

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

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

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 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	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
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	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
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	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
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	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
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	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
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	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
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) .....