

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION

Oct 13 1 57 PM '98

USE FEC MAILING LABEL
TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
Ron Greer For Congress

ADDRESS (number and street) Check if different than previously reported.
P.O. Box 667

CITY, STATE and ZIP CODE **Madison, WI 53701** STATE/DISTRICT **WI/2**

2. FEC IDENTIFICATION NUMBER
C00336826

3. IS THIS REPORT AN AMENDMENT?
 YES NO

4. TYPE OF REPORT

- April 15 Quarterly Report 12-Day Pre-Election Report for the _____ (Type of Election) election on _____ in the State of _____
- July 15 Quarterly Report
- October 15 Quarterly Report 30-Day Post-Election Report following the General Election on _____ in the State of _____
- January 31 Year End Report
- July 31 Mid-Year Report (Non-election Year Only) Termination Report

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

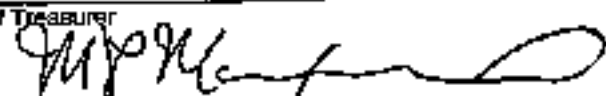
SUMMARY

5. Covering Period	COLUMN A This Period	COLUMN B Calendar Year-to-Date
8/20/98 through 9/30/98		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(a))	\$ 96,772.49	\$ 196,094.70
(b) Total Contribution Refunds (from Line 20(d))	\$ 200.00	\$ 200.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	\$ 96,572.49	\$ 195,894.70
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	\$ 137,693.11	\$ 188,698.15
(b) Total Offsets to Operating Expenditures (from Line 14)	\$ 1,837.05	\$ 1,837.05
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	\$ 135,856.06	\$ 186,861.10
8. Cash on Hand at Close of Reporting Period (from Line 27)	\$ 9,033.52	
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	-0-	
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	\$ 79,670.81	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9630
Local 202-219-3420

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer
Michael P. Maxwell

Signature of Treasurer  Date **15 Oct 98**

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

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FEC FORM 3
(revised 4/87)

DETAILED SUMMARY PAGE

of Receipts and Disbursements

(Page 2, FEC FORM 3)

Name of Committee (in full)	Report Covering the Period:	
Ron Green For Congress C00336826	From: 8/20/98	To: 9/30/98
I. RECEIPTS	COLUMN A Total This Period	COLUMN B Calendar Year-To-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	60,430.00	
(ii) Unitemized	23,468.31	
(iii) Total of contributions from individuals	83,898.31	185,120.52
(b) Political Party Committees	-	-
(c) Other Political Committees (such as PACs)	2,074.18	10,974.18
(d) The Candidate	-	-
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d))	85,972.49	196,094.70
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	-	-
13. LOANS:		
(a) Made or Guaranteed by the Candidate	-	2,500.00
(b) All Other Loans	-	15,214.00
(c) TOTAL LOANS (add 13(a) and (b))	-	17,714.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	1,837.05	1,837.05
15. OTHER RECEIPTS (Dividends, Interest, etc.)	-	-
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)	88,609.54	215,645.75
II. DISBURSEMENTS		
17. OPERATING EXPENDITURES	137,693.11	188,698.15
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	-	-
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate	-	2,500.00
(b) Of All Other Loans	-	15,214.00
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))	-	17,714.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	200.00	200.00
(b) Political Party Committees	-	-
(c) Other Political Committees (such as PACs)	-	-
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))	200.00	200.00
21. OTHER DISBURSEMENTS	-	-
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)	137,893.11	206,612.18

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	\$ 48,317.09
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)	\$ 88,609.54
25. SUBTOTAL (add Line 23 and Line 24)	\$ 146,926.63
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	\$ 137,893.11
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)	\$ 9,033.52

Schedule A

ITEMIZED RECEIPT

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for electoral purposes, other than using the name and address of any political committee to solicit contributions from such contributors.

Name of Candidate (in full)		COD336828	
A. Full Name, Mailing Address and Zip Code Ramona Warden 1918 E. Washington Avenue Madison WI 53704		Name of Employer None	Date 9/2/98
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other Capacity		Occupation Homeemaker	Aggregate Year-to-Date \$244.00
A. Full Name, Mailing Address and Zip Code Mr. Gary Geisbert 4801 Sheboygan Ave. #508 Madison WI 53705		Name of Employer WI Dept. of Transportation	Date 8/25/98
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other Capacity		Occupation File Clerk	Aggregate Year-to-Date \$300.00
A. Full Name, Mailing Address and Zip Code Mary Cath Fiske 61D Pine St. Madison WI 53715-2148		Name of Employer None	Date 9/1/98
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other Capacity		Occupation Homemaker	Aggregate Year-to-Date \$260.00
A. Full Name, Mailing Address and Zip Code Mr. David L. Nelson 6304 Lark Lane McFarland WI 53558		Name of Employer UW - Madison	Date 8/2/98
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other Capacity		Occupation Govt. Worker	Aggregate Year-to-Date \$350.00
A. Full Name, Mailing Address and Zip Code Mr. David L. Rollins 19000 Gerkin Avenue Hawthorne CA 90250-8314		Name of Employer Requested	Date 8/21/98
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other Capacity		Occupation	Aggregate Year-to-Date \$250.00
A. Full Name, Mailing Address and Zip Code Mr. Gary Roberts P.O. Box 5480 Riverside CA 92517-5480		Name of Employer Requested	Date 8/21/98
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other Capacity		Occupation	Aggregate Year-to-Date \$250.00
A. Full Name, Mailing Address and Zip Code Mr. Paul Bauer E2704 County Road G La Valle WI 53941-8727		Name of Employer Requested	Date 8/20/98
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other Capacity		Occupation	Aggregate Year-to-Date \$250.00
A. Full Name, Mailing Address and Zip Code Mr. George Wilson 18015 Inglewood Rd. Kenmore WA 98026		Name of Employer None	Date 8/27/98
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other Capacity		Occupation Retired	Aggregate Year-to-Date \$250.00

Schedule A

ITEMIZED RECEIPT

Any information copied from such reports and statements may not be used or spent by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

Name of Contributor (in Full)			
Ron Greer for Congress 00036828			
A, Full Name, Mailing Address and Zip Code		Name of Employer	Date
Lisa Blearns 4521 Mallory Circle Madison WI 53704		None	8/28/98
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Occupation - Homemaker	
		Aggregate Year-to-Date	\$1,000.00
A, Full Name, Mailing Address and Zip Code		Name of Employer	Date
Scott W. Starns 4521 Mallory Circle Madison WI 53704		Strand & Associates	8/28/98
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Occupation Environmental Eng.	
		Aggregate Year-to-Date	\$1,000.00
A, Full Name, Mailing Address and Zip Code		Name of Employer	Date
Mr. Frederick Festge, Jr. 810 Pine St. Madison WI 53716-2148		Requested	9/1/98
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Occupation	
		Aggregate Year-to-Date	\$800.00
A, Full Name, Mailing Address and Zip Code		Name of Employer	Date
Dorothy Steinhilber 409 W. Main St. Marshall WI 53559-8702		America's Best Flowers	9/2/98
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Occupation Office Manager	
		Aggregate Year-to-Date	\$500.00
A, Full Name, Mailing Address and Zip Code		Name of Employer	Date
Dobbie A. Tether 26558 Tether Ridge Ln. Blue River WI 53518-		Requested	9/3/98
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Occupation	
		Aggregate Year-to-Date	\$250.00
A, Full Name, Mailing Address and Zip Code		Name of Employer	Date
Mr. John Crooks 801 Blake Street Blanchardville WI 53516-8718		BCS Wireless	9/2/98
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Occupation Manager	
		Aggregate Year-to-Date	\$500.00
A, Full Name, Mailing Address and Zip Code		Name of Employer	Date
Mr. Kenneth J. Spalk 119 Connecticut Cir. Madison WI 53719-		High Point Church	9/2/98
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Occupation Pastor	
		Aggregate Year-to-Date	\$300.00
A, Full Name, Mailing Address and Zip Code		Name of Employer	Date
Mr. Gary L. Sedlmayr 114 Jackson Street Madison WI 53704-		State DHSB	9/2/98
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Occupation Govt. Employee	
		Aggregate Year-to-Date	\$250.00
A, Full Name, Mailing Address and Zip Code		Name of Employer	Date
Mrs. Juanita M. Sturman 1901 West Glory Bozeman MT 59715-4268		None	9/12/98
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Occupation Retired teacher	
		Aggregate Year-to-Date	\$300.00

Any information copied from these Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to which contributions have been made.

Name of Donor (to Full)		Name of Employer		Date	
Ron Greer for Congress C00336626		None		9/6/98	\$300.00
A Full Name, Mailing Address and Zip Code Mr. Clinton Williams P. O. Box 40136 Lafayette LA 70504-		Occupation Graduate Student		Aggregate Year-to-Date	\$300.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other Capacity:		None		9/4/98	\$400.00
A Full Name, Mailing Address and Zip Code Dr. Michael E. Wilson 102 Gross Crescent Cir Ste 306 Fort Oelthor GA 30742-		Occupation Physician		Aggregate Year-to-Date	\$400.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other Capacity:		Requested		9/4/98	\$1,000.00
A Full Name, Mailing Address and Zip Code Mr. Steven Br Taylor 515 Santa Paula Dr. Salinas CA 93901-		Occupation		Aggregate Year-to-Date	\$1,000.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other Capacity:		Requested		9/4/98	\$1,000.00
A Full Name, Mailing Address and Zip Code Mrs. Kathryn H Taylor 515 Santa Paula Dr. Salinas CA 93901-		Occupation		Aggregate Year-to-Date	\$1,000.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other Capacity:		Requested		9/11/98	\$500.00
A Full Name, Mailing Address and Zip Code Mr. Samuel J. Baccasa, III 10611 Altemwood Lane Great Falls VA 22066-		Occupation		Aggregate Year-to-Date	\$500.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other Capacity:		Eagle Co., Inc.		9/21/98	\$500.00
A Full Name, Mailing Address and Zip Code Mr. Craig A. Wilford 3800 - 60th Street Holland MI 49423-		Occupation Self		Aggregate Year-to-Date	\$500.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other Capacity:		None		9/19/98	\$250.00
A Full Name, Mailing Address and Zip Code Mr. Allan B. Greer 452 St. John Road Denmark TN 38301-		Occupation Homemaker		Aggregate Year-to-Date	\$250.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other Capacity:					
Total Contributions This Period					\$ 10,430.00

SCHEDULE A

ITEMIZED RECEIPTS

For more information see U.S. Detailed Summary Page

FOR LINE NUMBER
11(c)

Contributions from Other Political Committees

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

Ron Green For Congress C00336826

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
First Breath Alliance PAC PO Box 222 Kohler, WI 53044		9/14/98	70. ⁰⁰
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 170.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Justice Political Action Committee 2091 E. Valley Pkwy., STE. 1-C Escondido, CA 92027		8/27/98	1,000. ⁰⁰
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,000.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
American Right To Life 1014 Independence Ave. SE Washington, D.C. 20003		9/30/98	100. ⁰⁰
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 100.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Eagle Pac 7811 Montross Road Potomac, MD 20854		9/24/98	500. ⁰⁰
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Campaign For Working Families 499 Capitol Street, SE Washington, DC 20003		9/24/98	1,000. ⁰⁰
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 5,000	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Samp For School Board 1617 Brynwood Dr. Madison, WI 53716		8/26/98	110.49
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 110.49	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Friends of Morris Garden 910 Monica Lane Madison, WI 53719		9/8/98	93.69
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): In-kind	Occupation	Aggregate Year-to-Date > \$ 93.69	

SUBTOTAL of Receipts This Page (optional)

2,874.18

TOTAL This Period (last page this line number only)

2,874.18

SCHEDULE A

ITEMIZED RECEIPTS

OFFSETS TO Operating Expenditures

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

PAGE 1 OF 1
FOR LINE NUMBER 14

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NAME OF COMMITTEE (In Full)

Ron Greer For Congress C00336826

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Direct Message Express, Inc. 2469 Bellevue Ave Daytona Beach, FL 32114	Refund	9/16/98	1,837.05
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)

1,837.05

TOTAL This Period (last page this line number only)

1,837.05

Schedule B

ITEMIZED DISBURSEMENTS

Page 1 of 8

For Line Number 17

Operating Expenditures

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Name of Contributor (If RFD)		Ron Greer for Congress		00039826	
A. Full Name, Mailing Address and ZIP Code Abella Audio Productions, Inc. 2302 W. Badger Rd. Madison WI 53713-		Purpose of Disbursement Radio Production		Date (month, day, year)	Amount of Disbursement This Period
		Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		8/27/98	\$419.10
A. Full Name, Mailing Address and ZIP Code Abella Audio Productions, Inc. 2302 W. Badger Rd. Madison WI 53713-		Purpose of Disbursement Radio Production		Date (month, day, year)	Amount of Disbursement This Period
		Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		8/31/98	\$259.79
A. Full Name, Mailing Address and ZIP Code Advanced CADD Technologies 6701 Savbold Rd. #109 Madison WI 53719-		Purpose of Disbursement Office Supplies		Date (month, day, year)	Amount of Disbursement This Period
		Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		9/1/98	\$184.63
A. Full Name, Mailing Address and ZIP Code Ameritech P.O. Box 84000 Columbus OH 43284-1037		Purpose of Disbursement Phone		Date (month, day, year)	Amount of Disbursement This Period
		Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		9/1/98	\$248.12
A. Full Name, Mailing Address and ZIP Code Ameritech P.O. Box 84000 Columbus OH 43284-1037		Purpose of Disbursement Phone Expense		Date (month, day, year)	Amount of Disbursement This Period
		Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		9/9/98	\$150.07
A. Full Name, Mailing Address and ZIP Code Ameritech P.O. Box 84000 Columbus OH 43284-1037		Purpose of Disbursement Telephone		Date (month, day, year)	Amount of Disbursement This Period
		Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		9/28/98	\$152.78
A. Full Name, Mailing Address and ZIP Code Callerton Printing, Inc. 24 Industrial Park Drive Waldorf MD 20602-		Purpose of Disbursement Printing		Date (month, day, year)	Amount of Disbursement This Period
		Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		9/30/98	\$1,192.40
A. Full Name, Mailing Address and ZIP Code City of Stoughton 381 E. Main Street Stoughton WI 53659-		Purpose of Disbursement Poll Lists		Date (month, day, year)	Amount of Disbursement This Period
		Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		9/9/98	\$3.11
A. Full Name, Mailing Address and ZIP Code Colorfree 2919 Brittons Hill Rd. Richmond VA 23230-		Purpose of Disbursement Printing		Date (month, day, year)	Amount of Disbursement This Period
		Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		9/30/98	\$7,506.46
A. Full Name, Mailing Address and ZIP Code County of Jefferson 320 S. Main Street Jefferson WI 53549-1799		Purpose of Disbursement Poll Lists		Date (month, day, year)	Amount of Disbursement This Period
		Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		9/9/98	\$3.00

Thursday, October 15, 1998

Schedule B

ITEMIZED DISBURSEMENTS

Page 2 of 8

For Line Number 17

Operating Expenditures

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Name of Committee (to RUC)		Ron Greer for Congress		C00336826	
A. Full Name, Mailing Address and ZIP Code Crown's Place 4402 E. Washington Ave. Madison WI 53704-		Purpose of Disbursement Food & Beverage		Date (month, day, year) 9/4/98	Amount of Disbursement This Period \$469.02
		Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
A. Full Name, Mailing Address and ZIP Code DelDeas Business Forms P.O. Box 35100 Colorado Springs CO 80905-3510		Purpose of Disbursement Checks		Date (month, day, year) 9/30/98	Amount of Disbursement This Period \$75.89
		Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
A. Full Name, Mailing Address and ZIP Code Direct Impressions 2040 Westmoreland Street Richmond VA 23230-		Purpose of Disbursement Printing		Date (month, day, year) 9/30/98	Amount of Disbursement This Period \$1,418.00
		Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
A. Full Name, Mailing Address and ZIP Code Direct Message Express 2441 Bellevue Ave. Daytona Beach FL 32114-		Purpose of Disbursement Phone Calls		Date (month, day, year) 9/4/98	Amount of Disbursement This Period \$5,000.00
		Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
A. Full Name, Mailing Address and ZIP Code Eberle & Associates 1420 Spring Hill Road McLean VA 22102-		Purpose of Disbursement Postage		Date (month, day, year) 9/14/98	Amount of Disbursement This Period \$50,000.00
		Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
A. Full Name, Mailing Address and ZIP Code Eberle & Associates 1420 Spring Hill Road McLean VA 22102-		Purpose of Disbursement Postage		Date (month, day, year) 9/30/98	Amount of Disbursement This Period \$3,983.79
		Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
A. Full Name, Mailing Address and ZIP Code Eberle & Associates Delta Center 1420 Spring Hill Road McLean VA 22102-		Purpose of Disbursement Computer work		Date (month, day, year) 9/30/98	Amount of Disbursement This Period \$691.28
		Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
A. Full Name, Mailing Address and ZIP Code Farm & Fleet 2202 S. Stoughton Madison WI 53716-		Purpose of Disbursement Office Supplies		Date (month, day, year) 8/29/98	Amount of Disbursement This Period \$72.44
		Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
A. Full Name, Mailing Address and ZIP Code Federal Express P. O. Box 1140 Memphis TN 38101-1140		Purpose of Disbursement Shipping		Date (month, day, year) 9/9/98	Amount of Disbursement This Period \$278.75
		Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
A. Full Name, Mailing Address and ZIP Code First Class Mailers 415-1/2 N. Fair Oaks Ave. Madison WI 53714-		Purpose of Disbursement Mailing		Date (month, day, year) 8/20/98	Amount of Disbursement This Period \$1,600.00
		Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Thursday, October 15, 1998

Schedule B

ITEMIZED DISBURSEMENTS

Operating Expenditures

Any information copied from such reports and documents may not be used or used by any person for the purpose of soliciting contributions or for nonexempt purposes, other than using the name and address of any political candidate to solicit contributions from such candidate.

Name of Candidate (in full)		Purpose of Disbursement		Date (month, day, year)	Amount of Disbursement This Period
Ron Greer for Congress C00336626					
A. Full Name, Mailing Address and ZIP Code First Class Mailers 415-1/2 N. Fair Oaks Ave. Madison WI 53714-		Purpose of Disbursement Mailing Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		09/1/98	\$749.63
A. Full Name, Mailing Address and ZIP Code First Impressions 8843 Louisiana Place Merrillville WI 48410-		Purpose of Disbursement Printing Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		09/1/98	\$562.53
A. Full Name, Mailing Address and ZIP Code Friends of Norris Garden 910 Monica Lane Madison WI 53719-		Purpose of Disbursement Items for Greer Event Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		09/6/98	\$93.69
A. Full Name, Mailing Address and ZIP Code Georgia Maxwell 1626 Sapphire Way Sun Prairie WI 53590-		Purpose of Disbursement Reimburse Office Supplies Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		09/9/98	\$122.36
A. Full Name, Mailing Address and ZIP Code Glencove Buildings 2317 S. Stoughton Rd. Madison WI 53716-		Purpose of Disbursement Headquarters Rent Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		09/23/98	\$700.00
A. Full Name, Mailing Address and ZIP Code Glencove Buildings 2317 S. Stoughton Rd. Madison WI 53716-		Purpose of Disbursement Headquarters Rent Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		09/23/98	\$180.00
A. Full Name, Mailing Address and ZIP Code Green County Clerk 1016 18th Ave. Monroe WI 53568-		Purpose of Disbursement Poll Lists Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		09/9/98	\$25.50
A. Full Name, Mailing Address and ZIP Code Gunqor Productions 3475 Humboldt Rd. Green Bay WI 54311-		Purpose of Disbursement Radio Production Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		09/9/98	\$702.50
A. Full Name, Mailing Address and ZIP Code Hallman-Lindsay Paint 4416 A. Pflaum Road Madison WI 53716-		Purpose of Disbursement Paint Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		09/20/98	\$117.04
A. Full Name, Mailing Address and ZIP Code Heritage Printing 1815 S. 108th Street West Allis WI 53214-		Purpose of Disbursement Printing Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		09/1/98	\$1,737.59

Operating Expenditures

Any information copied from such Reports and Statements may not be used or used by any person for the purpose of soliciting contributions or for nonexempt purposes, other than using the name and address of any political committee to solicit contributions from such committee.

Name of Candidate (In Full)		C00335828	
A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Disbursement This Period
Jon Paul 1386 Highway W Stoughton WI 53589	Consulting Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/1/98	\$625.00
A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Disbursement This Period
Jon Paul 1386 Highway W Stoughton WI 53589	Consulting Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/15/98	\$1,250.00
A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Disbursement This Period
Jon Paul 1386 Highway W Stoughton WI 53589	Consulting Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/23/98	\$250.00
A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Disbursement This Period
Jon Paul 1386 Highway W Stoughton WI 53589	Travel Expenses Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/23/98	\$298.68
A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Disbursement This Period
M & I Visa Card Credit Card Processing Milwaukee WI 53288-0200	T-shirts through Ameriprint - SEE MEMO Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/1/98	\$374.68
A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Disbursement This Period
M & I Visa Card Credit Card Processing Milwaukee WI 53288-0200	T-shirts thru Ameriprint - SEE MEMO Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/28/98	\$485.34
A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Disbursement This Period
AMERIPRINT 2311 HIGHWAY T SUN PRAIRIE, WI 53590	T-Shirts Disbursement for: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	8/1/98	MEMO 374.99
A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Disbursement This Period
AMERIPRINT 2311 HIGHWAY T SUN PRAIRIE, WI 53590	T-shirts Disbursement for: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	8/28/98	MEMO 485.34
A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Disbursement This Period
Medison Gas & Electric P.O. Box 1231 Medison WI 53701-1231	Utilities Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/1/98	\$70.98
A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Disbursement This Period
Mail Management of America P.O. Box 317 Leonardtown MD 20650	Postage Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/30/98	\$1,108.70

Schedule B

ITEMIZED DISBURSEMENTS

Operating Expenditures

Form Number 87

Any information copied from such reports and statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

Name of Donor (to be filled)		Ron Greer for Congress		000338828	
A. Full Name, Mailing Address and ZIP Code Mark Block 10300 W. Lincoln West Allis WI 53227-		Purpose of Disbursement Reimburses for Printing		Date (month, day, year) 8/23/98	Amount of Disbursement This Period \$551.88
		Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
A. Full Name, Mailing Address and ZIP Code NFCU Visa Card Credit Card Processing Merrifield WI 22119-3501		Purpose of Disbursement Food & Bev Crowne Plaza - SEE MEMO		Date (month, day, year) 8/8/98	Amount of Disbursement This Period \$275.94
		Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
A. Full Name, Mailing Address and ZIP Code NFCU Visa Card Credit Card Processing Merrifield WI 22119-3501		Purpose of Disbursement Travel Exp. Carlson - SEE MEMO		Date (month, day, year) 8/1/98	Amount of Disbursement This Period \$1,692.00
		Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
A. Full Name, Mailing Address and ZIP Code CROWNE PLAZA 4402 E. WASHINGTON MADISON, WI 53704		Purpose of Disbursement Food & Bev. Crowne Plaza		Date (month, day, year) 8/8/98	Amount of Disbursement This Period MEMO 275.94
		Disbursement for: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)			
A. Full Name, Mailing Address and ZIP Code CARLSON - WAGONLIT 2049 McCoy Rd SAN PRAIRIE, WI 53590		Purpose of Disbursement Travel Expense		Date (month, day, year) 8/1/98	Amount of Disbursement This Period MEMO 1,692.00
		Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
A. Full Name, Mailing Address and ZIP Code Office Machine Showcase 6970 N. Green Bay Ave. Milwaukee WI 53209-		Purpose of Disbursement Copying		Date (month, day, year) 8/8/98	Amount of Disbursement This Period \$105.50
		Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
A. Full Name, Mailing Address and ZIP Code Office Machine Showcase 6970 N. Green Bay Ave. Milwaukee WI 53209-		Purpose of Disbursement Copying		Date (month, day, year) 8/28/98	Amount of Disbursement This Period \$311.25
		Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
A. Full Name, Mailing Address and ZIP Code Office Machine Showcase 6970 N. Green Bay Avenue Milwaukee WI 53209-		Purpose of Disbursement Copying		Date (month, day, year) 8/1/98	Amount of Disbursement This Period \$105.50
		Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
A. Full Name, Mailing Address and ZIP Code Office Max 2430 E. Springs Drive Madison WI 53704-		Purpose of Disbursement Office Supplies		Date (month, day, year) 8/29/98	Amount of Disbursement This Period \$37.84
		Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
A. Full Name, Mailing Address and ZIP Code Office Max 2430 East Springs Drive Madison WI 53704-		Purpose of Disbursement Office Supplies		Date (month, day, year) 8/25/98	Amount of Disbursement This Period \$37.82
		Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Schedule B

ITEMIZED DISBURSEMENTS

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Operating Expenditures

For Line Number 17

Any information copied from each Report and Statement may not be used or relied on for the purpose of collecting contributions or for other purposes, other than using the name and address of any political committee to solicit contributions from each contributor.

Name of Organization (in full)		Purpose of Disbursement	Date (month, day, year)	Amount of Disbursement (This Period)
Ron Greer for Congress COD336626				
A. Full Name, Mailing Address and ZIP Code Omega List Company 1420 Springs Hill Road McClees VA 22102-	Purpose of Disbursement List Rent Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/30/98	\$2,557.84	
A. Full Name, Mailing Address and ZIP Code Petty Cash Fund 2315-B S. Stoughton Rd. Madison WI 53718-	Purpose of Disbursement Replenish Petty Cash Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/25/98	\$173.25	
A. Full Name, Mailing Address and ZIP Code Petty Cash Fund 2315-B S. Stoughton Rd. Madison WI 53718-	Purpose of Disbursement Replenish Petty Cash Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/29/98	\$173.51	
A. Full Name, Mailing Address and ZIP Code Que Mktgco W162 36797 Bluegrass Drive Muskego WI 53150-	Purpose of Disbursement Typesetting Fee Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/9/98	\$365.00	
A. Full Name, Mailing Address and ZIP Code Reed Envelope Co., Inc. 6310-H Graves Ave. Alexandria VA 22310-	Purpose of Disbursement Envelopes Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/30/98	\$1,740.00	
A. Full Name, Mailing Address and ZIP Code Richland County Clerk P.O. Box 310 Richland Ctr. WI 53681-	Purpose of Disbursement Poll List Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/28/98	\$6.25	
A. Full Name, Mailing Address and ZIP Code Ron Greer 5712 Claredon Drive Madison WI 53711-	Purpose of Disbursement Reimburse Office Supplies Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/20/98	\$50.00	
A. Full Name, Mailing Address and ZIP Code Ron Greer 5712 Claredon Drive Madison WI 53711-	Purpose of Disbursement Reimburse Travel Expenses Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/20/98	\$435.00	
A. Full Name, Mailing Address and ZIP Code Glan-O-Rama 8220 University Ave. Ste 100 Middleton WI 53562-	Purpose of Disbursement Sign Expense Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/1/98	\$154.63	
A. Full Name, Mailing Address and ZIP Code SMY Media 333 N. Michigan Avenue Chicago IL 60601-	Purpose of Disbursement Radio Ads Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/27/98	\$20,000.00	

Wednesday, October 14, 1998

Schedule B

ITEMIZED DISBURSEMENTS

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Per Line Number 7

Operating Expenditures

Any information supplied from each Report and Statement is not to be used or used by any person for the purpose of soliciting contributions or for electoral purposes, other than using the name and address of any political candidate to solicit contributions from such candidates.

Name of Donor (to R/L)		Purpose of Disbursement		Date (month, day, year)	Amount of Disbursement This Period
Ron Greer for Congress C0036826		Printing		8/20/98	\$1,465.40
A. Full Name, Mailing Address and ZIP Code System Forms P.O. Box 130 Sun Prairie WI 53590-0130		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
A. Full Name, Mailing Address and ZIP Code System Forms P.O. Box 130 Sun Prairie WI 53590-0130		Printing		8/1/98	\$1,513.93
		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
A. Full Name, Mailing Address and ZIP Code System Forms P.O. Box 130 Sun Prairie WI 53590-0130		Printing		9/6/98	\$1,586.46
		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
A. Full Name, Mailing Address and ZIP Code The Complete Package 1122 Indiana Avenue Sheboygan WI 53081-		Printing		8/2/98	\$4,446.00
		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
A. Full Name, Mailing Address and ZIP Code The Maxwell Group, Inc. 1001 W. Main Street Sun Prairie WI 53580-		Consulting		8/21/98	\$4,000.00
		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
A. Full Name, Mailing Address and ZIP Code The Maxwell Group, Inc. 1001 W. Main Street Sun Prairie WI 53580-		Reimburse for Phone		8/9/98	\$460.30
		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
A. Full Name, Mailing Address and ZIP Code The Maxwell Group, Inc. 1001 W. Main Street Sun Prairie WI 53580-		Reimburse for Phone		9/28/98	\$635.52
		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
A. Full Name, Mailing Address and ZIP Code The Walker Group 65 S. First Street Ste B-4 Minnesota MN 55401-		Phoning Expense		9/8/98	\$8,000.00
		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
A. Full Name, Mailing Address and ZIP Code Tom Safford 1388 Highway W Madison WI 53586-		Reimburse Travel Exp.		9/23/98	\$100.00
		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
A. Full Name, Mailing Address and ZIP Code U. S. Postmaster 215 Martin Luther King Madison WI 53703-		PO Box Fee		9/22/98	\$20.00
		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Wednesday, October 14, 1998

Schedule B
Operating Expenditures

ITEMIZED DISBURSEMENTS

Any information copied from such reports and brochures may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than selling the same and address of any political committee to which contributions from such sources.

Name of Recipient (if Fed)		Purpose of Disbursement		Date (month, day, year)	Amount of Disbursement This Period
Ron Greer for Congress C00036826					
A. Full Name, Mailing Address and ZIP Code U. S. Postmaster 215 Martin Luther King Madison WI 53703-	Purpose of Disbursement Postage	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/21/98	\$500.00	
A. Full Name, Mailing Address and ZIP Code U. S. Postmaster 215 Martin Luther King Madison WI 53703-	Purpose of Disbursement Postage	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/26/98	\$20.93	
A. Full Name, Mailing Address and ZIP Code U. S. Postmaster 215 Martin Luther King Madison WI 53703-	Purpose of Disbursement Postage	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/26/98	\$187.03	
A. Full Name, Mailing Address and ZIP Code U. S. Postmaster 215 Martin Luther King Madison WI 53703-	Purpose of Disbursement Postage	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/26/98	\$223.73	
A. Full Name, Mailing Address and ZIP Code U. S. Postmaster 215 Martin Luther King Madison WI 53703-	Purpose of Disbursement Postage	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/27/98	\$187.49	
A. Full Name, Mailing Address and ZIP Code U. S. Postmaster 215 Martin Luther King Madison WI 53703-	Purpose of Disbursement Postage	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/27/98	\$640.00	
A. Full Name, Mailing Address and ZIP Code U. S. Postmaster 215 Martin Luther King Madison WI 53703-	Purpose of Disbursement Postage	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/29/98	\$224.00	
A. Full Name, Mailing Address and ZIP Code Village of Oregon 117 Spring Street Oregon WI 53675-	Purpose of Disbursement Poll List	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/28/98	\$5.40	
A. Full Name, Mailing Address and ZIP Code Wisconsin Christian Coalition 4806 Eldorado Lane Madison WI 53716-	Purpose of Disbursement Reimburse Travel Exp.	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/18/98	\$391.00	
A. Full Name, Mailing Address and ZIP Code Wisconsin Newsletter Assn. P.O. Box 5580 Madison WI 53705-	Purpose of Disbursement Clipping Service	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/28/98	\$154.88	
TOTAL This Period (Start page (this line number only)				8	\$137,893.11

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 20(a)

Refunds of Contributions to Individuals other than Political Committees

Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Rob Green For Congress C00336826

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Refund of Corporate Check Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
Compass Healthcare, LLC P.O. Box 466 Richland Center, WI 53581		9-2-98	200 ⁰⁰
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

200⁰⁰

TOTAL This Period (last page this line number only)

200⁰⁰

Excluding Loans

(Use separate schedules for each numbered line)

Name of Committee (in Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
Ron Greer For Congress C00336826 A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor The Maxwell Group, Inc. 1001 W. Main Street Sun Prairie, WI 53590	\$ 8,000	\$ 6,000	\$ 4,000 ⁰⁰	\$ 10,000 ⁰⁰
Nature of Debt (Purpose): Consulting				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Craig Shirley and Associates 122 South Patrick Street Alexandria, VA 22314	\$ 2,904.78 ²	\$ 5,857.53	- 0 -	\$ 8,762.31
Nature of Debt (Purpose): Consulting				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Eberle & Associates Data Center 1420 Spring Hill Road McLean, VA 22102	\$ 916.98	\$ 4,974.09	\$ 891.28	\$ 4,999.79
Nature of Debt (Purpose): List Development				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Omega List Company 1420 Spring Hill Road McLean, VA 22102	\$ 3,691.61	\$ 25,181.19	\$ 2,667.64	\$ 26,205.16
Nature of Debt (Purpose): List Rental				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Direct Impressions 2040 Westmoreland Street Richmond, VA 23230	\$ 1,418 ⁰⁰	\$ 6,030	\$ 1,418	\$ 6,030
Nature of Debt (Purpose): Printing				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Reed Envelope Co., Inc. 6310 h Gravel Ave. Alexandria, VA 22310	\$ 1,740	- 0 -	\$ 1,740	- 0 -
Nature of Debt (Purpose): envelopes				
1) SUBTOTALS This Period This Page (optional)				55,997.26
2) TOTALS This Period (last page in this line only)				
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans


Page 10 of 10
LINE NUMBER 10
(Use separate schedules for each numbered line)

Name of Committee (in Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
Ron Groer For Congress C00336826				
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Catterton Printing, Inc. 24 Industrial Park Drive Waldorf, MD 20602	\$1,192	\$4661.70	\$1,192	\$4661.70
Nature of Debt (Purpose): Printing letter				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Heritage Printing 1815 South 108 th Street West Allis, WI 53214	\$1,130.92	- 0 -	\$1,130.92	- 0 -
Nature of Debt (Purpose): Printing letter				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Heritage Printing 1815 South 108 th Street West Allis, WI 53214	\$513.90	- 0 -	\$513.90	- 0 -
Nature of Debt (Purpose): Printing Envelopes				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Heritage Printing 1815 South 108 th Street West Allis, WI 53214	\$92.77	- 0 -	\$92.77	- 0 -
Nature of Debt (Purpose): Printing letter				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Mail Management of America P.O. Box 317 Leonardtown MD 20650	- 0 -	9,120.55	1,108.70	8,011.85
Nature of Debt (Purpose): mailing				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Telecommunications Group 10300 W. Lincoln Ave West Allis, WI 53227	- 0 -	11,000. ⁰⁰	- 0 -	11,000. ⁰⁰
Nature of Debt (Purpose): consulting				
1) SUBTOTALS This Period This Page (optional)				23,673.55
2) TOTALS This Period (last page in this line only)				79,670.81
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				- 0 -
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				79,670.81

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> First Class Mail	POSTMARKED 10/15/98
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
 PREPARER	10/15/98 DATE PREPARED