

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION COMMISSION
400 ... ROAD

JUL 17 12 23 PM '98

USE FEC MAILING LABEL
OR
TYPE OR PRINT

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

ADDRESS (number and street) Check if different than previously reported.
P.O. Box 5336

CITY, STATE and ZIP CODE
Charleston WV 25361

STATE/DISTRICT
WV/2nd

2. FEC IDENTIFICATION NUMBER
C00152603

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 30-Day Post-Election Report for the _____ (Type of Election) election on _____ in the State of _____
- October 15 Quarterly Report Termination Report
- January 31 Year End 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
4/23/98 through 6/30/98		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(a))	20,675.00	61,595.00
(b) Total Contribution Refunds (from Line 20(d))	-	-
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	20,675.00	61,595.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	34,233.63	112,885.10
(b) Total Offsets to Operating Expenditures (from Line 14)	-	-
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	34,233.63	112,885.10
8. Cash on Hand at Close of Reporting Period (from Line 27)	152,008.74	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	-	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	-	

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

Type or Print Name of Treasurer
Bonita J. Greenleaf

Signature of Treasurer **Bonita J. Greenleaf** Date **7-11-98**

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:	
Bob Wise for Congress Committee	From: 4/23/98	To: 6/30/98
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)	4,300.00	
(ii) Unitemized	875.00	
(b) Total of contributions from individuals	5,175.00	17,595.00
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)	15,500.00	44,000.00
(d) The Candidate		
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(i), (b), (c) and (d))	20,675.00	61,595.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
(b) All Other Loans		
(c) TOTAL LOANS (add 13(a) and (b))		
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)		
15. OTHER RECEIPTS (Dividends, Interest, etc.)	423.46	889.61
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)	21,098.46	62,484.61
II. DISBURSEMENTS		
17. OPERATING EXPENDITURES	34,233.63	112,885.10
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES		
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate		
(b) Of All Other Loans		
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))		
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))		
21. OTHER DISBURSEMENTS	5,000.00	5,000.00
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)	39,233.63	117,885.10

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	\$	170,143.91	23
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)	\$	21,098.46	24
25. SUBTOTAL (add Line 23 and Line 24)	\$	191,242.37	25
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	\$	39,233.63	26
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)	\$	152,008.74	27

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 2

FOR LINE NUMBER

11(a)(i)

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

NAME OF COMMITTEE (in Full)

Bob Wise for Congress Committee

<p>A. Full Name, Mailing Address and ZIP Code Christine Ahern 500 Silvercrest Terrace Dayton OH 45440</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Ahern - Associates</p> <p>Occupation Administrative</p> <p>Aggregate Year-to-Date > \$ 800.00</p>	<p>Date (month, day, year) 4-28-98</p>	<p>Amount of Each Receipt this Period 800.00</p>
<p>B. Full Name, Mailing Address and ZIP Code John Brimsek 2508 Fallsmere Ct. Falls Church VA 22043</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Mullenholz, Brimsek, + Belair</p> <p>Occupation Partner</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 6-17-98</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Jerome Conlon 2501 M St NW, #707 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 Chambers, Conlon, + Hartwell</p> <p>Occupation SR. Partner</p> <p>Aggregate Year-to-Date > \$ 1,000.00</p>	<p>Date (month, day, year) 6-22-98</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Butler Derrick The Derrick Fund 5521 Hawthorne Place NW Wash DC 20014</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Williams + Jensen, PO</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 6-30-98</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Eric Hirschhorn 3204 Farmington Chevy Chase MD 20815</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Winston + Strawn</p> <p>Occupation Lawyer</p> <p>Aggregate Year-to-Date > \$ 300.00</p>	<p>Date (month, day, year) 6-30-98</p>	<p>Amount of Each Receipt this Period 150.00</p>
<p>F. Full Name, Mailing Address and ZIP Code John Having 3204 Farmington Wash DC 20016</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer The Having Group</p> <p>Occupation Public Affairs Consultant</p> <p>Aggregate Year-to-Date > \$ 300.00</p>	<p>Date (month, day, year) 6-30-98</p>	<p>Amount of Each Receipt this Period 150.00</p>
<p>G. Full Name, Mailing Address and ZIP Code James Mc Elwain 318 N. Sixth St, Indiana PA 15701</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer SW Jack Drilling Co.</p> <p>Occupation Chief Operating Officer</p> <p>Aggregate Year-to-Date > \$ 800.00</p>	<p>Date (month, day, year) 4-28-98</p>	<p>Amount of Each Receipt this Period 800.00</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>3,400.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p></p>

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 2

FOR LINE NUMBER 11(a)(1)

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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
Donald Norden 5653 Derby Ct. Alexandria VA 22311	Chambers, Conlon, + Hartwell Occupation General Counsel	6-17-98	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
John D. Rockefeller, IV. 2121 Park Road, NW Wash DC 20010	U.S. Senate Occupation U.S. Senator	6-15-98	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
Leah Wortham 3204 Farmington Chevy Chase MD 20815	Catholic University of America Occupation Law Professor	6-30-98	150. ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 300.00		
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):	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):	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):	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):	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

4300.00

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NAME OF COMMITTEE (in Full)

Bob Wise for Congress Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
American Hospital Assoc. PAC 325 Seventh Ave NW Wash DC 20004		5-11-98	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	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ARCO PAC 515 Flower St. - # 4087 Los Angeles CA 90071		5-26-98	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	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
ASLRRA-PAC 1120 G. St NW #520 Wash DC 20005		6-17-98	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. Wash DC 20007		5-12-98	3,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 4,000.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BFG PAC PO BOX 9 Richfield OH 44286		6-30-98	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	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
BNSF RAIL PAC PO BOX 961039 Fort Worth TX 76161		6-30-98	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,300.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CSX Transportation Inc PAC 1331 Penn. Ave. # 560 Wash DC 20004		6-8-98	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,500.00	

SUBTOTAL of Receipts This Page (optional)

7,500.00

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
Guardian Industries Corp. Fed. PAC 2300 Harman Rd. Auburn Hills MI 48326		5-4-98	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	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Int'l Org. of Masters, Mates + Pilots Political Contribution Fund 700 Maritime Blvd. Linthicum MD 21090		4-30-98	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	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
KCS PAC 114 W 11th St. Kansas City MO 64105		6-17-98	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
NEA-PAC 1201 16th St NW Wash DC 20036		5-12-98	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
Norfolk Southern Corp. Good Gov't Fund Three Commercial Place Norfolk VA 23510		6-17-98	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,500.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PFZIER PAC 235 E. 42nd St. New York NY 10017		5-1-98	500.00
Receipt For: <input checked="" 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
RAIL PAC 50 F St, NW Wash DC 20001		6-17-98	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,500.00	

SUBTOTAL of Receipts This Page (optional)

5,000.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 3

FOR LINE NUMBER

11(c)

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NAME OF COMMITTEE (in Full)

Bob Wise for Congress Committee

<p>A. Full Name, Mailing Address and ZIP Code Railway Progress Institute PAC 700 N. Fairfax St #601 Alexandria VA 22314</p> <p>Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p>	<p>Name of Employer Occupation Aggregate Year-to-Date > \$ 1,000.00</p>	<p>Date (month, day, year) 6-22-98</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Seafarers Political Activity 5201 Auth Way Camp Springs MD 20746</p> <p>Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p>	<p>Name of Employer Occupation Aggregate Year-to-Date > \$ 1,000.00</p>	<p>Date (month, day, year) 6-11-98</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Union Pacific Corp. Fund for Effective Gov't 600 Thirteenth St. #430 WASH DC 20005</p> <p>Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p>	<p>Name of Employer Occupation Aggregate Year-to-Date > \$ 1,500.00</p>	<p>Date (month, day, year) 6-22-98</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>D. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input type="checkbox"/> General</p>	<p>Name of Employer Occupation Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>E. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input type="checkbox"/> General</p>	<p>Name of Employer Occupation Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>F. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input type="checkbox"/> General</p>	<p>Name of Employer Occupation Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>G. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input type="checkbox"/> General</p>	<p>Name of Employer Occupation Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>

SUBTOTAL of Receipts This Page (optional) 3,000.00

TOTAL This Period (last page this line number only) 15,500.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 15

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NAME OF COMMITTEE (in Full)

Bob Wise for Congress Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
One Valley Bank One Valley Square Charleston WV 25301	Interest Earned	4-30-98 5-31-98 6-30-98	153.20 142.57 127.69
Receipt For: <input 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)

TOTAL This Period (last page this line number only)

423.46

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 4
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
Bell Atlantic PO Box 17398 Baltimore MD 21297	Phone Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-23-98 5-24-98 6-13-98	235.66 592.08 758.86
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Betty Jane Hisson PO Box 6604 Chas WV 25362	Net Wages Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-24-98 6-23-98	357.10 357.10
C. 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)	4-23-98 5-24-98 6-23-98	167.79 148.38 143.15
D. 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	Net Wages Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-28-98 5-1-98 5-27-98 6-30-98	622.59 300.00 922.77 933.89
E. 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)	4-28-98 5-12-98 6-16-98	304.72 107.90 109.20
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Democrat Properties Corp. 430 S. Capitol St. Wash DC 20003	Room Rental Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-23-98	150.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Greer, Margolis, Mitchell, Burns + Assoc. 1010 Wisconsin Ave NE, # 800 Wash. DC 20007	Media Consultants Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-13-98 5-24-98 6-13-98	5,000.00 126.28 5,037.75
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Janet Boston 102 Arlington Ave. Charleston WV 25302	Net Wages Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-27-98 6-9-98 5-1-98 5-21-98 6-23-98	231.42 263.21 227.72 198.05 320.64
I. 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)	4-27-98 5-21-98 6-23-98	61.10 41.86 26.78

SUBTOTAL of Disbursements This Page (optional)

17,746.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 4
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
Kay Fitzpatrick 1208 Londerce South Chas. WV 25303	Net Wages Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-27-98 5-12-98 5-21-98 6-23-98	213.97 270.88 247.22 364.34
B. Full Name, Mailing Address and ZIP Code ↓	Mileage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-21-98 6-23-98	7.80 7.80
C. Full Name, Mailing Address and ZIP Code Kinko's PO Box 105522 Atlanta GA 38348	Photocopiers Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-23-98 6-13-98	95.61 26.79
D. Full Name, Mailing Address and ZIP Code Lake Sasin Snell Perry + Assoc. 1730 Rhode Island Ave NW #400 Wash DC 20036	Consultants Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-24-98 6-13-98	123.85 571.37
E. Full Name, Mailing Address and ZIP Code MCI PO Box 85053 Louisville KY 40285	Phone Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-23-98 5-24-98 6-23-98	25.77 25.10 137.58
F. Full Name, Mailing Address and ZIP Code Ohio Carpenters Health + Welfare Fund 6281 Youngstown Warren Rd #40 Niles OH 44446	Insurance Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-28-98	751.98
G. Full Name, Mailing Address and ZIP Code OV Smith + Sons Big Chimney Station Big Chimney WV 25302	Rent Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-29-98 5-25-98	400.00 400.00
H. Full Name, Mailing Address and ZIP Code One Valley Bank One Valley Square Chas WV 25301	Federal Taxes Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-1-98 6-5-98	525.87 1,024.49
I. Full Name, Mailing Address and ZIP Code OVB Bankcard Center PO Box 1913 Charleston WV 25327	MASTERCARD See MEMO ENTRY Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-23-98 5-24-98 6-23-98	1,018.65 57.17 22.16

SUBTOTAL of Disbursements This Page (optional)

6318.40

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 4
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
OVB Bankcard CTR for US AIR Yeager Airport Charleston WV 25301	Air Travel Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-23-98	698.00 MEMO
(All other Mastercard charges are <\$200 aggregate YTD per vendor)	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Pat Esposito 1265 Fairlawn Ave Morgantown WV 26505	Net Wages Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-27-98 6-14-98 6-30-98	678.91 570.80 570.80
↓	Mileage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6-8-98 6-30-98	288.60 293.80
Plante + Associates, Inc. P.O. Box 12015 Chas. WV 25302	Consultant Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-27-98	3,500.00
Staples PO Box 30292 Salt Lake City, Utah 84130	Office Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-12-98 6-13-98 6-15-98	314.45 571.13 63.60
The Computer Store Municipal Parking Bldg, Ste 5 Chas WV 25301	Computer Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-23-98 5-12-98	121.90 79.50
The Summit 129 Summers St Chas WV 25301	Reception Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-24-98	1,136.98
U.S. Postmaster Lee + Dickinson Sts Chas WV 25301	Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-29-98 6-9-98 5-11-98 6-23-98 5-28-98	6.46 352.00 96.00 148.00 34.77

SUBTOTAL of Disbursements This Page (optional)

8827.70

TOTAL This Period (last page this line number only)

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
WV Dept. of Tax - Revenue PO Box 1667 Chas WV 25324	State Taxes Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-1-98 6-5-98 6-13-98	66.63 131.57 15.00
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)	213.20
TOTAL This Period (last page this line number only)	33,105.30

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
DCCC 430 S. Capitol St. Wash DC 20003	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6-5-98	5,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)


TOTAL This Period (last page this line number only)

5,000.00

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 7/14/98
<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	7/17/98 DATE PREPARED