

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

DEC 9 12 42 PM '98

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (In full)  
**REPUBLICAN CLUB OF CHAGRIN**

ADDRESS (number and street)  Check if different than previously reported  
**165 LOCUST LANE**

CITY, STATE and ZIP CODE  
**CHAGRIN FALLS, OHIO 44022**

2. FEC IDENTIFICATION NUMBER  
**C00340000**

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

## 4. TYPE OF REPORT

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

### Monthly Report Due On:

- February 20     June 20     October 20
- March 20     July 20     November 20
- April 20     August 20     December 20
- May 20     September 20     January 31

- 12-Day Pre-Election Report for the \_\_\_\_\_  
(Type of Election)
- election on \_\_\_\_\_ in the State of \_\_\_\_\_
- 30-Day Post-Election Report following the General Election  
on 11/3/98 in the State of OHIO

(b) Is this Report an Amendment?  YES  NO

SUMMARY		COLUMN A	COLUMN B
5. Covering Period <u>5/1/98</u> through <u>12/3/98</u>		This Period	Calendar Year-to-Date
6. (a)	Cash on Hand January 1, 19 <u>98</u>		\$ <u>0</u>
(b)	Cash on Hand at Beginning of Reporting Period	\$ <u>0</u>	
(c)	Total Receipts (from Line 1B)	\$ <u>7139</u>	\$ <u>7139</u>
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ <u>7139</u>	\$ <u>7139</u>
7.	Total Disbursements (from Line 3D)	\$ <u>6422</u>	\$ <u>6422</u>
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ <u>717</u>	\$ <u>717</u>
9.	Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	\$ <u>0</u>	For further information contact Federal Election Commission 435 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100
10.	Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	\$ <u>0</u>	

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 **Robert A. Bailey**

Signature of Treasurer **Robert A. Bailey** Date **12/2/98**

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5437g.

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FEC FORM 3X  
(revised 9/83)

**DETAILED SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS  
PAGE 2, FEC FORM 3X**

(revised 11/91)

NAME OF COMMITTEE		REPORT COVERING PERIOD	
REPUBLICAN CLUB OF CHAGLIN		FROM 5/98	TO 12/31/98
		COLUMN A Total This Period	COLUMN B Calendar Year
<b>I. Receipts</b>			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)			11(a)(i)
ii. Unitemized			11(a)(ii)
ii. Total (add i and ii) >		5785	5785
b. Political Party Committees		500	500
c. Other Political Committees (such as PACs)		850	850
d. Total Contributions (add a iii, b and c) >		7135	7135
12. Transfers From Affiliated/Other Party Committees			12
13. All Loans Received			13
14. Loan Repayments Received			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17. Other Federal Receipts (Dividends, Interest, etc.)		4	4
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >		7139	7139
20. Total Federal Receipts (subtract line 18 from line 19) >		7139	7139
<b>II. Disbursements</b>			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share		2833	2833
ii. Non-Federal Share		1914	1914
b. Other Federal Operating Expenditures			21(b)
c. Total Operating Expenditures (add a i, a ii, and b) >		4747	4747
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees		1000	1000
24. Independent Expenditures (use Schedule E)			24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(f)) (use Schedule F)			25
26. Loan Repayments Made			26
27. Loans Made			27
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees			28(a)
b. Political Party Committees			28(b)
c. Other Political Committees (such as PACs)			28(c)
d. Total Contribution Refunds (add a, b and c) >		0	0
29. Other Disbursements		675	675
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >		6422	6422
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >		4508	4508
<b>III. Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans) (from line 11d)		7135	7135
33. Total Contribution Refunds (from line 28d)		0	0
34. Net Contributions (other than loans) (subtract line 33 from 32)		7135	7135
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >		2833	2833
36. Offsets to Operating Expenditures (from line 15)		0	0
37. Net Operating Expenditures (subtract line 36 from 35) >		2833	2833

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

NAME OF COMMITTEE (In Full)  
**REPUBLICAN CLUB OF CINGRA**

<b>A. Full Name, Mailing Address and ZIP Code</b> CUYAHOGA COUNTY REPUBLICAN CENTRAL COMMITTEE 575 SUPERIOR AVE - E #1 CLEVELAND, OHIO 44114	Name of Employer N/A	Date (month, day, year) 10-28-98	Amount of Each Receipt this Period 500 <sup>00</sup>
	Occupation	Aggregate Year-to-Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

<b>B. Full Name, Mailing Address and ZIP Code</b> KEYCORP POLITICAL ACTION COMMITTEE - OHIO 100 PUBLIC SQUARES CLEVELAND, OHIO 44114	Name of Employer KEYCORP	Date (month, day, year) 9-18-98	Amount of Each Receipt this Period 500 <sup>00</sup>
	Occupation	Aggregate Year-to-Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

<b>C. Full Name, Mailing Address and ZIP Code</b> MEDICAL MUTUAL OF OHIO PAC 2060 EAST 9TH ST. CLEVELAND, OHIO 44115	Name of Employer MEDICAL MUTUAL	Date (month, day, year) 9-15-98	Amount of Each Receipt this Period 350 <sup>00</sup>
	Occupation	Aggregate Year-to-Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

<b>D. Full Name, Mailing Address and ZIP Code</b>	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

<b>E. Full Name, Mailing Address and ZIP Code</b>	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

<b>F. Full Name, Mailing Address and ZIP Code</b>	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

<b>G. Full Name, Mailing Address and ZIP Code</b>	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	11b 11c 500 850

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF  
FOR LINE NUMBER 23 + 29

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

NAME OF COMMITTEE (in Full)

THE REPUBLICAN CLUB OF CHAGRIN C0034000

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
GRACE ORAKE FOR CONGRESS EAST WASHINGTON ST. CHAGRIN FALLS, OHIO 44023	PHONE BANKS & TRAVEL EXPENSES Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/3/98	650 <sup>00</sup>
GRACE ORAKE FOR CONGRESS EAST WASHINGTON ST CHAGRIN FALLS, OHIO 44023	PHONE BANKS & TRAVEL EXPENSES Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		350 <sup>00</sup>
MIKE WISE FOR AUDITOR STATION STREET 2040 SOLOON, OHIO 44139	MEDIA / POLLING Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-26-98 11-3-98	375
FRIENDS OF TIM TRARAS 526 SUPERIOR AVE. - EAST SUITE ONE CLEVELAND, OHIO 44114	TRAVEL EXPENSES Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-3-98	300
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) .....

LINE 23  
LINE 29

1000  
675

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

JOINT FEDERAL/NON-FEDERAL  
ACTIVITY SCHEDULE

NAME OF COMMITTEE  
**REPUBLICAN CLUB OF CHAGRIN**

A. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
TANGLEWOOD COUNTRY CLUB CARELL LOTTIS ROAD CHAGRIN FALLS, OHIO 44023	DINNER DANCE FUNDRAISER	6/19/98	2396	1430	966

CATEGORY:  ADMINISTRATIVE/VOTER DRIVE  FUNDRAISING  EXEMPT  
EVENT YEAR-TO-DATE: \$ 2396  DIRECT CANDIDATE SUPPORT

B. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
R. WILLIAMS 16385 RUSSELL RD. CHAGRIN FALLS, OHIO 44022	BARBECUE FUNDRAISER	9/19/98	2351	1403	948

CATEGORY:  ADMINISTRATIVE/VOTER DRIVE  FUNDRAISING  EXEMPT  
EVENT YEAR-TO-DATE: \$ 2351  DIRECT CANDIDATE SUPPORT

C. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE

CATEGORY:  ADMINISTRATIVE/VOTER DRIVE  FUNDRAISING  EXEMPT  
EVENT YEAR-TO-DATE: \$  DIRECT CANDIDATE SUPPORT

D. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE

CATEGORY:  ADMINISTRATIVE/VOTER DRIVE  FUNDRAISING  EXEMPT  
EVENT YEAR-TO-DATE: \$  DIRECT CANDIDATE SUPPORT

E. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE

CATEGORY:  ADMINISTRATIVE/VOTER DRIVE  FUNDRAISING  EXEMPT  
EVENT YEAR-TO-DATE: \$  DIRECT CANDIDATE SUPPORT

F. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE


CATEGORY:  ADMINISTRATIVE/VOTER DRIVE  FUNDRAISING  EXEMPT  
EVENT YEAR-TO-DATE: \$  DIRECT CANDIDATE SUPPORT

SUBTOTAL OF JOINT FEDERAL AND NON-FEDERAL ACTIVITY THIS PAGE .....					
TOTAL THIS PERIOD (last page for each line only)(Fed. share to 21 a) and non-Fed. share to 21 a ii) ....			4747	2833	1914
TOTAL THIS PERIOD FOR THE NON-FEDERAL SHARE (used for line 31 of the detailed summary page) .....					

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

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

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 12/4/98
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other ( Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
 PREPARER	12/9/98 DATE PREPARED