

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

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FEDERAL ELECTION
COMMISSION MAIL ROOM

AUG 4 11 43 AM '97

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) Bob Ney For Congress		2. FEC IDENTIFICATION NUMBER 000288324
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported. P.O. Box 490		
CITY, STATE and ZIP CODE St. Clairsville, OH 43950	STATE/DISTRICT	
3. IS THIS REPORT AN AMENDMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		

4. TYPE OF REPORT

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

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

SUMMARY

5. Covering Period <u>1/01/97</u> through <u>6/30/97</u>	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))	86,971.43	86,971.43
(b) Total Contribution Refunds (from Line 20(d))	.00	.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	86,971.43	86,971.43
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	41,964.47	41,964.47
(b) Total Offsets to Operating Expenditures (from Line 14)	1,930.38	1,930.38
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	40,034.09	40,034.09
8. Cash on Hand at Close of Reporting Period (from Line 27)	56,770.36	
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
900 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
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 Cynthia Fregiato	
Signature of Treasurer <i>Cynthia L. Fregiato, Treas.</i>	Date 7/28/97

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

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FEC FORM 3
(revised 4/87)

DETAILED SUMMARY PAGE

of Receipts and Disbursements

(Page 2, FEC FORM 3)

Name of Committee (in full) Bob Ney For Congress		Report Covering the Period:	
C00288324		From: 1/01/97	To: 6/30/97
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)	30,865.00		11(a)(i)
(ii) Unitemized	9,769.00		11(a)(ii)
(iii) Total of contributions from individuals	40,634.00	40,634.00	11(a)(iii)
(b) Political Party Committees			
(c) Other Political Committees (such as PACs)			
(d) The Candidate			
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(i), (b), (c) and (d))		86,971.43	86,971.43
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.)			
		1,930.38	1,930.38
15. OTHER RECEIPTS (Dividends, Interest, etc.)			
		84.58	84.58
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		88,986.39	88,986.39
II. DISBURSEMENTS			
17. OPERATING EXPENDITURES		41,964.47	41,964.47
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES			
19. LOAN REPAYMENTS:			
(a) Of Loans Made or Guaranteed by the Candidate			
(b) Of All Other Loans			
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))			
20. REFUNDS OF CONTRIBUTIONS TO:			
(a) Individuals/Persons Other Than Political Committees			
(b) Political Party Committees			
(c) Other Political Committees (such as PACs)			
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))			
21. OTHER DISBURSEMENTS		1,967.25	1,967.25
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)		43,931.72	43,931.72

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	\$	11,715.69	23
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)	\$	88,986.39	24
25. SUBTOTAL (add Line 23 and Line 24)	\$	100,702.08	25
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	\$	43,931.72	26
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)	\$	56,770.36	27

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 9
FOR LINE NUMBER 11 (a)(i)

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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
Susan M. McPeak 205 Atwood Terrace Coshocton, OH 43812	Self	1/30/97	265.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chiropractor	Aggregate Year-to-Date > \$ 265.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Donald C. Alexander 1333 New Hampshire Ave. N.W. #400 Washington DC 20036	Akin, Gump, Strauss, Hauer & Feld, LLP	2/07/97	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	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
Edward J. Hussey P.O. Box 35 Goshen, IN 46526	Liberty Homes, Inc.	2/12/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	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
Martin G. Hamberger 1455 Penn Ave. N.W. Ste. 225 Washington DC 20004	Self	2/12/97	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	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
Kathleen Leonard 560 N. St. S.W. Apt. 814N Washington DC 20024	Hopkins and Sulten	3/01/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Legislative Agent	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
John Mason 8635 Township Road 308 P.O. Box 406 Millersburg, OH 44654-9655	Self	4/15/97	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Oil & Gas	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
Charles K. DeMatte 48351 Summit Dr. Southgate St. Clairsville, OH 43950	Self	4/16/97 6/27/97	500.00 250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Dentist	Aggregate Year-to-Date > \$ 750.00	

SUBTOTAL of Receipts This Page (optional)

3,515.00

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)
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Detailed Summary Page

PAGE 2 OF 19
FOR LINE NUMBER
11(a)(i)

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NAME OF COMMITTEE (in Full)

Bob Ney For Congress

000288324

A. Full Name, Mailing Address and ZIP Code J. Gilbert Reese P.O. Box 475 Granville, OH 43023 Receipt For: <input checked="" 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
	Self	4/18/97	
	Occupation		
	Attorney		
Aggregate Year-to-Date > \$		250.00	
B. Full Name, Mailing Address and ZIP Code Susan M. McPeak 2005 Atwood Terrace Coshocton, OH 43812 Receipt For: <input checked="" 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
	Self	4/18/97	
	Occupation		
	Chiropractor		
Aggregate Year-to-Date > \$		365.00	
C. Full Name, Mailing Address and ZIP Code Robert J. D'Anniballe, Sr. 209 Braybarton Blvd. Steubenville, OH 43952 Receipt For: <input checked="" 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
	Jefferson Security, Inc.	4/21/97	
	Occupation	6/22/97	500.00
	Pres.		
Aggregate Year-to-Date > \$		750.00	
D. Full Name, Mailing Address and ZIP Code James Valuska 2990 Johnson Road Steubenville, OH 43952 Receipt For: <input checked="" 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
	Tri-State Ortho	5/01/97	
	Occupation		
	Physician		
Aggregate Year-to-Date > \$		250.00	
E. Full Name, Mailing Address and ZIP Code John W. Straker, Jr. 81 Joy Lane Granville, OH 43023 Receipt For: <input checked="" 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
	Oxford Oil Co.	5/07/97	
	Occupation		1,000.00
	Engineer		
Aggregate Year-to-Date > \$		1,000.00	
F. Full Name, Mailing Address and ZIP Code John G. Matesich, III 1190 E. Main St. Newark, OH 43055-8400 Receipt For: <input checked="" 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
	Matesich Distrib. Co.	5/19/97	
	Occupation		500.00
	Sales		
Aggregate Year-to-Date > \$		500.00	
G. Full Name, Mailing Address and ZIP Code James S. Aslanides 46275 U.S. 36 Coshocton, OH 43812 Receipt For: <input checked="" 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
	MFC Drilling, Inc.	5/27/97	
	Occupation		1,000.00
Aggregate Year-to-Date > \$		1,000.00	

SUBTOTAL of Receipts This Page (optional)

3,850.00

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)
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 Detailed Summary Page

PAGE OF
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 FOR LINE NUMBER
 11(a)(i)

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NAME OF COMMITTEE (In Full)

Bob Ney For Congress

000288324

<p>A. Full Name, Mailing Address and ZIP Code Wayne Boich 1515 E. Broad St. Columbus, OH 43215</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer The Boich Group</p> <p>Occupation Self</p> <p>Aggregate Year-to-Date > \$ 1,000.00</p>	<p>Date (month, day, year) 6/11/97</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Karen Sovell 1211 Park Plaza Dr. Columbus, OH 43213</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Jefferson County</p> <p>Occupation Teacher</p> <p>Aggregate Year-to-Date > \$ 1,000.00</p>	<p>Date (month, day, year) 6/11/97</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Max Sovell c/o Boich Company 155 E. Broad St. Columbus, OH 43215</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Self</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 1,000.00</p>	<p>Date (month, day, year) 6/11/97</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Michael M. Boich 5505 Aryshire Dr. Dublin, OH 43017</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Self-Boich Co.</p> <p>Occupation CEO</p> <p>Aggregate Year-to-Date > \$ 1,000.00</p>	<p>Date (month, day, year) 6/11/97</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Engeline Boich 19500 Turnberry Way Apt. DE Aventura, FL 33180</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation Homemaker</p> <p>Aggregate Year-to-Date > \$ 1,000.00</p>	<p>Date (month, day, year) 6/11/97</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>F. Full Name, Mailing Address and ZIP Code Robert W. Boich 4435 Bellaire Ave. Dublin, OH 43017</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Self</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date > \$ 1,000.00</p>	<p>Date (month, day, year) 6/11/97</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>G. Full Name, Mailing Address and ZIP Code Doris C. Boich 8301 El Maro Circle Paradise Valley, AZ 85253</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation Housewife</p> <p>Aggregate Year-to-Date > \$ 1,000.00</p>	<p>Date (month, day, year) 6/11/97</p>	<p>Amount of Each Receipt this Period 1,000.00</p>

SUBTOTAL of Receipts This Page (optional)

7,000.00

TOTAL This Period (last page this line number only)

SCHEDULE A ITEMIZED RECEIPTS
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Other Than Political Committees

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NAME OF COMMITTEE (In Full)

Bob Ney For Congress

C00288324

A. Full Name, Mailing Address and ZIP Code George Nicolozakes 62737 Georgetown Road Cambridge, OH 43725 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: Marietta Coal Co.	Date (month, day, year) 6/22/97	Amount of Each Receipt this Period 250.00
	Occupation: President Aggregate Year-to-Date > \$ 350.00		
B. Full Name, Mailing Address and ZIP Code David Mike Jamison 134 Reservoir Lane Cadiz, OH 43907 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: R & F Coal	Date (month, day, year) 6/22/97	Amount of Each Receipt this Period 250.00
	Occupation: President Aggregate Year-to-Date > \$ 250.00		
C. Full Name, Mailing Address and ZIP Code Michael T. Puskarich 130 Indian Trail Cadiz, OH 43907-9514 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: Cravat Coal Co.	Date (month, day, year) 6/22/97	Amount of Each Receipt this Period 250.00
	Occupation: Management Aggregate Year-to-Date > \$ 250.00		
D. Full Name, Mailing Address and ZIP Code James P. Graham Box 669 National City Bank Bldg. 3rd Fl. Zanesville, OH 43702 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: Graham, McClelland, McCann	Date (month, day, year) 6/22/97	Amount of Each Receipt this Period 500.00
	Occupation: Attorney Aggregate Year-to-Date > \$ 500.00		
E. Full Name, Mailing Address and ZIP Code Annette Parnell 1401 N. 13th St. Cambridge, OH 43725 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: Parnell & Assoc.	Date (month, day, year) 6/22/97	Amount of Each Receipt this Period 250.00
	Occupation: Construction Aggregate Year-to-Date > \$ 350.00		
F. Full Name, Mailing Address and ZIP Code David Wiley 37969 C.R. 82 Copperdale, OH 43844 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: Self	Date (month, day, year) 6/22/97	Amount of Each Receipt this Period 250.00
	Occupation: Wiley Organics Aggregate Year-to-Date > \$ 250.00		
G. Full Name, Mailing Address and ZIP Code Donald Orbovich P.O. Box 193 Brilliant, OH 43913 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: Self	Date (month, day, year) 6/22/97	Amount of Each Receipt this Period 500.00
	Occupation: Nat'l. Lubricating Prod. Aggregate Year-to-Date > \$ 500.00		

SUBTOTAL of Receipts This Page (optional)

2,250.00

TOTAL This Period (last page this line number only)

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

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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
James E. Chapman P.O. Box 2247 Steubenville, OH 43952	Self	6/24/97	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Accountant	Aggregate Year-to-Date > \$ 250.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Philip Rich 6501 Mathers Road Cambridge, OH 43725-9471	Merica Corp.	6/24/97	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive	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
Michael R. Thomas Thomas, Fregiato, Myser & Hanson 320 Howard St. Bridgeport, OH 43912	Thomas, Fregiato, Myser & Hanson	6/24/97	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	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
Mark K. Teramano 151 Shamont P. O. Box 2009 Steubenville, OH 43952	Self	6/27/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Car Dealer	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
Paul Yochum 106 Overlook Court St. Clairsville, OH 43950-1014	St. Clair Cleaners	6/27/97	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Dry Cleaning	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
James H. Cameron 3636 Adamsville Road Zanesville, OH 43701	Self	6/27/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Oil & Gas Producers	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
Richard Bushsieb 610 N. 7th St. Cambridge, OH 43725-1420	State Farm Insurance	6/27/97	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Agent	Aggregate Year-to-Date > \$ 250.00	

SUBTOTAL of Receipts This Page (optional)	2,250.00
TOTAL This Period (last page this line number only)	

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

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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
Brenda F. Kimble 3509 S.R. 39 NW Dover, OH 44622	Kimble Clay & Limestone	6/27/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Bookkeeper	Aggregate Year-to-Date > \$ 500.00	
Walter Dye 207 Green Woodsfield, OH 43793	Retired	6/27/97	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 250.00	
Charles E. Gowgill RT. #1 Sarahsville, OH 43779		6/27/97	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Commissioner	Aggregate Year-to-Date > \$ 250.00	
Becky J. Dutcher 216 S. Marietta St. St. Clairsville, OH 43950		6/27/97	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Homemaker	Aggregate Year-to-Date > \$ 250.00	
Rita G. Dutton 72865 Union-Town Flushing Road P.O. Box 152 Bannock, OH 43972	Ohio River Colliers	6/27/97	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive	Aggregate Year-to-Date > \$ 250.00	
David W. Burns 309 Main St. Coshocton, OH 43812-3035	Self	6/27/97	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 250.00	
Paul E. Bryant P.O. Box 908 Coshocton, OH 43812-3035	Bryco	6/27/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Construction	Aggregate Year-to-Date > \$ 500.00	

SUBTOTAL of Receipts This Page (optional)	2,250.00
TOTAL This Period (last page this line number only)	

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

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

NAME OF COMMITTEE (in Full)
 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
Bill Fischer P.O. Box 63 St. Clairsville, OH 43950	Fischer Motel	6/27/97	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner		
	Aggregate Year-to-Date > \$ 250.00		
B. Full Name, Mailing Address and ZIP Code Tamala Longaberger Kaido 1760 Aspen Dr. Zanesville, OH 43701	Longaberger Co.	6/27/97	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President		
	Aggregate Year-to-Date > \$ 250.00		
C. Full Name, Mailing Address and ZIP Code Vince Ciroti P.O. Box 249 St. Clairsville, OH 43950	Belmont National Bank	6/27/97	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President		
	Aggregate Year-to-Date > \$ 250.00		
D. Full Name, Mailing Address and ZIP Code John J. Carrigg R.R. #2 Snug Harbor Wintersville, OH 43952-9802	Franciscan School Steubenville	6/27/97	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Teacher		
	Aggregate Year-to-Date > \$ 350.00		
E. Full Name, Mailing Address and ZIP Code Daniel Summers 801 Woodlawn Road Steubenville, OH 43952	Madison Realty Group, Inc.	6/27/97	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Builds Shopping Centers		
	Aggregate Year-to-Date > \$ 1,000.00		
F. Full Name, Mailing Address and ZIP Code Edmund S. Bell 1640 Marion Dr. Coshocton, OH 43812		6/27/97	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired		
	Aggregate Year-to-Date > \$ 250.00		
G. Full Name, Mailing Address and ZIP Code Roger Isla, M.D. 4317 Sunset Blvd. Steubenville, OH 43952	Self	6/27/97	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physician		
	Aggregate Year-to-Date > \$ 250.00		

SUBTOTAL of Receipts This Page (optional)	2,500.00
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 8 OF 9

FOR LINE NUMBER 11(a)(4)

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NAME OF COMMITTEE (in Full)

Bob Ney For Congress

C00286324

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Robert M. Chapman 123 Aberdeen Road Steubenville, OH 43952	KMC Beverage Marketing Corp.	6/28/97	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Sr. Vice President	Aggregate Year-to-Date > \$ 350.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

SCHEDULE A ITEMIZED RECEIPTS

**Contributions From Individuals/Persons
Other Than Political Committees**

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NAME OF COMMITTEE (In Full) **Bob Ney For Congress** 000288324

<p>A. Full Name, Mailing Address and ZIP Code Wayne Boich 155 E. Broad St. Columbus, OH 43215</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer The Boich Group</p> <p>Occupation Self</p> <p>Aggregate Year-to-Date > \$ 2,000.00</p>	<p>Date (month, day, year) 6/11/97</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Max Sovell c/o Boich Company 155 E. Broad St. Columbus, OH 43215</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Self</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 2,000.00</p>	<p>Date (month, day, year) 6/11/97</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Karen Sovell 1211 Park Plaza Dr. Columbus, OH 43213</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Jefferson County</p> <p>Occupation Teacher</p> <p>Aggregate Year-to-Date > \$ 2,000.00</p>	<p>Date (month, day, year) 6/11/97</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Michael M. Boich 5505 Aryshire Dr. 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 Self-Boich Co.</p> <p>Occupation CEO</p> <p>Aggregate Year-to-Date > \$ 2,000.00</p>	<p>Date (month, day, year) 6/11/97</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Emaline Boich 19500 Turnberry Way Apt. DE Aventura, FL 33180</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 > \$ 2,000.00</p>	<p>Date (month, day, year) 6/11/97</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>F. Full Name, Mailing Address and ZIP Code Robert W. Boich 4435 Bellaire Ave. 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 Self</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date > \$ 2,000.00</p>	<p>Date (month, day, year) 6/11/97</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>G. Full Name, Mailing Address and ZIP Code DORIS C. BOICH 8301 El Maro Circle Paradise Valley, AZ 85253</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 Housewife</p> <p>Aggregate Year-to-Date > \$ 2,000.00</p>	<p>Date (month, day, year) 6/11/97</p>	<p>Amount of Each Receipt this Period 1,000.00</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>7,000.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p>30,865.00</p>

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 11(b)

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

C00288324

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
National Repub. Congress. Comm. 320 First St. S.E. Washington DC 20003		2/04/97	22.43 (In-Kind)
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 22.43	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
(SAME AS ABOVE)		5/21/97	17.12 (In-Kind)
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 39.55	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
(SAME AS ABOVE)		6/11/97	47.88 (In-Kind)
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 87.43	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)

87.43

TOTAL This Period (last page this line number only)

87.43

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 9
FOR LINE NUMBER 11(c)

Contributions From Political Party Committees (PAC)

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
Barnett People For Better Govt. Inc PAC 50 N. Laura St. P.O. Box 40789 Jacksonville, FL 32202		1/28/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$	500.00	
Independent Bankers PAC One Thomas Circle NW Ste. 950 Washington DC 20005		2/12/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$	500.00	
Independent Ins. Agents of Amer. Robert Rushidt, Treas. 412 First St. SE Suite 300 Washington DC 20003		2/12/97 6/25/97	1,000.00 1,500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$	2,500.00	
NAFUCU P.O. Box 3769 Washington DC 20007		2/12/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$	500.00	
General Electric Co. PAC 1299 Penna. Ave. NW Suite 1100 Washington DC 20004-2407		2/12/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$	500.00	
Food Marketing Institute PAC 800 Connecticut Ave. NW Suite 500 Washington DC 20006-2701		2/12/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$	500.00	
AGSHF Civic Action Committee 1333 New Hampshire Ave. NW Suite 400 Washington DC 20036		2/12/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$	500.00	

SUBTOTAL of Receipts This Page (optional)	5,500.00
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 9

FOR LINE NUMBER 11(a)

CONTRIBUTIONS FROM POLITICAL PARTY COMMITTEES (PAC)

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
Ben-Pac Federal (Multi-Candidate) 453 New Jersey Ave. SE Washington DC 20003		2/12/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500.00	
B. Full Name, Mailing Address and ZIP Code Amer. Hospital Ass'n. 325 Seventh Street NW Washington DC 20004		2/12/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500.00	
C. Full Name, Mailing Address and ZIP Code Mass. Mutual PAC 1295 State Street Springfield, MA 01111		2/12/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500.00	
D. Full Name, Mailing Address and ZIP Code Action Comm. For Rural Electrification 4301 Wilson Blvd. Arlington, VA 22203		2/12/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500.00	
E. Full Name, Mailing Address and ZIP Code Investment Management PAC 1401 H Street NW Washington DC 20005		2/20/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500.00	
F. Full Name, Mailing Address and ZIP Code Ownes-Illinois Employees Good Citizens Fund One Seagate Toledo, OH 43666		2/20/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500.00	
G. Full Name, Mailing Address and ZIP Code Norfolk Southern Corp. Good Govt. Fund Three Commercial Place Norfolk, VA 23510		2/21/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500.00	

SUBTOTAL of Receipts This Page (optional)

3,500.00

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 9
FOR LINE NUMBER 11(c)

Contributions From Political Party Committees (PAC)

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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
Amer. Resort Develop. Assn. PAC 1220 L Street NW Suite 510 Washington DC 20005		2/21/97	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 250.00	
B. Full Name, Mailing Address and ZIP Code Union Pacific Fund for Effective Gov't Mary Auliffe, Treas. 555 Thirteenth St. NW Suite 450 West Washington DC 20004		2/24/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500.00	
C. Full Name, Mailing Address and ZIP Code Harrah's Entertain., Inc. Employees' PAC 1023 Cherry Road Memphis, TN 38117		3/01/97	2,500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 2,500.00	
D. Full Name, Mailing Address and ZIP Code Metrop. Life Ins. Co. Employees' Particip. Fund A Suite 800 1620 L Street NW Washington DC 20036		3/01/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500.00	
E. Full Name, Mailing Address and ZIP Code AFLAC PAC AFLAC Center Columbus, GA 31999		3/03/97	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,000.00	
F. Full Name, Mailing Address and ZIP Code Nat'l. Assn. of Life Underwriters PAC 1922 F. Street NW Washington DC 20006		3/05/97 6/25/97	1,000.00 1,500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 2,500.00	
G. Full Name, Mailing Address and ZIP Code Ohio Edison Co. PAC (Multi-Candidate) 76 S. Main St. Akron, OH 44308		3/06/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500.00	

SUBTOTAL of Receipts This Page (optional)

7,750.00

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 9

FOR LINE NUMBER 11(c)

Contributions From Political Party Committees (PAC)

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NAME OF COMMITTEE (in Full)

Hob 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
National Ass'n. of Mortgage Brokers PAC 8201 Greensboro Dr. Suite 300 McLean, VA 22102		3/06/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$ 500.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PenneyPac P.O. Box 227481 Dallas, TX 75222-7481		3/06/97	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	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
Phillip Morris PAC 120 Park Ave. 25th FL. New York, NY 10017		3/06/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$ 500.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Tegm Ameritech PAC 1401 H Street NW P.O. Box 27768 Washington DC 20038-7768		3/10/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$ 500.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CouncilPac 701 Penna. Ave. SE Suite 750 Washington DC 20003		3/13/97 6/30/97	500.00 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input 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
LamarPac P.O. Box 56338 Baton Rouge, LA 70896		3/17/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$ 500.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
International Assn. of Fire Fighters 1750 New York Ave. NW Washington DC 20006		4/01/97	2,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$ 2,000.00		

SUBTOTAL of Receipts This Page (optional)

6,000.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 5 OF 9
FOR LINE NUMBER
11(c)

Contributions From Political Party Committees (PAC)

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NAME OF COMMITTEE (In Full)		C00288324		
A. Full Name, Mailing Address and ZIP Code Amalgamated Transit Union Cope Acct. Vol. Fund 5025 Wisconsin Ave. NW Washington DC 20016		Name of Employer Occupation	Date (month, day, year) 4/01/97	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		Aggregate Year-to-Date > \$ 1,000.00		
B. Full Name, Mailing Address and ZIP Code The Geon Company PAC One Geon Center Avon Lake, OH 44012		Name of Employer Occupation	Date (month, day, year) 4/03/97	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		Aggregate Year-to-Date > \$ 500.00		
C. Full Name, Mailing Address and ZIP Code Milk Marketing PAC 8257 Dow Circle Strongsville, OH 44136		Name of Employer Occupation	Date (month, day, year) 4/03/97	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		Aggregate Year-to-Date > \$ 500.00		
D. Full Name, Mailing Address and ZIP Code Appalachians For Community Action 3415 Rhodes Ave. New Boston, OH 45662		Name of Employer Occupation	Date (month, day, year) 4/08/97	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		Aggregate Year-to-Date > \$ 1,000.00		
E. Full Name, Mailing Address and ZIP Code Citicorp Voluntary Political Fund 1101 Penna. Ave. NW Suite 1000 Washington DC 20004		Name of Employer Occupation	Date (month, day, year) 4/11/97	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		Aggregate Year-to-Date > \$ 500.00		
F. Full Name, Mailing Address and ZIP Code ASCP-PAC 1321 Duke St. Alexandria, VA 22314		Name of Employer Occupation	Date (month, day, year) 4/11/97	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		Aggregate Year-to-Date > \$ 500.00		
G. Full Name, Mailing Address and ZIP Code O.A.M.B.-PAC 33 Baker Blvd. Suite 203 Akron, OH 44333		Name of Employer Occupation	Date (month, day, year) 4/15/97	Amount of Each Receipt this Period 1,500.00
Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		Aggregate Year-to-Date > \$ 1,500.00		
SUBTOTAL of Receipts This Page (optional)				5,500.00
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 6 OF 9
FOR LINE NUMBER 11(c)

Contributions From Political Party Committees (PAC)

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)		ID NUMBER	
Bob Ney For Congress		C00288324	
A. Full Name, Mailing Address and ZIP Code VSS&P FEDPAC 52 E. Gay St. P.O. Box 1008 Columbus, OH 43215	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	4/19/97	500.00
		Aggregate Year-to-Date > \$	500.00
B. Full Name, Mailing Address and ZIP Code Nat'l. Beer Wholesalers Assn. Ronald Sarasin, Treas. 1100 S. Washington St. Alexandria, VA 22314-4494	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	5/15/97	5,000.00
		Aggregate Year-to-Date > \$	5,000.00
C. Full Name, Mailing Address and ZIP Code Medusa PAC P.O. Box 5668 Cleveland, OH 44101	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	6/04/97	1,000.00
		Aggregate Year-to-Date > \$	1,000.00
D. Full Name, Mailing Address and ZIP Code NRA Political Victory Fund PAC 11250 Waples Mill Road Fairfax, VA 22030	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	6/08/97	1,500.00
		Aggregate Year-to-Date > \$	1,500.00
E. Full Name, Mailing Address and ZIP Code National City Corp. PAC (Multi-Candidate) Allen Waddle, Treas. National City Ctr., 1900 E. Ninth St. Cleveland, OH 44114	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	6/25/97	1,000.00
		Aggregate Year-to-Date > \$	1,000.00
F. Full Name, Mailing Address and ZIP Code Ohio Power Co. PAC Fund A 301 Cleveland Ave. SW P.O. Box 24400 Canton, OH 44701	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	6/25/97	500.00
		Aggregate Year-to-Date > \$	500.00
G. Full Name, Mailing Address and ZIP Code PIA PAC 400 N. Washington St. Alexandria, VA 22314-9980	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	6/26/97	500.00
		Aggregate Year-to-Date > \$	500.00
SUBTOTAL of Receipts This Page (optional)			10,000.00
TOTAL This Period (last page this line number only)			

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 7 OF 9
FOR LINE NUMBER 11(c)

Contributions From Political Party Committees (PAC)

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)		000286324		
A. Full Name, Mailing Address and ZIP Code Title Industry PAC 1828 L Street NW Suite 705 Washington DC 20036		Name of Employer Occupation	Date (month, day, year) 6/30/97	Amount of Each Receipt this Period 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 500.00		
B. Full Name, Mailing Address and ZIP Code Alliance of Amer. Insurers Fed. PAC 1501 Woodfield Dr. Schaumburg, IL 60195		Name of Employer Occupation	Date (month, day, year) 6/30/97	Amount of Each Receipt this Period 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 500.00		
C. Full Name, Mailing Address and ZIP Code Amer. Medical Assn. PAC 1101 Vermont Ave. NW Washington DC 20005		Name of Employer Occupation	Date (month, day, year) 6/30/97	Amount of Each Receipt this Period 2,500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 2,500.00		
D. Full Name, Mailing Address and ZIP Code 		Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$		
E. Full Name, Mailing Address and ZIP Code 		Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code 		Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code 		Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$		
SUBTOTAL of Receipts This Page (optional)				3,500.00
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 8 OF 9
FOR LINE NUMBER 11(c)

Contributions From Political Party Committees (PAC)

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 Owens Corning Better Govt. Fund Fiberglass Tower Toledo, OH 43659</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</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) 2/07/97</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Mortgage Bankers PAC MORPAC 1125 15th St. NW Suite 700 Washington DC 20005</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</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) 4/19/97</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Columbia Gas Dist. PAC Political Fund A 200 Civic Center Dr. P.O. Box 117 Columbus, OH 43215</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</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) 5/27/97</p>	<p>Amount of Each Receipt this Period 500.00</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>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>1,500.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p></p>

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 9 OF 9
FOR LINE NUMBER 11(c)

Contributions From Political Party Committees (PAC)

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
ALPA-PAC Air Line Pilots Association 1625 Massachusetts Ave. NW Washington DC 20036		2/15/97 2/21/97	2,500.00 (2,500.00) MEMO Redesignation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): 1996 General	Occupation	Aggregate Year-to-Date > \$ 2,500.00	
B. Full Name, Mailing Address and ZIP Code (SAME AS ABOVE)	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
		2/21/97	2,500.00 MEMO Redesignation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 2,500.00	
C. Full Name, Mailing Address and ZIP Code NAIIPAC 2600 River Road Des Plaines, IL 60018	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
		6/27/97 6/30/97	500.00 (500.00) MEMO Redesignation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): 2002 General	Occupation	Aggregate Year-to-Date > \$ 500.00	
D. Full Name, Mailing Address and ZIP Code (SAME AS ABOVE)	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
		6/30/97	500.00 MEMO Redesignation
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
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)	3,000.00
TOTAL This Period (last page this line number only)	46,250.00

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Allstate Insurance P.O. Box 3500 Akron, OH 44309	Settlement Check For Van Repair	1/20/97	662.88
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 662.88	
B. Full Name, Mailing Address and ZIP Code Marriott-Rayburn Catering B-339-B Rayburn RHOB Washington DC 20515	Refund For Swearing- In-Ceremony Food & Beverage	2/03/97 3/01/97	105.00 900.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,005.00	
C. Full Name, Mailing Address and ZIP Code Rent-A-Center 628 Rhode Island Ave. NW Washington DC 20002	Name of Employer Void Clerk Dated 12/17/96 Sec. Dep. On TV For Swearing-In- Ceremony	Date (month, day, year) 1/13/97	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	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
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)	1,917.88
TOTAL This Period (last page line line number only)	1,917.88

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 9
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
Allstate Insurance P.O. Box 3500 Akron, OH 44309	Campaign Van Insurance	2/02/97	78.75
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	2/25/97	78.75
	<input type="checkbox"/> Other (specify)	3/24/97	78.75
B. Full Name, Mailing Address and ZIP Code (SAME AS ABOVE)	Campaign Van Insurance	4/22/97	78.75
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	5/25/97	150.00
	<input type="checkbox"/> Other (specify)		
C. Full Name, Mailing Address and ZIP Code American Express Centurion Bank Box 1407 Newark, NJ 07101	Reimb. to BOB NEY Bal. of Airline Expense For Swearing-In Ceremony 1/7	2/17/97	632.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
D. Full Name, Mailing Address and ZIP Code Ameritech P.O. Box 84000 Columbus, OH	Telephone Expense	1/03/97	27.15
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	1/07/97	30.95
	<input type="checkbox"/> Other (specify)	1/07/97	29.30
E. Full Name, Mailing Address and ZIP Code (SAME AS ABOVE)	Telephone Expense	1/09/97	17.14
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	2/02/97	30.91
	<input type="checkbox"/> Other (specify)	2/02/97	36.06
F. Full Name, Mailing Address and ZIP Code (SAME AS ABOVE)	Telephone Expense	2/02/97	16.82
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	2/06/97	19.74
	<input type="checkbox"/> Other (specify)	3/06/97	30.92
G. Full Name, Mailing Address and ZIP Code (SAME AS ABOVE)	Telephone Expense	3/07/97	21.92
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	3/13/97	28.47
	<input type="checkbox"/> Other (specify)	3/13/97	35.37
H. Full Name, Mailing Address and ZIP Code (SAME AS ABOVE)	Telephone Expense	4/03/97	21.22
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	4/03/97	28.20
	<input type="checkbox"/> Other (specify)	4/10/97	29.22
I. Full Name, Mailing Address and ZIP Code (SAME AS ABOVE)	Telephone Expense	4/10/97	32.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	4/19/97	227.30
	<input type="checkbox"/> Other (specify)	5/01/97	84.82

SUBTOTAL of Disbursements This Page (optional)

1,844.51

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	OF
2	9
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
Ameritech P.O. Box 84000 Columbus, OH	Telephone Expense	5/03/97	32.79
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	5/03/97	30.56
	<input type="checkbox"/> Other (specify)	5/12/97	28.47
B. Full Name, Mailing Address and ZIP Code (SAME AS ABOVE)	Telephone Expense	5/12/97	31.04
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	6/06/97	11.30
	<input type="checkbox"/> Other (specify)	6/06/97	27.93
C. Full Name, Mailing Address and ZIP Code (SAME AS ABOVE)	Telephone Expense	6/06/97	84.82
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	6/08/97	28.47
	<input type="checkbox"/> Other (specify)	6/08/97	30.40
D. Full Name, Mailing Address and ZIP Code Barack Company Room 801 3201 Belmont St. Bellaire, OH 43906	Office Rent	3/25/97	960.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	4/12/97	960.00
	<input type="checkbox"/> Other (specify)		
E. Full Name, Mailing Address and ZIP Code (SAME AS ABOVE)	Office Rent	5/01/97	480.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	6/23/97	480.00
	<input type="checkbox"/> Other (specify)		
F. Full Name, Mailing Address and ZIP Code Belmont National Bank 154 W. Main St. St. Clairsville, OH 43950	Payroll Tax	1/11/97	615.60
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	2/13/97	410.40
	<input type="checkbox"/> Other (specify)	3/14/97	410.40
G. Full Name, Mailing Address and ZIP Code (SAME AS ABOVE)	Payroll Tax	4/15/97	410.40
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	5/14/97	410.40
	<input type="checkbox"/> Other (specify)	6/06/97	410.40
H. Full Name, Mailing Address and ZIP Code (SAME AS ABOVE)	Various Office Supplies	2/01/97	100.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code (SAME AS ABOVE)	Printed Checks & Stop Pmt. Charge	4/29/97	71.93
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	6/13/97	20.00
	<input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)

6,045.31

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Operating Expenditures

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

PAGE 3 OF 9
FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

Bob Ney For Congress

CO0288324

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bob Ney 112 Overlook Court St. Clairsville, OH 43950	Reimb. Supplies, Lunch & Cab For Sweating-In Event Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/13/97 1/20/97	51.80 93.90
(SAME AS ABOVE)	Reimb. For Guernsey Co. Republican Dinner Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/20/97	20.00
(SAME AS ABOVE)	Reimb. For Dinners & Meetings 2/7 & 2/9/97 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/13/97	85.00
(SAME AS ABOVE)	Reimb. Campaign Luncheon Meeting 3/21/97 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/27/97	14.91
(SAME AS ABOVE)	Reimb. Taxi Fare in Washington DC & Meals While Campaigning Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/10/97	18.72
BP Oil Co. P.O. Box 6458 Cleveland, OH 44101	Gas-Vehicle Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/03/97 2/06/97 4/03/97	136.48 67.72 17.26
(SAME AS ABOVE)	Gas-Vehicle Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/10/97 5/03/97 5/12/97	57.70 46.50 22.72
(SAME AS ABOVE)	Gas-Vehicle Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/06/97	34.09
Bud Frey Insurance Room 201 Bank One Bldg. Bellaire, OH 43906	Office Insurance Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/12/97	250.00

SUBTOTAL of Disbursements This Page (optional)

916.80

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

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FOR LINE NUMBER 17

Operating Expenditures

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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
Capitol Micro Systems 3312 Caniff Court Columbus, OH 43221	Campaign Software Agreement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/15/97	525.00
B. Full Name, Mailing Address and ZIP Code CCP Visa P.O. Box 10311 Stamford, CT 06904-2311	Purpose of Disbursement Reimb. To Bob Ney For Pol. Mtgs. & Events. Swearing-In 1/5 & 1/6 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/20/97	289.61
C. Full Name, Mailing Address and ZIP Code (SAME AS ABOVE)	Purpose of Disbursement Reimb. To Bob Ney For Campaign Mtgs. & Phone Calls 2/11 & 2/24 in Washington DC Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/15/97	122.70
D. Full Name, Mailing Address and ZIP Code (SAME AS ABOVE)	Purpose of Disbursement Reimb. To Bob Ney For Phone Exp., Lunch Mtg. in DC, & Gas Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/28/97	37.28
E. Full Name, Mailing Address and ZIP Code Chester Wilcox & Saxbe 17 S. High St. 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)	2/25/97 3/20/97	3,330.10 188.73
F. Full Name, Mailing Address and ZIP Code (SAME AS ABOVE)	Purpose of Disbursement Legal Fees Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/15/97 6/28/97	212.60 1,663.31
G. Full Name, Mailing Address and ZIP Code Conrad Crafters, Inc. 3521 Jacob St. P.O. Box 6794 Wheeling, WV 26003	Purpose of Disbursement Glasses For Swearing-In Event Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/7/97 1/13/97	200.00
H. Full Name, Mailing Address and ZIP Code Cynthia Fregiato 67022 S. Almar Lane St. Clairsville, OH 43950	Purpose of Disbursement Wages Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/13/97 1/30/97 2/15/97	197.40 197.40 197.40
I. 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)	2/28/97 3/15/97 3/30/97	197.40 197.40 197.40

SUBTOTAL of Disbursements This Page (optional)

7,753.73

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

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FOR LINE NUMBER 17

Operating Expenditures

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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
Cynthia Fregiato 67022 S. Almar Lane St. Clairsville, OH 43950	Wages	4/15/97	197.40
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	4/30/97	197.40
	<input type="checkbox"/> Other (specify)	5/15/97	197.40
B. Full Name, Mailing Address and ZIP Code (SAME AS ABOVE)	Wages	5/29/97	197.40
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	6/11/97	197.40
	<input type="checkbox"/> Other (specify)	6/30/97	197.40
C. Full Name, Mailing Address and ZIP Code (SAME AS ABOVE)	Purpose of Disbursement Reimb. For Fax Paper	Date (month, day, year) 1/10/97	Amount of Each Disbursement This Period 6.38
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
D. Full Name, Mailing Address and ZIP Code (SAME AS ABOVE)	Purpose of Disbursement Reimb. Mileage Parking, Lunch & Dns For FBC Seminar 4/2/97	Date (month, day, year) 4/03/97	Amount of Each Disbursement This Period 113.13
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
E. Full Name, Mailing Address and ZIP Code Dixie Bones BBQ 13440 Occoquan Road Woodbridge, VA 22191	Purpose of Disbursement Food For 2/12/97 Fundraising Event	Date (month, day, year) 2/10/97	Amount of Each Disbursement This Period 649.47
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
F. Full Name, Mailing Address and ZIP Code Doan Ford, Inc. Rt. 1 Belmont, OH 43718	Purpose of Disbursement Van Repair	Date (month, day, year) 1/20/97	Amount of Each Disbursement This Period 662.88
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	2/25/97	95.64
	<input type="checkbox"/> Other (specify)		
G. Full Name, Mailing Address and ZIP Code Eagle Consulting Group 107 N. 45th St. Harrisburg, PA 17111	Purpose of Disbursement Final Mail & Phone Exp. For Nov. 1996 Election	Date (month, day, year) 2/02/97	Amount of Each Disbursement This Period 204.50
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code Ford Motor Credit P.O. Box 94640 Cleveland, OH 44177	Purpose of Disbursement Campaign Van Lease	Date (month, day, year) 1/20/97	Amount of Each Disbursement This Period 498.20
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	2/15/97	498.20
	<input type="checkbox"/> Other (specify)	3/11/97	498.20
I. Full Name, Mailing Address and ZIP Code (SAME AS ABOVE)	Purpose of Disbursement Campaign Van Lease	Date (month, day, year) 4/12/97	Amount of Each Disbursement This Period 498.20
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	5/10/97	498.20
	<input type="checkbox"/> Other (specify)	6/11/97	498.20

SUBTOTAL of Disbursements This Page (optional)

5,905.60

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 9
FOR LINE NUMBER 17

Operating Expenditures

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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
Hughes Xerographic P.O. Box 278 Bank One Bldg. Bellaire, OH 43906	Copier Rental	2/15/97	187.50
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	4/30/97	112.50
	<input type="checkbox"/> Other (specify)	6/06/97	37.50
B. Full Name, Mailing Address and ZIP Code Lee & Associates P.O. Box 61 St. Clairsville, OH 43950	Purpose of Disbursement Year End FEC Report, Tax Returns, Employee Forms	Date (month, day, year) 2/15/97	Amount of Each Disbursement This Period 794.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
C. Full Name, Mailing Address and ZIP Code Lucent Technologies P.O. Box 27-850 Kansas City, MO 64180	Purpose of Disbursement Telephone Maint.	Date (month, day, year) 1/13/97	Amount of Each Disbursement This Period 28.15
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	3/13/97	38.53
	<input type="checkbox"/> Other (specify)	4/15/97	35.22
D. Full Name, Mailing Address and ZIP Code (SAME AS ABOVE)	Purpose of Disbursement Telephone Maint.	Date (month, day, year) 5/12/97	Amount of Each Disbursement This Period 35.22
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	6/11/97	35.22
	<input type="checkbox"/> Other (specify)		
E. Full Name, Mailing Address and ZIP Code (SAME AS ABOVE)	Purpose of Disbursement Moving Phones From 4th Floor To Second Floor	Date (month, day, year) 2/17/97	Amount of Each Disbursement This Period 506.15
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
F. Full Name, Mailing Address and ZIP Code MBNA-Platinum Plus P.O. Box 15453 Wilmington, Delaware 19850	Purpose of Disbursement Reimb. To Bob Ney For Political Meetings 12/11 & 12/13/96	Date (month, day, year) 1/03/97	Amount of Each Disbursement This Period 125.16
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
G. Full Name, Mailing Address and ZIP Code MBNA-Mastercard P.O. Box 15019 Wilmington, Delaware 19886	Purpose of Disbursement Reimb. To Bob Ney For Pol. Mtgs. Dinners, Food For Dist. Events	Date (month, day, year) 3/11/97	Amount of Each Disbursement This Period 88.94
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	5/12/97	410.76
	<input type="checkbox"/> Other (specify)	5/21/97	200.47
H. Full Name, Mailing Address and ZIP Code Nancy Boeskor 1212 N. Vernon St. Arlington, VA 22201	Purpose of Disbursement Consulting Fee	Date (month, day, year) 1/01/97	Amount of Each Disbursement This Period 4,500.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	4/28/97	1,500.00
	<input type="checkbox"/> Other (specify)	6/13/97	1,500.00
I. Full Name, Mailing Address and ZIP Code (SAME AS ABOVE)	Purpose of Disbursement Consulting Expenses, Office Supplies, Copies, Phone, Fed. Express, ETC.	Date (month, day, year) 2/25/97	Amount of Each Disbursement This Period 286.14
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	4/28/97	79.08
	<input type="checkbox"/> Other (specify)	6/13/97	22.60

SUBTOTAL of Disbursements This Page (optional) 10,523.14

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 9
FOR LINE NUMBER 17

Operating Expenditures

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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
Ohio Bureau of Imp. Serv. 145 S. Front St. P.O. Box 923 Columbus, OH 43216-0923	Payroll Tax	1/20/97	278.76
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/28/97	31.20
B. Full Name, Mailing Address and ZIP Code Planet Hollywood 1101 Penna. Ave. NW Washington DC	Purpose of Disbursement Inauguration Dinner	Date (month, day, year) 1/03/97	Amount of Each Disbursement This Period 430.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
C. Full Name, Mailing Address and ZIP Code Postmaster Bellaire, OH 43906 St. Clairsville, OH 43950	Purpose of Disbursement Postage	Date (month, day, year) 1/23/97	Amount of Each Disbursement This Period 640.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/20/97	101.04
		3/25/97	2.24
D. Full Name, Mailing Address and ZIP Code (SAME AS ABOVE)	Purpose of Disbursement Postage	Date (month, day, year) 4/19/97	Amount of Each Disbursement This Period 99.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/01/97	96.00
E. Full Name, Mailing Address and ZIP Code (SAME AS ABOVE)	Purpose of Disbursement Post Office Box Rent	Date (month, day, year) 6/23/97	Amount of Each Disbursement This Period 52.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
F. Full Name, Mailing Address and ZIP Code Riesbeck's 104 Plaza Dr. St. Clairsville, OH 43950	Purpose of Disbursement Food & Supplies For 6/27/97 Event	Date (month, day, year) 6/26/97	Amount of Each Disbursement This Period 52.91
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/27/97	18.44
		6/28/97	173.15
G. Full Name, Mailing Address and ZIP Code Stein-Palmer P.O. Box 86 Martins Ferry, OH 43935	Purpose of Disbursement Printing Invitations For 2/12/97 Fundraiser	Date (month, day, year) 2/15/97	Amount of Each Disbursement This Period 878.19
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code (SAME AS ABOVE)	Purpose of Disbursement Printing Letterheads & Envelopes	Date (month, day, year) 3/07/97	Amount of Each Disbursement This Period 89.46
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/11/97	108.63
I. Full Name, Mailing Address and ZIP Code (SAME AS ABOVE)	Purpose of Disbursement Labels For Folders	Date (month, day, year) 3/15/97	Amount of Each Disbursement This Period 53.25
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)

3,104.27

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 9
FOR LINE NUMBER 17

Operating Expenditures

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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
Targeted Creative Communications 1000 Duke St. Alexandria, VA 22314	Direct Mailer Expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/11/97 5/06/97	421.13 1,792.22
B. Full Name, Mailing Address and ZIP Code The Madison House 201 C Street SE Washington DC 20001	Purpose of Disbursement Rental For 2/12/97 Event Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/25/97	425.00
C. Full Name, Mailing Address and ZIP Code Treas. Of State Of Ohio P.O. Box 444 Columbus, OH 43266	Purpose of Disbursement Payroll Tax Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/20/97 4/28/97	550.17 168.00
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)

3,356.52

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules for each category of the Detailed Summary Page

PAGE 9 OF 9
FOR LINE NUMBER 17

Operating Expenditures

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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
National Republican Congress. Comm. 320 First St. SE Washington DC 20003	Satellite Feed Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/04/97	22.43 (In-Kind)
B. Full Name, Mailing Address and ZIP Code (SAME AS ABOVE)	Satellite Feed Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/21/97	17.12 (In-Kind)
C. Full Name, Mailing Address and ZIP Code (SAME AS ABOVE)	Satellite Feed Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/11/97	47.88 (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)

87.43

TOTAL This Period (last page this line number only)

39,537.31

SCHEDULE B

ITEMIZED DISBURSEMENTS

Other Disbursements

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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
New Mexicans For Redmond 2650 Sawmill Road Suite D Sante Fe, NM 87505	Federal Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/09/97	500.00
B. Full Name, Mailing Address and ZIP Code Sonshine Youth Service P.O. Box 2339 Wintersville, OH 43952	NonFederal Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/12/97	200.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	700.00
TOTAL This Period (last page this line number only)	700.00

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

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

<input type="checkbox"/> Hand Delivered	DATE OF RECEIPT
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 7/31/97
<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
VEU PREPARER	8/4/97 DATE PREPARED