

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL
OR
TYPE OR PRINT

RECEIVED
FEDERAL ELECTION
COMMISSION - MAIL ROOM

1. NAME OF COMMITTEE (in full) Bob Wise for Congress Committee		2. FEC IDENTIFICATION NUMBER C00152603
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported. P.O. Box 5336		
CITY, STATE and ZIP CODE Charleston WV 25361	STATE/DISTRICT WV / 2nd	3. IS THIS REPORT AN AMENDMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

4. TYPE OF REPORT

- April 15 Quarterly Report 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 **Nov 3, 1998** in the State of **WV**
- January 31 Year End Report Termination Report
- July 31 Mid-Year Report (Non-election Year Only)

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
October 15, 1998 through November 23, 1998		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(a))	78,408.07	217,337.63
(b) Total Contribution Refunds (from Line 20(d))	-	-
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	78,408.07	217,337.63
7. Net Operating Expenditures	156,872.87	329,148.82
(a) Total Operating Expenditures (from Line 17)		150.00
(b) Total Offsets to Operating Expenditures (from Line 14)	-	
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	156,872.87	328,998.82
8. Cash on Hand at Close of Reporting Period (from Line 27)	79,336.01	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	-	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	-	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9520
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 Bonita J. Greenleaf	Date 12-2-98
Signature of Treasurer <i>Bonita J. Greenleaf</i>	

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

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FEC FORM 3
(revised 4/87)

DETAILED SUMMARY PAGE

of Receipts and Disbursements

(Page 2, FEC FORM 3)

Name of Committee (in full) **Bob Wise for Congress Committee** Report Covering the Period: **From: Oct. 15, 1998 To: Nov 23, 1998**

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)	25,993.75		11(a)(i)
(ii) Unitemized	10,114.32		11(a)(ii)
(iii) Total of contributions from individuals	36,108.07	80,787.63	11(a)(iii)
(b) Political Party Committees			11(b)
(c) Other Political Committees (such as PACs)	42,300.00	136,550.00	11(c)
(d) The Candidate			11(d)
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(i), (b), (c) and (d))	78,408.07	217,337.63	11(e)
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES			12
13. LOANS:			
(a) Made or Guaranteed by the Candidate			13(a)
(b) All Other Loans			13(b)
(c) TOTAL LOANS (add 13(a) and (b))			13(c)
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)		150.00	14
15. OTHER RECEIPTS (Dividends, Interest, etc.)	125.67	1,387.97	15
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)	78,533.74	218,875.60	16
II. DISBURSEMENTS			
17. OPERATING EXPENDITURES	156,872.87	329,148.82	17
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES			18
19. LOAN REPAYMENTS:			
(a) Of Loans Made or Guaranteed by the Candidate			19(a)
(b) Of All Other Loans			19(b)
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))			19(c)
20. REFUNDS OF CONTRIBUTIONS TO:			
(a) Individuals/Persons Other Than Political Committees			20(a)
(b) Political Party Committees			20(b)
(c) Other Political Committees (such as PACs)			20(c)
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))			20(d)
21. OTHER DISBURSEMENTS	10,800.00	17,800.00	21
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)	167,672.87	346,948.82	22

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	\$ 168,475.14	23
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)	\$ 78,533.74	24
25. SUBTOTAL (add Line 23 and Line 24)	\$ 247,008.88	25
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	\$ 167,672.87	26
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)	\$ 79,336.01	27

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 6

FOR LINE NUMBER

11(a)(i)

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NAME OF COMMITTEE (In Full)

Bob Wise for Congress Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Frank Armada 3972 Teays Valley Rd Hurricane WV 25526	self	11-3-98	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 1,000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert Berthold, Jr. 208 Capital St. Chas. WV 25301	Berthold + Tiano	10-21-98	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
D. Michael Burke PO Box 1936 Martinsburg WV 25402	Burke + Schultz	10-19-98	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 250.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David L. Dickirson PO Box 1 Ripley WV 25271	Dickerson Corp.	11-3-98	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	Aggregate Year-to-Date > \$ 1,000.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Linda Dickirson PO Box 1 Ripley WV 25271	Jackson Co. Bd. of Ed.	11-3-98	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Teacher	Aggregate Year-to-Date > \$ 1,000.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David Fox, Jr. 552 N. Inwood St. Huntington WV 25701	Self	11-2-98	300.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Investor	Aggregate Year-to-Date > \$ 300.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William Frame 151 Walnut St. Morgantown WV 26505	Wilson, Frame, Benniger + Matheny	10-19-98	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 500.00	

SUBTOTAL of Receipts This Page (optional)

5050.00

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (In Full)

Bob Wise for Congress Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
D.A. Freshwater 1015 Charleston Rd. Spencer WV 25276	Contractor Services Inc. of WV	10-23-98	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CEO	Aggregate Year-to-Date > \$ 1,000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
J. Scott Freshwater 1015 Charleston Rd Spencer WV 25276	Contractor Services, Inc. of WV	10-23-98	750.00 In-Kind
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: President	Aggregate Year-to-Date > \$ 750.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Natalie Freshwater 1015 Charleston Rd Spencer WV 25276	Roane Co. Hospital	10-23-98	750.00 In-Kind
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Medical Technologist	Aggregate Year-to-Date > \$ 750.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jonathan Friedman 1631 S. Durango Ave. Los Angeles CA 90035	Miller Gems	10-20-98	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Jeweler	Aggregate Year-to-Date > \$ 1,000.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Barry Hill 111 Aaron Woods Wheeling WV 26003	Zagula, Hill, & Ditmar	10-27-98	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Attorney	Aggregate Year-to-Date > \$ 1,000.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mark Hrutkay PO Box 306 Logan WV 25601	Wilson + Hrutkay, LC	10-21-98	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Attorney	Aggregate Year-to-Date > \$ 1,000.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James Humphreys Bank One Ctr. # 1113 Chas. WV 25301	James F. Humphreys + Assoc, LC	11-2-98	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Attorney	Aggregate Year-to-Date > \$ 1,000.00	

SUBTOTAL of Receipts This Page (optional)

6,500.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 6
FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Bob Wise for Congress Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
L. Lee Jarvis II 902 Allynwood Circle Chas. WV 25314	Bucci Law Offices Occupation: Attorney	11-3-98	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Frank Justice, Jr. P.O. Box 2156 Ashland KY 41105	Lewisburg College of Business Occupation: VP / Dir. of Development	11-2-98	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
J. J. Klim 61 Camelot Dr. Huntington WV 25701	D+E Industries Occupation: Owner	11-2-98	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
J. Franklin Long 727 Bland St. Bluefield WV 24701	Self Occupation: Attorney	11-2-98	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
Clarence Martin, III 1164 Winchester Ave. Martinsburg WV 25401	Martin-Seibert, LC. Occupation: Attorney	11-2-98	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Marvin Masters 416 Peoples Bldg Chas WV 25301	Masters + Taylor Occupation: Attorney	10-28-98	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Charles McKown, Jr. MD 3 Willow Glen Huntington WV 25701	Marshall Univ. School of Medicine Occupation: Dean	11-2-98	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		

SUBTOTAL of Receipts This Page (optional)

3,250.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE **4** OF **6**
FOR LINE NUMBER **11(A)(i)**

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NAME OF COMMITTEE (in Full)

Bob Wise for Congress Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Wesley Metheny 848 Pleasant Hill Rd. Morgantown WV 26505	Wilson, France, Benniger + Matheny, PLLC Occupation: Attorney	10-19-98	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		
A. Michael Perry 3350 Harvey Rd. Huntington WV 25704	Bank One Occupation: Chairman	11-2-98	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mark Prince 18 Renard Run Hurricane WV 25526	Central Market Occupation: Group President	11-2-98	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
J.R. Pritchard 6 Parkway Dr. Huntington WV 25705	Pritchard Electric Co Inc Occupation: President	11-3-98	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
M.T. Reynolds P.O. Box 4040 Huntington WV 25728	Chapman Printing Occupation: President	11-2-98	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
N.W. Scaggs Box 300 Logan WV 25601	Burane Occupation: Owner	11-2-98	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lawrence Schultz Rt 2 Box 94M Berkeley Springs WV 25411	Burke + Schultz Occupation: Lawyer	10-19-98	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		

SUBTOTAL of Receipts This Page (optional)

4,000.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 5 OF 6
FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full)

Bob Wise for Congress Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
<u>Scott Segal 810 Kanawha Chas. WV 25301</u>	<u>The Segal Law Firm</u>	<u>11-2-98</u>	<u>1,000.00</u>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>Attorney</u>	Aggregate Year-to-Date > \$ <u>1,000.00</u>	
<u>Robert Shell 5 Nichols Dr. Barboursville WV 25504</u>	<u>Guyon Machinery</u>	<u>11-2-98</u>	<u>250.00</u>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>Owner</u>	Aggregate Year-to-Date > \$ <u>250.00</u>	
<u>Don M. Stacy P.O. Drawer AS Beckley WV 25802</u>	<u>Self</u>	<u>10-27-98</u>	<u>500.00</u>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>Attorney</u>	Aggregate Year-to-Date > \$ <u>1,000.00</u>	
<u>W.C. Turman 630 McClung Ave Barboursville WV 25504</u>	<u>-</u>	<u>11-2-98</u>	<u>400.00</u>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>Retired</u>	Aggregate Year-to-Date > \$ <u>400.00</u>	
<u>Bruce Van Wyk 300 Foxcroft Ave. #300 Martinsburg WV 25401</u>	<u>Van Wyk Enterprises</u>	<u>10-28-98</u>	<u>250.00</u>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>President</u>	Aggregate Year-to-Date > \$ <u>250.00</u>	
<u>Calwell + McCormick 405 Capitol St #607 Charleston, WV 25301</u>	<u>Partnership</u>	<u>11-3-98</u>	<u>1,000.00</u>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>See Below</u>	Aggregate Year-to-Date > \$ <u>1,000.00</u>	
<u>Stuart Callwell 405 Capitol St #607 Charleston WV 25301</u>	<u>Callwell + McCormick</u>	<u>11-3-98</u>	<u>500.00</u>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>Attorney</u>	Aggregate Year-to-Date > \$ <u>500.00</u>	<u>MEMO</u>

SUBTOTAL of Receipts This Page (optional)

3,400.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 6 OF 6

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full)

Bob Wise for Congress Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<u>Jeremiah McCormick</u> <u>405 Capitol St #607</u> <u>Ches WV 25301</u>	<u>Calwell + McCormick</u>	<u>11-3-98</u>	<u>500.00</u> <u>MEMO</u>
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation: <u>Attorney</u>	Aggregate Year-to-Date > \$ <u>500.00</u>	
<u>William R. Haden</u> <u>126 Pocahontas St</u> <u>Buckhannon WV 26201</u>	<u>WV Wesleyan College</u>	<u>10-27-98</u>	<u>250.00</u> <u>+</u> <u>33.75</u> <u>JUNKIE</u>
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation: <u>President</u>	Aggregate Year-to-Date > \$ <u>250.00</u>	
<u>Elizabeth Flanagan</u> <u>126 Pocahontas St.</u> <u>Buckhannon WV 26201</u>	<u>National Committee for Quality Assurance</u>	<u>10-27-98</u>	<u>250.00</u>
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation: <u>Health Care Consultant</u>	Aggregate Year-to-Date > \$ <u>250.00</u>	
<u>Guy Bucci</u> <u>P.O. Box 317</u> <u>Chas WV 25531</u>	<u>Bucci Law Offices</u>	<u>10-19-98</u>	<u>1,000.00</u>
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation: <u>Attorney</u>	Aggregate Year-to-Date > \$ <u>1,000.00</u>	
<u>Jan Barry Hatfield</u> <u>2628 Rt 60</u> <u>Ona WV 25545</u>	<u>Turman Construction</u>	<u>11-2-98</u>	<u>250.00</u>
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation: <u>Office Manager</u>	Aggregate Year-to-Date > \$ <u>250.00</u>	
<u>William Watson</u> <u>80 Main St.</u> <u>Wellsburg WV 26070</u>	<u>not a partner</u> <u>William E Watson</u> <u>+ Assoc</u>	<u>10-21-98</u>	<u>1,000.00</u>
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation: <u>Attorney</u>	Aggregate Year-to-Date > \$ <u>1,000.00</u>	
<u>Lidella Wilson</u> <u>PO BOX 306</u> <u>Logan WV 25601</u>	<u>Wilson + Hrutkay LC</u>	<u>10-21-98</u>	<u>1,000.00</u>
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input type="checkbox"/> General	Occupation: <u>Attorney</u>	Aggregate Year-to-Date > \$ <u>1,000.00</u>	

SUBTOTAL of Receipts This Page (optional)

3,793.75

TOTAL This Period (last page this line number only)

25,993.75

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 4
FOR LINE NUMBER 1160

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NAME OF COMMITTEE (In Full)

Bob Wise for Congress Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
AFSCME 1625 L St NW Wash DC 20036		10-29-98 10-29-98	1,000.00 2,500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 3,500.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
American Electric Power Comm. for Resp. Gov't. 801 Penn Ave NW #214 Wash DC 20004		10-27-98	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,000.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
AOPA Legislative Action Comm. 500 E St SW, #920 Wash DC 20024		11-2-98	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,000.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ATLA PAC 1050 31st St NW Wash DC 20007		10-19-98	4,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 9,000.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bank One PAC 100 E. Broad St. Columbus OH 43271		11-2-98	2,500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 2,500.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bell Atlantic PAC 1717 Arch St, 47-S Philadelphia PA 19103		10-27-98	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 2,000.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Build PAC of Nat'l Assoc. of Home Builders 1201 15th St NW Wash DC 20005		10-27-98	2,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 2,000.00	

SUBTOTAL of Receipts This Page (optional)

14,000.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 4
FOR LINE NUMBER 11(C)

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

NAME OF COMMITTEE (In Full)			
Bob Wise for Congress Committee			
<p>A. Full Name, Mailing Address and ZIP Code</p> <p>CLIC 101 Constitution Ave. Wash. DC 20001</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 3,000.00</p>	<p>Date (month, day, year)</p> <p>10-29-98</p>	<p>Amount of Each Receipt this Period</p> <p>1,000.00</p>
<p>B. Full Name, Mailing Address and ZIP Code</p> <p>Columbia Employees Pol. Action Fund 1700 MacGrath Ave Chas. W. 25314</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 1,000.00</p>	<p>Date (month, day, year)</p> <p>10-30-98</p>	<p>Amount of Each Receipt this Period</p> <p>1,000.00</p>
<p>C. Full Name, Mailing Address and ZIP Code</p> <p>Consol Coal Group PAC 1800 Washington Rd Pittsburgh PA 15241</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year)</p> <p>11-3-98</p>	<p>Amount of Each Receipt this Period</p> <p>500.00</p>
<p>D. Full Name, Mailing Address and ZIP Code</p> <p>CSX Transportation, Inc. PAC 1331 Penn. Ave, #560 Wash DC 20004</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 1,800.00</p>	<p>Date (month, day, year)</p> <p>11-2-98</p>	<p>Amount of Each Receipt this Period</p> <p>300.00</p>
<p>E. Full Name, Mailing Address and ZIP Code</p> <p>Dealers Election Action Comm. of Nat'l Auto Dealers Assoc. 8400 Westpark Dr. McLean VA 22102</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 2,500.00</p>	<p>Date (month, day, year)</p> <p>11-3-98</p>	<p>Amount of Each Receipt this Period</p> <p>2,500.00</p>
<p>F. Full Name, Mailing Address and ZIP Code</p> <p>DRIVE Political Fund 25 Louisiana Ave NW Wash DC 20001</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 4,500.00</p>	<p>Date (month, day, year)</p> <p>10-26-98</p>	<p>Amount of Each Receipt this Period</p> <p>4,500.00</p>
<p>G. Full Name, Mailing Address and ZIP Code</p> <p>Int'l Org. Masters, Mates, + Pilots Pol. Contrib Fund 700 Maritime Blvd Linthicum MD 21090</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 2,000.00</p>	<p>Date (month, day, year)</p> <p>10-28-98</p>	<p>Amount of Each Receipt this Period</p> <p>1,000.00</p>
SUBTOTAL of Receipts This Page (optional)			10,800.00
TOTAL This Period (last page this line number only)			

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 4
FOR LINE NUMBER 11(c)

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NAME OF COMMITTEE (in Full)

Bob Wise for Congress Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Laborer's Pol. League 905 16th St NW Wash DC 20006 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	10-22-98	1,500.00
		Aggregate Year-to-Date > \$	1,500.00
B. Full Name, Mailing Address and ZIP Code Machinists Non-Partisan Pol. League 9000 Machinist Place Upper Marlboro MD 20772 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation	10-29-98	2,000.00
		Aggregate Year-to-Date > \$	4,000.00
C. Full Name, Mailing Address and ZIP Code Manufactured Housing Institute PAVC 2101 Wilson Blvd #610 Arlington VA 22201 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation	11-3-98	500.00
		Aggregate Year-to-Date > \$	500.00
D. Full Name, Mailing Address and ZIP Code NALU PAC 1922 F St NW Wash DC 20006 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation	10-27-98	1,000.00
		Aggregate Year-to-Date > \$	1,000.00
E. Full Name, Mailing Address and ZIP Code Nat'l Utility Contractors Info Action Committee 4301 Fairfax Dr #360 Arlington VA 22203 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation	10-29-98	500.00
		Aggregate Year-to-Date > \$	500.00
F. Full Name, Mailing Address and ZIP Code NRLCA PAC 1630 Duke St Alexandria VA 22314 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation	10-20-98	2,000.00
		Aggregate Year-to-Date > \$	2,000.00
G. Full Name, Mailing Address and ZIP Code Reid + Priest PAC 701 Penn Ave NW #800 Wash DC 20004 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation	10-26-98	500.00
		Aggregate Year-to-Date > \$	500.00

SUBTOTAL of Receipts This Page (optional)

8,000.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 4 OF 4
FOR LINE NUMBER 11(C)

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NAME OF COMMITTEE (In Full)

Bob Wise for Congress Committee

A. Full Name, Mailing Address and ZIP Code Treasury Employees PAC 901 E St NW #600 Wash DC 20004 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 10-22-98	Amount of Each Receipt this Period 500.00
B. Full Name, Mailing Address and ZIP Code UAW VCAP 8000 Jefferson Ave. Detroit MI 48214 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 5,000.00	Date (month, day, year) 10-21-98	Amount of Each Receipt this Period 4,500.00
C. Full Name, Mailing Address and ZIP Code United MineWorkers of Amer. COMPAC 900 15th St NW Wash DC 20005 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 5,500.00	Date (month, day, year) 10-21-98	Amount of Each Receipt this Period 4,500.00
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

9,500.00

TOTAL This Period (last page this line number only)

42,300.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 15

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

A. Full Name, Mailing Address and ZIP Code One Valley Bank One Valley Square Chas, WV 25301	Name of Employer Interest	Date (month, day, year) 10/31/98	Amount of Each Receipt this Period 125.67
	Occupation _____	Aggregate Year-to-Date > \$ 1387.97	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____			

B. Full Name, Mailing Address and ZIP Code _____	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): _____			

C. Full Name, Mailing Address and ZIP Code _____	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): _____			

D. Full Name, Mailing Address and ZIP Code _____	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): _____			

E. Full Name, Mailing Address and ZIP Code _____	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): _____			

F. Full Name, Mailing Address and ZIP Code _____	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): _____			

G. Full Name, Mailing Address and ZIP Code _____	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)	125.67

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Anchor Tobacco Co. 605 Capitol St Chas WV 25301	Candy for Parades Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-15-98 11-13-98	247.60 174.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bell Atlantic PO Box 17398 Baltimore MD 21297	Phone Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-15-98 10-28-98 10-15-98 11-13-98	10.06 5.40 201.95 205.89
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Betty Jane Hissom PO Box 6604 Chas WV 25362	Wages Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-19-98 11-3-98 11-13-98	357.10 2,000.00 357.10
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
↓	Mileage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-19-98	150.28
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
BJW Printing PO Box 1309 Beckley WV 25802	Printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-20-98 10-28-98 10-28-98	100.70 1,038.80 215.18
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bob Wise 101 Gabe St. Clendenin WV	Mileage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-3-98	1,049.10
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Cellular One P.O. Box 13957 Philadelphia PA 19101	Phone Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-28-98	162.03
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Stuart Slaven P.O. Box 2132 Shepherdstown WV 25443	Wages Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-3-98	3,000.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Debbie Mathews 511 Central Ave. Chas. WV 25302	Catering Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-3-98	210.00

SUBTOTAL of Disbursements This Page (optional)	9485.79
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE **2** OF **5**

FOR LINE NUMBER

17

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NAME OF COMMITTEE (in Full)

Bob Wise for Congress Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Fed-EX PO Box 1140 Dept A Memphis TN 38101	Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-15-98 11-2-98 10-28-98 11-3-98	3.45 27.60 36.69 64.58
B. Full Name, Mailing Address and ZIP Code Greer, Margolis, Mitchell, Burns + Assoc. 1010 Wisconsin Ave NE Ste 800 Wash DC 20007	Consultants Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-20-98 10-27-98 11-2-98	15,000.00 58,890.60 15,966.83
C. Full Name, Mailing Address and ZIP Code Hotel Morgan 127 High St. Morgantown WV 26505	Catering Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-31-98	873.10
D. Full Name, Mailing Address and ZIP Code Janet Boston 102 Arlington Ave. Chas. WV 25302	Wages Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-15-98 11-3-98 10-28-98 11-2-98	378.87 461.94 325.73 245.83
E. Full Name, Mailing Address and ZIP Code ↓	Mileage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-3-98	114.40
F. Full Name, Mailing Address and ZIP Code Kay Fitzpatrick 1208 Londeree. So. Chas. WV 25303	Wages Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-15-98 11-3-98 10-28-98 11-3-98 11-2-98	382.56 384.42 264.40 2000.00 168.31
G. Full Name, Mailing Address and ZIP Code ↓	Mileage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-13-98	30.94
H. Full Name, Mailing Address and ZIP Code Bonita Greenleaf 502 Piccadilly St Chas. WV 25302	Wages Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-3-98	2,000.00
I. Full Name, Mailing Address and ZIP Code Lake Susin Snell Perry + Assoc 1730 Rhode Island Ave NW #400 Wash DC 20036	Consultant Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		20.43

SUBTOTAL of Disbursements This Page (optional)

97,580.08

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 3 OF 5

FOR LINE NUMBER

17

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NAME OF COMMITTEE (in Full)

Bob Wise for Congress Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
MCI P.O. Box 85053 Louisville Ky 40285	Phone Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-28-98	401.17
B. Full Name, Mailing Address and ZIP Code O.V. Smith + Sons Big Chimney Station Big Chimney WV 25302	Purpose of Disbursement Rent Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-28-98	400.00
C. Full Name, Mailing Address and ZIP Code One Valley Bankcard Center PO Box 1913 Chas WV 25327	Purpose of Disbursement Mastercard Pymt Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-31-98	805.48
D. Full Name, Mailing Address and ZIP Code includes USAIR Yeager Airport Chas. WV All else under 7200 YTD	Purpose of Disbursement Air Travel Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-31-98	300.00 MEMO
E. Full Name, Mailing Address and ZIP Code Pat Esposito 1265 Fairlawn Ave. Morgantown WV 26505	Purpose of Disbursement Wages Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-15-98 10-28-98 11-3-98 11-13-98	295.06 2,500.00 570.80 295.06
F. Full Name, Mailing Address and ZIP Code ↓	Purpose of Disbursement Mileage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-28-98	533.00
G. Full Name, Mailing Address and ZIP Code Plante + Associates, Inc. P.O. Box 12015 Chas. WV 25302	Purpose of Disbursement Consultant Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-20-98	20,000.00
H. Full Name, Mailing Address and ZIP Code Spencer Newspapers P.O. Box 647 Spencer WV 25276	Purpose of Disbursement Ads Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		97.80 45.60
I. Full Name, Mailing Address and ZIP Code Sprint Spectrum P.O. Box 64096 Baltimore MD 21264	Purpose of Disbursement Phone Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-20-98	155.77

SUBTOTAL of Disbursements This Page (optional)

26,099.74

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

Bob Wise for Congress Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Staples P.O. Box 30292 Salt Lake City, Utah 84130	Office Supplies Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-15-98	42.10
Susan Small-Plante 1503 Viewmont Dr. Chas, WV 25302	Wages Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-31-98 11-3-98	884.16 6,000.00
↓	Mileage Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		532.48
Tel-Tex Communication Inc. P.O. Box 6100 Chas, WV 25362	Communications System Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-15-98	985.00
The Computer Store Municipal Prkg Bldg #5 Chas WV 25301	Computers + Supplies Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-2-98 11-13-98	5,830.00 205.64
The Glass Grille 101 Third Ave. Huntington WV 25701	Reception Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-15-98	967.52
The Pines Country Club 3062 Point Marion Rd. Morgantown WV 26505	Catering Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-15-98	1,295.00
U.S. Postmaster Lee + Dickinson Sts Chas WV 25301	Postage Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-18-98 10-18-98 10-19-98 10-22-98 10-19-98 10-22-98	384.00 10.12 6.46 256.00 29.58
U.S. Cellular 6518 Mall Rd. Morgantown WV 26505	Phone Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-15-98 10-28-98	56.57 217.25

SUBTOTAL of Disbursements This Page (optional)

17701.88

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 5 OF 5
FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

Bob Wise for Congress Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Weddings Unlimited 817 Wash St W Chas. WV 25302	Flowers Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-15-98 11-3-98	26.50 46.60
WV Dept. of Tax + Revenue P.O. Box 1667 Chas. WV 25326	State Taxes Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-2-98	166.83
WV Unemployment Compensation Div. P.O. Box 106 Chas. WV 25321	State Taxes Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-20-98	236.19
WV Workers Compensation P.O. Box 360309 Pittsburgh PA 15250	State Taxes Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-28-98	120.56
J. Scott Freshwater 1015 Charleston Rd Spencer WV 25276	Fundraiser (Food, Drinks) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-23-98	750.00 In Kind
Natalie Freshwater 1015 Charleston Rd Spencer WV 25276	Fundraiser (Food, Drinks) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-23-98	750.00 In Kind
Kroger Lee St Charleston WV 25302	Groceries Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-2-98 11-3-98	25.29 69.87
One Valley Bank One Valley Square Chas. WV 25301	Federal Taxes, Bank Fees Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-2-98 10-27-98	1,320.57 15.00
Holiday Inn 301 Foxcraft Ave Martinsburg WV 25401	Fundraiser Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-21-98	562.20

SUBTOTAL of Disbursements This Page (optional)

4089.61

TOTAL This Period (last page this line number only)

154,956.50

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 21

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NAME OF COMMITTEE (In Full)

Bob Wise for Congress Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bonior for Congress 237 S. Gratiot St Mt. Clemens MI 48043	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-17-98	1,000.00
Rush Holt for Congress 273 Pennington Rocky Hill Rd Pennington NJ 08534	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-27-98	1,000.00
Ted Strickland for Congress 349 Cook Rd Lucasville OH 45648	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-27-98	1,000.00
WV State Democratic Exec. Comm. 405 Capital St. Chas. WV 25301	Transfer of Excess Funds Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-3-98	7,500.00
Putnam Co. Dem. Exec. Comm. P.O. Box 481 Hurricane WV 25526	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-15-98	300.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

10,800.00

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

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

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 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	
 <i>RC</i>	 12-9-98
PREPARER	DATE PREPARED