

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) CITIZENS TO ELECT PAUL ALBERTY		2. FEC IDENTIFICATION NUMBER 00330191
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported. 31 Poling Manor		3. IS THIS REPORT AN AMENDMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
CITY, STATE and ZIP CODE Poland, OH 44514	STATE/DISTRICT OH 17th	

4. TYPE OF REPORT

<input type="checkbox"/> April 15 Quarterly Report	<input type="checkbox"/> 12-Day Pre-Election Report for the _____ (Type of Election) election on _____ in the State of _____
<input type="checkbox"/> July 15 Quarterly Report	<input type="checkbox"/> 30-Day Post-Election Report following the General Election on _____ in the State of _____
<input checked="" type="checkbox"/> October 15 Quarterly Report	<input type="checkbox"/> Termination Report
<input type="checkbox"/> January 31 Year End Report	
<input type="checkbox"/> July 31 Mid-Year Report (Non-election Year Only)	

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

SUMMARY

5. Covering Period _____ through _____	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	2900.00	16,612.59
(b) Total Contribution Refunds (from Line 20(d))		
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))		
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	4518.29	12,941.25
(b) Total Offsets to Operating Expenditures (from Line 14)		
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	4510.29	12,741.25
8. Cash on Hand at Close of Reporting Period (from Line 27)	3395.60	
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 800-424-9530
Local 202-219-8420

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 MARIA ALBERTY	Date 10-19-98
Signature of Treasurer <i>Maria S. Alberty</i>	

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

DETAILED SUMMARY PAGE

of Receipts and Disbursements

(Page 2, FEC FORM 3)

Name of Committee (In full)	Report Covering the Period:	
Citizens to Elect to Paul H. Albert (Congress)	From 10-1-98	To 10-16-98
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 (see Schedule A) -----	2500.00	
(ii) Unitemized -----	\$	
(iii) Total of contributions from individuals -----	2500.00	14,495.00
(b) Political Party Committees -----	200.00	200.00
(c) Other Political Committees (such as PACs) -----	200.00	200.00
(d) The Candidate -----	\$	1,687.29
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d)) -----	2900.00	16,612.29
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES -----		
13. LOANS:		
(a) Made or Guaranteed by the Candidate -----		
(b) All Other Loans -----		
(c) TOTAL LOANS (add 13(a) and (b)) -----		
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) -----		
15. OTHER RECEIPTS (Dividends, Interest, etc.) -----		
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15) -----		
II. DISBURSEMENTS		
17. OPERATING EXPENDITURES -----		
4510.29 12,941.25		
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 -----		200.00
(b) Political Party Committees -----		
(c) Other Political Committees (such as PACs) -----		
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c)) -----		
21. OTHER DISBURSEMENTS -----		
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21) -----		
4510.29 12,741.25		

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD -----	\$ 5005.89	23
24. TOTAL RECEIPTS THIS PERIOD (from Line 16) -----	\$ 2900.00	24
25. SUBTOTAL (add Line 23 and Line 24) -----	\$ 7905.89	25
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22) -----	\$ 4510.29	26
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25) -----	\$ 3,395.60	27

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 5
FOR LINE NUMBER

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)
Committee to Elect Paul Albany to Congress

A. Full Name, Mailing Address and ZIP Code <i>Jack Hagonakis 6465 Woodward Dr Boardman OH 44512</i>	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	<i>N/A</i>	<i>10-2-98</i>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	<i>50.00</i>

B. Full Name, Mailing Address and ZIP Code <i>David Berham 477 Harbor Pt Boardman OH 44512</i>	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	<i>N/A</i>	<i>10-2-98</i>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	<i>65.00</i>

C. Full Name, Mailing Address and ZIP Code <i>George Kalich 14150 Green Beaver Rd. Salem OH 44460</i>	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	<i>Mack Trucks</i>	<i>10-2-98</i>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <i>Business Man</i>	Aggregate Year-to-Date > \$	<i>100.00</i>

D. Full Name, Mailing Address and ZIP Code <i>Margann Bryan 150 Glenview Av Canfield OH 44406</i>	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	<i>N/A</i>	<i>10-2-98</i>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	<i>40.00</i>
		<i>80.00</i>	

E. Full Name, Mailing Address and ZIP Code <i>Charles Grant 4218 Stratford Boardman OH 44512</i>	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	<i>Grant Candies</i>	<i>10-2-98</i>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <i>Business man</i>	Aggregate Year-to-Date > \$	<i>40.00</i>

F. Full Name, Mailing Address and ZIP Code <i>Ed Crepage 4831 Westchester Dr #3 Youngstown OH 44515</i>	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
		<i>10-2-98</i>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	<i>25.00</i>

G. Full Name, Mailing Address and ZIP Code <i>Nick Carson 1211 Gibson Youngstown OH 44502</i>	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
		<i>10-2-98</i>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <i>Business man</i>	Aggregate Year-to-Date > \$	<i>200.00</i>

SUBTOTAL of Receipts This Page (optional) *520.00*

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 5
FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)
Citizens To Elect Paul H. Alberty To Congress

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
George Lambert 8008 Spartan Dr Boardman OH 44572			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Attorney	10-2-98	100.00
	Aggregate Year-to-Date > \$		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Charles Cushman 82 Poland Manor Poland OH 44574	Commercial Intertech Inc		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Owner	10-2-98	200.00
	Aggregate Year-to-Date > \$		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Erwin 6477 Columbian Rd. New Middletown OH 44132			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	10-2-98	50.00
	Aggregate Year-to-Date > \$		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Tom & Rose Campbell 5354 Bay Hill Dr. Carfield OH 44406			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	10-2-98	50.00
	Aggregate Year-to-Date > \$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Loran & Joyce Brooks 6104 Gibson Rd. Carfield OH 44406			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	10-2-98	50.00
	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
Bess Scott 4603 Warwick South Carfield OH 44406			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	10-6-98	20.00
	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
Bess Stans 3601 Barber Dr. Carfield OH			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	10-6-98	25.00
	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional) 495.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 5 FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)
Citizens to Elect Paul H. Alberty to Congress

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Wed Powers 413 S. Main St. Poland OH 44514	N/A	10-6-98	100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Attorney	Aggregate Year-to-Date > \$	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Audrey & Chris Chengelis 6210 Catawba Confield OH 44406	N/A	8-6-98	50.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date > \$	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Nelan Phillips 40 Judges Unit 1-B Poland OH 44514	N/A	10-6-98	40.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kathleen Stratakis 6757 Bristlewood Boardman	N/A	10-6-98	50.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Cathy Tom Rigos 7496 Huntington Dr. #3 Boardman OH 44512	N/A	10-6-98	25.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date > \$ 50.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Atanasios Resanias 4205 Oak Knoll Boardman OH 44512		10-6-98	100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Physician	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
Costas Sarantopoulos 170 Newport Dr. Boardman OH 44512		10-6-98	200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Physician	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)	565.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 4 OF 15
FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

Citizens to Elect Paul H. Alberty to Congress

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
D.J. Dallis, M.D. 1345 Virginia Trail Youngstown OH 44505 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Physician Aggregate Year-to-Date > \$	10-6-98	45.00
B. Full Name, Mailing Address and ZIP Code Women's Republic Org. OH 4507 631 Boardman-Carfield Rd Boardman OH 44572 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation: Pol. Organ. Aggregate Year-to-Date > \$	10-7-98	50.00
C. Full Name, Mailing Address and ZIP Code Steven Bolton 56 Poland Manor Poland OH 44514 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation: Attorney Aggregate Year-to-Date > \$	10-7-98	100.00
D. Full Name, Mailing Address and ZIP Code Mahoning Valley Eagles Club P.O. Box 27 29 Youngstown OH 44507 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation: Pol. Organ. Aggregate Year-to-Date > \$	10-13-98	150.00
E. Full Name, Mailing Address and ZIP Code Randy Walter 6311 Mt. Andrews Dr. Canfield OH 44406 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation: Business man Aggregate Year-to-Date > \$	10-13-98	500.00
F. Full Name, Mailing Address and ZIP Code Delores Henderson 1113 Blannont St Youngstown OH 44510 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	10-13-98	25.00
G. Full Name, Mailing Address and ZIP Code Marie Manolukas 4016 Lockwood Blvd Youngstown OH 44511 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	10-13-98	25.00

SUBTOTAL of Receipts This Page (optional)

895.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 515 OF FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

Citizens to Elect Paul H. Albert to Congress

A. Full Name, Mailing Address and ZIP Code David & Ann Ciness 3144 Denver Dr. Poland OH 45154	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 10-13-98	Amount of Each Receipt this Period 50.00
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General B. Full Name, Mailing Address and ZIP Code Cleo Lambert 351 Montrose Dr Canfield OH 44406 Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Name of Employer Occupation Aggregate Year-to-Date > \$ 150.00	Date (month, day, year) 10-13-98	Amount of Each Receipt this Period 100.00
C. Full Name, Mailing Address and ZIP Code Randy Youngkin 413 Alameda Youngstown OH 44504 Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 10-13-98	Amount of Each Receipt this Period 250.00
D. Full Name, Mailing Address and ZIP Code John Davis P.O. Box 236 Newton Falls OH 44444 Receipt For: <input type="checkbox"/> Other (specify): Error in entering file <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 9-17-98	Amount of Each Receipt this Period 25.00
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input type="checkbox"/> General	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input type="checkbox"/> General	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input type="checkbox"/> General	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

425.00

TOTAL This Period (last page this line number only)

2900.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)			
Citizens To Elect Paul H. Alberty to Congress			
A. Full Name, Mailing Address and ZIP Code Easterdays Printing 86 Boardman - Poland Rd BOARDMAN, OH 44512	Purpose of Disbursement Advertising Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10-1-98	Amount of Each Disbursement This Period 23.16
B. Full Name, Mailing Address and ZIP Code John Stillman 857 Edwidge Boardman OH 44512	Purpose of Disbursement Consulting Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10-1-98	Amount of Each Disbursement This Period 1009.75
C. Full Name, Mailing Address and ZIP Code Office Depot Boardman - Poland Rd Boardman OH 44512	Purpose of Disbursement Advert. fliers Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10-2-98	Amount of Each Disbursement This Period 11.59
D. Full Name, Mailing Address and ZIP Code Kinko's 48 Boardman - Poland Rd Boardman OH 44512	Purpose of Disbursement Advert. fliers Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10-2-98	Amount of Each Disbursement This Period 45.83
E. Full Name, Mailing Address and ZIP Code Russo's Sign Shop 7536 Market St Boardman OH 44512	Purpose of Disbursement Pol. Signs Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10-2-98	Amount of Each Disbursement This Period 2,165.63
F. Full Name, Mailing Address and ZIP Code Poland Print Shop 3040 Center Dr Poland OH 44514	Purpose of Disbursement adv. Fliers Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 11-2-98	Amount of Each Disbursement This Period 36.93
G. Full Name, Mailing Address and ZIP Code Kinko's same above	Purpose of Disbursement Invitations Fund Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10-7-98	Amount of Each Disbursement This Period 64.36
H. Full Name, Mailing Address and ZIP Code Adele Yonssens	Purpose of Disbursement Invitation Design Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10-7-98	Amount of Each Disbursement This Period 30.00
I. Full Name, Mailing Address and ZIP Code Jewish Journal 505 Gypsy Ln. Youngstown OH 44504	Purpose of Disbursement Newspaper Ad Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10-8-98	Amount of Each Disbursement This Period 52.00
SUBTOTAL of Disbursements This Page (optional)			3439.25
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 2
FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

Citizens to Elect Paul H. Alberts to Congress

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Island Print Shop Same above	Fliers - Advert. Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-13-98	65.41
Louie Free 13 23 Youngstown-Warren Youngstown OH	Radio Ads Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-13-98	108.00
WKBN-TV 7430 Sunset Youngstown OH	TV ad production Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-13-98	985.63
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)

1071.04

TOTAL This Period (last page this line number only)

4510.29

LOANS

Name of Committee (in Full) CITIZENS TO ELECT PAUL ALBERTY TO CABES									
A. Full Name, Mailing Address and ZIP Code of Loan Source		Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period					
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Term: Date Incurred _____ Date Due _____ Interest Rate _____ % (apr)		<input type="checkbox"/> Secured					
List All Endorsers or Guarantors (if any) to Item A		[Hatched Area]							
1. Full Name, Mailing Address and ZIP Code	Name of Employer				Occupation	Amount Guaranteed Outstanding: \$			
2. Full Name, Mailing Address and ZIP Code	Name of Employer				Occupation	Amount Guaranteed Outstanding: \$			
3. Full Name, Mailing Address and ZIP Code	Name of Employer				Occupation	Amount Guaranteed Outstanding: \$			
B. Full Name, Mailing Address and ZIP Code of Loan Source					Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period		
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):					Term: Date Incurred _____ Date Due _____ Interest Rate _____ % (apr)		<input type="checkbox"/> Secured		
List All Endorsers or Guarantors (if any) to Item B					[Hatched Area]				
1. Full Name, Mailing Address and ZIP Code	Name of Employer							Occupation	Amount Guaranteed Outstanding: \$
2. Full Name, Mailing Address and ZIP Code	Name of Employer							Occupation	Amount Guaranteed Outstanding: \$
3. Full Name, Mailing Address and ZIP Code	Name of Employer							Occupation	Amount Guaranteed Outstanding: \$
SUBTOTALS This Period This Page (optional)									
TOTALS This Period (last page in this line only)									
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.									

LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

NAME OF COMMITTEE (IN FULL) <i>CITIZENS TO ELECT PAUL ALBERTY FOR SENATOR</i>		FEC IDENTIFICATION NUMBER	
FULL NAME, MAILING ADDRESS AND ZIP CODE OF LENDING INSTITUTION (LENDER)		AMOUNT OF LOAN <i>0</i>	INTEREST RATE (APR)
		DATE INCURRED OR ESTABLISHED <i>0</i>	DATE DUE

A. Has loan been restructured? No Yes If yes, date originally incurred: _____

B. If line of credit, amount of this draw: _____; total outstanding balance: _____

C. Are other parties secondarily liable for the debt incurred?
 No Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?
 No Yes If yes, specify: _____

What is the value of this collateral? _____

Does the lender have a perfected security interest in it? No Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan?

No Yes If yes, specify: _____ What is the estimated value? _____

A depository account must be established pursuant to 11 CFR 100.7(b)(11)(i)(B) and 100.8(b)(12)(i)(B). Date account established: _____ Location of account: _____

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.

G. COMMITTEE TREASURER		DATE
TYPED NAME	SIGNATURE	

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:

- I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.
- II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.
- III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.7(b)(11) and 100.8(b)(12) in making this loan.

AUTHORIZED REPRESENTATIVE		TITLE	DATE
TYPED NAME	SIGNATURE		

SCHEDULE D
(Revised 9/80)

DEBTS AND OBLIGATIONS
Excluding Loans

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

Name of Committee (In Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
CITIZENS TO ELECT PAUL HENREY	0	0	0	0
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor	0	0	0	0
Nature of Debt (Purpose):				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor	0	0	0	0
Nature of Debt (Purpose):				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor	0	0	0	0
Nature of Debt (Purpose):				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor	0	0	0	0
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor	0	0	0	0
Nature of Debt (Purpose):				
1) SUBTOTALS This Period This Page (optional)				0
2) TOTALS This Period (last page in this line only)				0
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				0
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				0

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 checked="" type="checkbox"/> First Class Mail	POSTMARKED <i>10-19-51</i>
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked _____ and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>Jm</i> PREPARER	<i>10-25-51</i> DATE PREPARED