0043 | Purpose of Disbursement Employee Health Insurance Candidate Name Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Mr. Joseph Angelo Rosato | | Transaction ID: 0012579 Date of Disbursement MM / DD / YYYY 06 / 12 / 2006 |
| Mailing Address 1335 Bluejack Ln | | Amount of Each Disbursement this Period 110.97 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Heath State OH Zip Code 43056-8224 | Purpose of Disbursement Office Expense Candidate Name Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|-------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 210.08 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Franklin Printing Company, Inc. | | Transaction ID: 0012576 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 6 |
| Mailing Address 984 Beverly Avenue | | Amount of Each Disbursement this Period 735.09 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Zanesville State OH Zip Code 43701 | Purpose of Disbursement Political Printing Candidate Name Category/Type: 006 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. FLS Connect | | Transaction ID: 0012584 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 6 |
| Mailing Address 2401 W Behrend Drive Suite 7 | | Amount of Each Disbursement this Period 342.60 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Phoenix State AZ Zip Code 85027 | Purpose of Disbursement Political Advertising Candidate Name Category/Type: 004 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Matthew D Parker | | Transaction ID: 0012583 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 6 |
| Mailing Address 297 English Oaks Dr | | Amount of Each Disbursement this Period 35.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Heath State OH Zip Code 43056-8243 | Purpose of Disbursement Political Food Candidate Name Category/Type: 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

SUBTOTAL of Disbursements This Page (optional) ▶

1112.69

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) A. Elizabeth P. P Ney | | Transaction ID: 0012627 Date of Disbursement 06 / 15 / 2006 | |
| Mailing Address 310 English Oaks Dr | | Amount of Each Disbursement this Period 851.77 | |
| City Heath State OH Zip Code 43056-8227 | Purpose of Disbursement Bi Monthly Salary Candidate Name | 001 Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) B. Kathryn Harbath | | Transaction ID: 0012634 Date of Disbursement 06 / 15 / 2006 | |
| Mailing Address 1138 Nadine dr | | Amount of Each Disbursement this Period 1230.86 | |
| City Heath State OH Zip Code 43056 | Purpose of Disbursement Bi Monthly Salary Candidate Name | 001 Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) C. Matthew D Parker | | Transaction ID: 0012629 Date of Disbursement 06 / 15 / 2006 | |
| Mailing Address 297 English Oaks Dr | | Amount of Each Disbursement this Period 4022.95 | |
| City Heath State OH Zip Code 43056-8243 | Purpose of Disbursement Monthly Salary Candidate Name | 001 Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

6105.58

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 129 / 144

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

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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Benjamin W. Yoho | | Transaction ID: 0012630 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6 |
| Mailing Address 47611 Deerfield Dr | | Amount of Each Disbursement this Period 1961.39 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City St Clairsvle State OH Zip Code 43950-9624 | Purpose of Disbursement Monthly Salary Candidate Name Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Brian J. Walsh | | Transaction ID: 0012631 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6 |
| Mailing Address 122 6th St NE | | Amount of Each Disbursement this Period 184.70 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Washington State DC Zip Code 20002-6055 | Purpose of Disbursement Monthly Salary Candidate Name Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. David M. Popp | | Transaction ID: 0012632 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6 |
| Mailing Address 2633 River Oaks Dr | | Amount of Each Disbursement this Period 429.32 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Columbus State OH Zip Code 43228-9172 | Purpose of Disbursement Monthly Salary Candidate Name Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|-------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 2575.41 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Mr. Joseph Angelo Rosato | | Transaction ID: 0012636 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6 |
| Mailing Address 1335 Bluejack Ln | | Amount of Each Disbursement this Period 1926.40 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Heath State OH Zip Code 43056-8224 | Purpose of Disbursement Monthly Salary Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/Type 001 |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Mr. Joseph Angelo Rosato | | Transaction ID: 0012637 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6 |
| Mailing Address 1335 Bluejack Ln | | Amount of Each Disbursement this Period 450.15 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Heath State OH Zip Code 43056-8224 | Purpose of Disbursement Monthly Salary Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/Type 001 |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. David M. Popp | | Transaction ID: 0012592 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 0 / 2 0 0 6 |
| Mailing Address 2633 River Oaks Dr | | Amount of Each Disbursement this Period 510.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Columbus State OH Zip Code 43228-9172 | Purpose of Disbursement Political Event Supplies Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/Type 003 |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 2886.55 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Matthew D Parker | | Transaction ID: 0012593 Date of Disbursement 06 / 20 / 2006 |
| Mailing Address 297 English Oaks Dr | | Amount of Each Disbursement this Period 738.06 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Heath State OH Zip Code 43056-8243 | Purpose of Disbursement Political Event Food & Supplies Candidate Name Category/Type: 003 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Anthem Blue Cross Blue Shield | | Transaction ID: 0012594 Date of Disbursement 06 / 20 / 2006 |
| Mailing Address PO Box 790443 | | Amount of Each Disbursement this Period 164.04 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City St Louis State MO Zip Code 63179-0043 | Purpose of Disbursement Employee Health Insurance Candidate Name Category/Type: 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Mr. Joseph Angelo Rosato | | Transaction ID: 0012595 Date of Disbursement 06 / 20 / 2006 |
| Mailing Address 1335 Bluejack Ln | | Amount of Each Disbursement this Period 13.56 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Heath State OH Zip Code 43056-8224 | Purpose of Disbursement Office Expense Candidate Name Category/Type: 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 915.66 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

| | | |
|--|--|---|
| <p>A. Embarq</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address PO Box 740463</p> <p>City Cincinnati State OH Zip Code 45274-0463</p> <p>Purpose of Disbursement Telephone Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> | | <p>Transaction ID: 0012588</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> / <input type="text" value="20"/> / <input type="text" value="2006"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="457.41"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>Disbursement For: 2006</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type: <input type="text" value="001"/></p> | | |

| | | |
|---|--|---|
| <p>B. Alltel</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address PO Box 9001902</p> <p>City Louisville State KY Zip Code 40290-1902</p> <p>Purpose of Disbursement Telephone Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> | | <p>Transaction ID: 0012591</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> / <input type="text" value="20"/> / <input type="text" value="2006"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="102.68"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>Disbursement For: 2006</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type: <input type="text" value="001"/></p> | | |

| | | |
|--|--|---|
| <p>C. Franklin Printing Company, Inc.</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 984 Beverly Avenue</p> <p>City Zanesville State OH Zip Code 43701</p> <p>Purpose of Disbursement Political Printing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> | | <p>Transaction ID: 0012589</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> / <input type="text" value="20"/> / <input type="text" value="2006"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="273.92"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>Disbursement For: 2006</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type: <input type="text" value="006"/></p> | | |

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| <p>SUBTOTAL of Disbursements This Page (optional)</p> | <p><input type="text" value="834.01"/></p> |
| <p>TOTAL This Period (last page this line number only)</p> | <p><input type="text"/></p> |

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Xerox Corp | | Transaction ID: 0012603 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 6 |
| Mailing Address PO Box 827181 | | Amount of Each Disbursement this Period 414.54 |
| City Philadelphia State PA Zip Code 19182 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Copier Lease Candidate Name | Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Mr. Joseph Angelo Rosato | | Transaction ID: 0012598 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 6 |
| Mailing Address 1335 Bluejack Ln | | Amount of Each Disbursement this Period 34.36 |
| City Heath State OH Zip Code 43056-8224 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Political Food and Travel Candidate Name | Category/Type 002 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. American Express | | Transaction ID: 0012601 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 6 |
| Mailing Address PO Box 36001 | | Amount of Each Disbursement this Period 5152.62 |
| City Ft Lauderdale State FL Zip Code 33336-0001 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Political Food and Travel Candidate Name | Category/Type 002 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | ITEMIZATION BELOW |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 5601.52 |
| TOTAL This Period (last page this line number only) ▶ | |

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

| | | |
|--|--------------------------|---|
| Full Name (Last, First, Middle Initial) A. U.S. Postal Service | | Transaction ID: 0012601-001 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 6 |
| Mailing Address Post Office | | Amount of Each Disbursement this Period 48.15 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO |
| City State Zip Code St. Clairsville OH 43950 | | |
| Purpose of Disbursement Postage | 001 Category/ Type | |
| Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | |

| | | |
|--|--------------------------|---|
| Full Name (Last, First, Middle Initial) B. Speedway | | Transaction ID: 0012601-002 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 6 |
| Mailing Address 3535 Massilon Road | | Amount of Each Disbursement this Period 45.17 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO |
| City State Zip Code Uniontown OH 44685 | | |
| Purpose of Disbursement Campaign Vehicle Costs | 001 Category/ Type | |
| Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | |

| | | |
|--|--------------------------|---|
| Full Name (Last, First, Middle Initial) C. FedEx | | Transaction ID: 0012601-003 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 6 |
| Mailing Address PO Box 371461 | | Amount of Each Disbursement this Period 59.96 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO |
| City State Zip Code Pittsburgh PA 15250-7461 | | |
| Purpose of Disbursement Postage | 001 Category/ Type | |
| Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 0.00 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. U.S. Postal Service | | Transaction ID: 0012601-004 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 6 |
| Mailing Address Post Office | | Amount of Each Disbursement this Period 27.60 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO |
| City State Zip Code St. Clairsville OH 43950 | Purpose of Disbursement Postage | |
| Candidate Name | Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Apple Computer | | Transaction ID: 0012601-005 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 6 |
| Mailing Address 1 Infinite Loop | | Amount of Each Disbursement this Period 1569.70 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO |
| City State Zip Code Cupertino CA 95014 | Purpose of Disbursement Office Equipment | |
| Candidate Name | Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. U.S. Postal Service | | Transaction ID: 0012601-006 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 0 / 2 0 0 6 |
| Mailing Address Post Office | | Amount of Each Disbursement this Period 1.59 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO |
| City State Zip Code St. Clairsville OH 43950 | Purpose of Disbursement Postage | |
| Candidate Name | Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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|--|-------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 0.00 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 136 / 144

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

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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) A. Best Buy | | Transaction ID: 0012601-007 Date of Disbursement 05 / 22 / 2006 | |
| Mailing Address 701 Hebron Road | | Amount of Each Disbursement this Period 213.99 | |
| City Heath State OH Zip Code 43056 | Purpose of Disbursement Office Equipment Candidate Name | 001 Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | | [MEMO ITEM] MEMO | |

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) B. Best Buy | | Transaction ID: 0012601-008 Date of Disbursement 05 / 25 / 2006 | |
| Mailing Address 701 Hebron Road | | Amount of Each Disbursement this Period 32.09 | |
| City Heath State OH Zip Code 43056 | Purpose of Disbursement Office Equipment Candidate Name | 001 Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | | [MEMO ITEM] MEMO | |

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) C. U.S. Postal Service | | Transaction ID: 0012601-009 Date of Disbursement 05 / 26 / 2006 | |
| Mailing Address Post Office | | Amount of Each Disbursement this Period 64.95 | |
| City St. Clairsville State OH Zip Code 43950 | Purpose of Disbursement Postage Candidate Name | 001 Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | | [MEMO ITEM] MEMO | |

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|--|-------|
| SUBTOTAL of Disbursements This Page (optional) | 0.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 137 / 144

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

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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. PC Connection | | Transaction ID: 0012601-011 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 6 |
| Mailing Address 730 Milford Road | | Amount of Each Disbursement this Period 371.23 |
| City Merrimack State NH Zip Code 03054 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Office Equipment Candidate Name | 001 Category/Type | [MEMO ITEM] MEMO |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Spalding Group | | Transaction ID: 0012601-012 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 6 |
| Mailing Address 2306 Frankfort Avenue | | Amount of Each Disbursement this Period 559.15 |
| City Louisville State KY Zip Code 40206 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Political Advertising Candidate Name | 004 Category/Type | [MEMO ITEM] MEMO |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. U.S. Postal Service | | Transaction ID: 0012601-013 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 6 |
| Mailing Address Post Office | | Amount of Each Disbursement this Period 39.00 |
| City St. Clairsville State OH Zip Code 43950 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Postage Candidate Name | 001 Category/Type | [MEMO ITEM] MEMO |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|-------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 0.00 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

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

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

FOR LINE NUMBER:
(check only one)

PAGE 138 / 144

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

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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) A. BP Amoco Oil Company | | Transaction ID: 0012601-015 Date of Disbursement 06 / 02 / 2006 | |
| Mailing Address PO Box 9001002 | | Amount of Each Disbursement this Period 28.38 | |
| City Louisville State KY Zip Code 40290 | Purpose of Disbursement Campaign Vehicle Costs Candidate Name | 001 Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO | |

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) B. VoIP Telephone Service | | Transaction ID: 0012601-016 Date of Disbursement 06 / 03 / 2006 | |
| Mailing Address Nine Executive Park Drive | | Amount of Each Disbursement this Period 231.18 | |
| City North Billerica State MA Zip Code 01862 | Purpose of Disbursement Telephone Expense Candidate Name | 001 Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO | |

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) C. Capital Grill | | Transaction ID: 0012601-017 Date of Disbursement 06 / 06 / 2006 | |
| Mailing Address 601 Pennsylvania Avenue NW | | Amount of Each Disbursement this Period 355.50 | |
| City Washington State DC Zip Code 20004 | Purpose of Disbursement Political Food Candidate Name | 001 Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO | |

| | |
|--|-------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 0.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Steel City Corporation | | Transaction ID: 0012601-019 Date of Disbursement 06 / 07 / 2006 |
| Mailing Address P O Box 1227 | | Amount of Each Disbursement this Period 703.38 |
| City Youngstown State OH Zip Code 44501 | Purpose of Disbursement Political Advertising Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. U.S. Postal Service | | Transaction ID: 0012601-021 Date of Disbursement 06 / 12 / 2006 |
| Mailing Address Post Office | | Amount of Each Disbursement this Period 57.60 |
| City St. Clairsville State OH Zip Code 43950 | Purpose of Disbursement Postage Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Monocle on Capital Hill | | Transaction ID: 0012601-022 Date of Disbursement 06 / 13 / 2006 |
| Mailing Address 107 D Street NE | | Amount of Each Disbursement this Period 211.00 |
| City Washington State DC Zip Code 20002 | Purpose of Disbursement Political Food Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO |

| | |
|--|-------|
| SUBTOTAL of Disbursements This Page (optional) | 0.00 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

| | | |
|--|--|--|
| A. Kathryn Harbath Full Name (Last, First, Middle Initial) Mailing Address 1138 Nadine dr City Heath State OH Zip Code 43056 Purpose of Disbursement Office Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 0012599 Date of Disbursement 06 / 26 / 2006 Amount of Each Disbursement this Period 126.23 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|--|--|--|

| | | |
|---|--|--|
| B. Verizon Wireless Full Name (Last, First, Middle Initial) Mailing Address 771 S 30th Street City Heath State OH Zip Code 43056 Purpose of Disbursement Telephone Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 0012602 Date of Disbursement 06 / 26 / 2006 Amount of Each Disbursement this Period 203.99 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|---|--|--|

| | | |
|---|--|---|
| C. MCI World Com Full Name (Last, First, Middle Initial) Mailing Address PO Box 73881 City Chicago State IL Zip Code 60673 Purpose of Disbursement Telephone Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 0012605 Date of Disbursement 06 / 26 / 2006 Amount of Each Disbursement this Period 38.94 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|---|--|---|

SUBTOTAL of Disbursements This Page (optional) ▶

369.16

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Southgate Company LTD PTR | | Transaction ID: 0012597 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 6 |
| Mailing Address 1445 West Main Street | | Amount of Each Disbursement this Period 1145.83 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Newark State OH Zip Code 43055 | Purpose of Disbursement Campaign Office Rent Candidate Name Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. AEP | | Transaction ID: 0012604 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 6 |
| Mailing Address P O Box 24404 | | Amount of Each Disbursement this Period 91.68 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Canton State OH Zip Code 44701-4404 | Purpose of Disbursement Office Utilities Candidate Name Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Matthew D Parker | | Transaction ID: 0012667 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 6 |
| Mailing Address 297 English Oaks Dr | | Amount of Each Disbursement this Period 13.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Heath State OH Zip Code 43056-8243 | Purpose of Disbursement Political Food and Travel Candidate Name Category/Type 002 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 1250.51 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) A. MCI World Com | | Transaction ID: 0012668 Date of Disbursement 06 / 29 / 2006 | |
| Mailing Address PO Box 73881 | | Amount of Each Disbursement this Period 42.99 | |
| City Chicago State IL Zip Code 60673 | Purpose of Disbursement Telephone Expense Candidate Name | 001 Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) B. Rightclick Strategies LLC | | Transaction ID: 0012666 Date of Disbursement 06 / 30 / 2006 | |
| Mailing Address 1140 Connecticut Avenue NW | | Amount of Each Disbursement this Period 13.00 | |
| City Washington State DC Zip Code 20036 | Purpose of Disbursement Fee for Internet Fundraising Candidate Name | 003 Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) C. Elizabeth P. P Ney | | Transaction ID: 0012628 Date of Disbursement 06 / 30 / 2006 | |
| Mailing Address 310 English Oaks Dr | | Amount of Each Disbursement this Period 851.77 | |
| City Heath State OH Zip Code 43056-8227 | Purpose of Disbursement Bi Monthly Salary Candidate Name | 001 Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|--------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 907.76 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

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

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

FOR LINE NUMBER:
(check only one)

PAGE 143 / 144

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

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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Kathryn Harbath

Mailing Address 1138 Nadine dr

City Heath State OH Zip Code 43056

Purpose of Disbursement
Bi Monthly Salary

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 0012635

Date of Disbursement

06 / 30 / 2006

Amount of Each Disbursement this Period

1230.86

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

1230.86

TOTAL This Period (last page this line number only)

175271.93

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Growth and Prosperity PAC

Mailing Address 1155 21st Street,NW
Suite 300

City Washington State DC Zip Code 20036

Purpose of Disbursement
Returned Contribution

Candidate Name

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 0012566

Date of Disbursement

06 / 05 / 2006

Amount of Each Disbursement this Period

500.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

500.00

TOTAL This Period (last page this line number only)

500.00