

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
Bob Ney For Congress

ADDRESS (number and street) Check if different than previously reported.
P.O. Box 490

CITY, STATE and ZIP CODE **St. Clairsville, OH 43950** STATE/DISTRICT

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

2. FEC IDENTIFICATION NUMBER
CO0286324

3. IS THIS REPORT AN AMENDMENT?
 YES NO

4. TYPE OF REPORT

- April 15 Quarterly Report 12-Day Pre-Election Report for the _____ (Type of Election)
election on _____ in the State of _____
- July 15 Quarterly Report
- October 15 Quarterly Report 30-Day Post-Election Report following the General Election
on Nov. 3, 1998 in the State of Ohio
- January 31 Year End Report Termination Report
- July 31 Mid-Year Report (Non-election Year Only)

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

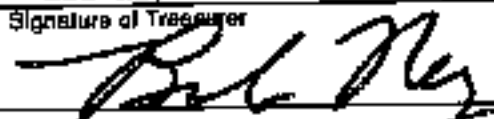
SUMMARY

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. Covering Period <u>10-15-98</u> through <u>11-23-98</u>		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	104,899.81	657,839.41
(b) Total Contribution Refunds (from Line 20(d))	0.00	2,348.44
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	104,899.81	655,490.97
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	204,720.30	746,569.58
(b) Total Offsets to Operating Expenditures (from Line 14)	1.80	2,171.02
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	204,718.50	744,398.56
8. Cash on Hand at Close of Reporting Period (from Line 27)	41,541.29	
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)		
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)		

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-6530
Local 202-219-3420

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

Type or Print Name of Treasurer
Bob Ney

Signature of Treasurer  Date **12/2/98**

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

--	--	--	--	--	--	--	--

FEC FORM 3
(revised 4/87)

DETAILED SUMMARY PAGE

of Receipts and Disbursements
(Page 2, FEC FORM 3)

٤- ٤

Name of Committee (in full)	Report Covering the Period:	
Bob Ney For Congress	From: 10-15-98	To: 11-23-98
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)	33,635.00	
(ii) Unitemized	10,700.00	
(iii) Total of contributions from individuals	44,335.00	239,037.22
(b) Political Party Committees	5,200.00	22,553.62
(c) Other Political Committees (such as PACs)	55,364.81	396,248.57
(d) The Candidate		
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(i), (b), (c) and (d))	104,899.81	657,839.41
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.)	1.80	2,171.02
15. OTHER RECEIPTS (Dividends, Interest, etc.)	1,684.66	3,416.07
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)	106,586.27	663,426.50
II. DISBURSEMENTS		
17. OPERATING EXPENDITURES	204,720.30	746,569.58
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		153.25
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		2,195.19
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))		2,348.44
21. OTHER DISBURSEMENTS	8,900.00	27,425.00
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)	213,620.30	776,343.02

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	\$	148,575.32
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)	\$	106,586.27
25. SUBTOTAL (add Line 23 and Line 24)	\$	255,161.59
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	\$	213,620.30
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)	\$	41,541.29

SCHEDULE A ITEMIZED RECEIPTS
Contributions From Individuals/Persons
Other Than Political Committees

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

PAGE **1** OF **14**
 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 Ney For Congress

C00288324

A. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Corey R. Lewandowski 189 1/2 East Main St. St. Clairsville, OH 43950	Bob Ney For Congress Campaign Manager	10-15-98	500.00
Ralph D. Freshwater P.O. Box 2429 408 Main St. Wintersville, OH 43952-0429	Retired	10-15-98	100.00
John D. Nicodemus, CLU Bank One Bldg. Suite 410 Bellaire, OH 43906	State Farm Insurance Self-Employed	10-15-98	100.00
Paul E. Metzger 428 Cambridge Drive Middletown, OH 45042	Retired	10-15-98	100.00
Bruce A. Smith 56973 Wegee Rd. Shadyside, OH 43947	Advanced Home Health, Inc. Self-Employed	10-15-98	200.00
Kevin M. McIver 4825 Kingshill Dr. Apt. 317 Columbus, OH 43229	Ohio Attorney General Attorney	10-15-98	100.00
Huberta Schiappa Siciliano 119 Homewood Ave. Steubenville, OH 43952	Huberta Mining Inc. President	10-15-98	100.00

SUBTOTAL of Receipts This Page (optional) 1,200.00

TOTAL This Period (last page this line number only)

SCHEDULE A ITEMIZED RECEIPTS
Contributions From Individuals/Persons
Other Than Political Committees

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

PAGE 2 OF 14
 FOR LINE NUMBER 11(a) (1)

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 Ney For Congress

C00288324

A. Full Name, Mailing Address and ZIP Code Raymond S. Page, Jr. 150 Mill Creek Terrace Gladwyne, PA 19035 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Retired	Date (month, day, year) 10-16-98	Amount of Each Receipt this Period 100.00
	Occupation Retired	Aggregate Year-to-Date > \$ 250.00	
B. Full Name, Mailing Address and ZIP Code Kate C. Thompson 736 Adams St. Bedford, OH 44146 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Retired	Date (month, day, year) 10-16-98	Amount of Each Receipt this Period 150.00
	Occupation Retired	Aggregate Year-to-Date > \$ 1,250.00	
C. Full Name, Mailing Address and ZIP Code Thomas H. Hardy 1799 Coventry Rd. Columbus, OH 43212 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Insurance Trade Assoc.	Date (month, day, year) 10-16-98	Amount of Each Receipt this Period 1,000.00
	Occupation President	Aggregate Year-to-Date > \$ 1,000.00	
D. Full Name, Mailing Address and ZIP Code Randy Straub 1305 Valley View Ave. Wheeling, WV 26003 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Lamar Advertising	Date (month, day, year) 10-16-98	Amount of Each Receipt this Period 200.00
	Occupation Vice-President	Aggregate Year-to-Date > \$ 458.78	
E. Full Name, Mailing Address and ZIP Code Abdurahman M. Alamoudi 1212 New York Ave. NW Suite 400 Washington DC 20005 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Contact for information-Pending	Date (month, day, year) 10-19-98	Amount of Each Receipt this Period 500.00
	Occupation Contact for information-Pending	Aggregate Year-to-Date > \$ 500.00	
F. Full Name, Mailing Address and ZIP Code Khalid M. Turaani 5811 Reading Aver. #81 Alexandria, VA 22311 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer American Muslim Council	Date (month, day, year) 10-19-98	Amount of Each Receipt this Period 500.00
	Occupation Director	Aggregate Year-to-Date > \$ 500.00	
G. Full Name, Mailing Address and ZIP Code William E. Quicksall, Jr. 209 Chauncey Ave. NW New Philadelphia, OH 44663-1324 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Grange Mutual Ins. Co	Date (month, day, year) 10-19-98	Amount of Each Receipt this Period 100.00
	Occupation Director	Aggregate Year-to-Date > \$ 250.00	

SUBTOTAL of Receipts This Page (optional)

2,550.00

TOTAL This Period (last page this line number only)

SCHEDULE A ITEMIZED RECEIPTS
Contributions From Individuals/Persons
Other Than Political Committees

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

PAGE OF
 3 14
 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) C00288324
Bob Ney For Congress

A. Full Name, Mailing Address and ZIP Code Michael G. Maistros 101 Windermere Dr. St. Clairsville, OH 43950		Name of Employer Bell Nursing Home	Date (month, day, year) 10-19-98	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Administrator	Aggregate Year-to-Date > \$ 475.00	
B. Full Name, Mailing Address and ZIP Code Ahmad Rahbar 101 Maple Lane Rahbar Springs Wheeling, WV 26003		Name of Employer Self-Employed	Date (month, day, year) 10-19-98	Amount of Each Receipt this Period 150.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Physician	Aggregate Year-to-Date > \$ 400.00	
C. Full Name, Mailing Address and ZIP Code W. Thomas Mackall 1875 Pearce Circle Salem, OH 44460		Name of Employer East Fairfield Coal Co.	Date (month, day, year) 10-21-98	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation President	Aggregate Year-to-Date > \$ 600.00	
D. Full Name, Mailing Address and ZIP Code James E. Chapman P.O. Box 2247 Steubenville, OH 43952		Name of Employer Self-Employed	Date (month, day, year) 10-21-98	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Accountant	Aggregate Year-to-Date > \$ 1,250.00	
E. Full Name, Mailing Address and ZIP Code Richard B. Colby 7253 Hopewell Ct. Dublin, OH 43017		Name of Employer Colby & Company	Date (month, day, year) 10-21-98	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation President	Aggregate Year-to-Date > \$ 375.00	
F. Full Name, Mailing Address and ZIP Code Tim Conway Rd 3 Almar Lane W. St. Clairsville, OH 43950		Name of Employer Bennac, Inc.	Date (month, day, year) 10-22-98	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Self-Employed	Aggregate Year-to-Date > \$ 300.00	
G. Full Name, Mailing Address and ZIP Code Jordan E. Potts 585 W. 45th St. Shadyside, OH 43947		Name of Employer Retired	Date (month, day, year) 10-22-98	Amount of Each Receipt this Period 50.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-to-Date > \$ 250.00	

SUBTOTAL of Receipts This Page (optional) 1,000.00
TOTAL This Period (last page this line number only)

SCHEDULE A **ITEMIZED RECEIPTS**
Contributions From Individuals/Persons
Other Than Political Committees

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

PAGE 4 OF 14
 FOR LINE NUMBER 11(a) (1)

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 Ney For Congress

000288324

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Hedieh Mirahmadi 1201 Pennsylvania Ave. NW Suite 300 Washington DC 20004	Islamic Supreme Council Of America	10-22-98	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Gen. Secretary	Aggregate Year-to-Date > \$ 1,000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Hisham Kabbani 7007 Denton Hill Road Fenton, MI 48430	Haggani Islamic Trust	10-22-98	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Minister	Aggregate Year-to-Date > \$ 1,000.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Johnathan S. Hughes 2187 Ransom Oaks Dr. Columbus, OH 43228	J.S.H. Consulting Co. Inc.	10-22-98	750.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	Aggregate Year-to-Date > \$ 750.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Gary C. Peterson 8214 C Old Courthouse Rd. Vienna, VA 22182	Peterson & Basha PC	10-22-98	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 500.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Robert H. Gentile 4036 N. 25th St. Arlington, VA 22207	Atlantic Partners	10-22-98	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive	Aggregate Year-to-Date > \$ 750.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Michael P. Schiappa 105 Orlando Manor Wintersville, OH 43953	Schiappa Development Group	10-26-98	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Self Employed	Aggregate Year-to-Date > \$ 500.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Stephan R. Moore 133 N. Ave. NW New Philadelphia, OH 44663	Buckeye Career Center	10-26-98	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Custodian	Aggregate Year-to-Date > \$ 500.00	

SUBTOTAL of Receipts This Page (optional) 4,500.00

TOTAL This Period (last page this line number only)

SCHEDULE A
ITEMIZED RECEIPTS
Contributions From Individuals/Persons
Other Than Political Committees

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

PAGE 5 OF 14
 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 Ney For Congress

000288324

<p>A. Full Name, Mailing Address and ZIP Code Theodore L. Darlington 4209 Haymaker Lane Dublin, OH 43017</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Waterloo Coal Co.</p> <p>Occupation President</p> <p>Aggregate Year-to-Date > \$ 1,300.00</p>	<p>Date (month, day, year) 10-26-98</p>	<p>Amount of Each Receipt this Period 200.00</p>
<p>B. Full Name, Mailing Address and ZIP Code F. W. Englefield III 2352 Honkinson Rd. Granville, OH 43023</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Contact for Information - Pending</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) 10-26-98</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Daniel K. Hanlon 12955 Mogadore Ave. NW Uniontown, OH 44685</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Allen Keith Const. Co.</p> <p>Occupation Construction</p> <p>Aggregate Year-to-Date > \$ 350.00</p>	<p>Date (month, day, year) 10-27-98</p>	<p>Amount of Each Receipt this Period 100.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Helen L. Best 565 6th Street NW Carrollton, OH 44615-9426</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Retired</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 555.00</p>	<p>Date (month, day, year) 10-27-98</p>	<p>Amount of Each Receipt this Period 100.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Randy Buchanan 3020 E. Pike Zanesville, OH 43701-8516</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation Self-Employed</p> <p>Aggregate Year-to-Date > \$ 450.00</p>	<p>Date (month, day, year) 10-27-98</p>	<p>Amount of Each Receipt this Period 100.00</p>
<p>F. Full Name, Mailing Address and ZIP Code Richard M. Robinson 229 Bridge St. Newcomerstown, OH 43832</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Retired</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 335.00</p>	<p>Date (month, day, year) 10-27-98</p>	<p>Amount of Each Receipt this Period 50.00</p>
<p>G. Full Name, Mailing Address and ZIP Code David R. Quicksall P.O. Box 771 189 Clubside Dr. New Philadelphia, OH 44663</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer W.E. Quicksall & Assoc.</p> <p>Occupation Civil Engineer</p> <p>Aggregate Year-to-Date > \$ 275.00</p>	<p>Date (month, day, year) 10-27-98</p>	<p>Amount of Each Receipt this Period 25.00</p>

SUBTOTAL of Receipts This Page (optional)

1,075.00

TOTAL This Period (last page this line number only)

SCHEDULE A ITEMIZED RECEIPTS
Contributions From Individuals/Persons
Other Than Political Committees

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

PAGE 6 OF 14
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 Ney For Congress

C00288324

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Herbert J. Murphy P.O. Box 32449 Columbus, OH 43232	Contact for Information - Pending	10-27-98	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	
Richard L. Gummer P.O. Box 2287 Newark, OH 43056-0287	Gummer Wholesale	10-27-98	200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	Aggregate Year-to-Date > \$ 250.00	
Ruth L. Houkom 4878 Summer Wind Medina, OH 44256	Benefits Designs	10-27-98	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	Aggregate Year-to-Date > \$ 250.00	
Ginger West 5203 Tamarack Blvd. Columbus, OH 43229	Ohio Health Underwriters	10-27-98	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation State PAC Treasurer	Aggregate Year-to-Date > \$ 250.00	
Gregory W. Kimble 4653 Old Rt. 39 NW Dover, OH 44622	Piedmont Gas Co.	10-27-98	50.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Office Manager	Aggregate Year-to-Date > \$ 250.00	
Robert J. Guilliams P.O. Box 28 West Lafayette, OH 43845-0028	College Park, Inc.	10-27-98	200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President	Aggregate Year-to-Date > \$ 225.00	
Jeff Dennis 108 E. Main St. P.O. Box 31 Crooksville, OH 43731	Self-Employed	10-27-98	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance Agent	Aggregate Year-to-Date > \$ 1,050.00	

SUBTOTAL of Receipts This Page (optional) 2,450.00

TOTAL This Period (last page this line number only)

SCHEDULE A ITEMIZED RECEIPTS

Contributions From Individuals/Persons
Other Than Political Committees

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

PAGE 7 OF 14
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 Ney For Congress

000288324

A. Full Name, Mailing Address and ZIP Code Joseph M. Carson 101 Walnut Ave. St. Clairsville, OH 43950	Name of Employer United Dairy	Date (month, day, year) 10-27-98	Amount of Each Receipt this Period 100.00
	Occupation Owner Aggregate Year-to-Date > \$ 450.00	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	
B. Full Name, Mailing Address and ZIP Code Paul Mifsud 71601 Parker Rd. Kimbolton, OH 43749	Name of Employer Kingwood Investment Ltd.	Date (month, day, year) 10-27-98	Amount of Each Receipt this Period 250.00
	Occupation Consultant Aggregate Year-to-Date > \$ 250.00	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	
C. Full Name, Mailing Address and ZIP Code Richard Cameron 2675 Eva Circle Zanesville, OH 43701	Name of Employer Ohio Oil & Gas Assoc.	Date (month, day, year) 10-27-98	Amount of Each Receipt this Period 500.00
	Occupation Aggregate Year-to-Date > \$ 500.00	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	
D. Full Name, Mailing Address and ZIP Code Bruce S. Velt 2626 Cooperwood Rd. Hilliard, OH 43026	Name of Employer Ohio Dept. of Development	Date (month, day, year) 10-27-98	Amount of Each Receipt this Period 250.00
	Occupation Asst. Deputy Director Aggregate Year-to-Date > \$ 550.00	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	
E. Full Name, Mailing Address and ZIP Code James T. Young P.O. Box 917 Newark, OH 43058	Name of Employer Plus Publications	Date (month, day, year) 10-27-98	Amount of Each Receipt this Period 250.00
	Occupation Publisher Aggregate Year-to-Date > \$ 250.00	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	
F. Full Name, Mailing Address and ZIP Code Don L. Dieffenbaugher Jr. 6325 Windy Ridge Rd. P.O. Box 287 New Concord, OH 43762	Name of Employer Northern Industrial	Date (month, day, year) 10-27-98	Amount of Each Receipt this Period 500.00
	Occupation President Aggregate Year-to-Date > \$ 500.00	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	
G. Full Name, Mailing Address and ZIP Code James H. Cameron 3636 Adamsville Rd. Zanesville, OH 43701	Name of Employer Self-Employed	Date (month, day, year) 10-27-98	Amount of Each Receipt this Period 500.00
	Occupation Oil & Gas Producers Aggregate Year-to-Date > \$ 500.00	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	

SUBTOTAL of Receipts This Page (optional)

2,350.00

TOTAL This Period (last page this line number only)

SCHEDULE A ITEMIZED RECEIPTS
Contributions From Individuals/Persons
Other Than Political Committees

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

PAGE OF
 8 14
 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 Ney For Congress

C00288324

A. Full Name, Mailing Address and ZIP Code John F. Hinderer 14601 St. Rt. 347 Marysville, OH 43040 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer John Hinderer Honda	Date (month, day, year) 10-27-98	Amount of Each Receipt This Period 250.00
	Occupation OWNER Aggregate Year-to-Date > \$ 250.00		
B. Full Name, Mailing Address and ZIP Code Rick Spann 11175 Woodlands Dr. Cambridge, OH 43725 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Colgate Palmolive	Date (month, day, year) 10-27-98	Amount of Each Receipt This Period 250.00
	Occupation Director Of Mfg. Aggregate Year-to-Date > \$ 250.00		
C. Full Name, Mailing Address and ZIP Code Nancy S. Dix 411 Lakeshore Dr. W. Box 250 Hebron, OH 43025 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer W.E. Shrider Co.	Date (month, day, year) 10-27-98	Amount of Each Receipt This Period 500.00
	Occupation President Aggregate Year-to-Date > \$ 500.00		
D. Full Name, Mailing Address and ZIP Code Philip Rich 6501 Mathers Rd. Cambridge, OH 43725-9471 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Merica Corp.	Date (month, day, year) 10-27-98	Amount of Each Receipt This Period 500.00
	Occupation Executive Aggregate Year-to-Date > \$ 500.00		
E. Full Name, Mailing Address and ZIP Code John W. Knight 140 Fairfield Dr. New Concord, OH 43762 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Fabri-Form	Date (month, day, year) 10-27-98	Amount of Each Receipt This Period 500.00
	Occupation CEO/President Aggregate Year-to-Date > \$ 1,500.00		
F. Full Name, Mailing Address and ZIP Code Girard E. Besanceney III 1596 Russet Lane Newark, OH 43055 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Holophane	Date (month, day, year) 10-27-98	Amount of Each Receipt This Period 500.00
	Occupation Plant Manager Aggregate Year-to-Date > \$ 500.00		
G. Full Name, Mailing Address and ZIP Code John C. Matesich, III 1190 E. Main St. Newark, OH 43055-8400 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Matesich Dist. Co.	Date (month, day, year) 10-27-98	Amount of Each Receipt This Period 500.00
	Occupation CEO Aggregate Year-to-Date > \$ 800.00		

SUBTOTAL of Receipts This Page (optional)

3,000.00

TOTAL This Period (last page this line number only)

SCHEDULE A ITEMIZED RECEIPTS
Contributions From Individuals/Persons
Other Than Political Committees

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

PAGE 9 OF 114
 FOR LINE NUMBER 11(a) (1)

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 Ney For Congress

c00288324

<p>A. Full Name, Mailing Address and ZIP Code William G. Nicolozakes Rt 2 P.O. Box 668 Cambridge, OH 43725</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Self-Employed</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) 10-27-98</p>	<p>Amount of Each Receipt This Period 500.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Larry A. Caldwell 10491 Rock Hill Rd. Cambridge, OH 43725</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Camico Financial</p> <p>Occupation CEO</p> <p>Aggregate Year-to-Date > \$ 550.00</p>	<p>Date (month, day, year) 10-27-98</p>	<p>Amount of Each Receipt This Period 500.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Tom H. Hampton 2199 St. Rt. 668 N. Junction City, OH 43748</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Hampton Transport</p> <p>Occupation Owner</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 10-27-98</p>	<p>Amount of Each Receipt This Period 250.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Edwin F. Mulligan 885 Sheridan Rd. P.O. Box 386 Coshocton, OH 43012-0386</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Jones Metal</p> <p>Occupation Chairman</p> <p>Aggregate Year-to-Date > \$ 350.00</p>	<p>Date (month, day, year) 10-27-98</p>	<p>Amount of Each Receipt This Period 100.00</p>
<p>E. Full Name, Mailing Address and ZIP Code R. Lee Conway Box 208 Morristown, OH 43759</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Conway Mining Co.</p> <p>Occupation Owner</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) 10-27-98</p>	<p>Amount of Each Receipt This Period 500.00</p>
<p>F. Full Name, Mailing Address and ZIP Code Ronald L. Kolbash 7903 Jefferson Dr. Canal Winchester, OH 43110</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer CMRA</p> <p>Occupation President</p> <p>Aggregate Year-to-Date > \$ 450.00</p>	<p>Date (month, day, year) 10-27-98</p>	<p>Amount of Each Receipt This Period 200.00</p>
<p>G. Full Name, Mailing Address and ZIP Code Boray A. Huffman 1210 Hiram W. Rd. P.O. Box 514 Wellston, OH 45692</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation Homemaker</p> <p>Aggregate Year-to-Date > \$ 1,550.00</p>	<p>Date (month, day, year) 10-27-98</p>	<p>Amount of Each Receipt This Period 250.00</p>

SUBTOTAL of Receipts This Page (optional)

2,300.00

TOTAL This Period (last page this line number only)

SCHEDULE A **ITEMIZED RECEIPTS**
Contributions From Individuals/Persons
Other Than Political Committees

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

PAGE 10 OF 14
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 Ney For Congress

000288324

<p>A. Full Name, Mailing Address and ZIP Code Michael T. Puskarich 40580 Cadiz-Piedmont Rd. Cadiz, OH 43907-9414</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Cravat Coal Co.</p> <p>Occupation Management.</p> <p>Aggregate Year-to-Date > \$ 700.00</p>	<p>Date (month, day, year) 10-27-98</p>	<p>Amount of Each Receipt This Period 150.00</p>
<p>B. Full Name, Mailing Address and ZIP Code J. Gilbert Reese P.O. Box 475 Granville, OH 43023</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Self-Employed</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date > \$ 1,000.00</p>	<p>Date (month, day, year) 10-27-98</p>	<p>Amount of Each Receipt This Period 1,000.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Kathy S. Aslanides 46275 U.S. 36 Coshocton, OH 43812</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer MFC Drilling, Inc.</p> <p>Occupation Secretary</p> <p>Aggregate Year-to-Date > \$ 2,000.00</p>	<p>Date (month, day, year) 10-27-98</p>	<p>Amount of Each Receipt This Period 1,000.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Lee R. Chorpenning 2264 Brixton Rd. Columbus, OH 43221</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Contact for Information - Pending</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 10-27-98</p>	<p>Amount of Each Receipt This Period 250.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Jackie S. Atkins 5880 Darlington Dr. Zanesville, OH 43701-9027</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Medina Fuel Company</p> <p>Occupation Office Manager</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) 10-27-98</p>	<p>Amount of Each Receipt This Period 500.00</p>
<p>F. Full Name, Mailing Address and ZIP Code John Clauss P.O. Box 489 Laurelville, OH 43135-0489</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Contact for Information - Pending</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) 10-27-98</p>	<p>Amount of Each Receipt This Period 500.00</p>
<p>G. Full Name, Mailing Address and ZIP Code Randall L. Matheny 206 E. Fifth Sugar Grove, OH 43155</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Contact for Information - Pending</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 10-27-98</p>	<p>Amount of Each Receipt This Period 250.00</p>

SUBTOTAL of Receipts This Page (optional)

3,650.00

TOTAL This Period (last page this line number only)

SCHEDULE A ITEMIZED RECEIPTS
Contributions From Individuals/Persons
Other Than Political Committees

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

PAGE 11 OF 14
 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 Ney For Congress

CO0288324

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Charles F. Booher 1101 Briar Meadow Dr. Columbus, OH 43235-1607	Charles Booher & Assoc.	10-27-98	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Self-Employed	Aggregate Year-to-Date > \$ 250.00	
Ronald G. Van Atta 4587 N. Bank Rd. Box 1273 Buckeye Lake, OH 43008	Van Atta Funeral Home	10-27-98	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner	Aggregate Year-to-Date > \$ 250.00	
David M. DiStefano 1947 Columbia Pike Apt. 21 Arlington, VA 22204	U.S. Chamber Of Congress	10-28-98	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Director	Aggregate Year-to-Date > \$ 500.00	
Brian M. Hendershot 132 Philip St. R. Powhatan Point, OH 43942	OH/WV Excavating	10-29-98	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Construction	Aggregate Year-to-Date > \$ 250.00	
Dennis D. Hendershot 237 Neff St. Powhatan Point, OH 43942	HLC Trucking	10-29-98	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner	Aggregate Year-to-Date > \$ 1,000.00	
Donald J. Hendershot 237 Neff St. Powhatan Point, OH 43942	OH/WV Excavating	10-29-98	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Construction	Aggregate Year-to-Date > \$ 250.00	
Dennis Palicka 56020 Matt's Lane Shadyside, OH 43947	Dennis Hendershot	10-29-98	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Civil Engineer	Aggregate Year-to-Date > \$ 250.00	

SUBTOTAL of Receipts This Page (optional)

2,750.00

TOTAL This Period (last page this line number only)

SCHEDULE A ITEMIZED RECEIPTS
Contributions From Individuals/Persons
Other Than Political Committees

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

PAGE 12 OF 14
 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 Ney For Congress

000288324

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James Soltesz 11909 Hunting Ridge Court Potomac, MD 20854	Contact for Information - Pending	10-29-98	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	
Jennifer J. Soltesz 11909 Hunting Ridge Court Potomac, MD 20854	Contact for Information - Pending	10-29-98	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	
William E. Peterson P.O. Box 234 Clifton, VA 20124	The Peterson Companies	10-29-98	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Chief Financial Officer	Aggregate Year-to-Date > \$ 1,000.00	
Milton V. Peterson 12500 Fair Lakes Circle Suite 400 Fairfax, VA 22033	The Peterson Companies	10-29-98	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Owner	Aggregate Year-to-Date > \$ 1,000.00	
Brenda F. Kimble 3509 S R 39 NW Dover, OH 44622	Kimble, Clay, & Limestone	10-30-98	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Bookkeeper	Aggregate Year-to-Date > \$ 500.00	
Michael E. Smith 204 Burton Drive Cadiz, OH 43907	Northwest Fuel Development	10-30-98	100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Operation Engineer	Aggregate Year-to-Date > \$ 225.00	
Charles K. DeMatte 48351 Summit Dr. Southgate St. Clairsville, OH 43950	Self-Employed	11-02-98	300.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Dentist	Aggregate Year-to-Date > \$ 1,125.00	

SUBTOTAL of Receipts This Page (optional)

4,400.00

TOTAL This Period (last page this line number only)

SCHEDULE A **ITEMIZED RECEIPTS**
Contributions From Individuals/Persons
Other Than Political Committees

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

PAGE 13 OF 14
 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 Ney For Congress

CO0288324

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dennis L. Snyder Rt. 1 Box 421 Mineral City, OH 44656-9646	Snyder Mfg.	11-03-98	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	Aggregate Year-to-Date > \$ 500.00	
Bill A. White, Jr. 1000 Brooklyn Cambridge, OH 43725	Britchard Laughlin Center, Inc.	11-03-98	50.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Managing Director	Aggregate Year-to-Date > \$ 450.00	
Nancy Baker 550 Ridgewood Lane Cambridge, OH 43725	Southeastern Equip. Co. Inc.	11-23-98	350.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Bookkeeper	Aggregate Year-to-Date > \$ 350.00	
Kathryn R. Berus 1101A Bridgeway Circle Columbus, OH 43220	State Of Ohio	11-23-98	100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Administrative Assisat.	Aggregate Year-to-Date > \$ 1,100.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional) 1,000.00

TOTAL This Period (last page this line number only)

SCHEDULE A ITEMIZED RECEIPTS
Contributions From Individuals/Persons
Other Than Political Committees

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

PAGE OF
 14 14
 FOR LINE NUMBER
 11(a) (1)

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 Ney For Congress

COO288324

<p>A. Full Name, Mailing Address and ZIP Code Robert C. Dix P.O. Box 250 Hebron, OH 43025</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer The Jeffersonian Co.</p> <p>Occupation Publisher</p> <p>Aggregate Year-to-Date > \$ 559.50</p>	<p>Date (month, day, year) 10-26-98</p>	<p>Amount of Each Receipt this Period 559.50 (In-Kind)</p>
<p>B. Full Name, Mailing Address and ZIP Code Dick Arney P.O. Box 1288 Lewisville, TX 75067</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer .</p> <p>Occupation Congressman</p> <p>Aggregate Year-to-Date > \$ 750.50</p>	<p>Date (month, day, year) 10-26-98</p>	<p>Amount of Each Receipt this Period 750.50 (In-Kind)</p>
<p>C. Full Name, Mailing Address and ZIP Code Ed Slavik 257 E. Main St. St. Clairsville, OH 43950</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Self-Employed</p> <p>Occupation Photographer</p> <p>Aggregate Year-to-Date > \$ 750.00</p>	<p>Date (month, day, year) 11-06-98</p>	<p>Amount of Each Receipt this Period 100.00 (In-Kind)</p>
<p>D. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>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"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>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"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>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"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>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) 1,410.00

TOTAL This Period (last page this line number only) 33,635.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1

FOR LINE NUMBER 11B

Contributions From Political Party 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)

Bob Ney For Congress

000288324

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Republican National Committee 310 First St. Southeast Washington DC 20003		10-15-98	2,500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 2,500.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Committee To Elect Bob Herron Comm. 924 Thomas Ave. Carrollton, OH 44615		10-15-98	100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 100.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Christopher Cox Congressional Committee P.O. Box 8088C Newport Beach, CA 92658		10-23-98	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
Guernsey Co. Republican Committee 1309 N. 8th St. Cambridge, OH 43725		10-28-98	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	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Portman For Congress Committee P.O. Box 2365 Cincinnati, OH 45201		10-29-98	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	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Harrison Co. Republican Central & Exec. Comm. Inez Wingrove, Treasurer Cadiz, OH 43907		11-02-98	100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 100.00	
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) 5,200.00

TOTAL This Period (last page this line number only) 5,200.00

SCHEDULE A

ITEMIZED RECEIPTS

Contributions From Political Party Committees (PAC)

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

PAGE 1 OF 7
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)

Bob Ney For Congress

000288324

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
American Medical Association PAC 1101 Vermont Ave. NW Washington DC 20005		10-16-98	5,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 7,500.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Philip Morris PAC 120 Park Ave. 25th Floor New York, NY 10017		10-16-98	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	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CNA CNA Plaza Chicago, IL 60685		10-16-98	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
Independent Insurance Agents of America Robert Rushidt - Treasurer 412 First St. S.E., Suite 300 Washington DC 20003		10-16-98	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 2,500.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Outdoor Advertising Assoc. Of America PAC 1850 M. St. N.W. Suite 1040 Washington DC 20036		10-16-98	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
Lamarpac P.O. Box 66338 Baton Rouge, LA 70896		10-16-98	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	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Columbia Gas Employees PAC Fund B Robert M. Smith, Treasurer 405 W. 44th Street Shadyside, OH 43947		10-19-98	100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 350.00	

SUBTOTAL of Receipts This Page (optional)

9,100.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions From Political Party Committees (PAC)

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

PAGE 2 OF 7
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) **Bob Ney For Congress** C00288324

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
White Castle PAC P.O. Box 1498 555 W. Goodale St. Columbus, OH 43215		10-19-98	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	
B. Full Name, Mailing Address and ZIP Code National Society Of Professional Engineers PAC 1420 King St. Alexandria, VA 22314-2794		10-19-98	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	
C. Full Name, Mailing Address and ZIP Code ROOF PAC/National Roofing Contractors Assoc. PAC 10255 W. Higgins Rd. #600 Rosemont, IL 60018-5607		10-19-98	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 GOLGPE George B. Gould, Assistant 100 Indiana Ave. N.W. Washington DC 20001-2144		10-19-98	2,500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 6,500.00	
E. Full Name, Mailing Address and ZIP Code Sheet Metal Workers Int'l. Assoc. PAC 1750 New York Ave. N.W. Washington DC 20006-5386		10-19-98	2,500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 2,500.00	
F. Full Name, Mailing Address and ZIP Code Precision Metalforming Assoc. Voice Of Industry 27027 Chardon Rd. Richmond Height, OH 44143		10-19-98	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,000.00	
G. Full Name, Mailing Address and ZIP Code Kroger PAC 1014 Vine Street Cincinnati, OH 45202-1100		10-19-98	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	

SUBTOTAL of Receipts This Page (optional) **8,500.00**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions From Political Party Committees (PAC)

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

PAGE 3 OF 7
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)

Bob Ney For Congress

C00288324

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
National Education Assoc. PAC 1201-16th Street N.W. Washington DC 20036		10-20-98	4,500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 5,000.00	
B. Full Name, Mailing Address and ZIP Code AICPA Effective Legislation Committee 1455 Pennsylvania Ave. N.W. Washington DC 20004		10-21-98	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 3,561.16	
C. Full Name, Mailing Address and ZIP Code Geon Company PAC 1341 G. St. N.W. Suite 1100 Washington DC 20005		10-22-98	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	
D. Full Name, Mailing Address and ZIP Code CULAC 805 Fifteenth St. N.W. Suite 300 Washington DC 20005		10-22-98	1,214.81
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 9,000.00	
E. Full Name, Mailing Address and ZIP Code Build PAC Of The Nat'l. Assoc. Of Home Builders 1201 15th Street N.W. Washington DC 20005		10-22-98 11-10-98	2,500.00 1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 3,500.00	
F. Full Name, Mailing Address and ZIP Code Textile Rental Services Assoc. Of America PAC - P. O. Box 1203 1130 E. Hallandale Beach Blvd. Hallandale, FL 33009		10-22-98	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	
G. Full Name, Mailing Address and ZIP Code American Council Of Life Ins. PAC 1001 Pennsylvania Ave. N.W. #500 Washington DC 20004-2599		10-22-98	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 3,000.00	

SUBTOTAL of Receipts This Page (optional) 11,714.81

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions From Political Party Committees (PAC)

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

PAGE 4 OF 7
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)

Bob Ney For Congress

C00288324

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Laborers' Political League 905 16th Street N.W. Washington DC 20006		10-23-98	1,500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 3,500.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Citizens For Political Accountability PAC 305 Hartmann Dr. Lebanon, TN 37088		10-26-98	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
Owens-Illinois Employees Good Citizens Fund Dan Steen One Seagate Toledo, OH 43666		10-26-98	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	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
American Hospital Assoc. Bridget Gargan, Treasurer 325 Seventh St. N.W. Washington DC 20004		10-26-98	2,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 2,200.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
United Seniors PAC 6932 North Fairfax Dr. Arlington, VA 22213		10-26-98	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	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
OAPA-PAC P.O. Box 12042 Columbus, OH 43212		10-27-98	200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 200.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Nat'l. Assoc. Of Health Underwriters PAC 1000 Connecticut Ave. N.W. Suite 810 Washington DC 20036		10-27-98	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500.00	

SUBTOTAL of Receipts This Page (optional) 5,700.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions From Political Party Committees (PAC)

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

PAGE 5 OF 7

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)

Bob Ney For Congress

000288324

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NATIPAC 2600 River Rd. Des Plaines, IL 60018 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		10-27-98	2,000.00
	Occupation	10-27-98	2,000.00
		Aggregate Year-to-Date > \$	4,000.00
B. Full Name, Mailing Address and ZIP Code Savings Assoc. League Pac-Ohio 88 E. Broad St. - P.O. Box 15923 Columbus, OH 43215 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		10-27-98	500.00
	Occupation		
		Aggregate Year-to-Date > \$	500.00
C. Full Name, Mailing Address and ZIP Code Nat'l. Assoc. Of Life Underwriters PAC 1922 F. Street N.W. Washington DC 20006 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		10-27-98	2,500.00
	Occupation		
		Aggregate Year-to-Date > \$	6,500.00
D. Full Name, Mailing Address and ZIP Code Kaiser Aluminum & Chemical Corp/PAC 300 Lakeside Dr. Oakland, CA 94643 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		10-28-98	500.00
	Occupation		
		Aggregate Year-to-Date > \$	500.00
E. Full Name, Mailing Address and ZIP Code USX Corporation PAC 1101 Pennsylvania Ave. N.W. Washington DC 20004 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		10-28-98	1,000.00
	Occupation		
		Aggregate Year-to-Date > \$	1,500.00
F. Full Name, Mailing Address and ZIP Code AICPA Effective Legislation Committee 1455 Pennsylvania Ave. N.W. Washington DC 20004 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		10-28-98	500.00
	Occupation		
		Aggregate Year-to-Date > \$	4,061.16
G. Full Name, Mailing Address and ZIP Code Yellow Corp. PAC 3403 E. Pike Zanesville, OH 43701 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		10-28-98	750.00
	Occupation		
		Aggregate Year-to-Date > \$	750.00

SUBTOTAL of Receipts This Page (optional) 9,750.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions From Political Party Committees (PAC)

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

PAGE 6 OF 7
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)

Bob Ney For Congress

C00288324

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Int'l. Council Of Shopping Centers, Inc. PAC 1033 N. Fairfax Street, Suite 404 Alexandria, VA 22314		10-28-98	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,000.00	
B. Full Name, Mailing Address and ZIP Code RJR PAC Janis M. Krebs, Treasurer P.O. Box 718 Winston-Salem, NC 27102		10-29-98	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 3,500.00	
C. Full Name, Mailing Address and ZIP Code American Assoc. Of Entrepreneurs Federal PAC 1156 15th St. N.W. Suite 505 Washington DC 20005		10-29-98	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 Investment Management PAC 1401 H. Street N.W. Washington DC 20005		10-30-98	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 2,500.00	
E. Full Name, Mailing Address and ZIP Code Goodyear Good Govt. Fund 1144 E. Market St. Akron, OH 44316		10-30-98	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,500.00	
F. Full Name, Mailing Address and ZIP Code Nat'l. Utility Contractors Assoc. Leg. (NUCA/PAC) 4301 Fairfax Drive No. 360 Arlington, VA 22203		11-02-98	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	
G. Full Name, Mailing Address and ZIP Code Title Industry PAC 1828 L. St. N.W. Suite 705 Washington DC 20036		11-02-98	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	

SUBTOTAL of Receipts This Page (optional) 5,500.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions From Political Party Committees (PAC)

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

PAGE 7 OF 7
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) **Bob Ney For Congress** 000288324

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Peat Marwick/PAC P.O. Box 18254 Washington DC 20036		11-02-98	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 2,500.00	
B. Full Name, Mailing Address and ZIP Code Ohio Rural Water Assoc. 1630 N.W. Prof. Plaza Suite 201 Columbus, OH 43214		11-03-98	100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 100.00	
C. Full Name, Mailing Address and ZIP Code Harscopac 350 Popular Church Rd. - P.O. Box 8888 Camp Hill, PA 17011		11-03-98	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	
D. Full Name, Mailing Address and ZIP Code McDonald's PAC One McDonald's Plaza Oak Brook, IL 60521		11-03-98	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	
E. Full Name, Mailing Address and ZIP Code ACS PAC 2828 N. Haskell Dallas, TX 75204		11-05-98	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 Dealers Election Action Committee Ray Green, Treasurer 8400 Westpark Drive McLean, VA 22102		11-10-98	2,500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 7,875.00	
G. Full Name, Mailing Address and ZIP Code			
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)	5,100.00
TOTAL This Period (last page this line number only)	55,364.81

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 14

Offsets To 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 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 Ney For Congress

000288324

<p>A. Full Name, Mailing Address and ZIP Code Bob Ney For Congress P.O. Box 490 St. Clairsville, OH 43950</p>	<p>Name of Employer Redeposit Change For Event</p>	<p>Date (month, day, year) 10-19-98</p>	<p>Amount of Each Receipt this Period 1.80</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>		<p>Occupation</p>	
		<p>Aggregate Year-to-Date > \$</p>	
<p>B. Full Name, Mailing Address and ZIP Code</p>	<p>Name of Employer</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>		<p>Occupation</p>	
		<p>Aggregate Year-to-Date > \$</p>	
<p>C. Full Name, Mailing Address and ZIP Code</p>	<p>Name of Employer</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>		<p>Occupation</p>	
		<p>Aggregate Year-to-Date > \$</p>	
<p>D. Full Name, Mailing Address and ZIP Code</p>	<p>Name of Employer</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>		<p>Occupation</p>	
		<p>Aggregate Year-to-Date > \$</p>	
<p>E. Full Name, Mailing Address and ZIP Code</p>	<p>Name of Employer</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>		<p>Occupation</p>	
		<p>Aggregate Year-to-Date > \$</p>	
<p>F. Full Name, Mailing Address and ZIP Code</p>	<p>Name of Employer</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>		<p>Occupation</p>	
		<p>Aggregate Year-to-Date > \$</p>	
<p>G. Full Name, Mailing Address and ZIP Code</p>	<p>Name of Employer</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>		<p>Occupation</p>	
		<p>Aggregate Year-to-Date > \$</p>	

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>1.80</p>
<p>TOTAL This Period (last page this line number only)</p>	<p>1.80</p>

SCHEDULE A

ITEMIZED RECEIPTS

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

Other Receipts

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

NAME OF COMMITTEE (In Full)
 Bob Ney For Congress C00288324

A. Full Name, Mailing Address and ZIP Code Citizens Bank Bridgeport, OH 43912 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Interest	Date (month, day, year) 11-03-98	Amount of Each Receipt this Period 1,684.66
	Occupation Aggregate Year-to-Date > \$		
B. 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	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Aggregate Year-to-Date > \$		
C. 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	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Aggregate Year-to-Date > \$		
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Aggregate Year-to-Date > \$		
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	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Aggregate Year-to-Date > \$		
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	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Aggregate Year-to-Date > \$		
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	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)	1,684.66
TOTAL This Period (last page this line number only)	1,684.66

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 11
FOR LINE NUMBER 17

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 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 Ney For Congress

C00288324

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. White Glove Prof. Cleaning P.O. Box 114 Morristown, OH 43759-0114	Election Night Clean-Up Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-16-98	181.80
B. Full Name, Mailing Address and ZIP Code Alltell P.O. Box 96019 Charlotte, NC 28296-0019	Telephone Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-03-98	1,221.42
C. Full Name, Mailing Address and ZIP Code American Express Suite 2002 Chicago, IL 60679	Campaign Lunches Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-19-98	287.50
D. Full Name, Mailing Address and ZIP Code (Same As Above)	Travel Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-16-98	416.38
E. Full Name, Mailing Address and ZIP Code Ameritech P.O. Box 84000 Columbus, OH 43284	Telephone Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-16-98 10-16-98 10-19-98	70.82 105.14 2,232.70
F. Full Name, Mailing Address and ZIP Code (Same As Above)	Telephone Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-12-98 11-16-98 11-16-98	1,331.44 114.14 62.65
G. Full Name, Mailing Address and ZIP Code Ameritech P.O. Box 79001 Detroit, MI 48279-1240	Pagers Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-16-98	83.60
H. Full Name, Mailing Address and ZIP Code ASAP Print Service 224 S. 38th St. Lincoln, NE 68510	Printing For Fundraiser Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-30-98	717.50
I. Full Name, Mailing Address and ZIP Code AT&T P.O. Box 27-680 Kansas City, MO 64180-0680	Telephone Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-04-98 11-12-98	856.62 13.41

SUBTOTAL of Disbursements This Page (optional)

7,695.12

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 11
FOR LINE NUMBER 17

Operating Expenditures

Any information copied from such Reports and Statements may not be sold or used by any person for the purposes 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 Ney For Congress

C00288324

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Belmont National Bank 154 W. Main Street St. Clairsville, OH 43950	Change For Event Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-19-98	100.00
B. Full Name, Mailing Address and ZIP Code (Same As Above)	Payroll Taxes Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-12-98	3,987.84
C. Full Name, Mailing Address and ZIP Code (Same As Above)	Wire Transfer Fee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-22-98 10-22-98	10.00 10.00
D. Full Name, Mailing Address and ZIP Code (Same As Above)	Checks Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-28-98	90.73
E. Full Name, Mailing Address and ZIP Code Robert Herriott 2197 Lakeview Parkway Villarica, GA 30180	Consultant Fee & Wages Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-15-98 10-30-98 11-13-98	380.00 579.40 1,158.80
F. Full Name, Mailing Address and ZIP Code Bob Ney 112 Overlook Ct. St. Clairsville, OH 43950	Reimb. For Campaign Meeting Food Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-15-98 11-16-98	9.27 55.45
G. Full Name, Mailing Address and ZIP Code BP Oil P.O. Box 9001002 Louisville, KY 40290	Vehicle Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-04-98	1,429.91
H. Full Name, Mailing Address and ZIP Code Brabender COX P.O. Box 42366 Pittsburgh, PA 15203	Media Advertising Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-16-98 10-22-98 10-23-98	16,200.00 20,501.63 30,026.78
I. Full Name, Mailing Address and ZIP Code (Same As Above)	Media Advertising Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-29-98 10-30-98 11-04-98	1,350.00 1,582.50 13,500.00

SUBTOTAL of Disbursements This Page (optional)

90,972.31

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 11
FOR LINE NUMBER 17

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 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 Ney For Congress

00288324

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Buckeye Lake Yacht Club 5019 North Bank - P.O. Box 867 Buckeye Lake, OH 43008	Expense For Dick Carney Event Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-03-98	660.00
B. Full Name, Mailing Address and ZIP Code Cheryl Robinson 40625 National Rd West Morristown, OH 43759	Purpose of Disbursement Reimb. For Election Night Party Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 11-12-98	Amount of Each Disbursement This Period 215.89
C. Full Name, Mailing Address and ZIP Code Chester, Wilcox, & Saxbee 17 S. High Street Suite 900 Columbus, OH 43215	Purpose of Disbursement Legal Fees Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 11-16-98	Amount of Each Disbursement This Period 532.35
D. Full Name, Mailing Address and ZIP Code Christina Coen 56941 Ferryview Rd. Martins Ferry, OH 43935	Purpose of Disbursement Wages Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 11-13-98	Amount of Each Disbursement This Period 320.25
E. Full Name, Mailing Address and ZIP Code Corey Lewandowski 189 1/2 E. Main St. St. Clairsville, OH 43950	Purpose of Disbursement Reimb. Campaign Expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10-15-98	Amount of Each Disbursement This Period 21.57
F. Full Name, Mailing Address and ZIP Code (Same As Above)	Purpose of Disbursement Reimb. For Security Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 11-04-98	Amount of Each Disbursement This Period 420.00
G. Full Name, Mailing Address and ZIP Code (Same As Above)	Purpose of Disbursement Wages Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10-15-98 10-30-98 11-15-98	Amount of Each Disbursement This Period 1,004.91 1,004.91 1,004.91
H. Full Name, Mailing Address and ZIP Code Coshocton Tribune 550 Main Street Coshocton, OH 43921	Purpose of Disbursement Advertising Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10-28-98	Amount of Each Disbursement This Period 1,260.00
I. Full Name, Mailing Address and ZIP Code Culligan Water 444 National Rd. Wheeling, WV 26003	Purpose of Disbursement Water Cooler Rental Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 11-12-98	Amount of Each Disbursement This Period 22.56

SUBTOTAL of Disbursements This Page (optional)

6,467.35

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 4 OF 11
FOR LINE NUMBER 17

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 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 Ney For Congress

C00288324

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Dailey Jeffersonian Cambridge, OH	Advertising Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-28-98	683.90
B. Full Name, Mailing Address and ZIP Code Danny Wells 3268 Belmont St. - P.O. Box 658 Bellaire, OH 43906	Purpose of Disbursement Music Service On Election Night Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-03-98	225.00
C. Full Name, Mailing Address and ZIP Code Dennis Watson 74930 New Athens - Flushing Rd. New Athens, OH 43981	Purpose of Disbursement Wages Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-15-98 10-30-98 11-16-98	657.89 657.89 328.95
D. Full Name, Mailing Address and ZIP Code (Same As Above)	Purpose of Disbursement Reimb. For Campaign Expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-15-98 10-30-98	230.89 52.48
E. Full Name, Mailing Address and ZIP Code DeVendra's Citgo 37th & Belmont St. Bellaire, OH 43906	Purpose of Disbursement Vehicle Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-22-98	23.38
F. Full Name, Mailing Address and ZIP Code Enchanted Video 145 W. Main St. St. Clairsville, OH 43950	Purpose of Disbursement Copies Of Video Tapes Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-21-98	143.78
G. Full Name, Mailing Address and ZIP Code Free Press Standard 43 East Main Street Carrollton, OH 44615	Purpose of Disbursement Advertising Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-26-98	409.00
H. Full Name, Mailing Address and ZIP Code Gold Key Lease 300 Oxford Dr. Monroeville, PA 15146	Purpose of Disbursement Campaign Van Lease Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-19-98 11-16-98	549.58 549.58
I. Full Name, Mailing Address and ZIP Code Herald Star 401 Herald Square Staubenville, OH 43952	Purpose of Disbursement Advertising Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-28-98	1,150.04

SUBTOTAL of Disbursements This Page (optional)

5,662.36

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 5 OF 11
FOR LINE NUMBER 17

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 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 Ney For Congress

00288324

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Jeff Longstreth 3404 Karl Rd. Columbus, OH 43224	Reimb. For Campaign Expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-15-98	44.00
B. Full Name, Mailing Address and ZIP Code (Same As Above)	Wages Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-15-98	458.03
C. Full Name, Mailing Address and ZIP Code Joann Thoringate 25948 St. Rt. 313 Quaker City, OH 43773	Wages Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-15-98 10-30-98 11-15-98	642.27 642.27 642.27
D. Full Name, Mailing Address and ZIP Code Jonathan B. Poe 3884 Grand Ave. Shadyside, OH 43947	Wages Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-15-98 10-30-98 11-15-98	597.49 597.49 597.49
E. Full Name, Mailing Address and ZIP Code (Same As Above)	Reimb. For Gift & Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-12-98	24.91
F. Full Name, Mailing Address and ZIP Code Journal Leader 309 Main Street Caldwell, OH 43724	Advertising Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-12-98	500.00
G. Full Name, Mailing Address and ZIP Code Keith Jewell 216 Riverside Rd. Edgewater, MD 21037	Photography For Event Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-21-98	373.86
H. Full Name, Mailing Address and ZIP Code Lee & Associates 252 W. Main St. - P.O. Box 61 St. Claireville, OH 43950	Preparation Of FEC Pre-Election Report Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-21-98	685.00
I. Full Name, Mailing Address and ZIP Code Lucent Technologies P.O. Box 27-850 Kansas City, MO 64180	Phone Rental Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-16-98	90.63

SUBTOTAL of Disbursements This Page (optional)

5,895.71

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 6 OF 11
FOR LINE NUMBER 17

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 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 Ney For Congress** C00288324

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mar Anne 148 Main Street St. Clairsville, OH 43950	Office Rent & Utilities Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-03-98	1,047.16
B. Full Name, Mailing Address and ZIP Code MBNA P.O. Box 15469 Wilmington, DE 19850	Travel Exp. Advertising, Postage, & Plastic Bags Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-20-98	2,392.03
C. Full Name, Mailing Address and ZIP Code MBNA America P.O. Box 15019 Wilmington, DE 19886-5019	Gift Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-02-98	96.72
D. Full Name, Mailing Address and ZIP Code Megan Murphy 236 E. 18th Ave. Columbus, OH 43201	Wages Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-15-98	440.15
E. Full Name, Mailing Address and ZIP Code (Same As Above)	Reimb. For Campaign Expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-15-98	88.00
F. Full Name, Mailing Address and ZIP Code (Same As Above)	Reimb. For Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-21-98	64.00
G. Full Name, Mailing Address and ZIP Code Monroe Co. Beacon 103 East Court Woodsfield, OH 43793	Advertising Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-26-98	374.00
H. Full Name, Mailing Address and ZIP Code Morgan Co. Herald 89 West Main Street McComelleville, OH 43756	Advertising Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-26-98	535.50
I. Full Name, Mailing Address and ZIP Code Nancy Bockor 1212 N. Vermont St. Arlington, VA 22201	Consulting Fee, Postage Telephone Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-02-98	2,360.22

SUBTOTAL of Disbursements This Page (optional)	7,397.78
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 7 OF 11
FOR LINE NUMBER 17

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 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 Ney For Congress

C00288324

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Nationsbank Of Delaware P.O. Box 85580 Louisville, KY 40285	Circulation Papers, Air line Travel Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-22-98	131.87
B. Full Name, Mailing Address and ZIP Code New Vision Video 401 South Main St. Woodsfield, OH 43793	Purpose of Disbursement Advertising Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-02-98	200.00
C. Full Name, Mailing Address and ZIP Code News Register 1500 Main St. Wheeling, WV 26003	Purpose of Disbursement Advertising Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-28-98 10-30-98	1,700.00 198.56
D. Full Name, Mailing Address and ZIP Code NRCC 320 First St. S.E. Washington DC 20003	Purpose of Disbursement Production Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-30-98	50.23
E. Full Name, Mailing Address and ZIP Code Office Max 67800 Mall Rd. St. Clairsville, OH 43950	Purpose of Disbursement Office Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-19-98	257.48
F. Full Name, Mailing Address and ZIP Code Perry Co. Tribune 117 South Main Street New Lexington, OH 43764	Purpose of Disbursement Advertising Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-26-98	432.00
G. Full Name, Mailing Address and ZIP Code Pizza Outlet 165 W. Main St. St. Clairsville, OH 43950	Purpose of Disbursement Volunteer Lunches Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-16-98	323.72
H. Full Name, Mailing Address and ZIP Code Postmaster 2 Reservoir Rd. St. Clairsville, OH 43950	Purpose of Disbursement Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-15-98 10-16-98 10-20-98	330.14 320.00 960.00
I. Full Name, Mailing Address and ZIP Code (Same As Above)	Purpose of Disbursement Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-21-98 10-23-98 10-23-98	6.92 100.00 320.00

SUBTOTAL of Disbursements This Page (optional)

5,330.92

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 8 OF 11
FOR LINE NUMBER 17

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 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 Ney For Congress

C00288324

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Postmaster 2 Reservoir Rd. St. Clairsville, OH 43950	Postage	10-28-98	18.17
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	10-30-98	128.00
	<input type="checkbox"/> Other (specify)	10-30-98	192.00
B. Full Name, Mailing Address and ZIP Code (Same As Above)	Postage	11-16-98	18.47
C. Full Name, Mailing Address and ZIP Code Public Opinion Strategies 1033 N. Fairfax St. Suite 120 Alexandria, VA 22314	Survey	10-28-98	2,900.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
D. Full Name, Mailing Address and ZIP Code Rent-A-Center National Rd. Bridgeport, OH 43912	Rental Fee Of TV	11-03-98	217.99
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
E. Full Name, Mailing Address and ZIP Code Schlepp's Catering 66645 Belmont Morristown Rd. Morristown, OH 43759	Catering For Election Night	11-12-98	430.38
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
F. Full Name, Mailing Address and ZIP Code Slavik's Studio 257 E. Main St. St. Clairsville, OH 43950	Fund Raiser	11-12-98	447.41
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
G. Full Name, Mailing Address and ZIP Code St. Clair Mini Storage 47333 National Rd. W. St. Clairsville, OH 43950	Storage	10-28-98	172.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code St. C. Municipal Utilities Municipal Bldg. St. Clairsville, OH 43950	Office Utilities	11-12-98	118.10
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	11-16-98	62.34
	<input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code Stein-Palmer P.O. Box 86 Martins Ferry, OH 43935	Envelopes, Flyers, Letterhead, Business Cards, Notepads	10-20-98	902.06
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	10-27-98	179.45
	<input type="checkbox"/> Other (specify)	11-03-98	727.54

SUBTOTAL of Disbursements This Page (optional)

6,513.91

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 9 OF 11
FOR LINE NUMBER 17

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 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 Ney For Congress

C00288324

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Targeted Creative Comm. 1000 Duke St. Alexandria, VA 22314	Mailer, Artwork, Postage & Production Disbursements for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-30-98	21,378.05
B. Full Name, Mailing Address and ZIP Code TCI Cable P.O. Box 173885 Denver, CO 80217	Purpose of Disbursement Monthly Cable Fee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-19-98	33.94
C. Full Name, Mailing Address and ZIP Code The Times Leader 200 S. 4th St. Martins Ferry, OH 43935	Purpose of Disbursement Advertising Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-28-98 11-12-98	1,217.70 135.90
D. Full Name, Mailing Address and ZIP Code Times Reporter 629 Wabash Ave. NW New Philadelphia, OH 44663	Purpose of Disbursement Advertising Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-28-98	2,220.00
E. Full Name, Mailing Address and ZIP Code Undo's 753 Main St. Berwood, WV 26031	Purpose of Disbursement Election Night Expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-04-98	3,652.60
F. Full Name, Mailing Address and ZIP Code United Parcel Service P.O. Box 505820 The Lakes, NY 88905-5820	Purpose of Disbursement Shipping Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-16-98 10-29-98 11-12-98	12.00 84.00 48.00
G. Full Name, Mailing Address and ZIP Code (Same As Above)	Purpose of Disbursement Shipping Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-16-98	32.00
H. Full Name, Mailing Address and ZIP Code WalMart 50730 Valley Plaza Dr. St. Clairsville, OH 43950	Purpose of Disbursement Phones Disbursements for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-21-98	59.42
I. Full Name, Mailing Address and ZIP Code Windwalker Frames 264 E. Main St. St. Clairsville, OH 43950	Purpose of Disbursement Frames Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-28-98	104.32

SUBTOTAL of Disbursements This Page (optional)

28,977.93

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 10 OF 11
FOR LINE NUMBER 17

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 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 Ney For Congress

000288324

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
WTDV-9 69 Altamont Heights Steubenville, OH 43952	Media Advertising Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-16-98 10-23-98 10-30-98	9,000.00 22,950.00 3,361.75
B. Full Name, Mailing Address and ZIP Code WIRE 96 16th Street Wheeling, WV 26003	Media Advertising Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-30-98 10-30-98	1,195.00 95.00
C. Full Name, Mailing Address and ZIP Code Bob Ney For Congress P.O. Box 490 St. Clairsville, OH 43950	Unitemized Disbursements Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		1,795.16
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)

38,396.91

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

List separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
	11	11
FOR LINE NUMBER		
17		

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 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 Ney For Congress 000288324

A. Full Name, Mailing Address and ZIP Code Robert C. Dix P.O. Box 250 Hebron, OH 43025	Purpose of Disbursement Food For Army Event Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10-26-98	Amount of Each Disbursement This Period 559.50 (In-Kind)
B. Full Name, Mailing Address and ZIP Code Dick Arney P.O. Box 1288 Lewisville, TX 75067	Purpose of Disbursement Travel Expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10-26-98	Amount of Each Disbursement This Period 750.50 (In-Kind)
C. Full Name, Mailing Address and ZIP Code Ed Slavik 257 E. Main St. St. Clairsville, OH 43950	Purpose of Disbursement Photo's Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 11-06-98	Amount of Each Disbursement This Period 100.00 (In-Kind)
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)	1,410.00
TOTAL This Period (last page this line number only)	204,720.30

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 21

Other Disbursements

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 Ney For Congress

C00288324

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Ben Batenburg For Commissioner 1560 Co. Rd. 19 Mingo Jct, OH 43938	Donation Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-30-98	400.00
Citizens For David Evans 625 Country Club Dr. Newark, OH 43055	Donation Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-28-98	1,000.00
Citizens For Hottinger 49 E. Church St. Newark, OH 43055	Donation Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-28-98	1,000.00
Fregiato For Judge P.O. Box 43 St. Clairsville, OH 43950	Donation Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-15-98	500.00
Licking Co. Republican Party 286 Hudson Ave. Newark, OH 43055	Donation Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-28-98 10-29-98	1,000.00 1,000.00
Nielsen For Congress 45 Freight St. Waterbury, CT 06702	Donation Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-21-98	1,000.00
Republican Senate Congressional Comm. State House Columbus, OH 43215	Donation Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-29-98	3,000.00
Tom Moore for County Commissioner PO Box 188 Bridgeport, OH 43912	Office Rent/Telephone Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-01-98	52.00 MEMO (In-Kind)
Mike Carey For State Rep. PO Box 64 Bellaire, OH 43906	Expenses for Fund-raising Event Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-20-98	337.17 Memo (In-Kind)

SUBTOTAL of Disbursements This Page (optional)

MEMO 389.17
8,900.00

TOTAL This Period (last page this line number only)

8,900.00

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

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

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 12/3/98
<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	
AA PREPARER	12/6/98 DATE PREPARED