

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION

AUG 21 9 44 AM '98

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1
C00336826 WI/02 080598 N
MICHAEL P MAXWELL
RON GRER FOR CONGRESS
PO BOX 667
MADISON WI 53701

2. FEC IDENTIFICATION NUMBER
C00336826
3. IS THIS REPORT AN AMENDMENT?
 YES NO

4. TYPE OF REPORT

- 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)
- 12-Day Pre-Election Report for the Primary (Type of Election)
election on Sept. 8, 98 in the State of Wisconsin
- 30-Day Post-Election Report for the _____ (Type of Election)
election on _____ in the State of _____
- Termination Report

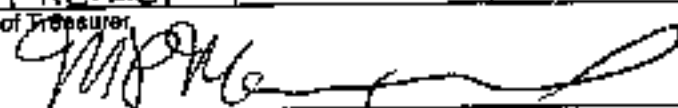
This report contains activity for Primary Election General Election Special Election Runoff Election

SUMMARY

5. Covering Period	COLUMN A This Period	COLUMN B Calendar Year-to-Date
<u>7-1-98</u> through <u>8-19-98</u>		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	68,263.25	99,322.21
(b) Total Contribution Refunds (from Line 20(d))	-0-	-0-
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	68,263.25	99,322.21
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	26,645.96	51,005.04
(b) Total Offsets to Operating Expenditures (from Line 14)	0	0
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	26,645.96	51,005.04
8. Cash on Hand at Close of Reporting Period (from Line 27)	48,317.09	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)	-0-	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	21,600.96	

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

Type or Print Name of Treasurer: Michael P. Maxwell

Signature of Treasurer: 

Date: 8-25-98

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:	
Mon Green For Congress	From: 7-1-98	To: 8-19-98
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)	5925.00	
(ii) Unitemized	56,738.25	
(b) Total of contributions from individuals	62,663.25	91,222.21
(b) Political Party Committees	0	0
(c) Other Political Committees (such as PACs)	3,600.00	8,100.00
(d) The Candidate	-0-	-0-
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)iii, (b), (c) and (d))	68,263.25	99,322.21
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	-0-	-0-
13. LOANS:		
(a) Made or Guaranteed by the Candidate	-0-	2,500.00
(b) All Other Loans	-0-	15,214.00
(c) TOTAL LOANS (add 13(a) and (b))	-0-	17,714.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	-0-	-0-
15. OTHER RECEIPTS (Dividends, Interest, etc.)	-0-	-0-
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)	68,263.25	117,036.21
II. DISBURSEMENTS		
17. OPERATING EXPENDITURES	26,645.96	51,005.04
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES		
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate	-0-	2,500.00
(b) Of All Other Loans	9,214	15,214.00
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))	9,214	17,714.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0	0
(b) Political Party Committees	0	0
(c) Other Political Committees (such as PACs)	0	0
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))	0	0
21. OTHER DISBURSEMENTS	0	0
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)	35,859.96	68,718.96

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	\$	15,913.80
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)	\$	68,263.25
25. SUBTOTAL (add Line 23 and Line 24)	\$	84,177.05
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	\$	35,859.96
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)	\$	48,317.09

Schedule A

ITEMIZED RECEIPT

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

Name of Committee (in Full)		Date		
Ron Grear for Congress <i>000336826</i>				
A. Full Name, Mailing Address and Zip Code Mrs. Jacqueline Houtgar 8300 Bennett Lake Rd. Fenton MI 48430-9059		Name of Employer Molt Media		Date 7/22/98
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Occupation Publisher		Aggregate Year-to-Date \$250.00
A. Full Name, Mailing Address and Zip Code Mr. Jack A. Mullins 224 Ridgewood Dr. Victoria TX 77901-2572		Name of Employer Requested		Date 7/27/98
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Occupation Requested		Aggregate Year-to-Date \$1,000.00
A. Full Name, Mailing Address and Zip Code Mr. Edgar S. Lewis 630 East Drive Sewickley PA 15143-1117		Name of Employer Retired		Date 8/15/98
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Occupation Retired		Aggregate Year-to-Date \$300.00
A. Full Name, Mailing Address and Zip Code Katherine Stackhouse 92 Burnside Place Haskell NJ 07420		Name of Employer American Home Products		Date 8/15/98
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Occupation Secretary		Aggregate Year-to-Date \$250.00
A. Full Name, Mailing Address and Zip Code Mr. Richard Clematis P.O. Box 287 Elmwood NE 68349-0287		Name of Employer Self Employed		Date 8/16/98
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Occupation Attorney		Aggregate Year-to-Date \$500.00
A. Full Name, Mailing Address and Zip Code Sarah Pawlick 26 Bullard St. Gherbott MA 01770-1435		Name of Employer Homemaker		Date 7/22/98
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Occupation Homemaker		Aggregate Year-to-Date \$1,000.00
A. Full Name, Mailing Address and Zip Code J. Edward Pawlick 26 Bullard St. Sherborn MA 01770-1435		Name of Employer Retired		Date 7/22/98
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Occupation Retired		Aggregate Year-to-Date \$1,000.00
A. Full Name, Mailing Address and Zip Code Mr. Edward T. Bowles P.O. Box 12807 Roanoke VA 24027-2807		Name of Employer Requested		Date 8/17/98
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Occupation Requested		Aggregate Year-to-Date \$250.00

Schedule A

ITEMIZED RECEIPT

Page 2 of 3

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

Name of Contributor (In Full)			
Ron Greer for Congress			
A. Full Name, Mailing Address and Zip Code	Name of Employer	Date	
Mr. Larry Henry P.O. Box 214 Bridgeport TX 78426-0214	Requested	8/17/98	\$250.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation		
	Aggregate Year-to-Date		\$250.00
A. Full Name, Mailing Address and Zip Code	Name of Employer	Date	
Mr. W. N. Stassen 1384 Residence Dr. Newark OH 43055-2895	Requested	8/17/98	\$250.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation		
	Aggregate Year-to-Date		\$250.00
A. Full Name, Mailing Address and Zip Code	Name of Employer	Date	
Kathy DeFonbaugh 604 SW Cleverger Ln Port Orchard WA 98367-	Requested	8/17/98	\$250.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation		
	Aggregate Year-to-Date		\$250.00
A. Full Name, Mailing Address and Zip Code	Name of Employer	Date	
Mr. W. B. Millbrath, Jr. W286 N2184 Glen Grove Pewaukee WI 53072-4833	Requested	8/17/98	\$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
Total Contributions This Period			\$

SCHEDULE A

ITEMIZED RECEIPTS

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

Contributions from Individuals/Persons Other than Political Committees

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

NAME OF COMMITTEE (In Full)

Ron Greer For Congress

C00336826

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Kurt Johnson 36154 Park Street Whitehall, WI 54773		7-7-97	25.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 25	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Charles Johnson 18117 Fredrickson Street Whitehall, WI 54773		7-7-97	25.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 25	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Howard Turk P.O. Box 87 Blair, WI 54616		8-13-98	50.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 50	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Above contribution earmarked through: Coalition For community Banking 7818 Big Sky Dr. - Suite 104 Madison, WI 53719-4983		8-13-98	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	Memo: Total from conduit
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Ronald Harder 815 Heather Lane Neenah, WI 54956			25.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 25	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Above contribution earmarked through: Wisconsin Insurance Alliance 44 E. Mifflin - Suite 206 Madison, WI 53703		8-17-97	\$25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	Memo: Total from conduit
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)

125.00

TOTAL This Period (last page this line number only)

5,925.00

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Other Political Committees

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

PAGE 1 OF 1
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 committee.

NAME OF COMMITTEE (In Full) **Ron Greer For Congress** C00336826

A. Full Name, Mailing Address and ZIP Code Republican National Coalition for Life PAC PO Box 618 Alton, IL 62002 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$.00	Date (month, day, year) 8/17/98	Amount of Each Receipt this Period \$ 500
B. Full Name, Mailing Address and ZIP Code Campaign For Working Families 499 Capitol Street, SE Washington, DC 20003 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 4000.00	Date (month, day, year) 7/31/98	Amount of Each Receipt this Period \$ 4,000
C. Full Name, Mailing Address and ZIP Code Black America's PAC 2029 P St, NW Ste 302 Washington, DC 20036 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 3,500	Date (month, day, year) 8-15-98	Amount of Each Receipt this Period \$ 1,000
D. Full Name, Mailing Address and ZIP Code First Breath Alliance PAC PO Box 222 Kohler, WI 53044 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 100	Date (month, day, year) 7/22/98	Amount of Each Receipt this Period \$ 100
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)	5,600. ⁰⁰
TOTAL This Period (last page this line number only)	5,600. ⁰⁰

Schedule B

ITEMIZED DISBURSEMENTS

Operating Expenditures

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 any other purposes, other than using the name and address of any political committee to solicit contributions from such committee.

Name of Contributor (to Fed)		Purpose of Disbursement		Date (month, day, year)	Amount of Disbursement This Period
Ron Greer for Congress		Interest on Loan		7/22/98	\$20.00
A. Full Name, Mailing Address and ZIP Code Alice Bramfield 12720 Builders Road Herndon VA 20170-2929		Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
A. Full Name, Mailing Address and ZIP Code Ameritech P.O. Box 84000 Columbus OH 43284-1037		Purpose of Disbursement Phone Expense		8/1/98	\$74.29
A. Full Name, Mailing Address and ZIP Code Ameritech P.O. Box 84000 Columbus OH 43284-1037		Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
A. Full Name, Mailing Address and ZIP Code Ameritech P.O. Box 84000 Columbus OH 43284-1037		Purpose of Disbursement Telephone		8/1/98	\$489.13
A. Full Name, Mailing Address and ZIP Code Ameritech P.O. Box 84000 Columbus OH 43284-1037		Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
A. Full Name, Mailing Address and ZIP Code Beverly Pappalardo 11703 Valley Ridge Circle Fairfax VA 22033-		Purpose of Disbursement Interest on Loan		7/22/98	\$20.00
A. Full Name, Mailing Address and ZIP Code Beverly Pappalardo 11703 Valley Ridge Circle Fairfax VA 22033-		Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
A. Full Name, Mailing Address and ZIP Code Brandis S. Dean 21740 Gaywood Dr. Brookfield WI 53045-		Purpose of Disbursement Interest on Loan		7/22/98	\$20.00
A. Full Name, Mailing Address and ZIP Code Brandis S. Dean 21740 Gaywood Dr. Brookfield WI 53045-		Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
A. Full Name, Mailing Address and ZIP Code Bruce Eberle 1449 Montague Drive Vienna VA 22182-		Purpose of Disbursement Interest on Loan		7/22/98	\$20.00
A. Full Name, Mailing Address and ZIP Code Bruce Eberle 1449 Montague Drive Vienna VA 22182-		Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
A. Full Name, Mailing Address and ZIP Code City of Monona 5211 Schluster Road Monona WI 53718-		Purpose of Disbursement Voter File		8/7/98	\$52.75
A. Full Name, Mailing Address and ZIP Code City of Monona 5211 Schluster Road Monona WI 53718-		Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
A. Full Name, Mailing Address and ZIP Code Cross & Oberle 918 Byrd Avenue Neenah WI 54958-		Purpose of Disbursement Printing Expense		8/11/98	\$2,897.75
A. Full Name, Mailing Address and ZIP Code Cross & Oberle 918 Byrd Avenue Neenah WI 54958-		Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
A. Full Name, Mailing Address and ZIP Code Elizabeth Eberle 1449 Montague Drive Vienna VA 22182-		Purpose of Disbursement Interest on Loan		7/22/98	\$20.00
A. Full Name, Mailing Address and ZIP Code Elizabeth Eberle 1449 Montague Drive Vienna VA 22182-		Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
A. Full Name, Mailing Address and ZIP Code Glencove Buildings 2317 S. Stoutchton Rd. Madison WI 53718-		Purpose of Disbursement Headquarters Rent		7/15/98	\$500.00
A. Full Name, Mailing Address and ZIP Code Glencove Buildings 2317 S. Stoutchton Rd. Madison WI 53718-		Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Schedule B
Operating Expenditures

ITEMIZED DISBURSEMENTS

Any information copied from such reports and which either may not be sold or used by any person for the purpose of collecting contributions or for commercial purposes, under the name and address of any political committee to solicit contributions from such sources.

Name of Candidate (in Full)		Purpose of Disbursement		Date (month, day, year)	Amount of Disbursement This Period
Ron Greer for Congress					
A. Full Name, Mailing Address and ZIP Code Hallman-Lindsey Paint 4410 A. Pflaum Road Madison WI 53718	Purpose of Disbursement Paint	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 6/14/98	Amount of Disbursement This Period \$75.99	
A. Full Name, Mailing Address and ZIP Code Jon Paul 1388 Highway W Stoughton WI 53689	Purpose of Disbursement Consulting Fee	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/1/98	Amount of Disbursement This Period \$1,000.00	
A. Full Name, Mailing Address and ZIP Code Jon Paul 1388 Highway W Stoughton WI 53689	Purpose of Disbursement Consulting Fee	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/31/98	Amount of Disbursement This Period \$1,000.00	
A. Full Name, Mailing Address and ZIP Code Jon Paul 1388 Highway W Stoughton WI 53689	Purpose of Disbursement Travel Expenses	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 8/14/98	Amount of Disbursement This Period \$247.04	
A. Full Name, Mailing Address and ZIP Code KIDS TV 4 Cable 630 W. Main Street Sun Prairie WI 53590	Purpose of Disbursement Tape Expense	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 6/8/98	Amount of Disbursement This Period \$15.00	
A. Full Name, Mailing Address and ZIP Code LDMI P.O. Box 77000 Detroit MI 48277-0609	Purpose of Disbursement Phone Long Distance	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 6/1/98	Amount of Disbursement This Period \$85.68	
A. Full Name, Mailing Address and ZIP Code Leonard Pasopaho 11708 Valley Ridge Circle Fairfax VA 22033	Purpose of Disbursement Interest on Loan	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/22/98	Amount of Disbursement This Period \$20.00	
A. Full Name, Mailing Address and ZIP Code M & I Visa Card Credit Card Processing Milwaukee WI 53268-0200	Purpose of Disbursement T-shirts thru Ameriprint -SEE MEMO	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 6/1/98	Amount of Disbursement This Period \$300.00	
A. Full Name, Mailing Address and ZIP Code AMERIPRINT 2311 HIGHWAY T 340 PRAIRIE WI 53570	Purpose of Disbursement T-shirts	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 6/1/98	Amount of Disbursement This Period MEMO 300.00	
A. Full Name, Mailing Address and ZIP Code M. Deegan Bramfield 12710 Builders Road Herndon VA 20170-2609	Purpose of Disbursement Interest on Loan	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/22/98	Amount of Disbursement This Period \$20.00	

Schedule B
Operating Expenditures

ITEMIZED DISBURSEMENTS

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

Name of Contributor (to fund)			
Ron Grear for Congress			
A. Full Name, Mailing Address and ZIP Code Mail Management of America P.O. Box 317 Leonardtown MD 20650-0317	Purpose of Disbursement Mailing Expenses Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/1/98	Amount of Disbursement This Period \$9,214.00
A. Full Name, Mailing Address and ZIP Code Mark Block 10300 W. Lincoln West Allis WI 53227-	Purpose of Disbursement Consulting Fee Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/31/98	Amount of Disbursement This Period \$2,000.00
A. Full Name, Mailing Address and ZIP Code Menard's 6401 Coppa Avenue Madison WI 52716-	Purpose of Disbursement Lumber Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 8/12/98	Amount of Disbursement This Period \$238.64
A. Full Name, Mailing Address and ZIP Code Michael Dean 21740 Gaywood Dr. Brookfield WI 53045-	Purpose of Disbursement Interest on Loan Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/22/98	Amount of Disbursement This Period \$20.00
A. Full Name, Mailing Address and ZIP Code Office Max 2420 East Springs Drive Madison WI 53704-	Purpose of Disbursement Office Supplies Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/22/98	Amount of Disbursement This Period \$63.27
A. Full Name, Mailing Address and ZIP Code Petty Cash Fund 2315-B S. Stoughton Rd. Madison WI 53716-	Purpose of Disbursement Replenish Petty Cash Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/22/98	Amount of Disbursement This Period \$169.38
A. Full Name, Mailing Address and ZIP Code Petty Cash Fund 2315-B S. Stoughton Road Madison WI 53716-	Purpose of Disbursement Replenish Petty Cash Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 8/14/98	Amount of Disbursement This Period \$186.80
A. Full Name, Mailing Address and ZIP Code Phones Plus 123 W. Milwaukee Street Janesville WI 53545-	Purpose of Disbursement Phone Installation Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/8/98	Amount of Disbursement This Period \$182.65
A. Full Name, Mailing Address and ZIP Code Post Net 2033 McCoy Road Sun Prairie WI 53580-	Purpose of Disbursement Photo Processing Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/7/98	Amount of Disbursement This Period \$27.57
A. Full Name, Mailing Address and ZIP Code Republican Party of WI P.O. Box 31 Madison WI 53701-	Purpose of Disbursement Data File Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 8/5/98	Amount of Disbursement This Period \$1,100.00

Schedule B
Operating Expenditures

ITEMIZED DISBURSEMENTS

Any information copied from each receipt and statement may not be used or used by any person for the purpose of obtaining contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such contributor.

Name of Committee (in full) Ron Greer for Congress				
A. Full Name, Mailing Address and ZIP Code Richland County Clerk Richland Center WI	Purpose of Disbursement Voter List Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 6/2/98	Amount of Disbursement This Period \$61.25	
A. Full Name, Mailing Address and ZIP Code Ron Greer 5712 Clarendon Drive Madison WI 53711-	Purpose of Disbursement Travel Expense Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 6/4/98	Amount of Disbursement This Period \$102.00	
A. Full Name, Mailing Address and ZIP Code Sign-O-Rama 6220 University Ave. Ste 100 Middleton WI 53582-	Purpose of Disbursement Signs Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 5/14/98	Amount of Disbursement This Period \$250.59	
A. Full Name, Mailing Address and ZIP Code South Central WI Press 927 Klamp Street #1 Portage WI 53901-1037	Purpose of Disbursement Subscription Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 8/1/98	Amount of Disbursement This Period \$28.00	
A. Full Name, Mailing Address and ZIP Code State of Wisconsin 17 S. Fairchild Street Madison WI 53703-3216	Purpose of Disbursement Printing Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 6/1/98	Amount of Disbursement This Period \$27.00	
A. Full Name, Mailing Address and ZIP Code Suburban Studios 329 W. Main Street Sun Prairie WI 53590-	Purpose of Disbursement Photography Services Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/16/98	Amount of Disbursement This Period \$63.27	
A. Full Name, Mailing Address and ZIP Code Sun Prairie Chamber of Commerce 109 E. Main Street Sun Prairie WI 53590-	Purpose of Disbursement Parade Fee Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 8/6/98	Amount of Disbursement This Period \$35.00	
A. Full Name, Mailing Address and ZIP Code System Forms P.O. Box 130 Sun Prairie WI 53590-0130	Purpose of Disbursement Printing Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/6/98	Amount of Disbursement This Period \$358.17	
A. Full Name, Mailing Address and ZIP Code The Capital Times P.O. Box 8060 Madison WI 53708-	Purpose of Disbursement Subscription Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/16/98	Amount of Disbursement This Period \$49.75	
A. Full Name, Mailing Address and ZIP Code The Maxwell Group, Inc. 1001 W. Main Street Sun Prairie WI 53590-	Purpose of Disbursement Consulting Fee Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/22/98	Amount of Disbursement This Period \$4,000.00	

Schedule B
Operating Expenditures

ITEMIZED DISBURSEMENTS

Any information entered on this report is a public record and may not be used or used by any person for the purpose of soliciting or fundraising or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

Name of Recipient in Full: Ron Greer for Congress				
A. Full Name, Mailing Address and ZIP Code The Maxwell Group, Inc. 1001 W. Main Street Sun Prairie WI 53590-	Purpose of Disbursement: Postage & Phone Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/20/98	Amount of Disbursement This Period \$175.00	
A. Full Name, Mailing Address and ZIP Code U. S. Postmaster 215 Martin Luther King Madison WI 53703-	Purpose of Disbursement: Postage Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/3/98	Amount of Disbursement This Period \$160.00	
A. Full Name, Mailing Address and ZIP Code U. S. Postmaster 215 Martin Luther King Madison WI 53703-	Purpose of Disbursement: Postage Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/22/98	Amount of Disbursement This Period \$98.00	
A. Full Name, Mailing Address and ZIP Code U. S. Postmaster 215 Martin Luther King Madison WI 53703-	Purpose of Disbursement: Postage Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 8/4/98	Amount of Disbursement This Period \$160.00	
A. Full Name, Mailing Address and ZIP Code U. S. Postmaster 215 Martin Luther King Madison WI 53703-	Purpose of Disbursement: Postage Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 8/10/98	Amount of Disbursement This Period \$884.00	
A. Full Name, Mailing Address and ZIP Code Waunakee City Clerk 401 W. 2nd Street Waunakee WI 53697-	Purpose of Disbursement: Voter List Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 8/10/98	Amount of Disbursement This Period \$25.00	
A. Full Name, Mailing Address and ZIP Code William Griffiths 4901 Tartwell Way Annandale VA 22008-	Purpose of Disbursement: Interest on postage Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/22/98	Amount of Disbursement This Period \$4.28	
TOTAL This Period (List page 2 thru 8th number entry)			\$28,645.95	

SCHEDULE B

ITEMIZED DISBURSEMENTS

Repayments of all Other Loans

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

PAGE 1 OF 2
FOR LINE NUMBER 19(b)

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

NAME OF COMMITTEE (In Full)

Ron Greer For Congress

C00336826

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Michael Dean 21740 Gaywood Dr Brookfield, WI 53045	Repayment of Loan Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/22/98	\$ 1,000
B. Full Name, Mailing Address and ZIP Code Brenda Dean 21740 Gaywood Dr Brookfield, WI 53045	Repayment of Loan Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/22/98	\$ 1,000
C. Full Name, Mailing Address and ZIP Code William Griffiths 4901 Tarheel Way Annandale, VA 22008	Repayment of Loan Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/22/98	\$ 214.00
D. Full Name, Mailing Address and ZIP Code Alice Bransfield 12720 Builders Road Hearndon, VA 20170	Repayment of Loan Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/22/98	\$ 1,000
E. Full Name, Mailing Address and ZIP Code M. Declan Bransfield 12720 Builders Road Hearndon, VA 20170	Repayment of Loan Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/22/98	\$ 1,000
F. Full Name, Mailing Address and ZIP Code Beverly Pappano 11708 Valley Ridge Circle Fairfax, VA 22033	Repayment of Loan Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/22/98	\$ 1,000
G. Full Name, Mailing Address and ZIP Code Leonard Pappano 11708 Valley Ridge Circle Fairfax, VA 22033	Repayment of Loan Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/22/98	\$ 1,000
H. Full Name, Mailing Address and ZIP Code Katherine Eberle 1449 Montaque Drive Vienna, VA 22182	Repayment of Loan Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/22/98	\$ 1,000
I. Full Name, Mailing Address and ZIP Code Bruce Eberle 1449 Montaque Drive Vienna, VA 22182	Repayment of Loan Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/22/98	\$ 1,000

SUBTOTAL of Disbursements This Page (optional)

\$ 8,214.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Repayments of all Other Loans

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

PAGE 2 OF 2
FOR LINE NUMBER 19(b)

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

NAME OF COMMITTEE (In Full) Ron Groer For Congress C00336826

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Elizabeth Eberle 1449 Montague Drive Vienna, VA 22182	Repayment of loan Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/22/98	\$ 1,000
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) \$ 1,000

TOTAL This Period (last page this line number only) \$ 9,214

LOANS

Name of Committee (in Full) **Ron Greer For Congress** C00336826

A. Full Name, Mailing Address and ZIP Code of Loan Source Michael Dean 21740 Gaywood Dr Brookfield, WI 53045	Original Amount of Loan \$ 1,000	Cumulative Payment To Date \$ 1,000	Balance Outstanding at Close of This Period - 0 -
Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Terms: Date Incurred <u>6/29/98</u> Date Due _____ Interest Rate _____ % (apr)		<input type="checkbox"/> Secured

List All Endorsers or Guarantors (if any) to Item A

1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		

B. Full Name, Mailing Address and ZIP Code of Loan Source Brenda Dean 21740 Gaywood Dr Brookfield, WI 53045	Original Amount of Loan \$ 1,000	Cumulative Payment To Date \$ 1,000	Balance Outstanding at Close of This Period - 0 -
Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Terms: Date Incurred <u>6/29/98</u> Date Due _____ Interest Rate _____ % (apr)		<input type="checkbox"/> Secured

List All Endorsers or Guarantors (if any) to Item B

1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		

SUBTOTALS This Period This Page (optional)	- 0 -
TOTALS This Period (last page in this line only)	- 0 -

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

LOANS

Name of Committee (in Full) Ron Greer For Congress C00336826

A. Full Name, Mailing Address and ZIP Code of Loan Source <u>William Griffiths</u> <u>4901 Tarheel Way</u> <u>Annandale, VA 22008</u>	Original Amount of Loan <u>\$ 214.00</u>	Cumulative Payment To Date <u>\$ 214.00</u>	Balance Outstanding at Close of This Period <u>- 0 -</u>
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Election: Primary General Other (specify):
 Term: Date Incurred 6/29/88 Date Due _____ Interest Rate _____ % (apr) Secured

List All Endorsers or Guarantors (if any) to Item A

1. Full Name, Mailing Address and ZIP Code	Name of Employer	/	/
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer	/	/
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer	/	/
	Occupation		
	Amount Guaranteed Outstanding: \$		

B. Full Name, Mailing Address and ZIP Code of Loan Source <u>Alice Bransfield</u> <u>12720 Builders Road</u> <u>Hearndon, VA 20170</u>	Original Amount of Loan <u>\$ 1000.00</u>	Cumulative Payment To Date <u>\$ 1000</u>	Balance Outstanding at Close of This Period <u>- 0 -</u>
---	--	--	---

Election: Primary General Other (specify):
 Term: Date Incurred 6/29/88 Date Due _____ Interest Rate _____ % (apr) Secured

List All Endorsers or Guarantors (if any) to Item B

1. Full Name, Mailing Address and ZIP Code	Name of Employer	/	/
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer	/	/
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer	/	/
	Occupation		
	Amount Guaranteed Outstanding: \$		

SUBTOTALS This Period This Page (optional)	<u>0</u>
TOTALS This Period (last page in this line only)	<u>0</u>

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

LOANS

Name of Committee (in Full) Rou Great For Congress		C00336826	
A. Full Name, Mailing Address and ZIP Code of Loan Source M. Declan Bransfield 12720 Builders Road Heardon, VA 20170 Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Original Amount of Loan \$1000	Cumulative Payment To Date \$1000	Balance Outstanding at Close of This Period - 0 -
Terms: Date Incurred _____ Date Due _____ Interest Rate _____ % (per) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item A			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
B. Full Name, Mailing Address and ZIP Code of Loan Source Beverly Pappano 11708 Valley Ridge Circle Fairfax, VA 22033 Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Original Amount of Loan \$1000	Cumulative Payment To Date \$1000	Balance Outstanding at Close of This Period - 0 -
Terms: Date Incurred _____ Date Due _____ Interest Rate _____ % (per) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item B			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
SUBTOTALS This Period This Page (optional)			0
TOTALS This Period (last page in this line only)			0
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.			

LOANS

Name of Committee (in Full) Ron Greer For Congress		CD0336826		
A. Full Name, Mailing Address and ZIP Code of Loan Source Leonard Pappano 11708 Valley Ridge Circle Fairfax, VA 22033		Original Amount of Loan \$1000	Cumulative Payment To Date \$1000	Balance Outstanding at Close of This Period - 0 -
Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): Terms: Date Incurred <u>6/22/92</u> Date Due _____ Interest Rate _____ % (ap) <input type="checkbox"/> Secured		List All Endorsers or Guarantors (if any) to Item A		
1. Full Name, Mailing Address and ZIP Code		Name of Employer	(This area is shaded to indicate that the information is not to be reported.)	
		Occupation		
		Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code		Name of Employer	(This area is shaded to indicate that the information is not to be reported.)	
		Occupation		
		Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code		Name of Employer	(This area is shaded to indicate that the information is not to be reported.)	
		Occupation		
		Amount Guaranteed Outstanding: \$		
B. Full Name, Mailing Address and ZIP Code of Loan Source Katherine Eberle 1449 Montaque Drive Vienna, VA 22182		Original Amount of Loan \$1000	Cumulative Payment To Date \$1000	Balance Outstanding at Close of This Period - 0 -
Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): Terms: Date Incurred <u>6/22/92</u> Date Due _____ Interest Rate _____ % (ap) <input type="checkbox"/> Secured		List All Endorsers or Guarantors (if any) to Item B		
1. Full Name, Mailing Address and ZIP Code		Name of Employer	(This area is shaded to indicate that the information is not to be reported.)	
		Occupation		
		Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code		Name of Employer	(This area is shaded to indicate that the information is not to be reported.)	
		Occupation		
		Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code		Name of Employer	(This area is shaded to indicate that the information is not to be reported.)	
		Occupation		
		Amount Guaranteed Outstanding: \$		
SUBTOTALS This Period This Page (optional)				
TOTALS This Period (last page in this line only)				
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.				

LOANS

Name of Committee (In Full) Ron Greer For Congress	C00336826
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A. Full Name, Mailing Address and ZIP Code of Loan Source Bruce Eberle 1449 Montaque Drive Vienna, VA 22182 Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Original Amount of Loan \$1,000	Cumulative Payment To Date \$ 1,000	Balance Outstanding at Close of This Period - 0 -
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Terms: Date Incurred _____ Date Due _____ Interest Rate _____ % (apr) Secured

List All Endorsers or Guarantors (If any) to Item A

1. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: \$	(Hatched area)
2. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: \$	(Hatched area)
3. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: \$	(Hatched area)

B. Full Name, Mailing Address and ZIP Code of Loan Source Elizabeth Eberle 1449 Montaque Drive Vienna, VA 22182 Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Original Amount of Loan \$ 1,000	Cumulative Payment To Date \$ 1,000	Balance Outstanding at Close of This Period - 0 -
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Terms: Date Incurred _____ Date Due _____ Interest Rate _____ % (apr) Secured

List All Endorsers or Guarantors (If any) to Item B

1. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: \$	(Hatched area)
2. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: \$	(Hatched area)
3. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: \$	(Hatched area)

SUBTOTALS This Period This Page (optional)	0
TOTALS This Period (last page in this line only)	0

Carry outstanding balance only to LINE 2, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Excluding Loans

Name of Committee (In Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
Ron Greer For Congress C00336826				
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor The Maxwell Group, Inc. 1001 W. Main Street Sun Prairie, WI 53590	\$4,000	\$8000	\$4000	\$8000
Nature of Debt (Purpose): Consulting				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Craig Shirley and Associates 122 South Patrick Street Alexandria, VA 22314	\$904.78	\$2000 ⁰⁰	- 0 -	\$2904.78
Nature of Debt (Purpose): Consulting				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Eberle & Associates Data Center 1420 Spring Hill Road McLean, VA 22102	- 0 -	\$916.98	- 0 -	\$916.98
Nature of Debt (Purpose): List Development				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Omega List Company 1420 Spring Hill Road McClean, VA 22102	- 0 -	\$3,691.61	- 0 -	\$3,691.61
Nature of Debt (Purpose): List Rental				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Direct Impressions 2040 Westmoreland Street Richmond, VA 23230	- 0 -	\$1,418 ⁰⁰	- 0 -	\$1,418 ⁰⁰
Nature of Debt (Purpose): Printing				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Reed Envelope Co., Inc. 6310 h Gravel Ave. Alexandria, VA 22310	- 0 -	\$1,740 ⁰⁰	- 0 -	\$1,740
Nature of Debt (Purpose): envelopes				
1) SUBTOTALS This Period This Page (optional)				18,617.37
2) TOTALS This Period (last page in this line only)				
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

LINE NUMBER _____
(Use separate schedules for each numbered line)

Name of Committee (In Full) Ron Greer For Congress C00336826	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Catterton Printing, Inc. 24 Industrial Park Drive Waldorf, MD 20602	- 0 -	\$ 1,192.00	- 0 -	\$ 1,192.00
Nature of Debt (Purpose): <i>Printing Letter</i>				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Heritage Printing 1815 South 108 th Street West Allis, WI 53214	- 0 -	\$ 1,130.92	- 0 -	\$ 1,130.92
Nature of Debt (Purpose): <i>Printing Letter</i>				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Heritage Printing 1815 South 108 th Street West Allis, WI 53214	- 0 -	\$ 513.90	- 0 -	\$ 513.90
Nature of Debt (Purpose): <i>Printing Envelopes</i>				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Heritage Printing 1815 South 108 th Street West Allis, WI 53214	- 0 -	\$ 92.77	- 0 -	\$ 92.77
Nature of Debt (Purpose): <i>Printing Letter</i>				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
1) SUBTOTALS This Period This Page (optional)				2,929.59
2) TOTALS This Period (last page in this line only)				21,600.96
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				- 0 -
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				21,600.96

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 checked="" type="checkbox"/> Hand Delivered	Date of Receipt <i>8-27-98</i>
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>[Signature]</i> PREPARER	<i>8-27-98</i> DATE PREPARED