

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

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FEDERAL ELECTION
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JUL 28 1 07 PM '97

USE FEC MAILING LABEL
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TYPE OR PRINT

1. C00222000 JAMES C RAY JR REPUBLICAN FINANCE COMMITTEE O F HAMILTON COUNTY 700 WALNUT STREET SUITE 600 CINCINNATI OH 45202	060297 P 224	ed
2. FEC IDENTIFICATION NUMBER		
3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)		

4. TYPE OF REPORT

(a) April 15 Quarterly Report

July 15 Quarterly Report

October 15 Quarterly Report

January 31 Year End Report

July 31 Mid Year Report (Non-election Year Only)

Termination Report

Monthly Report Due On:

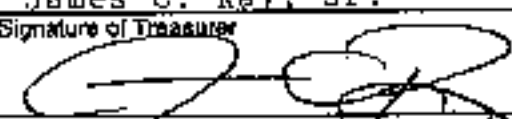
February 20 June 20 October 20
 March 20 July 20 November 20
 April 20 August 20 December 20
 May 20 September 20 January 31

Twelfth day report preceding _____ (Type of Election)

election on _____ in the State of _____

Thirtieth day report following the General Election on _____ in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>01/01/97</u> through <u>06/30/97</u>		
6. (a) Cash on Hand January 1, 19 <u>97</u>		\$ 966.52
(b) Cash on Hand at Beginning of Reporting Period	\$ 966.52	
(c) Total Receipts (from Line 19)	\$ 61,586.83	\$ 61,586.83
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 62,553.35	\$ 62,553.35
7. Total Disbursements (from Line 30)	\$ 28,927.69	\$ 28,927.69
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 33,625.66	\$ 33,625.66
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ ---	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ ---	
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 James C. Ray, Jr.		
Signature of Treasurer 		Date 7-22-97

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

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X**

(revised 1/1/91)

NAME OF COMMITTEE REPUBLICAN FINANCE COMMITTEE OF HAMILTON COUNTY		REPORT COVERING PERIOD FROM 01/01/97 TO 06/30/97	
I. Receipts		COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	46,900.00	46,900.00	11(a)(i)
ii. Unitemized	12,493.00	12,493.00	11(a)(ii)
iii. Total (add i and ii) >	59,393.00	59,393.00	11(a)(iii)
b. Political Party Committees	---	---	11(b)
c. Other Political Committees (such as PACs)	---	---	11(c)
d. Total Contributions (add a ii, b and c) >	59,393.00	59,393.00	11(d)
12. Transfers From Affiliated/Other Party Committees	2,000.00	2,000.00	12
13. All Loans Received	---	---	13
14. Loan Repayments Received	---	---	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	---	---	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	---	---	16
17. Other Federal Receipts (Dividends, Interest, etc.)	193.83	193.83	17
18. Transfers from Nonfederal Account for Joint Activity	---	---	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	61,586.83	61,586.83	19
20. Total Federal Receipts (subtract line 16 from line 19) >	61,586.83	61,586.83	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	---	---	21(a)(i)
ii. Non-Federal Share	---	---	21(a)(ii)
b. Other Federal Operating Expenditures	27,427.69	27,427.69	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) >	27,427.69	27,427.69	21(c)
22. Transfers to Affiliated/Other Party Committees	1,500.00	1,500.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	---	---	23
24. Independent Expenditures (use Schedule E)	---	---	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	---	---	25
26. Loan Repayments Made	---	---	26
27. Loans Made	---	---	27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	---	---	28(a)
b. Political Party Committees	---	---	28(b)
c. Other Political Committees (such as PACs)	---	---	28(c)
d. Total Contribution Refunds (add a, b and c) >	---	---	28(d)
29. Other Disbursements	---	---	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	28,927.69	28,927.69	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	28,927.69	28,927.69	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11 d)	59,393.00	59,393.00	32
33. Total Contribution Refunds (from line 28d)	---	---	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	59,393.00	59,393.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	27,427.69	27,427.69	35
36. Offsets to Operating Expenditures (from line 15)	---	---	36
37. Net Operating Expenditures (subtract line 36 from 35) >	27,427.69	27,427.69	37

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 **15**
FOR LINE NUMBER
11

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)

THE REPUBLICAN FINANCE COMMITTEE OF HAMILTON COUNTY

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
R. H. Castellini 2 Plum Street Cincinnati, OH 45202	Castellini Co.	1/7/97	\$ 2,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chairman & CEO	Aggregate Year-to-Date > \$ 2000.00	
B. Full Name, Mailing Address and ZIP Code Philip O. Geier, Jr. 600 Redbirdhollow Ln. Cincinnati, OH 45243	Name of Employer Retired	Date (month, day, year) 1/2/97	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1000.00	
C. Full Name, Mailing Address and ZIP Code Susanne E. Geier 6000 Redbirdhollow Ln. Cincinnati, OH 45243	Name of Employer Retired	Date (month, day, year) 1/2/97	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1000.00	
D. Full Name, Mailing Address and ZIP Code Joseph H. Head, Jr. 8855 Camargo Club Drive Cincinnati, OH 45243	Name of Employer Atkins & Pearce	Date (month, day, year) 1/7/97	Amount of Each Receipt this Period 2,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chairman	Aggregate Year-to-Date > \$ 2000.00	
E. Full Name, Mailing Address and ZIP Code Robert J. Kohlhepp 580 Cheswil Drive Cincinnati, OH 45255	Name of Employer Cintas Corp.	Date (month, day, year) 1/6/97	Amount of Each Receipt this Period 3,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Pres. & CEO	Aggregate Year-to-Date > \$ 3000.00	
F. Full Name, Mailing Address and ZIP Code John K. Lamb 6586 Wyndwatch Dr. Cincinnati, OH 45230	Name of Employer Retired	Date (month, day, year) 1/2/97	Amount of Each Receipt this Period 2,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 2000.00	
G. Full Name, Mailing Address and ZIP Code John P. March 4775 Willow Hills Lane Cincinnati, OH 45243	Name of Employer Retired	Date (month, day, year) 1/2/97	Amount of Each Receipt this Period 2,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 2000.00	

SUBTOTAL of Receipts This Page (optional) 13,000.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS
(Contributions From Individuals/
Persons Other Than Political Committees)

Use separate schedule(s)
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Detailed Summary Page

PAGE 2 OF 5
FOR LINE NUMBER
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NAME OF COMMITTEE (in Full)

THE REPUBLICAN FINANCE COMMITTEE OF HAMILTON COUNTY

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert B. Morgan 8821 Cheviot Road Cincinnati, OH 45251	Cincinnati Financial Corp.	1/7/97	2,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Pres. & CEO Aggregate Year-to-Date > \$ 2000.00		
John J. Schiff 1926 Beech Grove Dr. Cincinnati, OH 45233	Cincinnati Insurance	1/2/97	2,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CEO Aggregate Year-to-Date > \$ 2000.00		
John G. Sloneker 8400 Camargo Club Drive Cincinnati, OH 45243	Retired	1/6/97	2,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Aggregate Year-to-Date > \$ 2000.00		
J. Mack Swigert 2121 Alpine Place Cincinnati, OH 45206	Retired	1/2/97	2,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Aggregate Year-to-Date > \$ 2000.00		
Carol Ann Budai 874 Rosetree Lane Cincinnati, OH 45230	Hamilton County Municipal Court	1/15/97	400.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Assignment Commissioner Aggregate Year-to-Date > \$ 400.00		
Jean Clark Deupree 6105 Park Road Cincinnati, OH 45243	Retired	1/13/97	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Aggregate Year-to-Date > \$ 1000.00		
William O. DeWitt, Jr. 5695 Drake Road Cincinnati, OH 45243	REynolds DeWitt Co.	1/13/97	2,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: President Aggregate Year-to-Date > \$ 2000.00		

SUBTOTAL of Receipts This Page (optional) 11,400.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS
(Contributions From Individuals/
Persons Other Than Political Committees)

Use separate schedule(s)
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Detailed Summary Page

PAGE **3** OF **5**
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NAME OF COMMITTEE (in Full)

THE REPUBLICAN FINANCE COMMITTEE OF HAMILTON COUNTY

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Thomas R. Gerdes 9100 Cunningham Road Cincinnati, OH 45243	Plastic Molding Co.	1/15/97	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	Aggregate Year-to-Date > \$ 1000.00	
H. Rowe Hoffman 8445 Bustis Farm Ln. Cincinnati, OH 45243	Kett Tool Co.	1/15/97	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation C.O.B.	Aggregate Year-to-Date > \$ 1000.00	
William E. Santen 312 Walnut St., Suite 3100 Cincinnati, OH 45202	Self Employed	1/15/97	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 500.00	
William W. Wommack 7310 Sanderson Place Cincinnati, OH 45243	Retired	1/13/97	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1000.00	
Frank J. Andress 36 E. Fourth St. Cincinnati, OH 45202	Andress Company	1/17/97	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	Aggregate Year-to-Date > \$ 1000.00	
Douglas P. Brendamour 8500 Old Hickory Dr. Cincinnati, OH 45243	Brendamour Warehousing	1/23/97	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	Aggregate Year-to-Date > \$ 1000.00	
Theodore H. Emmerich 1201 Edgecliff Place Cincinnati, OH 45206	Retired	1/22/97	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1000.00	

SUBTOTAL of Receipts This Page (optional) 6,500.00

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)
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NAME OF COMMITTEE (In Full)

THE REPUBLICAN FINANCE COMMITTEE OF HAMILTON COUNTY

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Charles D. Lindberg 1559 Moon Valley Ln. Cincinnati, OH 45230	Self Employed	1/17/97	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 1000.00	
B. Full Name, Mailing Address and ZIP Code Powell McHenry 2854 Country Woods Lane Cincinnati, OH 45248	Self Employed	1/21/97	2,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 2000.00	
C. Full Name, Mailing Address and ZIP Code George Rieveschl, Jr. P.O. Box 708 Covington, KY 41012	Retired	1/21/97	2,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 2000.00	
D. Full Name, Mailing Address and ZIP Code Mercer Reynolds 300 Main Street Cincinnati, OH 45202	Reynolds DeWitt Co	1/17/97	2,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chairman	Aggregate Year-to-Date > \$ 2,000.00	
E. Full Name, Mailing Address and ZIP Code Ashley F. Ward 7017 Rue DeMarquis Naples, FL 33963	Self Employed	1/17/97	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1000.00	
F. Full Name, Mailing Address and ZIP Code Thomas L. Williams 212 E. 3rd St., Suite 300 Cincinnati, OH 45202	North American Properties	1/23/97	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	Aggregate Year-to-Date > \$ 1000.00	
G. Full Name, Mailing Address and ZIP Code James M. Zimmerman 9150 Meadowgrove Lane Cincinnati, OH 45243	Federated Dept. Stores	1/17/97	2,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	Aggregate Year-to-Date > \$ 2000.00	

SUBTOTAL of Receipts This Page (optional)

11,000.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS
(Contributions From Individuals/
Persons Other Than Political Committees)

Use separate schedule(s)
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Detailed Summary Page

PAGE 5 OF 5
FOR LINE NUMBER
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NAME OF COMMITTEE (In Full)

THE REPUBLICAN FINANCE COMMITTEE OF HAMILTON COUNTY

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dwight H. Hibbard 2121 Alpine Place, #902 Cincinnati, OH 45206	Retired	1/28/97	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
George H. Vincent 3612 Shrobrooke Dr. Cincinnati, OH 45241	Self Employed	1/28/97	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1000.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Eric B. Yeiser 8005 Graves Road Cincinnati, OH 45243	Retired	1/28/97	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1000.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mark J. Hauser 1050 Delta Avenue Cincinnati, OH 45208	Hauser Kuppin Group	2/12/97	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1000.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Eric C. Nielsen 1244 Hayward Avenue Cincinnati, OH 45208	Retired	2/12/97	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1000.00	
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) 5,000.00

TOTAL This Period (last page this line number only) 46,900.00

SCHEDULE A

ITEMIZED RECEIPTS
(from other Political Committees)

Use separate schedule(s)
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Detailed Summary Page

PAGE 1 OF 1
FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

THE REPUBLICAN FINANCE COMMITTEE OF HAMILTON COUNTY

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Portman for Congress Committee P.O. Box 2365 Cincinnati, OH 45201-2365	U.S. Government	1/2/97	1,000.00
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation Congressman	Aggregate Year-to-Date > \$ 1,000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Portman for Congress Committee P.O. Box 2365 Cincinnati, OH 45201-2365	U.S. Government	2/11/97	1,000.00
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation Congressman	Aggregate Year-to-Date > \$ 2,000.00	
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"/> Other (specify): <input type="checkbox"/> Primary <input type="checkbox"/> General	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"/> Other (specify): <input type="checkbox"/> Primary <input type="checkbox"/> General	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"/> Other (specify): <input type="checkbox"/> Primary <input type="checkbox"/> General	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"/> Other (specify): <input type="checkbox"/> Primary <input type="checkbox"/> General	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"/> Other (specify): <input type="checkbox"/> Primary <input type="checkbox"/> General	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

\$ 2,000.00

SCHEDULE B

ITEMIZED DISBURSEMENTS
(Operating Expenditures)

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

PAGE 1 OF 7
FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

THE REPUBLICAN FINANCE COMMITTEE OF HAMILTON COUNTY

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Artistry in Flowers 2838 Observatory Ave. Cincinnati, OH 45208	Funeral Arrangement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/10/97	\$ 52.70
B. Full Name, Mailing Address and ZIP Code Eastern Casey Office Supply 4527 Reading Road Cincinnati, OH 45229	Purpose of Disbursement Office Supplies Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/10/97	88.96
C. Full Name, Mailing Address and ZIP Code Greater Cinti Chamber of Commerce 441 Vine St. Cincinnati, OH 45202	Purpose of Disbursement Luncheon Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/10/97	50.00
D. Full Name, Mailing Address and ZIP Code Markus, Inc. 3646 Werk Road Cincinnati, OH 45248	Purpose of Disbursement Office Supplies Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/10/97	10.76
E. Full Name, Mailing Address and ZIP Code H. C. Buck Niehoff 2200 Star Bank Center Cincinnati, OH 45202	Purpose of Disbursement Reimbursing for Breakfast Meeting Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/10/97	732.42
F. Full Name, Mailing Address and ZIP Code Pitney Bowes 8375 Dix Ellis Trail, Suite 301 Jacksonville, FL 32256-1221	Purpose of Disbursement Postage Meter Rental Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/10/97	202.25
G. Full Name, Mailing Address and ZIP Code Cinti. Chapter of the American Red Cross 720 Sycamore, Cinti, OH 45202	Purpose of Disbursement In Memory of Deceased Person Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/13/97	50.00
H. Full Name, Mailing Address and ZIP Code Cinti Bar Association 35 E. Seventh St. Cincinnati, OH 45202	Purpose of Disbursement Legal Directories Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/21/97	81.90
I. Full Name, Mailing Address and ZIP Code Cincinnati Bell Telephone Dept. 1811 Cincinnati, OH 45274-1811	Purpose of Disbursement Monthly Tel. Service Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/29/97	1,016.66

SUBTOTAL of Disbursements (This Page optional)

2,285.65

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS
(Operating Expenditures)

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

NAME OF COMMITTEE (In Full)
THE REPUBLICAN FINANCE COMMITTEE OF HAMILTON COUNTY

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
LCI International P.O. Box 85660 Louisville, KY 40285-5660	Long Distance Service Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/29/97	45.76
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
The Ohioan P.O. Box 10380 Columbus, OH 43210	Subscription Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/29/97	29.95
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Pfeifer Printing Co. 190 E. Fulton St. Columbus, OH 43215	Business Cards Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/29/97	68.74
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Red Squirrel 344 Walnut St. Cincinnati, OH 45202	Catering Luncheons Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/29/97	63.75
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
West Publishing P.O. Box 6187 Carol Stream, IL 60197-6187	Books Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/4/97	34.29
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
V.I.P. Communications 10920 Loveland Madeira Rd. Loveland, OH 45140	Renting Cell Phones Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/6/97	611.27
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Eastern Casey Office Supply 4527 Reading Road Cincinnati, OH 45229	Office Supplies Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/10/97	161.69
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Peerless Printing Company 407 Gilbert Ave. Cincinnati, OH 45202	Publishing Newsletter Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/10/97	630.70
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Royal Typewriter Co. 3042 Reading Rd./ Cincinnati, OH 45206	Repairing FAX Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/10/97	37.10

SUBTOTAL of Disbursements This Page (optional)	1,683.25
TOTAL This Period (last page this line number only)	1

SCHEDULE B

ITEMIZED DISBURSEMENTS
(Operating Expenditures)

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

PAGE 3 OF 7
FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

THE REPUBLICAN FINANCE COMMITTEE OF HAMILTON COUNTY

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Pitney Bowes Credit Corp. P.O. Box 85460 Louisville, KY 40285-5460	1st Payment on Postage Machine Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/20/97	4,194.42
B. Full Name, Mailing Address and ZIP Code CFC Investment Company P.O. Box 145496 Cincinnati, OH 45250-5496	Purpose of Disbursement Buying out Copier: Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 2/26/97	Amount of Each Disbursement This Period 1,055.00
C. Full Name, Mailing Address and ZIP Code Cincinnati Bell Telephone Dept. 1811 Cincinnati, OH 45274-1811	Purpose of Disbursement Monthly Service Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 2/26/97	Amount of Each Disbursement This Period 1,062.90
D. Full Name, Mailing Address and ZIP Code Elgin Office Equipment 810-812 Main St. Cincinnati, OH 45202	Purpose of Disbursement Office Supplies Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 2/26/97	Amount of Each Disbursement This Period 24.86
E. Full Name, Mailing Address and ZIP Code LCI International P.O. Box 85660 Louisville, KY 40285-5660	Purpose of Disbursement Long Distance Service Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 2/26/97	Amount of Each Disbursement This Period 80.47
F. Full Name, Mailing Address and ZIP Code The Hibben Bldg. 1055 St. Paul Place Cincinnati, OH 45202	Purpose of Disbursement March Rent Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 2/26/97	Amount of Each Disbursement This Period 1,536.83
G. Full Name, Mailing Address and ZIP Code Red Squirrel 344 Walnut St. Cincinnati, OH 45202	Purpose of Disbursement Catering Luncheons Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 2/26/97	Amount of Each Disbursement This Period 15.00
H. Full Name, Mailing Address and ZIP Code Eastern Casey Office Supply 4527 Reading Road Cincinnati, OH 45229	Purpose of Disbursement Office Supplies Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 3/10/97	Amount of Each Disbursement This Period 21.79
I. Full Name, Mailing Address and ZIP Code Elgin Office Equipment 810-812 Main St. Cincinnati, OH 45202	Purpose of Disbursement Office Supplies Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 3/10/97	Amount of Each Disbursement This Period 44.86

SUBTOTAL of Disbursements This Page (optional)

8,036.13

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS
(Operating Expenditures)

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NAME OF COMMITTEE (in Full)
THE REPUBLICAN FINANCE COMMITTEE OF HAMILTON COUNTY

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
League of Women Voters 103 Wm. H. Taft Rd. Cincinnati, OH 45219-2191	1997 Public Official Directories Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/10/97	10.00
B. Full Name, Mailing Address and ZIP Code Ikon Office Solutions 6860 Ashfield Drive Cincinnati, OH 45242	Copier Maintenance 2/25 to 5/25/97 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/10/97	987.87
C. Full Name, Mailing Address and ZIP Code Cincinnati Bell Telephone Dept. 1811 Cincinnati, OH 45274-1811	Monthly Service Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/1/97	1,166.89
D. Full Name, Mailing Address and ZIP Code Elgin Office Equipment 810-812 Main Street Cincinnati, OH 45202	Office Supplies Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/1/97	132.10
E. Full Name, Mailing Address and ZIP Code The Hibben Bldg. 1055 St. Paul Place Cincinnati, OH 45202	April Rent Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/1/97	3,073.67
F. Full Name, Mailing Address and ZIP Code Ikon Office Solutions 6860 Ashfield Drive Cincinnati, OH 45242	Staple Cartridge for Copier Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/1/97	16.35
G. Full Name, Mailing Address and ZIP Code LCI International P.O. Box 85660 Louisville, KY 40285-5660	Long Distance Service Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/1/97	75.75
H. Full Name, Mailing Address and ZIP Code Peerless Printing Company 407 Gilbert Avenue Cincinnati, OH 45202	Printing Letterhead & Forms Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/1/97	429.30
I. Full Name, Mailing Address and ZIP Code United Healthcare of Ohio Dept. 658 Columbus, OH 43265-0658	Employee Health Ins. Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/1/97	160.91

SUBTOTAL of Disbursements This Page (optional)	6,052.84
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS
(Operating Expenditures)

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NAME OF COMMITTEE (in Full)
THE REPUBLICAN FINANCE COMMITTEE OF HAMILTON COUNTY

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Staples Inc. P.O. Box 30292 Salt Lake City, UT 84041-8004	Office Supplies Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/15/97	129.12
II. Full Name, Mailing Address and ZIP Code United States Postal Service CMRS-PB, P.O. Box 0566 Carol Stream, IL 60132-0566	Purpose of Disbursement Replenish Postage Meter Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/15/97	1,000.00
C. Full Name, Mailing Address and ZIP Code Chris Cone Photography 308 E. 8th St. Cincinnati, OH 45202	Purpose of Disbursement Pictures Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/21/97	18.00
D. Full Name, Mailing Address and ZIP Code Joan Powers 2453 Eastern Ave. Cincinnati, OH 45202	Purpose of Disbursement 2 mos. of Cinti. Post Newspaper Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/21/97	17.50
E. Full Name, Mailing Address and ZIP Code Red Squirrel 344 Walnut St. Cincinnati, OH 45202	Purpose of Disbursement Catering Lunches Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/21/97	52.50
F. Full Name, Mailing Address and ZIP Code United Healthcare of Ohio Dept. 658 Columbus, OH 43265-0658	Purpose of Disbursement Employee Health Ins. Premiums Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/21/97	401.13
G. Full Name, Mailing Address and ZIP Code Cincinnati Bell Telephone Dept. 1811 Cincinnati, OH 45274-1811	Purpose of Disbursement Monthly Service Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/25/97	1,067.62
H. Full Name, Mailing Address and ZIP Code LGI International P.O. Box 85660 Louisville, KY 40285-5660	Purpose of Disbursement Long Distance Service Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/25/97	117.63
I. Full Name, Mailing Address and ZIP Code The Hibben Bldg. 1055 St. Paul Place Cincinnati, OH 45202	Purpose of Disbursement May Rent Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/25/97	3,073.67

SUBTOTAL of Disbursements This Page (optional)	5,877.17
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 6 OF 7
FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

THE REPUBLICAN FINANCE COMMITTEE OF HAMILTON COUNTY

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
United Parcel Service P.O. Box 505820 The Lakes, NV 88905-5820	Shipping Charges Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/25/97	11.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Elgin Office Equipment 810-812 Main St. Cincinnati, OH 45202	Office Supplies Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/15/97	198.11
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Northwest Press 5552 Cheviot Road Cincinnati, OH 45247	1/2 Yr. Subscription Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/15/97	52.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Northeast Suburban Life 394 Wards Corner Road Loveland, OH 45140	1/2 Yr. Subscription Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/15/97	52.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Staples Dept. 82-0002682490 P.O. Box 30292, Salt Lake City, UT	Office Supplies Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/15/97	327.04
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Red Squirrel 344 Walnut St. Cincinnati, OH 45202	Catering Lunches Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/15/97	75.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Elgin Office Equipment 810-812 Main Street Cincinnati, OH 45202	Office Supplies Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/2/97	102.59
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Cincinnati Bell Telephone Dept. 1811 Cincinnati, OH 45274-1811	Monthly Service Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/2/97	1,109.27
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Elgin Office Equipment 810-812 Main St. Cincinnati, OH 45202	Office Supplies Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/13/97	206.19

SUBTOTAL of Disbursements This Page (optional)

2,133.20

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS
(Operating Expenditures)

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NAME OF COMMITTEE (In Full)

THE REPUBLICAN FINANCE COMMITTEE OF HAMILTON COUNTY

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Markus Inc. 3046 Werk Road Cincinnati, OH 45248	Cartridges for Printers Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/13/97	\$ 342.46
B. Full Name, Mailing Address and ZIP Code Joan Powers 2453 Eastern Ave. Cincinnati, OH 45202	Purpose of Disbursement 2mos. of Cinti Post Newspaper Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/13/97	18.55
C. Full Name, Mailing Address and ZIP Code Ikon Office Solutions 6860 Ashfield Drive Cincinnati, OH 45242	Purpose of Disbursement Copier Maintenance to 8/25/97 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/13/97	987.87
D. Full Name, Mailing Address and ZIP Code Fifth Third Bank Fountain Square Plaza Cincinnati, OH 45263	Purpose of Disbursement Dec. 1996 Service Charge Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/10/97	10.57
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	1,359.45
TOTAL This Period (last page this line number only)	27,427.69

SCHEDULE B

ITEMIZED DISBURSEMENTS
(To Federal Candidates/Committees and
Other Political Committees)

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

PAGE 1 OF 1
FOR LINE NUMBER
23

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NAME OF COMMITTEE (In Full)

THE HAMILTON COUNTY REPUBLICAN FINANCE COMMITTEE OF HAMILTON COUNTY

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
DeWine for U.S. Senate P.O. Box 340188 Columbus, OH 43234-0188	Contribution for Fundraiser Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/10/97	\$ 1,000.00
B. Full Name, Mailing Address and ZIP Code Chabot for Congress 105 W. Fourth St., Suite 1133 Cincinnati, OH 45202	Contribution for Fundraiser Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/2/97	500.00
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)

TOTAL This Period (last page this line number only)

\$ 1,500.00

**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 <i>7/23/97</i>
<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
<i>E.P.</i>	<i>7/23/97</i>
PREPARER	DATE PREPARED