

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee  
(Summary Page)

FILED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

AUG 3 9 02 AM '99

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

|                                                                                                                          |                                                                                                        |                                                  |
|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|--------------------------------------------------|
| 1. NAME OF COMMITTEE (in full)<br><b>Bob Ney For Congress</b>                                                            |                                                                                                        | 2. FEC IDENTIFICATION NUMBER<br><b>C00288324</b> |
| ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported.<br><b>P.O. Box 490</b> |                                                                                                        |                                                  |
| CITY, STATE and ZIP CODE<br><b>St. Clairsville, OH 43950</b>                                                             | 3. IS THIS REPORT AN AMENDMENT?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |                                                  |
| STATE/DISTRICT                                                                                                           |                                                                                                        |                                                  |

## 4. TYPE OF REPORT

- ☐ April 15 Quarterly Report ☐ 12-Day Pre-Election Report for the \_\_\_\_\_ (Type of Election)  
election on \_\_\_\_\_ in the State of \_\_\_\_\_
- ☐ July 15 Quarterly Report ☐ 30-Day Post-Election Report following the General Election  
on \_\_\_\_\_ in the State of \_\_\_\_\_
- ☐ October 15 Quarterly Report
- ☐ January 31 Year End Report
- ☒ July 31 Mid-Year Report (Non-election Year Only) ☐ Termination Report

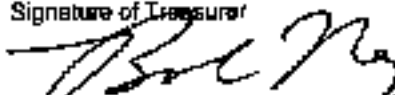
This report contains activity for ☒ Primary Election ☐ General Election ☐ Special Election ☐ Runoff Election

## SUMMARY

| 5. Covering Period <u>01-01-99</u> through <u>6-30-99</u>                                        | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |
|--------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------|
| 6. Net Contributions (other than loans)                                                          |                         |                                   |
| (a) Total Contributions (other than loans) (from Line 11(a))                                     | 264,384.45              | 264,384.45                        |
| (b) Total Contribution Refunds (from Line 20(d))                                                 |                         |                                   |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))                          | 264,384.45              | 264,384.45                        |
| 7. Net Operating Expenditures                                                                    |                         |                                   |
| (a) Total Operating Expenditures (from Line 17)                                                  | 36,135.66               | 36,135.66                         |
| (b) Total Offsets to Operating Expenditures (from Line 14)                                       |                         |                                   |
| (c) Net Operating Expenditures (subtract Line 7(b) from 7(a))                                    | 36,135.66               | 36,135.61                         |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)                                      | 248,209.34              |                                   |
| 9. Debts and Obligations Owed TO the Committee<br>(Itemize all on Schedule C and/or Schedule D)  |                         |                                   |
| 10. Debts and Obligations Owed BY the Committee<br>(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

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<br><b>Bob Ney</b>                                                             | Date<br><b>7/31/99</b> |
| Signature of Treasurer<br> |                        |

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

FEC FORM 3  
(revised 4/87)

# DETAILED SUMMARY PAGE

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

| Name of Committee (in full)<br>Bob Ney For Congress                          |  | Report Covering the Period:<br>From: 01-01-99 To: 06-30-99 |                                   |
|------------------------------------------------------------------------------|--|------------------------------------------------------------|-----------------------------------|
| I. RECEIPTS                                                                  |  | COLUMN A<br>Total This Period                              | COLUMN B<br>Calendar Year-To-Date |
| 11. CONTRIBUTIONS (other than loans) FROM:                                   |  |                                                            |                                   |
| (a) Individuals/Persons Other Than Political Committees                      |  |                                                            |                                   |
| (i) Itemized (use Schedule A)                                                |  | 61,250.00                                                  |                                   |
| (7) Unitemized                                                               |  | 11,576.00                                                  |                                   |
| (ii) Total of contributions from individuals                                 |  | 72,826.00                                                  | 72,826.00                         |
| (b) Political Party Committees                                               |  |                                                            |                                   |
| (c) Other Political Committees (such as PACs)                                |  | 191,558.45                                                 | 191,558.45                        |
| (d) The Candidate                                                            |  |                                                            |                                   |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(ii), (b), (c) and (d)) |  | 264,384.45                                                 | 264,384.45                        |
| 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES                               |  |                                                            |                                   |
| 13. LOANS:                                                                   |  |                                                            |                                   |
| (a) Made or Guaranteed by the Candidate                                      |  |                                                            |                                   |
| (b) All Other Loans                                                          |  |                                                            |                                   |
| (c) TOTAL LOANS (add 13(a) and (b))                                          |  |                                                            |                                   |
| 14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)               |  |                                                            |                                   |
| 15. OTHER RECEIPTS (Dividends, interest, etc.)                               |  | 215.56                                                     | 215.56                            |
| 16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)                         |  | 264,600.01                                                 | 264,600.01                        |
| II. DISBURSEMENTS                                                            |  |                                                            |                                   |
| 17. OPERATING EXPENDITURES                                                   |  | 35,085.66                                                  | 35,085.66                         |
| 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                                                      |  | 1,050.00                                                   | 1,050.00                          |
| 22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)                    |  | 36,135.66                                                  | 36,135.66                         |

## III. CASH SUMMARY

|                                                                              |    |            |    |
|------------------------------------------------------------------------------|----|------------|----|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD                            | \$ | 19,744.99  | 23 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16)                                | \$ | 264,600.01 | 24 |
| 25. SUBTOTAL (add Line 23 and Line 24)                                       | \$ | 284,345.00 | 25 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)                           | \$ | 36,135.66  | 26 |
| 27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25) | \$ | 248,209.34 | 27 |

**SCHEDULE A**  
**CONTRIBUTIONS FROM INDIVIDUALS/PERSONS OTHER**  
**THAN POLITICAL COMMITTEES**

**ITEMIZED RECEIPTS**

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

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

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

NAME OF COMMITTEE (in full)

BDE NEY FOR CONGRESS

COO288324

|                                                                                                                                               |                                                  |                                                      |                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|------------------------------------------------------|-------------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Scott P. Semerak<br>7887 Westview Dr.<br>Columbus, OH 43235                              | <b>Name of Employer</b><br>Northwest Mutual Life | <b>Date (month, day, year)</b><br>2-12-99            | <b>Amount of Each Receipt this Period</b><br>500.00               |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Broker                      | <b>Aggregate Year-to-Date</b> > \$ 500.00            |                                                                   |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Douglas A. Fellers<br>2921 Rowan St.<br>Zanesville, OH 43701                             | <b>Name of Employer</b><br>West M. Corp.         | <b>Date (month, day, year)</b><br>4-24-99            | <b>Amount of Each Receipt this Period</b><br>500.00               |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Self-Employed               | <b>Aggregate Year-to-Date</b> > \$ 500.00            |                                                                   |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Jerry R. Williams<br>64545 Haught Rd.<br>Cambridge, OH 43725                             | <b>Name of Employer</b><br>Stone Container Corp. | <b>Date (month, day, year)</b><br>5-04-99            | <b>Amount of Each Receipt this Period</b><br>250.00               |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Forester                    | <b>Aggregate Year-to-Date</b> > \$ 250.00            |                                                                   |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>George Grim<br>206 High St. Box 507<br>Bergholz, OH 43908                                | <b>Name of Employer</b><br>Advest. Inc.          | <b>Date (month, day, year)</b><br>5-11-99            | <b>Amount of Each Receipt this Period</b><br>500.00               |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Vice President              | <b>Aggregate Year-to-Date</b> > \$ 500.00            |                                                                   |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Betty Balcar<br>41410 Palmer Rd. - P.O. Box 10<br>Belmont, OH 43718                      | <b>Name of Employer</b><br>BK Mining & Const.    | <b>Date (month, day, year)</b><br>5-24-99<br>5-24-99 | <b>Amount of Each Receipt this Period</b><br>1,000.00<br>1,000.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Secretary                   | <b>Aggregate Year-to-Date</b> > \$ 2,000.00          |                                                                   |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Bruce Balcar<br>41410 Palmer Rd. - P.O. Box 10<br>Belmont, OH 43718                      | <b>Name of Employer</b><br>BK Mining & Const.    | <b>Date (month, day, year)</b><br>5-24-99            | <b>Amount of Each Receipt this Period</b><br>500.00               |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Self-Employed               | <b>Aggregate Year-to-Date</b> > \$ 500.00            |                                                                   |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Eddie K. Whitlow<br>10875 Hwy, 64E<br>Savannah, TN 38372                                 | <b>Name of Employer</b><br>Contacted             | <b>Date (month, day, year)</b><br>5-27-99            | <b>Amount of Each Receipt this Period</b><br>500.00               |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>                            | <b>Aggregate Year-to-Date</b> > \$ 500.00            |                                                                   |

SUBTOTAL of Receipts This Page (optional)

4,750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A**  
**CONTRIBUTIONS FROM INDIVIDUALS/PERSONS OTHER**  
**THAN POLITICAL COMMITTEES**

**ITEMIZED RECEIPTS**

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

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

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NAME OF COMMITTEE (in full)

BOB NEY FOR CONGRESS

000288324

|                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                         |                                                    |                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|----------------------------------------------------------------|
| <p><b>A. Full Name, Mailing Address and ZIP Code</b><br/> Joseph F. Hutchinson<br/> 11633 Almahurst Ct.<br/> Cincinnati, OH 45249</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify):</p>                            | <p><b>Name of Employer</b><br/> Contacted</p> <p><b>Occupation</b></p> <p><b>Aggregate Year-to-Date</b> &gt; \$ 500.00</p>                              | <p><b>Date (month, day, year)</b><br/> 5-27-99</p> | <p><b>Amount of Each Receipt this Period</b><br/> 500.00</p>   |
| <p><b>B. Full Name, Mailing Address and ZIP Code</b><br/> Mike Melvin<br/> 120 N. Main P.O. Box 71<br/> Urbana, OH 43078</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify):</p>                                     | <p><b>Name of Employer</b><br/> Contacted</p> <p><b>Occupation</b></p> <p><b>Aggregate Year-to-Date</b> &gt; \$ 500.00</p>                              | <p><b>Date (month, day, year)</b><br/> 5-27-99</p> | <p><b>Amount of Each Receipt this Period</b><br/> 500.00</p>   |
| <p><b>C. Full Name, Mailing Address and ZIP Code</b><br/> Jerry L. Taylor<br/> 100 Old Fountain Head Cemetery Rd.<br/> P.O. Box 8041<br/> Portland, TN 37148</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify):</p> | <p><b>Name of Employer</b><br/> Contacted</p> <p><b>Occupation</b></p> <p><b>Aggregate Year-to-Date</b> &gt; \$ 500.00</p>                              | <p><b>Date (month, day, year)</b><br/> 5-27-99</p> | <p><b>Amount of Each Receipt this Period</b><br/> 500.00</p>   |
| <p><b>D. Full Name, Mailing Address and ZIP Code</b><br/> Nicholas L. Berning<br/> 3633 S. Hopper Ridge<br/> Cincinnati, OH 45255</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify):</p>                            | <p><b>Name of Employer</b><br/> Contacted</p> <p><b>Occupation</b></p> <p><b>Aggregate Year-to-Date</b> &gt; \$ 500.00</p>                              | <p><b>Date (month, day, year)</b><br/> 5-27-99</p> | <p><b>Amount of Each Receipt this Period</b><br/> 500.00</p>   |
| <p><b>E. Full Name, Mailing Address and ZIP Code</b><br/> Thomas Schlager<br/> 1517 Maple Ave.<br/> Wyoming, OH 45215</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify):</p>                                        | <p><b>Name of Employer</b><br/> Contacted</p> <p><b>Occupation</b></p> <p><b>Aggregate Year-to-Date</b> &gt; \$ 500.00</p>                              | <p><b>Date (month, day, year)</b><br/> 5-27-99</p> | <p><b>Amount of Each Receipt this Period</b><br/> 500.00</p>   |
| <p><b>F. Full Name, Mailing Address and ZIP Code</b><br/> Anthony J. Popp<br/> 507 Tupper Street<br/> Marietta, OH 45750</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify):</p>                                     | <p><b>Name of Employer</b><br/> Contacted</p> <p><b>Occupation</b></p> <p><b>Aggregate Year-to-Date</b> &gt; \$ 1,000.00</p>                            | <p><b>Date (month, day, year)</b><br/> 5-27-99</p> | <p><b>Amount of Each Receipt this Period</b><br/> 1,000.00</p> |
| <p><b>G. Full Name, Mailing Address and ZIP Code</b><br/> Paul Tipps<br/> 137 E. State St.<br/> Columbus, OH 43215</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify):</p>                                           | <p><b>Name of Employer</b><br/> Public Policy Consultants<br/> Agent</p> <p><b>Occupation</b></p> <p><b>Aggregate Year-to-Date</b> &gt; \$ 1,000.00</p> | <p><b>Date (month, day, year)</b><br/> 5-27-99</p> | <p><b>Amount of Each Receipt this Period</b><br/> 1,000.00</p> |

SUBTOTAL of Receipts This Page (optional)

4,500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A**  
**CONTRIBUTIONS FROM INDIVIDUALS/PERSONS OTHER**  
**THAN POLITICAL COMMITTEES**

**ITEMIZED RECEIPTS**

Use separate schedules for each category of the Detailed Summary Page

PAGE 3 OF 14  
 FOR LINE NUMBER 11(a)(1)

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NAME OF COMMITTEE (in Full)

BOB NEY FOR CONGRESS

C00288324

|                                                                                                                                               |                                                                                  |                                                      |                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|------------------------------------------------------|---------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Naba Goswami<br>106 Plaza West<br>St. Clairsville, OH 43950                              | <b>Name of Employer</b><br>Self-Employed                                         | <b>Date (month, day, year)</b><br>5-30-99<br>6-11-99 | <b>Amount of Each Receipt this Period</b><br>250.00<br>250.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Physician<br><b>Aggregate Year-to-Date</b> > \$ 500.00      |                                                      |                                                               |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>F. W. Englefield, III<br>2352 Hankison Rd.<br>Granville, OH 43023                        | <b>Name of Employer</b><br>Contacted                                             | <b>Date (month, day, year)</b><br>5-30-99            | <b>Amount of Each Receipt this Period</b><br>250.00           |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br><b>Aggregate Year-to-Date</b> > \$ 250.00                   |                                                      |                                                               |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Robert Chapman<br>123 Aberdeen Rd.<br>Steubenville, OH 43952                             | <b>Name of Employer</b><br>KMC Beveridge Marketing Corp.                         | <b>Date (month, day, year)</b><br>5-30-99            | <b>Amount of Each Receipt this Period</b><br>250.00           |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Vice-President<br><b>Aggregate Year-to-Date</b> > \$ 250.00 |                                                      |                                                               |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Peter A. Russell<br>44200 Brandon Dr.<br>Wellsville, OH 43968                            | <b>Name of Employer</b><br>Perpetual Savings Bank                                | <b>Date (month, day, year)</b><br>5-30-99            | <b>Amount of Each Receipt this Period</b><br>250.00           |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Banker<br><b>Aggregate Year-to-Date</b> > \$ 250.00         |                                                      |                                                               |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Stephen G. Young<br>427 Parket Dr.<br>Pittsburgh, PA 15216                               | <b>Name of Employer</b><br>Consol Inc.                                           | <b>Date (month, day, year)</b><br>5-30-99            | <b>Amount of Each Receipt this Period</b><br>250.00           |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Vice-President<br><b>Aggregate Year-to-Date</b> > \$ 250.00 |                                                      |                                                               |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Ahmed H. Kalla, MD<br>53220 Locust Dr.<br>Bridgeport, OH 43912                           | <b>Name of Employer</b><br>Colon & Rectal Clinic                                 | <b>Date (month, day, year)</b><br>5-30-99            | <b>Amount of Each Receipt this Period</b><br>250.00           |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Doctor<br><b>Aggregate Year-to-Date</b> > \$ 250.00         |                                                      |                                                               |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Jack Cartner<br>c/o Mo-Irim Inc.<br>P.O. Box 827<br>Cambridge, OH 43725-1546             | <b>Name of Employer</b><br>Motrin Inc.                                           | <b>Date (month, day, year)</b><br>5-30-99            | <b>Amount of Each Receipt this Period</b><br>250.00           |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>President<br><b>Aggregate Year-to-Date</b> > \$ 250.00      |                                                      |                                                               |

SUBTOTAL of Receipts This Page (optional)

2,000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A**  
**CONTRIBUTIONS FROM INDIVIDUALS/PERSONS OTHER**  
**THAN POLITICAL COMMITTEES**

**ITEMIZED RECEIPTS**

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

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

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NAME OF COMMITTEE (in full)

BOB NEY FOR CONGRESS

000288324

|                                                                                                                                                                                                                                                                                        |                                                                                                                                  |                                                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Charles E. Matthews<br>535 W. Third St.<br>Dover, OH 44622<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                          | <b>Name of Employer</b><br>Superior Mobile Homes, Inc.<br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 250.00 | <b>Date (month, day, year)</b><br>5-30-99<br><br><b>Amount of Each Receipt this Period</b><br>250.00                      |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Angelo N. Georges<br>Prof. Center IV Suite 402<br>Medical Park<br>Wheeling WV 26003<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br>Self-Employed<br><br><b>Occupation</b><br>Physician<br><b>Aggregate Year-to-Date</b> > \$ 250.00      | <b>Date (month, day, year)</b><br>5-30-99<br><br><b>Amount of Each Receipt this Period</b><br>250.00                      |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>James Valuska<br>281 Bryden Rd.<br>Steubenville, OH 43952<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                           | <b>Name of Employer</b><br>Tri-State Ortho<br><br><b>Occupation</b><br>Physician<br><b>Aggregate Year-to-Date</b> > \$ 350.00    | <b>Date (month, day, year)</b><br>4-08-99<br>5-30-99<br><br><b>Amount of Each Receipt this Period</b><br>100.00<br>250.00 |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Veto J. Presutti<br>149 Criegwill Rd.<br>St. Clairsville, OH 43950<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                  | <b>Name of Employer</b><br><br><br><b>Occupation</b><br>Retired<br><b>Aggregate Year-to-Date</b> > \$ 275.00                     | <b>Date (month, day, year)</b><br>4-28-99<br>5-30-99<br><br><b>Amount of Each Receipt this Period</b><br>25.00<br>250.00  |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Nasser Euami<br>400 Olive Dr.<br>Steubenville, OH 43952<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                             | <b>Name of Employer</b><br>Self-Employed<br><br><b>Occupation</b><br>Surgeon<br><b>Aggregate Year-to-Date</b> > \$ 250.00        | <b>Date (month, day, year)</b><br>5-30-99<br><br><b>Amount of Each Receipt this Period</b><br>250.00                      |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Shirley Burgett<br>RD #3<br>Fredericktown, OH 43019<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                 | <b>Name of Employer</b><br>Kokosing Const. Co.<br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 1,000.00       | <b>Date (month, day, year)</b><br>5-30-99<br><br><b>Amount of Each Receipt this Period</b><br>1,000.00                    |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Anne Buck<br>135 Popular Lane<br>Cadiz, OH 43907<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                    | <b>Name of Employer</b><br>Travels Alot<br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 250.00                | <b>Date (month, day, year)</b><br>5-30-99<br><br><b>Amount of Each Receipt this Period</b><br>250.00                      |

SUBTOTAL of Receipts This Page (optional)

2,625.00

TOTAL This Period (last page this line number only)

**SCHEDULE A**  
**CONTRIBUTIONS FROM INDIVIDUALS/PERSONS OTHER**  
**THAN POLITICAL COMMITTEES**

**ITEMIZED RECEIPTS**

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

PAGE 5 OF 14  
FOR LINE NUMBER 11(a)(1)

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NAME OF COMMITTEE (In Full)

BOB NEY FOR CONGRESS

COD288324

|                                                                                                                                                                                                                                                                       |                                                                                                              |                                    |                                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Kate C. Thompson<br>736 Adams St.<br>Bedford, OH 44146<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):             | Name of Employer<br><br>Occupation<br>Retired<br>Aggregate Year-to-Date > \$ 250.00                          | Date (month, day, year)<br>5-30-99 | Amount of Each Receipt this Period<br>250.00 |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Marion George<br>P.O. Box 506<br>Martins Ferry, OH 43935<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):           | Name of Employer<br>Contacted<br><br>Occupation<br>Aggregate Year-to-Date > \$ 250.00                        | Date (month, day, year)<br>5-30-99 | Amount of Each Receipt this Period<br>250.00 |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>William Milliken<br>91700 Leesville Rd.<br>Bowerston, OH 44695<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):     | Name of Employer<br>Bowerston Shale Co.<br><br>Occupation<br>President<br>Aggregate Year-to-Date > \$ 250.00 | Date (month, day, year)<br>6-01-99 | Amount of Each Receipt this Period<br>250.00 |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Ruth Knutsen<br>55801 Deep Run Rd.<br>Martins Ferry, OH 43935<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):      | Name of Employer<br>Wheeling National Bank<br><br>Occupation<br>Teller<br>Aggregate Year-to-Date > \$ 250.00 | Date (month, day, year)<br>6-01-99 | Amount of Each Receipt this Period<br>250.00 |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Marianne McCarty<br>4360 Shire Cove<br>Hilliard, OH 43026<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):          | Name of Employer<br>Republic Savings Bank<br><br>Occupation<br>Banker<br>Aggregate Year-to-Date > \$ 250.00  | Date (month, day, year)<br>6-01-99 | Amount of Each Receipt this Period<br>250.00 |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>H. David Millit, MD<br>4 Williamsburg Circle<br>Wheeling, WV 26003<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Name of Employer<br>Self-Employed<br><br>Occupation<br>Physician<br>Aggregate Year-to-Date > \$ 250.00       | Date (month, day, year)<br>6-03-99 | Amount of Each Receipt this Period<br>250.00 |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Bruce A. Smith<br>56973 Wegee Rd.<br>Shadyide, OH 43947<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):            | Name of Employer<br>Advance Home Health<br><br>Occupation<br>Owner<br>Aggregate Year-to-Date > \$ 250.00     | Date (month, day, year)<br>6-03-99 | Amount of Each Receipt this Period<br>250.00 |

SUBTOTAL of Receipts This Page (optional)

1,750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A**  
**CONTRIBUTIONS FROM INDIVIDUALS/PERSONS OTHER**  
**THAN POLITICAL COMMITTEES**

**ITEMIZED RECEIPTS**

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

PAGE 6 OF 14  
FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

BOB NEY FOR CONGRESS

C00288324

|                                                                                                                                               |                                                                                                   |                                                      |                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------|---------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Robert Hathaway<br>47620 Morningside Dr.<br>St. Clairsville, OH 43950                    | <b>Name of Employer</b><br>Reco Equipment<br><br><b>Occupation</b><br>Owner                       | <b>Date (month, day, year)</b><br>6-03-99            | <b>Amount of Each Receipt this Period</b><br>250.00           |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Aggregate Year-to-Date</b> > \$ 250.00                                                         |                                                      |                                                               |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>L. Edward Lathy<br>108 Wade Dr.<br>Dover, OH 44622                                       | <b>Name of Employer</b><br>Breenbuhler Scales<br><br><b>Occupation</b><br>Sales Mgmt.             | <b>Date (month, day, year)</b><br>4-08-99<br>6-04-99 | <b>Amount of Each Receipt this Period</b><br>50.00<br>500.00  |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Aggregate Year-to-Date</b> > \$ 550.00                                                         |                                                      |                                                               |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>David Whipple Johnson<br>570 Highland Ave.<br>Salem, OH 44460                            | <b>Name of Employer</b><br>Summitville Tiles, Inc.<br><br><b>Occupation</b><br>CEO                | <b>Date (month, day, year)</b><br>6-04-99<br>6-18-99 | <b>Amount of Each Receipt this Period</b><br>500.00<br>500.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Aggregate Year-to-Date</b> > \$ 1,000.00                                                       |                                                      |                                                               |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Robert J. Williams<br>P.O. Box 28<br>West Lafayette, OH 43845                            | <b>Name of Employer</b><br>College Park Inc.<br><br><b>Occupation</b><br>Vice-President           | <b>Date (month, day, year)</b><br>6-06-99            | <b>Amount of Each Receipt this Period</b><br>250.00           |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Aggregate Year-to-Date</b> > \$ 250.00                                                         |                                                      |                                                               |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Chuck Jones<br>626 Wheeling Ave.<br>Cambridge, OH 43725                                  | <b>Name of Employer</b><br>WB Green Insurance<br><br><b>Occupation</b><br>Agent                   | <b>Date (month, day, year)</b><br>6-06-99            | <b>Amount of Each Receipt this Period</b><br>250.00           |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Aggregate Year-to-Date</b> > \$ 250.00                                                         |                                                      |                                                               |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Jack Fields<br>434 NJ Ave., SE<br>Washington DC 20003                                    | <b>Name of Employer</b><br>Twenty First Century Group, Inc.<br><br><b>Occupation</b><br>President | <b>Date (month, day, year)</b><br>6-10-99            | <b>Amount of Each Receipt this Period</b><br>1,000.00         |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Aggregate Year-to-Date</b> > \$ 1,000.00                                                       |                                                      |                                                               |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>John C. Matesich, III<br>1190 E. Main St.<br>Newsrk, OH 43055                            | <b>Name of Employer</b><br>Matesich Distribution Co.<br><br><b>Occupation</b><br>CEO              | <b>Date (month, day, year)</b><br>6-11-99            | <b>Amount of Each Receipt this Period</b><br>500.00           |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Aggregate Year-to-Date</b> > \$ 500.00                                                         |                                                      |                                                               |

SUBTOTAL of Receipts This Page (optional)

3,800.00

TOTAL This Period (last page this line number only)



**SCHEDULE A**  
**CONTRIBUTIONS FROM INDIVIDUALS/PERSONS OTHER**  
**THAN POLITICAL COMMITTEES**

**ITEMIZED RECEIPTS**

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

PAGE 7 OF 14  
 FOR LINE NUMBER 11(a)(1)

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NAME OF COMMITTEE (In Full)

BOB NEY FOR CONGRESS

000288324

|                                                                                                                                               |                                                                                            |                                                      |                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|------------------------------------------------------|---------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Annette Parnell<br>1401 N. 13th St.<br>Cambridge, OH 43725                               | <b>Name of Employer</b><br>Parnell & Assoc.<br><br><b>Occupation</b><br>Construction       | <b>Date (month, day, year)</b><br>4-08-99<br>6-11-99 | <b>Amount of Each Receipt this Period</b><br>100.00<br>250.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Aggregate Year-to-Date</b> > \$ 350.00                                                  |                                                      |                                                               |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Brenda F. Kimble<br>3509 S R 39 NW<br>Dover, OH 44622                                    | <b>Name of Employer</b><br>Kimble Clay & Limestone<br><br><b>Occupation</b><br>Bookkeeper  | <b>Date (month, day, year)</b><br>6-11-99            | <b>Amount of Each Receipt this Period</b><br>250.00           |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Aggregate Year-to-Date</b> > \$ 250.00                                                  |                                                      |                                                               |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Jeff Dennis<br>108 E. Main St. - P.O. Box 31<br>Crooksville, OH 43731                    | <b>Name of Employer</b><br>Self-Employed<br><br><b>Occupation</b><br>Insurance Agent       | <b>Date (month, day, year)</b><br>4-08-99<br>6-11-99 | <b>Amount of Each Receipt this Period</b><br>100.00<br>250.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Aggregate Year-to-Date</b> > \$ 350.00                                                  |                                                      |                                                               |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Nancy Karvellis<br>54502 Sunny Acres<br>Bellaire, OH 43906                               | <b>Name of Employer</b><br>Hughes Xerographic<br><br><b>Occupation</b><br>President/Owner  | <b>Date (month, day, year)</b><br>4-08-99<br>6-11-99 | <b>Amount of Each Receipt this Period</b><br>100.00<br>250.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Aggregate Year-to-Date</b> > \$ 350.00                                                  |                                                      |                                                               |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Marylon Rahbar<br>101 Maple Lane<br>Rahbar Springs, WV 26003                             | <b>Name of Employer</b><br>Contacted<br><br><b>Occupation</b>                              | <b>Date (month, day, year)</b><br>6-11-99            | <b>Amount of Each Receipt this Period</b><br>250.00           |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Aggregate Year-to-Date</b> > \$ 250.00                                                  |                                                      |                                                               |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>R. Emmett Boyle<br>P.O. Box 296<br>St. Clairsville, OH 43950                             | <b>Name of Employer</b><br>Orasco Management Service, Inc.<br><br><b>Occupation</b><br>CEO | <b>Date (month, day, year)</b><br>6-11-99            | <b>Amount of Each Receipt this Period</b><br>500.00           |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Aggregate Year-to-Date</b> > \$ 500.00                                                  |                                                      |                                                               |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Michael O'Brien<br>68586 Grissom Rd.<br>St. Clairsville, OH 43950                        | <b>Name of Employer</b><br>Ornet Corp.<br><br><b>Occupation</b><br>Employee                | <b>Date (month, day, year)</b><br>6-11-99            | <b>Amount of Each Receipt this Period</b><br>250.00           |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Aggregate Year-to-Date</b> > \$ 250.00                                                  |                                                      |                                                               |

SUBTOTAL of Receipts This Page (optional)

2,300.00

TOTAL This Period (last page this line number only)

**SCHEDULE A**  
**ITEMIZED RECEIPTS**  
**CONTRIBUTIONS FROM INDIVIDUALS/PERSONS OTHER**  
**THAN POLITICAL COMMITTEES**

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

PAGE 8 OF 14  
 FOR LINE NUMBER  
 11(a)(i)

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NAME OF COMMITTEE (In Full)

BOB NEY FOR CONGRESS

000288324

|                                                                                                                                                                                                                                                                                 |                                                                                                                                        |                                                                 |                                                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|-------------------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Debra J. Boger<br>Box 556<br>St. Clairsville, OH 43950<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                       | <b>Name of Employer</b><br>Ormet Corp.<br><br><b>Occupation</b><br>V.P. Of Administration<br><b>Aggregate Year-to-Date</b> > \$ 500.00 | <b>Date (month, day, year)</b><br>6-11-99                       | <b>Amount of Each Receipt this Period</b><br>500.00                     |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>George Nicolozzakes<br>62737 Georgetown Rd.<br>Cambridge, OH 43725<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):           | <b>Name of Employer</b><br>Marietta Coal Co.<br><br><b>Occupation</b><br>President<br><b>Aggregate Year-to-Date</b> > \$ 475.00        | <b>Date (month, day, year)</b><br>4-08-99<br>6-12-99<br>6-18-99 | <b>Amount of Each Receipt this Period</b><br>100.00<br>125.00<br>250.00 |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Robert J. D'Anniballe, Sr.<br>209 Brayberton Blvd.<br>Steubenville, OH 43952<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br><br><br><b>Occupation</b><br>Retired<br><b>Aggregate Year-to-Date</b> > \$ 250.00                           | <b>Date (month, day, year)</b><br>6-15-99                       | <b>Amount of Each Receipt this Period</b><br>250.00                     |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Edward J. Hussey<br>P.O. Box 35<br>Goshen, IN 46526<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                          | <b>Name of Employer</b><br>Liberty Homes, Inc.<br><br><b>Occupation</b><br>Attorney<br><b>Aggregate Year-to-Date</b> > \$ 500.00       | <b>Date (month, day, year)</b><br>6-15-99                       | <b>Amount of Each Receipt this Period</b><br>500.00                     |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Ralph W. Anderson<br>42408 National Rd.<br>Belmont, OH 43718<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                 | <b>Name of Employer</b><br>Anco Mining Co.<br><br><b>Occupation</b><br>President<br><b>Aggregate Year-to-Date</b> > \$ 250.00          | <b>Date (month, day, year)</b><br>6-17-99                       | <b>Amount of Each Receipt this Period</b><br>250.00                     |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Jill S. Bockorny<br>8021 Fisher Island Dr.<br>Miami, FL 33109<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                | <b>Name of Employer</b><br><br><br><b>Occupation</b><br>Homemaker<br><b>Aggregate Year-to-Date</b> > \$ 1,000.00                       | <b>Date (month, day, year)</b><br>6-17-99                       | <b>Amount of Each Receipt this Period</b><br>1,000.00                   |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Cary J. Andres<br>610 Langston Lane<br>Falls Church, VA 22046<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                | <b>Name of Employer</b><br>Contacted<br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 500.00                         | <b>Date (month, day, year)</b><br>6-17-99                       | <b>Amount of Each Receipt this Period</b><br>500.00                     |

SUBTOTAL of Receipts This Page (optional)

3,475.00

TOTAL This Period (last page this line number only)

**SCHEDULE A**  
**CONTRIBUTIONS FROM INDIVIDUALS/PERSONS OTHER**  
**THAN POLITICAL COMMITTEES**

**ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

PAGE 9 OF 14  
FOR LINE NUMBER 11(a)(1)

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NAME OF COMMITTEE (in full)

BOB NEY FOR CONGRESS

000288324

|                                                                                                                                                                                                                                                                       |                                                                                                                                           |                                                                 |                                                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|-------------------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Yeshoshua Balkany<br>5402 15th Ave.<br>Brooklyn, NY 11219<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):          | <b>Name of Employer</b><br>Jewish Synagogue<br><br><b>Occupation</b><br>Rabbi<br><br><b>Aggregate Year-to-Date</b> > \$ 1,000.00          | <b>Date (month, day, year)</b><br>6-17-99                       | <b>Amount of Each Receipt this Period</b><br>1,000.00                   |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Sara Balkany<br>5402 15th Ave.<br>Brooklyn, NY 11219<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):               | <b>Name of Employer</b><br><br><br><b>Occupation</b><br>Homemaker<br><br><b>Aggregate Year-to-Date</b> > \$ 1,000.00                      | <b>Date (month, day, year)</b><br>6-17-99                       | <b>Amount of Each Receipt this Period</b><br>1,000.00                   |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>James H. Frauenberg<br>8937 Locherbie Court<br>Dublin, OH 43017<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):    | <b>Name of Employer</b><br>Check Smart<br><br><b>Occupation</b><br>President<br><br><b>Aggregate Year-to-Date</b> > \$ 1,000.00           | <b>Date (month, day, year)</b><br>6-17-99<br>6-22-99            | <b>Amount of Each Receipt this Period</b><br>500.00<br>500.00           |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Michael W. Lenhart<br>8703 Finlarig Dr.<br>Dublin, OH 43017<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):        | <b>Name of Employer</b><br>Buckeye Check Cashing<br><br><b>Occupation</b><br>President<br><br><b>Aggregate Year-to-Date</b> > \$ 1,500.00 | <b>Date (month, day, year)</b><br>6-17-99<br>6-22-99<br>6-22-99 | <b>Amount of Each Receipt this Period</b><br>500.00<br>500.00<br>500.00 |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Roy J. Dutcher<br>219 S. Marietta St.<br>St. Clairsville, OH 43950<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br>Superior Service<br><br><b>Occupation</b><br>Owner<br><br><b>Aggregate Year-to-Date</b> > \$ 350.00            | <b>Date (month, day, year)</b><br>4-20-99<br>6-18-99            | <b>Amount of Each Receipt this Period</b><br>100.00<br>250.00           |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>J. Mark Costine<br>136 W. Main St.<br>St. Clairsville, OH 43950<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):    | <b>Name of Employer</b><br>Self-Employed<br><br><b>Occupation</b><br>Attorney<br><br><b>Aggregate Year-to-Date</b> > \$ 250.00            | <b>Date (month, day, year)</b><br>6-18-99                       | <b>Amount of Each Receipt this Period</b><br>250.00                     |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Barbara A. Bashline<br>Box 123 Cadiz Rd.<br>Flushing, OH 43977<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):     | <b>Name of Employer</b><br><br><br><b>Occupation</b><br>Housewife<br><br><b>Aggregate Year-to-Date</b> > \$ 250.00                        | <b>Date (month, day, year)</b><br>6-18-99                       | <b>Amount of Each Receipt this Period</b><br>250.00                     |

SUBTOTAL of Receipts This Page (optional)

5,350.00

TOTAL This Period (last page this line number only)

**SCHEDULE A** **ITEMIZED RECEIPTS**  
**CONTRIBUTIONS FROM INDIVIDUALS/PERSONS OTHER**  
**THAN POLITICAL COMMITTEES**

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

PAGE 10 OF 14  
FOR LINE NUMBER  
11(a)(i)

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NAME OF COMMITTEE (in full)

BOB NEY FOR CONGRESS

000288324

|                                                                                                                                               |                                                    |                                                      |                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|------------------------------------------------------|-------------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>W. Thomas Mackall<br>1875 Pearce Circle<br>Salem, OH 44460                               | <b>Name of Employer</b><br>East Fairfield Coal Co. | <b>Date (month, day, year)</b><br>6-18-99            | <b>Amount of Each Receipt this Period</b><br>250.00               |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>President                     |                                                      |                                                                   |
|                                                                                                                                               | <b>Aggregate Year-to-Date</b> > \$ 250.00          |                                                      |                                                                   |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>C. F. Rousenberg<br>36829 TH 2067<br>Jerusalem, OH 43747                                 | <b>Name of Employer</b><br>                        | <b>Date (month, day, year)</b><br>5-02-99<br>6-18-99 | <b>Amount of Each Receipt this Period</b><br>200.00<br>250.00     |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Self-Employed                 |                                                      |                                                                   |
|                                                                                                                                               | <b>Aggregate Year-to-Date</b> > \$ 450.00          |                                                      |                                                                   |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>John Grisham<br>P.O. Box 389<br>Lisbon, OH 44432                                         | <b>Name of Employer</b><br>Buckeye Indust. Mining  | <b>Date (month, day, year)</b><br>6-18-99            | <b>Amount of Each Receipt this Period</b><br>500.00               |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>President                     |                                                      |                                                                   |
|                                                                                                                                               | <b>Aggregate Year-to-Date</b> > \$ 500.00          |                                                      |                                                                   |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Charles E. Cowgill<br>Rt. 1<br>Sarahsville, OH 43779                                     | <b>Name of Employer</b><br>Noble Co.               | <b>Date (month, day, year)</b><br>6-18-99            | <b>Amount of Each Receipt this Period</b><br>250.00               |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Commissioner                  |                                                      |                                                                   |
|                                                                                                                                               | <b>Aggregate Year-to-Date</b> > \$ 250.00          |                                                      |                                                                   |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Tejinder Bhullar<br>62 Cedarcrest Rd.<br>Wheeling, WV 26003                              | <b>Name of Employer</b><br>                        | <b>Date (month, day, year)</b><br>6-18-99            | <b>Amount of Each Receipt this Period</b><br>250.00               |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Housewife                     |                                                      |                                                                   |
|                                                                                                                                               | <b>Aggregate Year-to-Date</b> > \$ 250.00          |                                                      |                                                                   |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Tony Gentile<br>4 Normandy Dr.<br>Wintersville, OH 43952                                 | <b>Name of Employer</b><br>                        | <b>Date (month, day, year)</b><br>6-18-99            | <b>Amount of Each Receipt this Period</b><br>250.00               |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Retired                       |                                                      |                                                                   |
|                                                                                                                                               | <b>Aggregate Year-to-Date</b> > \$ 250.00          |                                                      |                                                                   |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Bonny A. Huffman<br>1210 Hiram W. Rd. - P.O. Box 514<br>Wellston, OH 45692               | <b>Name of Employer</b><br>                        | <b>Date (month, day, year)</b><br>6-22-99<br>6-22-99 | <b>Amount of Each Receipt this Period</b><br>1,000.00<br>1,000.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Homemaker                     |                                                      |                                                                   |
|                                                                                                                                               | <b>Aggregate Year-to-Date</b> > \$ 2,000.00        |                                                      |                                                                   |

SUBTOTAL of Receipts This Page (optional)

3,950.00

TOTAL This Period (last page this line number only)

**SCHEDULE A** **ITEMIZED RECEIPTS**  
**CONTRIBUTIONS FROM INDIVIDUALS/PERSONS OTHER**  
**THAN POLITICAL COMMITTEES**

Use separate schedules  
for each category of the  
Detailed Summary Page

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

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NAME OF COMMITTEE (in Full)

BOB NEY FOR CONGRESS

CO0288324

|                                                                                                                                               |                                                          |                                                      |                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|------------------------------------------------------|-------------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Robert W. Boich<br>4435 Bellaire Ave.<br>Dublin, OH 43017                                | <b>Name of Employer</b><br>Ozanne Construction Co.       | <b>Date (month, day, year)</b><br>6-22-99<br>6-22-99 | <b>Amount of Each Receipt this Period</b><br>1,000.00<br>1,000.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Attorney                            | <b>Aggregate Year-to-Date</b> > \$ 2,000.00          |                                                                   |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Wayne Boich<br>155 E. Broad St.<br>Columbus, OH 43215                                    | <b>Name of Employer</b><br>The Boich Group               | <b>Date (month, day, year)</b><br>6-22-99<br>6-22-99 | <b>Amount of Each Receipt this Period</b><br>1,000.00<br>1,000.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Self                                | <b>Aggregate Year-to-Date</b> > \$ 3,000.00          |                                                                   |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Emeline Boich<br>19500 Turnberry Way Apt. DE<br>Aventura, FL 33180                       | <b>Name of Employer</b><br>                              | <b>Date (month, day, year)</b><br>6-22-99<br>6-22-99 | <b>Amount of Each Receipt this Period</b><br>1,000.00<br>1,000.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Homemaker                           | <b>Aggregate Year-to-Date</b> > \$ 2,000.00          |                                                                   |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Max Sovell<br>155 E. Broad St.<br>Columbus, OH 43215                                     | <b>Name of Employer</b><br>Boich Co.                     | <b>Date (month, day, year)</b><br>6-22-99<br>6-22-99 | <b>Amount of Each Receipt this Period</b><br>1,000.00<br>1,000.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>V.P.                                | <b>Aggregate Year-to-Date</b> > \$ 2,000.00          |                                                                   |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Jack R. Huffman<br>1210 Hiram W. Rd. - P.O. Box 514<br>Wellston, OH 45692                | <b>Name of Employer</b><br>Contacted                     | <b>Date (month, day, year)</b><br>6-22-99<br>6-22-99 | <b>Amount of Each Receipt this Period</b><br>1,000.00<br>1,000.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>                                    | <b>Aggregate Year-to-Date</b> > \$ 2,000.00          |                                                                   |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>James F. Graham<br>Box 340 National City Bank Bldg.<br>3rd Floor<br>Zanesville, OH 43702 | <b>Name of Employer</b><br>Graham, McClelland,<br>McCann | <b>Date (month, day, year)</b><br>6-22-99            | <b>Amount of Each Receipt this Period</b><br>1,000.00             |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Attorney                            | <b>Aggregate Year-to-Date</b> > \$ 1,000.00          |                                                                   |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>James S. Aslanides<br>46275 US 36<br>Coshocton, OH 43812                                 | <b>Name of Employer</b><br>MRC Drilling, Inc.            | <b>Date (month, day, year)</b><br>6-22-99            | <b>Amount of Each Receipt this Period</b><br>500.00               |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>State Rep.                          | <b>Aggregate Year-to-Date</b> > \$ 500.00            |                                                                   |

SUBTOTAL of Receipts This Page (optional)

11,500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A**  
**CONTRIBUTIONS FROM INDIVIDUALS/PERSONS OTHER**  
**THAN POLITICAL COMMITTEES**

**ITEMIZED RECEIPTS**

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

PAGE 12 OF 14  
FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in full)

BOE NEY FOR CONGRESS

C00288324

|                                                                                                                                               |                                                       |                                                      |                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|------------------------------------------------------|-------------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Richard B. Colby<br>7253 Hopewell Ct.<br>Dublin, OH 43017                                | <b>Name of Employer</b><br>Colby & Co.                | <b>Date (month, day, year)</b><br>6-22-99            | <b>Amount of Each Receipt this Period</b><br>250.00               |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>President                        |                                                      |                                                                   |
|                                                                                                                                               | <b>Aggregate Year-to-Date</b> > \$ 250.00             |                                                      |                                                                   |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Michael M. Boich<br>5505 Aryshire Dr.<br>Dublin, OH 43017                                | <b>Name of Employer</b><br>Boich Co.                  | <b>Date (month, day, year)</b><br>6-22-99<br>6-22-99 | <b>Amount of Each Receipt this Period</b><br>1,000.00<br>1,000.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>CEO                              |                                                      |                                                                   |
|                                                                                                                                               | <b>Aggregate Year-to-Date</b> > \$ 2,000.00           |                                                      |                                                                   |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Doris C. Boich<br>8301 ElMarco Circle<br>Paradise Valley, AZ 85253                       | <b>Name of Employer</b>                               | <b>Date (month, day, year)</b><br>6-22-99<br>6-22-99 | <b>Amount of Each Receipt this Period</b><br>1,000.00<br>1,000.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Housewife                        |                                                      |                                                                   |
|                                                                                                                                               | <b>Aggregate Year-to-Date</b> > \$ 2,000.00           |                                                      |                                                                   |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Michael Green<br>122 Tudor Drive<br>St. Clairsville, OH 43950                            | <b>Name of Employer</b><br>Self-Employed              | <b>Date (month, day, year)</b><br>6-23-99            | <b>Amount of Each Receipt this Period</b><br>250.00               |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Engineering                      |                                                      |                                                                   |
|                                                                                                                                               | <b>Aggregate Year-to-Date</b> > \$ 250.00             |                                                      |                                                                   |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Brian S. Parks<br>4706 Five Points Rd.<br>Jackson, OH 45640                              | <b>Name of Employer</b><br>Contacted                  | <b>Date (month, day, year)</b><br>6-27-99<br>6-27-99 | <b>Amount of Each Receipt this Period</b><br>1,000.00<br>1,000.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b>                                     |                                                      |                                                                   |
|                                                                                                                                               | <b>Aggregate Year-to-Date</b> > \$ 2,000.00           |                                                      |                                                                   |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Theodore L. Darlington<br>4209 Haymaker Lane<br>Dublin, OH 43017                         | <b>Name of Employer</b><br>Waterloo Coal Co.          | <b>Date (month, day, year)</b><br>6-27-99<br>6-27-99 | <b>Amount of Each Receipt this Period</b><br>1,000.00<br>1,000.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>President                        |                                                      |                                                                   |
|                                                                                                                                               | <b>Aggregate Year-to-Date</b> > \$ 2,000.00           |                                                      |                                                                   |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Ernie Malas<br>P.O. Box 20040 TW.<br>Columbus, OH 43220                                  | <b>Name of Employer</b><br>Miracle Car Wash<br>Supply | <b>Date (month, day, year)</b><br>6-28-99            | <b>Amount of Each Receipt this Period</b><br>250.00               |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>President                        |                                                      |                                                                   |
|                                                                                                                                               | <b>Aggregate Year-to-Date</b> > \$ 250.00             |                                                      |                                                                   |

SUBTOTAL of Receipts This Page (optional)

8,750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A** **ITEMIZED RECEIPTS**  
**CONTRIBUTIONS FROM INDIVIDUALS/PERSONS OTHER**  
**THAN POLITICAL COMMITTEES**

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

PAGE 13 OF 14  
FOR LINE NUMBER  
11(a)(i)

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NAME OF COMMITTEE (In Full)

BOB NEY FOR CONGRESS

C00288324

|                                                                                                                                        |                                                                         |                                               |                                                            |
|----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|-----------------------------------------------|------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Nicholas E. Calio<br>11 W. Melrose Street<br>Chevy Chase, MD 20815                | Name of Employer<br>D'Brien-Calio                                       | Date (month, day, year)<br>6-29-99            | Amount of Each Receipt this Period<br>250.00               |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>Attorney<br>Aggregate Year-to-Date > \$ 250.00            |                                               |                                                            |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Robin C. Hayes<br>437 Briarwood Place<br>Concord, NC 28025                        | Name of Employer<br>U.S. House Of Reps.                                 | Date (month, day, year)<br>6-30-99<br>6-30-99 | Amount of Each Receipt this Period<br>1,000.00<br>1,000.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>Congressman<br>Aggregate Year-to-Date > \$ 2,000.00       |                                               |                                                            |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Robert Oklok<br>101 Woodland Park<br>Wintersville, OH 43952-2132                  | Name of Employer<br>Self-Employed                                       | Date (month, day, year)<br>6-30-99            | Amount of Each Receipt this Period<br>250.00               |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>Insurance<br>Aggregate Year-to-Date > \$ 250.00           |                                               |                                                            |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>James A. Haslam, II<br>P.O. Box 10146<br>Knoxville, TN 37939-0146                 | Name of Employer<br>                                                    | Date (month, day, year)<br>6-30-99            | Amount of Each Receipt this Period<br>1,000.00             |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>Pilot Corporation<br>Aggregate Year-to-Date > \$ 1,000.00 |                                               |                                                            |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Richard Barron<br>P.O. Box 55 Niagara Sq. Station<br>Buffalo, NY 14201            | Name of Employer<br>Contacted                                           | Date (month, day, year)<br>6-30-99            | Amount of Each Receipt this Period<br>1,000.00             |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>Aggregate Year-to-Date > \$ 1,000.00                      |                                               |                                                            |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Lawrence M. Small<br>2804 Woodlawn Drive NW<br>Washington DC 20008-2742           | Name of Employer<br>Fannie Mae                                          | Date (month, day, year)<br>6-30-99            | Amount of Each Receipt this Period<br>500.00               |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>Aggregate Year-to-Date > \$ 500.00                        |                                               |                                                            |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Mitchell J. Wade<br>3319 N. Street NW<br>Washington DC 20007                      | Name of Employer<br>MMI Inc.                                            | Date (month, day, year)<br>6-30-99            | Amount of Each Receipt this Period<br>1,000.00             |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>Aggregate Year-to-Date > \$ 1,000.00                      |                                               |                                                            |
| <b>SUBTOTAL of Receipts This Page (optional)</b>                                                                                       |                                                                         |                                               | 6,000.00                                                   |
| <b>TOTAL This Period (last page this line number only)</b>                                                                             |                                                                         |                                               |                                                            |

**SCHEDULE A**  
**ITEMIZED RECEIPTS**  
**CONTRIBUTIONS FROM INDIVIDUALS/PERSONS OTHER**  
**THAN POLITICAL COMMITTEES**

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

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

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

NAME OF COMMITTEE (In Full)

BOB NEY FOR CONGRESS

CD0288324

|                                                                                                                                               |                                                                             |                                           |                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|-------------------------------------------|-----------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Harley I. Gross<br>13911 Oakbrook Dr. Ste 104<br>North Royalton, OH 44133-4687           | <b>Name of Employer</b><br>I & MP Gam Co.                                   | <b>Date (month, day, year)</b><br>6-30-99 | <b>Amount of Each Receipt this Period</b><br>500.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Developer<br><b>Aggregate Year-to-Date</b> > \$ 500.00 |                                           |                                                     |
| <b>B. Full Name, Mailing Address and ZIP Code</b>                                                                                             | <b>Name of Employer</b>                                                     | <b>Date (month, day, year)</b>            | <b>Amount of Each Receipt this Period</b>           |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):            | <b>Occupation</b><br><b>Aggregate Year-to-Date</b> > \$                     |                                           |                                                     |
| <b>C. Full Name, Mailing Address and ZIP Code</b>                                                                                             | <b>Name of Employer</b>                                                     | <b>Date (month, day, year)</b>            | <b>Amount of Each Receipt this Period</b>           |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):            | <b>Occupation</b><br><b>Aggregate Year-to-Date</b> > \$                     |                                           |                                                     |
| <b>D. Full Name, Mailing Address and ZIP Code</b>                                                                                             | <b>Name of Employer</b>                                                     | <b>Date (month, day, year)</b>            | <b>Amount of Each Receipt this Period</b>           |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):            | <b>Occupation</b><br><b>Aggregate Year-to-Date</b> > \$                     |                                           |                                                     |
| <b>E. Full Name, Mailing Address and ZIP Code</b>                                                                                             | <b>Name of Employer</b>                                                     | <b>Date (month, day, year)</b>            | <b>Amount of Each Receipt this Period</b>           |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):            | <b>Occupation</b><br><b>Aggregate Year-to-Date</b> > \$                     |                                           |                                                     |
| <b>F. Full Name, Mailing Address and ZIP Code</b>                                                                                             | <b>Name of Employer</b>                                                     | <b>Date (month, day, year)</b>            | <b>Amount of Each Receipt this Period</b>           |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):            | <b>Occupation</b><br><b>Aggregate Year-to-Date</b> > \$                     |                                           |                                                     |
| <b>G. Full Name, Mailing Address and ZIP Code</b>                                                                                             | <b>Name of Employer</b>                                                     | <b>Date (month, day, year)</b>            | <b>Amount of Each Receipt this Period</b>           |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):            | <b>Occupation</b><br><b>Aggregate Year-to-Date</b> > \$                     |                                           |                                                     |

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

\$ 61,250.00



**SCHEDULE A**
**ITEMIZED RECEIPTS**

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

 PAGE 1 OF 22  
FOR LINE NUMBER 11(c)

**CONTRIBUTIONS FROM OTHER POLITICAL COMMITTEES**

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**NAME OF COMMITTEE (in Full)**

BOB NEY FOR CONGRESS

C00288324

|                                                                                                                                                                                        |                                                  |                                                                 |                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-----------------------------------------------------------------|---------------------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Nat'l. Comm. To Preserve Soc. Sec. & Medicare PAC - Karen A. Hinks, Dir.<br>10 G Street, NE Suite 600<br>Washington DC 20002-4215 | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>2-18-99<br>6-11-99            | <b>Amount of Each Receipt this Period</b><br>500.00<br>500.00             |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                          | <b>Aggregate Year-to-Date</b> > \$ 1,000.00      |                                                                 |                                                                           |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Bethlehem Steel Good Govt. Fund<br>1725 Martin Tower 1170 8th Ave.<br>Bethlehem, PA 18016                                         | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>2-26-99<br>6-21-99            | <b>Amount of Each Receipt this Period</b><br>500.00<br>500.00             |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                          | <b>Aggregate Year-to-Date</b> > \$ 1,000.00      |                                                                 |                                                                           |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Grange Life Ins. Co.<br>650 South Front Street<br>Columbus, OH 43206                                                              | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>3-07-99                       | <b>Amount of Each Receipt this Period</b><br>500.00                       |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                          | <b>Aggregate Year-to-Date</b> > \$ 500.00        |                                                                 |                                                                           |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>MBNA Corp. Federal Political Comm.<br>Multi-Candidate PAC<br>Wilmington, DE 19884                                                 | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>3-07-99<br>6-15-99            | <b>Amount of Each Receipt this Period</b><br>1,000.00<br>1,000.00         |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                          | <b>Aggregate Year-to-Date</b> > \$ 2,000.00      |                                                                 |                                                                           |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>CULAC<br>805 15th St. NW Suite 300<br>Washington DC 20005                                                                         | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>3-07-99                       | <b>Amount of Each Receipt this Period</b><br>2,500.00                     |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                          | <b>Aggregate Year-to-Date</b> > \$ 2,500.00      |                                                                 |                                                                           |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>American Trucking PAC<br>430 First St. SE<br>Washington DC 20003                                                                  | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>3-07-99<br>6-30-99<br>6-30-99 | <b>Amount of Each Receipt this Period</b><br>500.00<br>500.00<br>1,000.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                          | <b>Aggregate Year-to-Date</b> > \$ 2,000.00      |                                                                 |                                                                           |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>National Education Assoc. PAC<br>Don Cameron, Treasurer<br>1201 16th Street, NW<br>Washington DC 20036                            | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>3-07-99<br>6-24-99<br>6-28-99 | <b>Amount of Each Receipt this Period</b><br>500.00<br>500.00<br>500.00   |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                          | <b>Aggregate Year-to-Date</b> > \$ 1,500.00      |                                                                 |                                                                           |

**SUBTOTAL of Receipts This Page (optional)**

30,500.00

**TOTAL This Period (last page this line number only)**

# SCHEDULE A

## ITEMIZED RECEIPTS

### CONTRIBUTIONS FROM OTHER POLITICAL COMMITTEES

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

PAGE 2 OF 22  
FOR LINE NUMBER 11(c)

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NAME OF COMMITTEE (In Full)

BOB NEY FOR CONGRESS

C00288324

|                                                                                                                                                                                                                                                                                                                                           |                                                                                                     |                                                                 |                                                                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|---------------------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>AGSHF Civic Action Committee<br>1333 New Hampshire Ave. NW Suite 400<br>Washington DC 20036<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                                | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 500.00   | <b>Date (month, day, year)</b><br>3-07-99<br>6-10-99            | <b>Amount of Each Receipt this Period</b><br>500.00<br>2,500.00           |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Transportation Political Ed. League<br>14600 Detroit Ave.<br>Lakewood, OH 44017-4250<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                                       | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 3,000.00 | <b>Date (month, day, year)</b><br>3-07-99<br>6-10-99            | <b>Amount of Each Receipt this Period</b><br>500.00<br>2,500.00           |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Securities Industries Assoc. PAC<br>1401 Eye St. NW Suite 1000<br>Washington DC 20005-2225<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                                 | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 500.00   | <b>Date (month, day, year)</b><br>3-07-99                       | <b>Amount of Each Receipt this Period</b><br>500.00                       |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>American Electric Power Comm. For Responsible Government<br>801 Pennsylvania Ave. NW Suite 214<br>Washington DC 20004-2615<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                 | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 500.00   | <b>Date (month, day, year)</b><br>3-07-99                       | <b>Amount of Each Receipt this Period</b><br>500.00                       |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>American Maritime Officers Vol. Pol. FD<br>Tom Bethel, V.P. Govt. Relations<br>490 L'Enfant Plaza East, SW Ste 7204<br>Washington DC 20024<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 2,000.00 | <b>Date (month, day, year)</b><br>3-07-99<br>6-15-99            | <b>Amount of Each Receipt this Period</b><br>1,000.00<br>1,000.00         |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Anthem Insurance Co. Inc. Good Govt. Program PAC<br>37 W. Broad St. Suite 900<br>Columbus, OH 43215<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                        | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 500.00   | <b>Date (month, day, year)</b><br>3-07-99                       | <b>Amount of Each Receipt this Period</b><br>500.00                       |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Associated General Contractors PAC<br>1957 E. Street NW<br>Washington DC 20006-5107<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                                        | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 2,000.00 | <b>Date (month, day, year)</b><br>3-07-99<br>6-11-99<br>6-30-99 | <b>Amount of Each Receipt this Period</b><br>500.00<br>500.00<br>1,000.00 |

SUBTOTAL of Receipts This Page (optional)

9,000.00

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 3 OF 22  
FOR LINE NUMBER 11(c)

**CONTRIBUTIONS FROM OTHER 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 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|--------------------------------------|------------------------------------|
| Nationwide Political Participation Comm.<br>One Nationwide Plaza<br>Columbus, OH 43216                                                                      |                  | 3-07-99                              | 500.00                             |
|                                                                                                                                                             |                  | 6-25-99                              | 500.00                             |
|                                                                                                                                                             |                  | 6-30-99                              | 500.00                             |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                      | Occupation       | Aggregate Year-to-Date > \$ 1,500.00 |                                    |
| B. Full Name, Mailing Address and ZIP Code<br>SBC Communications Employee Fed. PAC<br>1401 I Street NW<br>Washington DC 20005                               |                  | 3-07-99                              | 500.00                             |
|                                                                                                                                                             |                  | 6-29-99                              | 1,000.00                           |
|                                                                                                                                                             |                  | 6-29-99                              | 500.00                             |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                      | Occupation       | Aggregate Year-to-Date > \$ 2,000.00 |                                    |
| C. Full Name, Mailing Address and ZIP Code<br>Responsible Citizens Political League<br>L.E. Bosher, Sec./Treas.<br>3 Research Place<br>Rockville, MD 20850  |                  | 3-07-99                              | 500.00                             |
|                                                                                                                                                             |                  |                                      |                                    |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                      | Occupation       | Aggregate Year-to-Date > \$ 500.00   |                                    |
| D. Full Name, Mailing Address and ZIP Code<br>Lamarpac<br>Kevin Reilly, President and CEO<br>5551 Corporate Blvd. - P.O. Box 66338<br>Baton Rouge, LA 70896 |                  | 3-07-99                              | 500.00                             |
|                                                                                                                                                             |                  |                                      |                                    |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                      | Occupation       | Aggregate Year-to-Date > \$ 500.00   |                                    |
| E. Full Name, Mailing Address and ZIP Code<br>RJR PAC<br>Janis M. Krebs, Treasurer<br>P.O. Box 718<br>Winston-Salem, NC 27102                               |                  | 3-07-99                              | 500.00                             |
|                                                                                                                                                             |                  | 6-24-99                              | 1,000.00                           |
|                                                                                                                                                             |                  | 6-24-99                              | 500.00                             |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                      | Occupation       | Aggregate Year-to-Date > \$ 2,000.00 |                                    |
| F. Full Name, Mailing Address and ZIP Code<br>VSS&P FEDPAC<br>52 E. Gay Street - P.O. Box 1008<br>Columbus, OH 43215                                        |                  | 3-07-99                              | 500.00                             |
|                                                                                                                                                             |                  | 6-21-99                              | 500.00                             |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                      | Occupation       | Aggregate Year-to-Date > \$ 1,000.00 |                                    |
| G. Full Name, Mailing Address and ZIP Code<br>NATIONSBANK Corporation PAC<br>100 North Tryon Street<br>Charlotte, NC 28255                                  |                  | 3-08-99                              | 1,000.00                           |
|                                                                                                                                                             |                  |                                      |                                    |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                      | Occupation       | Aggregate Year-to-Date > \$ 1,000.00 |                                    |

SUBTOTAL of Receipts This Page (optional)

8,500.00

TOTAL This Period (last page this line number only)

# SCHEDULE A

## ITEMIZED RECEIPTS

### CONTRIBUTIONS FROM OTHER POLITICAL COMMITTEES

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

PAGE 4 OF 22  
FOR LINE NUMBER 11(c)

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NAME OF COMMITTEE (in full)

BOB NEY FOR CONGRESS

D00288324

|                                                                                                                                                                                          |                                                |                                                        |                                                                                                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|--------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| <p>A. Full Name, Mailing Address and ZIP Code<br/>NAFCU<br/>P.O. Box 3769<br/>Washington DC 20007</p>                                                                                    | <p>Name of Employer<br/><br/>Occupation</p>    | <p>Date (month, day, year)<br/>3-15-99</p>             | <p>Amount of Each Receipt this Period<br/>500.00</p>                                                  |
| <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>                                           | <p>Aggregate Year-to-Date &gt; \$ 500.00</p>   |                                                        |                                                                                                       |
| <p>B. Full Name, Mailing Address and ZIP Code<br/>Barrick Goldstrike PAC<br/>801 Pennsylvania Ave. NW<br/>Suite 700 Market Square<br/>Washington DC 20004</p>                            | <p>Name of Employer<br/><br/>Occupation</p>    | <p>Date (month, day, year)<br/>3-15-99</p>             | <p>Amount of Each Receipt this Period<br/>500.00</p>                                                  |
| <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>                                           | <p>Aggregate Year-to-Date &gt; \$ 500.00</p>   |                                                        |                                                                                                       |
| <p>C. Full Name, Mailing Address and ZIP Code<br/>Conservative Victory Fund<br/>Kevin McVicker<br/>422 First Street SE<br/>Washington DC 20003</p>                                       | <p>Name of Employer<br/><br/>Occupation</p>    | <p>Date (month, day, year)<br/>3-15-99<br/>6-21-99</p> | <p>Amount of Each Receipt this Period<br/>439.20<br/>486.60<br/>(In-Kind)<br/>Fundraiser Expenses</p> |
| <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>                                           | <p>Aggregate Year-to-Date &gt; \$ 925.80</p>   |                                                        |                                                                                                       |
| <p>D. Full Name, Mailing Address and ZIP Code<br/>NRA Political Victory Fund PAC<br/>Glen Caroline, Dir. Grass Roots<br/>11250 Waples Mill Rd.<br/>Fairfax, VA 22030</p>                 | <p>Name of Employer<br/><br/>Occupation</p>    | <p>Date (month, day, year)<br/>3-29-99</p>             | <p>Amount of Each Receipt this Period<br/>500.00</p>                                                  |
| <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>                                           | <p>Aggregate Year-to-Date &gt; \$ 500.00</p>   |                                                        |                                                                                                       |
| <p>E. Full Name, Mailing Address and ZIP Code<br/>National Republican Congressional Comm.<br/>320 1st Street SE<br/>Washington DC 20003</p>                                              | <p>Name of Employer<br/><br/>Occupation</p>    | <p>Date (month, day, year)<br/>4-01-99<br/>4-25-99</p> | <p>Amount of Each Receipt this Period<br/>306.65<br/>26.00<br/>(In-Kind)<br/>(Satellite Feed)</p>     |
| <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>                                           | <p>Aggregate Year-to-Date &gt; \$ 332.65</p>   |                                                        |                                                                                                       |
| <p>F. Full Name, Mailing Address and ZIP Code<br/>Morgan Companies PAC<br/>60 Wall St.<br/>New York, NY 10260</p>                                                                        | <p>Name of Employer<br/><br/>Occupation</p>    | <p>Date (month, day, year)<br/>4-01-99</p>             | <p>Amount of Each Receipt this Period<br/>1,000.00</p>                                                |
| <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>                                           | <p>Aggregate Year-to-Date &gt; \$ 1,000.00</p> |                                                        |                                                                                                       |
| <p>G. Full Name, Mailing Address and ZIP Code<br/>Independent Insurance Agents of America<br/>Robert Rushidi, Treasurer<br/>412 First Street, SE - Suite 300<br/>Washington DC 20003</p> | <p>Name of Employer<br/><br/>Occupation</p>    | <p>Date (month, day, year)<br/>4-01-99<br/>6-10-99</p> | <p>Amount of Each Receipt this Period<br/>500.00<br/>1,500.00</p>                                     |
| <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>                                           | <p>Aggregate Year-to-Date &gt; \$ 2,000.00</p> |                                                        |                                                                                                       |

5,758.45

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

# **SCHEDULE A**

## **ITEMIZED RECEIPTS**

### **CONTRIBUTIONS FROM OTHER POLITICAL COMMITTEES**

Use separate schedules for each category of the Detailed Summary Page

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FOR LINE NUMBER 11(c)

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NAME OF COMMITTEE (in Full)

BOB NEY FOR CONGRESS

C00288324

|                                                                                                                                                                               |                                                  |                                                      |                                                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|------------------------------------------------------|-----------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Hercules Incorporated<br>1313 N. Market Street<br>Wilmington, DE 19894-0001                                              | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>4-01-99            | <b>Amount of Each Receipt this Period</b><br>1,000.00           |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                 | <b>Aggregate Year-to-Date</b> > \$ 1,000.00      |                                                      |                                                                 |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>National Auto Dealers Assoc.<br>412 First Street, SE<br>Washington DC 20003                                              | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>4-08-99<br>6-27-99 | <b>Amount of Each Receipt this Period</b><br>500.00<br>500.00   |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                 | <b>Aggregate Year-to-Date</b> > \$ 1,000.00      |                                                      |                                                                 |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Intl. Union Of Operating Engineers<br>Tim James, Fed. Gov'n't. Contact<br>1125 Seventeenth St. NW<br>Washington DC 20036 | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>4-08-99            | <b>Amount of Each Receipt this Period</b><br>1,000.00           |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                 | <b>Aggregate Year-to-Date</b> > \$ 1,000.00      |                                                      |                                                                 |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Boeing Political Action Committee<br>Maria Little, Administrator of PAC<br>1200 Wilson Blvd.<br>Arlington, VA 22209      | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>4-08-99<br>6-30-99 | <b>Amount of Each Receipt this Period</b><br>500.00<br>500.00   |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                 | <b>Aggregate Year-to-Date</b> > \$ 1,000.00      |                                                      |                                                                 |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>CouncilPac<br>701 Pennsylvania Ave. NW - Suite 750<br>Washington DC 20004-2608                                           | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>4-12-99<br>6-29-99 | <b>Amount of Each Receipt this Period</b><br>500.00<br>500.00   |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                 | <b>Aggregate Year-to-Date</b> > \$ 1,000.00      |                                                      |                                                                 |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>National Restaurant Assoc. PAC<br>1200 Seventeenth Street, NW<br>Washington DC 20036-3097                                | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>4-12-99<br>6-17-99 | <b>Amount of Each Receipt this Period</b><br>500.00<br>2,000.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                 | <b>Aggregate Year-to-Date</b> > \$ 2,500.00      |                                                      |                                                                 |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Team Ameritech PAC<br>1401 H. Street NW - P.O. Box 27768<br>Washington DC 20038-7768                                     | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>4-17-99<br>6-15-99 | <b>Amount of Each Receipt this Period</b><br>1,000.00<br>500.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                 | <b>Aggregate Year-to-Date</b> > \$ 1,500.00      |                                                      |                                                                 |

**SUBTOTAL of Receipts This Page (optional)**

9,000.00

**TOTAL This Period (last page this line number only)**

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary PagePAGE 6 OF 22  
FOR LINE NUMBER 11(c)

## CONTRIBUTIONS FROM OTHER POLITICAL COMMITTEES

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NAME OF COMMITTEE (in full)

BOB NEY FOR CONGRESS

C00288324

|                                                                                                                                                                                                 |                                                  |                                                      |                                                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|------------------------------------------------------|-----------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>OAMBPAC<br>Jim Nabors, Treasurer<br>3424 Ruf Dr.<br>Brunswick, OH 44212                                                                    | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>4-19-99            | <b>Amount of Each Receipt this Period</b><br>1,000.00           |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                                   | <b>Aggregate Year-to-Date</b> > \$ 1,000.00      |                                                      |                                                                 |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>National Assoc. Of Mortgage Brokers PAC<br>8201 Greensboro Dr. Suite 300<br>McLean, VA 22102                                               | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>4-19-99            | <b>Amount of Each Receipt this Period</b><br>1,500.00           |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                                   | <b>Aggregate Year-to-Date</b> > \$ 1,500.00      |                                                      |                                                                 |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>International Assoc. Of Fire Fighters<br>1750 New York Ave. NW<br>Washington DC 20006                                                      | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>4-20-99            | <b>Amount of Each Receipt this Period</b><br>5,000.00           |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                                   | <b>Aggregate Year-to-Date</b> > \$ 5,000.00      |                                                      |                                                                 |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>American Council Of Life Ins. PAC<br>Carroll Campbell, JR., Pres. & CEO<br>1001 Pennsylvania Ave. NW Suite 500<br>Washington DC 20004-2599 | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>4-24-99            | <b>Amount of Each Receipt this Period</b><br>500.00             |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                                   | <b>Aggregate Year-to-Date</b> > \$ 500.00        |                                                      |                                                                 |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>FirstEnergy PAC<br>Mike Dowling<br>76 South Main Street<br>Akron, OH 44308                                                                 | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>4-25-99<br>6-27-99 | <b>Amount of Each Receipt this Period</b><br>500.00<br>4,500.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                                   | <b>Aggregate Year-to-Date</b> > \$ 5,000.00      |                                                      |                                                                 |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Lucent Technologies<br>600 E. Broad Street<br>Columbus, OH 43213                                                                           | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>4-25-99            | <b>Amount of Each Receipt this Period</b><br>500.00             |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                                   | <b>Aggregate Year-to-Date</b> > \$ 500.00        |                                                      |                                                                 |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Cinergy PAC<br>Matt Evans, Dir. Gov't. Relations<br>139 E. Fourth Street<br>Cincinnati, OH 45202                                           | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>5-01-99<br>6-30-99 | <b>Amount of Each Receipt this Period</b><br>500.00<br>500.00   |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                                   | <b>Aggregate Year-to-Date</b> > \$ 1,000.00      |                                                      |                                                                 |

SUBTOTAL of Receipts This Page (optional)

14,500.00

TOTAL This Period (last page this line number only)

# SCHEDULE A

## ITEMIZED RECEIPTS

### CONTRIBUTIONS FROM OTHER POLITICAL COMMITTEES

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

PAGE 7 OF 22  
FOR LINE NUMBER 11(c)

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NAME OF COMMITTEE (In Full)

BOB NEY FOR CONGRESS

C00288324

|                                                                                                                                               |                                                  |                                                      |                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|------------------------------------------------------|-------------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>SEIU<br>1313 L. Street NW<br>Washington DC 20005                                         | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>5-11-99            | <b>Amount of Each Receipt this Period</b><br>500.00               |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Aggregate Year-to-Date</b> > \$ 500.00        |                                                      |                                                                   |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Friends Of Sam Johnson, No. 2<br>P.O. Box 860096<br>Plano, TX 75086-0096                 | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>6-01-99<br>6-01-99 | <b>Amount of Each Receipt this Period</b><br>1,000.00<br>1,000.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Aggregate Year-to-Date</b> > \$2,000.00       |                                                      |                                                                   |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Ernst & Young PAC<br>1225 Connecticut Ave. NW 2nd Floor<br>Washington DC 20036           | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>6-01-99            | <b>Amount of Each Receipt this Period</b><br>2,000.00             |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Aggregate Year-to-Date</b> > \$2,000.00       |                                                      |                                                                   |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Ford Motor Co. Civic Action Fund<br>The American Road<br>Dearborn, MI 48121              | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>6-04-99            | <b>Amount of Each Receipt this Period</b><br>500.00               |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Aggregate Year-to-Date</b> > \$ 500.00        |                                                      |                                                                   |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Electrical Construction<br>3 Bethesda Metro Center<br>Bethesda, MD 20814-5372            | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>6-07-99<br>6-29-99 | <b>Amount of Each Receipt this Period</b><br>1,000.00<br>1,000.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Aggregate Year-to-Date</b> > \$ 2,000.00      |                                                      |                                                                   |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>GTE PAC<br>1850 M. Street NW Suite 1200<br>Washington DC 20036                           | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>6-10-99<br>6-22-99 | <b>Amount of Each Receipt this Period</b><br>2,000.00<br>500.00   |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Aggregate Year-to-Date</b> > \$ 2,500.00      |                                                      |                                                                   |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Toby Roth For Congress<br>122 C. Street NW Suite 745<br>Washington DC 20001              | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>6-10-99            | <b>Amount of Each Receipt this Period</b><br>500.00               |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Aggregate Year-to-Date</b> > \$ 500.00        |                                                      |                                                                   |

SUBTOTAL of Receipts This Page (optional)

10,000.00

TOTAL This Period (last page this line number only)

# SCHEDULE A

## ITEMIZED RECEIPTS

### CONTRIBUTIONS FROM OTHER POLITICAL COMMITTEES

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

PAGE 8 OF 22  
FOR LINE NUMBER 11(c)

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NAME OF COMMITTEE (In Full)

BOB NEY FOR CONGRESS

000288324

|                                                                                                                                                                                                                                                                                                                                      |                                                                                          |                                            |                                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|--------------------------------------------|--------------------------------------------------------|
| <p><b>A. Full Name, Mailing Address and ZIP Code</b><br/>USX Corporation PAC<br/>1101 Pennsylvania Ave. NW Suite 510<br/>Washington DC 20004</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>                                      | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 1,000.00</p> | <p>Date (month, day, year)<br/>6-10-99</p> | <p>Amount of Each Receipt this Period<br/>1,000.00</p> |
| <p><b>B. Full Name, Mailing Address and ZIP Code</b><br/>Majority Leaders Fund<br/>P.O. Box 995<br/>Lewisville, TX 75067</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>                                                          | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 5,000.00</p> | <p>Date (month, day, year)<br/>6-10-99</p> | <p>Amount of Each Receipt this Period<br/>5,000.00</p> |
| <p><b>C. Full Name, Mailing Address and ZIP Code</b><br/>Ironworkers Political Action League<br/>1750 New York Ave. NW<br/>Washington DC 20006</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>                                    | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 1,000.00</p> | <p>Date (month, day, year)<br/>6-11-99</p> | <p>Amount of Each Receipt this Period<br/>1,000.00</p> |
| <p><b>D. Full Name, Mailing Address and ZIP Code</b><br/>National Beer Wholesalers Assoc.<br/>Linda Auglis, Treasurer<br/>1100 S. Washington Street<br/>Alexandria, VA 22314-4494</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p> | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 5,000.00</p> | <p>Date (month, day, year)<br/>6-11-99</p> | <p>Amount of Each Receipt this Period<br/>5,000.00</p> |
| <p><b>E. Full Name, Mailing Address and ZIP Code</b><br/>Clinaco Lefkowitz, Peca, Wilcox &amp; Garofoli PAC<br/>1228 Euclid Ave. Suite 900<br/>Cleveland, OH 44115</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>                | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 250.00</p>   | <p>Date (month, day, year)<br/>6-11-99</p> | <p>Amount of Each Receipt this Period<br/>250.00</p>   |
| <p><b>F. Full Name, Mailing Address and ZIP Code</b><br/>Columbia Employees Pol. Action Fund<br/>1700 MacCorkle Avenue SE Box 1273<br/>Charleston, WV 25325</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>                       | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 500.00</p>   | <p>Date (month, day, year)<br/>6-12-99</p> | <p>Amount of Each Receipt this Period<br/>500.00</p>   |
| <p><b>G. Full Name, Mailing Address and ZIP Code</b><br/>Arthur Andersen PAC<br/>1666 K. Street NW<br/>Washington DC 20006</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>                                                        | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 500.00</p>   | <p>Date (month, day, year)<br/>6-15-99</p> | <p>Amount of Each Receipt this Period<br/>500.00</p>   |

SUBTOTAL of Receipts This Page (optional)

13,250.00

TOTAL This Period (last page this line number only)



# SCHEDULE A

## ITEMIZED RECEIPTS

### CONTRIBUTIONS FROM OTHER POLITICAL COMMITTEES

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

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FOR LINE NUMBER 11(c)

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NAME OF COMMITTEE (in Full)

BOB NEY FOR CONGRESS

COO288324

|                                                                                                                                                      |                                                  |                                                      |                                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|------------------------------------------------------|-------------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Coal PAC<br>1130-17th Street NW<br>Washington DC 20036                                          | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>6-15-99            | <b>Amount of Each Receipt This Period</b><br>500.00               |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):        | <b>Aggregate Year-to-Date</b> > \$ 500.00        |                                                      |                                                                   |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>RR Donnelly & Sons Co.<br>77 West Wacker Drive<br>Chicago, IL 60601                             | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>6-15-99            | <b>Amount of Each Receipt This Period</b><br>500.00               |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):        | <b>Aggregate Year-to-Date</b> > \$ 500.00        |                                                      |                                                                   |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Countrywide Political Action Comm.<br>155 N. Lake Ave.<br>Pasadena, CA 91109                    | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>6-15-99            | <b>Amount of Each Receipt This Period</b><br>500.00               |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):        | <b>Aggregate Year-to-Date</b> > \$ 500.00        |                                                      |                                                                   |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Philip Morris PAC<br>Tommie Phillips<br>120 Park Ave. 25th Flr.<br>New York, NY 10017           | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>6-15-99            | <b>Amount of Each Receipt This Period</b><br>500.00               |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):        | <b>Aggregate Year-to-Date</b> > \$ 500.00        |                                                      |                                                                   |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Appraisal Institute Pol. Action Comm.<br>2600 Virginia Ave. NW Suite 200<br>Washington DC 20037 | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>6-15-99            | <b>Amount of Each Receipt This Period</b><br>500.00               |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):        | <b>Aggregate Year-to-Date</b> > \$ 500.00        |                                                      |                                                                   |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Realtors PAC R.P.A.C.<br>430 N. Michigan Ave.<br>Chicago, IL 60611                              | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>6-15-99<br>6-30-99 | <b>Amount of Each Receipt This Period</b><br>1,000.00<br>1,000.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):        | <b>Aggregate Year-to-Date</b> > \$ 2,000.00      |                                                      |                                                                   |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Weirton Steel Political Action Fund<br>400 Three Springs Dr.<br>Weirton, WV 26062               | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>6-15-99            | <b>Amount of Each Receipt This Period</b><br>500.00               |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):        | <b>Aggregate Year-to-Date</b> > \$ 500.00        |                                                      |                                                                   |

SUBTOTAL of Receipts This Page (optional)

5,000.00

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 10 OF 22  
FOR LINE NUMBER 11(c)

**CONTRIBUTIONS FROM OTHER POLITICAL COMMITTEES**

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NAME OF COMMITTEE (in Full)

BOB NEY FOR CONGRESS

C00288324

|                                                                                                                                                                                                                                                                                                                          |                                                                                          |                                            |                                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|--------------------------------------------|--------------------------------------------------------|
| <p><b>A. Full Name, Mailing Address and ZIP Code</b><br/>Wheeling-Pittsburgh Steel PAC<br/>1134 Market St.<br/>Wheeling, WV 26003</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>                                     | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 500.00</p>   | <p>Date (month, day, year)<br/>6-15-99</p> | <p>Amount of Each Receipt this Period<br/>500.00</p>   |
| <p><b>B. Full Name, Mailing Address and ZIP Code</b><br/>Cleveland-Cliffs PAC<br/>1100 Superior Ave., Rm 1800<br/>Cleveland, OH 44114</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>                                 | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 500.00</p>   | <p>Date (month, day, year)<br/>6-15-99</p> | <p>Amount of Each Receipt this Period<br/>500.00</p>   |
| <p><b>C. Full Name, Mailing Address and ZIP Code</b><br/>Allegheny Power PAC<br/>Victoria Schaff, Chairperson<br/>10435 Downsville Pike<br/>Hagerstown, MC 21740-1766</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p> | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 500.00</p>   | <p>Date (month, day, year)<br/>6-15-99</p> | <p>Amount of Each Receipt this Period<br/>500.00</p>   |
| <p><b>D. Full Name, Mailing Address and ZIP Code</b><br/>General Electrical Co. PAC<br/>1299 Pennsylvania Ave. NW - Suite 1100<br/>Washington DC 20004-2407</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>           | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 500.00</p>   | <p>Date (month, day, year)<br/>6-15-99</p> | <p>Amount of Each Receipt this Period<br/>500.00</p>   |
| <p><b>E. Full Name, Mailing Address and ZIP Code</b><br/>Dairy Farmers of America, Inc. DEPA<br/>3253 E. Chestnut Expressway<br/>Springfield, MD 65802</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>                | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 500.00</p>   | <p>Date (month, day, year)<br/>6-15-99</p> | <p>Amount of Each Receipt this Period<br/>500.00</p>   |
| <p><b>F. Full Name, Mailing Address and ZIP Code</b><br/>Leadership 2000<br/>1316 Lake Victoria Drive<br/>Lake Worth, FL 33461</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>                                        | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 2,000.00</p> | <p>Date (month, day, year)<br/>6-15-99</p> | <p>Amount of Each Receipt this Period<br/>2,000.00</p> |
| <p><b>G. Full Name, Mailing Address and ZIP Code</b><br/>Friends of Mark Foley<br/>1316 Lake Victoria Drive<br/>Palm Springs, FL 33461</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>                                | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 1,000.00</p> | <p>Date (month, day, year)<br/>6-15-99</p> | <p>Amount of Each Receipt this Period<br/>1,000.00</p> |

SUBTOTAL of Receipts This Page (optional)

5,500.00

TOTAL This Period (next page this line number only)

# SCHEDULE A

## ITEMIZED RECEIPTS

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

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FOR LINE NUMBER  
11(c)

### CONTRIBUTIONS FROM OTHER 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

|                                                                                                                                               |                                                  |                                                                 |                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-----------------------------------------------------------------|---------------------------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>John Doolittle For Congress<br>11954 Prospect Hill<br>Gold River, CA 95670               | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>6-15-99<br>6-15-99            | <b>Amount of Each Receipt this Period</b><br><br>1,000.00<br>1,000.00           |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Aggregate Year-to-Date</b> > \$ 2,000.00      |                                                                 |                                                                                 |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Tom Davis For Congress<br>6429 Downing Court<br>Annadale, VA 22003                       | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>6-15-99                       | <b>Amount of Each Receipt this Period</b><br><br>2,000.00                       |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Aggregate Year-to-Date</b> > \$ 2,000.00      |                                                                 |                                                                                 |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Walsh For Congress Committee<br>306 Winkworth Parkway<br>Syracuse, NY 13215              | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>6-15-99                       | <b>Amount of Each Receipt this Period</b><br><br>2,000.00                       |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Aggregate Year-to-Date</b> > \$ 2,000.00      |                                                                 |                                                                                 |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Crane For Congress Committee<br>P.O. Box 8534<br>Rollings Meadows, IL 60008-4718         | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>6-15-99<br>6-30-99            | <b>Amount of Each Receipt this Period</b><br><br>1,000.00<br>1,000.00           |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Aggregate Year-to-Date</b> > \$ 2,000.00      |                                                                 |                                                                                 |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>"Buck" McKeon For Congress<br>P.O. Box 2071<br>Santa Clarita, CA 91356                   | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>6-15-99                       | <b>Amount of Each Receipt this Period</b><br><br>2,000.00                       |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Aggregate Year-to-Date</b> > \$ 2,000.00      |                                                                 |                                                                                 |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Dan Miller Campaign Account<br>1111 Third Ave. W. Suite No. 100<br>Bradenton, FL 34205   | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>6-15-99                       | <b>Amount of Each Receipt this Period</b><br><br>1,000.00                       |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Aggregate Year-to-Date</b> > \$ 1,000.00      |                                                                 |                                                                                 |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Deloitte & Touche Fed. Pol. Action Comm.<br>P. O. Box 365<br>Washington DC 20044         | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>6-15-99<br>6-15-99<br>6-21-99 | <b>Amount of Each Receipt this Period</b><br><br>2,000.00<br>2,500.00<br>500.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Aggregate Year-to-Date</b> > \$ 5,000.00      |                                                                 |                                                                                 |

SUBTOTAL of Receipts This Page (optional)

16,000.00

TOTAL This Period (last page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
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## CONTRIBUTIONS FROM OTHER POLITICAL COMMITTEES

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NAME OF COMMITTEE (In Full)

BOB NEY FOR CONGRESS

C00288324

|                                                                                                                                                                                                                                                                                                                |                                                                                                     |                                                      |                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|------------------------------------------------------|-------------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Building & Const. Trades Dept. Pol.<br>Education Fund<br>815 Sixteenth St. NW, Suite 603<br>Washington DC 20006<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 1,000.00 | <b>Date (month, day, year)</b><br>6-15-99            | <b>Amount of Each Receipt this Period</b><br>1,000.00             |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>P.A.C. Of Young Elephants<br>P.O. Box 2708<br>Washington DC 20013-2708<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                          | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 750.00   | <b>Date (month, day, year)</b><br>6-17-99            | <b>Amount of Each Receipt this Period</b><br>750.00               |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Student Loan Funding Resources, Inc.<br>1 West 4th Street, Suite 200<br>Cincinnati, OH 45202-3699<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):               | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 200.00   | <b>Date (month, day, year)</b><br>6-17-99            | <b>Amount of Each Receipt this Period</b><br>200.00               |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Rely On Your Belief Fund<br>P.O. Box 541<br>Arlington, VA 22205<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                                 | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 2,000.00 | <b>Date (month, day, year)</b><br>6-17-99<br>6-17-99 | <b>Amount of Each Receipt this Period</b><br>1,000.00<br>1,000.00 |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Reynolds For Congress<br>1850 Winton Rd. South<br>Rochester, NY 14618-3923<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                      | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 2,000.00 | <b>Date (month, day, year)</b><br>6-17-99            | <b>Amount of Each Receipt this Period</b><br>2,000.00             |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Campaign Account Of Tillie Fowler<br>P.O. Box 380087<br>Jacksonville, FL 32205<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                  | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 1,000.00 | <b>Date (month, day, year)</b><br>6-17-99            | <b>Amount of Each Receipt this Period</b><br>1,000.00             |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>TTX Company Employees PAC<br>101 N. Wacker Drive, Suite 1060<br>Chicago, IL 60606<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                               | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 250.00   | <b>Date (month, day, year)</b><br>6-17-99            | <b>Amount of Each Receipt this Period</b><br>250.00               |

SUBTOTAL of Receipts This Page (optional)

7,200.00

TOTAL This Period (last page this line number only)

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER 11(c)

**CONTRIBUTIONS FROM OTHER POLITICAL COMMITTEES**

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NAME OF COMMITTEE (In Full)

BOB NEY FOR CONGRESS

C00288324

A. Full Name, Mailing Address and ZIP Code  
Friends Of Roger Wicker  
P.O. Box 874  
Tupelo, MS 38802

Name of Employer

Date (month,  
day, year)

Amount of Each  
Receipt this Period

6-17-99

1,000.00

Occupation

Receipt For: ☒ Primary ☐ General  
☐ Other (specify):

Aggregate Year-to-Date > \$ 1,000.00

B. Full Name, Mailing Address and ZIP Code  
Americans For A Republican Majority  
(ARM PAC)  
1155 21st Street NW, Suite 300  
Washington DC 20036

Name of Employer

Date (month,  
day, year)

Amount of Each  
Receipt this Period

6-17-99

4,500.00

6-30-99

104.53

Occupation

6-30-99

395.47

(In Kind)

Receipt For: ☒ Primary ☐ General  
☐ Other (specify):

Aggregate Year-to-Date > \$ 5,000.00

Supplies For Event

C. Full Name, Mailing Address and ZIP Code  
Keep Our Majority PAC  
P.O. Box 18277  
Washington DC 20036-8277

Name of Employer

Date (month,  
day, year)

Amount of Each  
Receipt this Period

6-17-99

5,000.00

Occupation

Receipt For: ☒ Primary ☐ General  
☐ Other (specify):

Aggregate Year-to-Date > \$ 5,000.00

D. Full Name, Mailing Address and ZIP Code  
Pioneer PAC  
611 Pennsylvania Ave. SE  
Washington DC 20003-4303

Name of Employer

Date (month,  
day, year)

Amount of Each  
Receipt this Period

6-17-99

2,000.00

Occupation

Receipt For: ☒ Primary ☐ General  
☐ Other (specify):

Aggregate Year-to-Date > \$ 2,000.00

E. Full Name, Mailing Address and ZIP Code  
I.P.H.P.H.A. Inc. PAC  
101 S. Webb Rd. Suite 101  
Box 782710  
Wichita, KS 67278

Name of Employer

Date (month,  
day, year)

Amount of Each  
Receipt this Period

6-17-99

2,000.00

Occupation

Receipt For: ☒ Primary ☐ General  
☐ Other (specify):

Aggregate Year-to-Date > \$ 2,000.00

F. Full Name, Mailing Address and ZIP Code  
Sunbelt Good Government Committee  
Box B  
Jacksonville, FL 32203

Name of Employer

Date (month,  
day, year)

Amount of Each  
Receipt this Period

6-17-99

1,000.00

Occupation

Receipt For: ☒ Primary ☐ General  
☐ Other (specify):

Aggregate Year-to-Date > \$ 1,000.00

G. Full Name, Mailing Address and ZIP Code  
Berry PAC  
Richard E. Siefer, Treasurer  
3170 Kettering Blvd. - P.O. Box 6000  
Dayton, OH 45401

Name of Employer

Date (month,  
day, year)

Amount of Each  
Receipt this Period

6-17-99

1,000.00

Occupation

Receipt For: ☒ Primary ☐ General  
☐ Other (specify):

Aggregate Year-to-Date > \$ 1,000.00

SUBTOTAL of Receipts This Page (optional)

17,000.00

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 14 OF 22

FOR LINE NUMBER

11(c)

## CONTRIBUTIONS FROM OTHER POLITICAL COMMITTEES

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NAME OF COMMITTEE (In Full)

BOB NEY FOR CONGRESS

C00288324

|                                                                                                                                                                     |                                                  |                                                                 |                                                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-----------------------------------------------------------------|-------------------------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Reform PAC<br>P.O. Box 15283<br>Washington DC 20003                                                            | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>6-17-99<br>6-27-99<br>6-28-99 | <b>Amount of Each Receipt this Period</b><br>1,000.00<br>1,000.00<br>1,000.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                       | <b>Aggregate Year-to-Date</b> > \$ 3,000.00      |                                                                 |                                                                               |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Portman For Congress Committee<br>P.O. Box 2365<br>Cincinnati, OH 45201                                        | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>6-17-99                       | <b>Amount of Each Receipt this Period</b><br>1,000.00                         |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                       | <b>Aggregate Year-to-Date</b> > \$ 1,000.00      |                                                                 |                                                                               |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Enron Corporation<br>1400 Smith, Suite BB4525<br>Houston, TX 77002                                             | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>6-17-99                       | <b>Amount of Each Receipt this Period</b><br>500.00                           |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                       | <b>Aggregate Year-to-Date</b> > \$ 500.00        |                                                                 |                                                                               |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Porter Goss Re-Election Team<br>P.O. Box 517<br>Fort Myers, FL 33902                                           | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>6-18-99                       | <b>Amount of Each Receipt this Period</b><br>500.00                           |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                       | <b>Aggregate Year-to-Date</b> > \$ 500.00        |                                                                 |                                                                               |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Manufactured Housing For Reg. Reform<br>1331 Pennsylvania Ave., NW, Suite 508<br>Washington DC 20004           | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>6-20-99                       | <b>Amount of Each Receipt this Period</b><br>1,500.00                         |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                       | <b>Aggregate Year-to-Date</b> > \$ 1,500.00      |                                                                 |                                                                               |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Chase Manhattan Corp. Fund For Good Govt.<br>Bridget Lawless, Treasurer<br>270 Park Ave.<br>New York, NY 10017 | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>6-21-99                       | <b>Amount of Each Receipt this Period</b><br>500.00                           |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                       | <b>Aggregate Year-to-Date</b> > \$ 500.00        |                                                                 |                                                                               |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>PIA PAC<br>400 N. Washington Street<br>Alexandria, VA 22314-9980                                               | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>6-21-99                       | <b>Amount of Each Receipt this Period</b><br>1,000.00                         |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                       | <b>Aggregate Year-to-Date</b> > \$ 1,000.00      |                                                                 |                                                                               |
| <b>SUBTOTAL of Receipts This Page (optional)</b>                                                                                                                    |                                                  |                                                                 | 8,000.00                                                                      |
| <b>TOTAL This Period (last page this line number only)</b>                                                                                                          |                                                  |                                                                 |                                                                               |

# SCHEDULE A

## ITEMIZED RECEIPTS

### CONTRIBUTIONS FROM OTHER POLITICAL COMMITTEES

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

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FOR LINE NUMBER 11(c)

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NAME OF COMMITTEE (In Full)

BOB NEY FOR CONGRESS

000288324

|                                                                                                                                                                                                                                                                                                              |                                                                                                   |                                           |                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-------------------------------------------|-----------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>KPMG Peat Marwick<br>2001 M. Street NW<br>Washington DC 20036<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                             | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 500.00 | <b>Date (month, day, year)</b><br>6-21-99 | <b>Amount of Each Receipt this Period</b><br>500.00 |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Peabody PAC<br>John Lushefski, Treasurer<br>701 Market St. Suite 700<br>St. Louis, MO 63101-1826<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):          | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 500.00 | <b>Date (month, day, year)</b><br>6-22-99 | <b>Amount of Each Receipt this Period</b><br>500.00 |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>America's Community Bankers<br>900 Nineteenth Street NW, Suite 400<br>Washington DC 20006<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                 | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 500.00 | <b>Date (month, day, year)</b><br>6-22-99 | <b>Amount of Each Receipt this Period</b><br>500.00 |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>OCULAC<br>5815 Wall Street<br>Dublin, OH 43017<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                                            | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 500.00 | <b>Date (month, day, year)</b><br>6-22-99 | <b>Amount of Each Receipt this Period</b><br>500.00 |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>OhioHealth<br>3555 Olentangy River Rd.<br>Columbus, OH 43214<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                              | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 250.00 | <b>Date (month, day, year)</b><br>6-22-99 | <b>Amount of Each Receipt this Period</b><br>250.00 |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Ungaretti & Harris<br>3500 Three First National Plaza<br>Chicago, IL 60602<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 200.00 | <b>Date (month, day, year)</b><br>6-22-99 | <b>Amount of Each Receipt this Period</b><br>200.00 |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>KeyCorp Political Action Committee<br>John Lavelle, Treasurer<br>127 Public Square<br>Cleveland, OH 44114<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 500.00 | <b>Date (month, day, year)</b><br>6-24-99 | <b>Amount of Each Receipt this Period</b><br>500.00 |

SUBTOTAL of Receipts This Page (optional)

2,950.00

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 16 OF 22

FOR LINE NUMBER

11(c)

**CONTRIBUTIONS FROM OTHER POLITICAL COMMITTEES**

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**NAME OF COMMITTEE (In Full)**

BOB NEY FOR CONGRESS

C00288324

|                                                                                                                                                     |                                                  |                                                      |                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|------------------------------------------------------|---------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Title Industry PAC<br>1828 L St. NW, Suite 705<br>Washington DC 20036                          | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>6-24-99            | <b>Amount of Each Receipt this Period</b><br>500.00           |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):              | Aggregate Year-to-Date > \$ 500.00               |                                                      |                                                               |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Radanovich For Congress<br>30151 Tomas St.<br>Rancho Santa Margari, CA 92688                   | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>6-24-99            | <b>Amount of Each Receipt this Period</b><br>1,000.00         |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):              | Aggregate Year-to-Date > \$ 1,000.00             |                                                      |                                                               |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Food Marketing Institute PAC<br>800 Connecticut Ave. NW, Suite 400<br>Washington DC 20006-2701 | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>6-25-99            | <b>Amount of Each Receipt this Period</b><br>500.00           |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):              | Aggregate Year-to-Date > \$ 500.00               |                                                      |                                                               |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Pfizer, Inc. PAC<br>325 7th Street NW, Suite 1200<br>Washington DC 20004                       | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>6-25-99            | <b>Amount of Each Receipt this Period</b><br>500.00           |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):              | Aggregate Year-to-Date > \$ 500.00               |                                                      |                                                               |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Norfolk Southern Corp. Good Gov't. Fund<br>Three Commercial Place<br>Norfolk, VA 23510         | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>6-25-99            | <b>Amount of Each Receipt this Period</b><br>500.00           |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):              | Aggregate Year-to-Date > \$ 500.00               |                                                      |                                                               |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Winston & Strawn<br>1400 L. Street NW<br>Washington DC 20005                                   | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>6-25-99<br>6-28-99 | <b>Amount of Each Receipt this Period</b><br>500.00<br>500.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):              | Aggregate Year-to-Date > \$ 1,000.00             |                                                      |                                                               |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Build PAC Of The Nat'l. Assoc. Of<br>Home Builders<br>1201 15th St. NW<br>Washington DC 20005  | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>6-27-99            | <b>Amount of Each Receipt this Period</b><br>1,000.00         |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):              | Aggregate Year-to-Date > \$ 1,000.00             |                                                      |                                                               |

**SUBTOTAL of Receipts This Page (optional)**

5,000.00

**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 17 OF 22  
FOR LINE NUMBER 11(c)

### CONTRIBUTIONS FROM OTHER POLITICAL COMMITTEES

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NAME OF COMMITTEE (In Full)

BOB NEY FOR CONGRESS

C00288324

|                                                                                                                                                                                                                                                                                                                 |                                                                            |                                    |                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|------------------------------------|------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Ohio Federal Chiropractic PAC<br>Ohio State Chiropractic Assoc.<br>1115 Bethel Rd.<br>Columbus, OH 43220<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):         | Name of Employer<br><br>Occupation<br>Aggregate Year-to-Date > \$ 250.00   | Date (month, day, year)<br>6-27-99 | Amount of Each Receipt This Period<br>250.00   |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Brotherhood Of Maintenance Of Way<br>10 G Street NE, Suite 460<br>Washington DC 20002<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                            | Name of Employer<br><br>Occupation<br>Aggregate Year-to-Date > \$ 500.00   | Date (month, day, year)<br>6-27-99 | Amount of Each Receipt This Period<br>500.00   |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>NCR Corp PAC<br>1919 Pennsylvania Ave. NW, Suite 630<br>Washington DC 20006<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                      | Name of Employer<br><br>Occupation<br>Aggregate Year-to-Date > \$ 1,000.00 | Date (month, day, year)<br>6-27-99 | Amount of Each Receipt This Period<br>1,000.00 |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Rite Aid PAC<br>Thomas Coogan, Treasurer<br>P.O. Box 3165<br>Harrisburg, PA 17105<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                | Name of Employer<br><br>Occupation<br>Aggregate Year-to-Date > \$ 2,000.00 | Date (month, day, year)<br>6-27-99 | Amount of Each Receipt This Period<br>2,000.00 |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Consolidated Natural Gas Service Co., Inc. (CONPAC)<br>625 Liberty Ave.<br>Pittsburgh, PA 15222-3110<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):             | Name of Employer<br><br>Occupation<br>Aggregate Year-to-Date > \$ 500.00   | Date (month, day, year)<br>6-28-99 | Amount of Each Receipt This Period<br>500.00   |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>National Assoc. Of Convenience Stores (NACS PAC)<br>1605 King Street<br>Alexandria, VA 22314-2792<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                | Name of Employer<br><br>Occupation<br>Aggregate Year-to-Date > \$ 2,500.00 | Date (month, day, year)<br>6-28-99 | Amount of Each Receipt This Period<br>2,500.00 |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Metropolitan Life Insurance Co. Emp. Participation Fund A<br>1620 L. Street NW, Suite 800<br>Washington DC 20036<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Name of Employer<br><br>Occupation<br>Aggregate Year-to-Date > \$ 500.00   | Date (month, day, year)<br>6-28-99 | Amount of Each Receipt This Period<br>500.00   |

SUBTOTAL of Receipts This Page (optional)

7,250.00

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 18 OF 22  
FOR LINE NUMBER 11(c)

**CONTRIBUTIONS FROM OTHER POLITICAL COMMITTEES**

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**NAME OF COMMITTEE (In Full)**

BOB NEY FOR CONGRESS

C00288324

|                                                                                                                                                                            |                                                  |                                           |                                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>AICPA Effective Legislation Committee<br>1455 Pennsylvania Ave. NW 4th Fl.<br>Washington DC 20004                     | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>6-28-99 | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                              | <b>Aggregate Year-to-Date</b> > \$ 500.00        |                                           |                                                       |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Investment Management PAC<br>1401 H. Street NW<br>Washington DC 20005                                                 | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>6-28-99 | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                              | <b>Aggregate Year-to-Date</b> > \$ 500.00        |                                           |                                                       |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>NFIB Safe Trust PAC<br>Kelly Rogers Govt. Relations Manager<br>600 Maryland Ave. SW, Suite 700<br>Washington DC 20024 | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>6-28-99 | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                              | <b>Aggregate Year-to-Date</b> > \$ 500.00        |                                           |                                                       |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Price Waterhouse Coopers PAC II<br>1900 K. Street NN Suite 900<br>Washington DC 20006                                 | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>6-28-99 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                              | <b>Aggregate Year-to-Date</b> > \$ 1,000.00      |                                           |                                                       |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Union Pacific Fund For Effective Gov't<br>555 13th St. NW Suite 450 West<br>Washington DC 20005                       | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>6-28-99 | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                              | <b>Aggregate Year-to-Date</b> > \$ 500.00        |                                           |                                                       |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>American Portland Cement Alliance Inc.<br>1225 Eye St. NW, Suite 300<br>Washington DC 20005                           | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>6-28-99 | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                              | <b>Aggregate Year-to-Date</b> > \$ 500.00        |                                           |                                                       |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Association Builders & Contractors PAC<br>1300 N. 17th Street<br>Arlington, VA 22209                                  | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>6-28-99 | <b>Amount of Each Receipt this Period</b><br>2,500.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                              | <b>Aggregate Year-to-Date</b> > \$ 2,500.00      |                                           |                                                       |
| <b>SUBTOTAL of Receipts This Page (optional)</b>                                                                                                                           |                                                  |                                           | 6,000.00                                              |
| <b>TOTAL This Period (last page this line number only)</b>                                                                                                                 |                                                  |                                           |                                                       |

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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PAGE 19 OF 22  
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**CONTRIBUTIONS FROM OTHER POLITICAL COMMITTEES**

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NAME OF COMMITTEE (in Full)

BOB NEY FOR CONGRESS

C00288324

A. Full Name, Mailing Address and ZIP Code  
Banc One PAC  
Robert Wahlman, Treasurer  
100 E. Broad St.  
Columbus, OH 43217

Name of Employer

Date (month,  
day, year)

Amount of Each  
Receipt this Period

6-29-99  
6-29-99

3,000.00  
2,000.00

Occupation

Receipt For: ☒ Primary ☐ General  
☐ Other (specify):

Aggregate Year-to-Date > \$ 5,000.00

B. Full Name, Mailing Address and ZIP Code  
American Renewal PAC  
P.O. Box 221104  
Chantilly, VA 20153

Name of Employer

Date (month,  
day, year)

Amount of Each  
Receipt this Period

6-29-99

2,500.00

Occupation

Receipt For: ☒ Primary ☐ General  
☐ Other (specify):

Aggregate Year-to-Date > \$ 2,500.00

C. Full Name, Mailing Address and ZIP Code  
Babcock & Wilcox Fund  
1525 Wilson Blvd., Suite 100  
Arlington, VA 22209

Name of Employer

Date (month,  
day, year)

Amount of Each  
Receipt this Period

6-29-99  
6-29-99

500.00  
500.00

Occupation

Receipt For: ☒ Primary ☐ General  
☐ Other (specify):

Aggregate Year-to-Date > \$ 1,000.00

D. Full Name, Mailing Address and ZIP Code  
LTV Steel AOC  
1133 Connecticut Ave. NW, Suite 620  
Washington DC 20036

Name of Employer

Date (month,  
day, year)

Amount of Each  
Receipt this Period

6-29-99

500.00

Occupation

Receipt For: ☒ Primary ☐ General  
☐ Other (specify):

Aggregate Year-to-Date > \$ 500.00

E. Full Name, Mailing Address and ZIP Code  
GAF/ISP PAC  
233 Constitution Ave. NE  
Washington DC 20002

Name of Employer

Date (month,  
day, year)

Amount of Each  
Receipt this Period

6-29-99

1,000.00

Occupation

Receipt For: ☒ Primary ☐ General  
☐ Other (specify):

Aggregate Year-to-Date > \$ 1,000.00

F. Full Name, Mailing Address and ZIP Code  
Mobile Corporation PAC  
3225 Gallows Rd.  
Fairfax, VA 22037-0001

Name of Employer

Date (month,  
day, year)

Amount of Each  
Receipt this Period

6-29-99

1,000.00

Occupation

Receipt For: ☒ Primary ☐ General  
☐ Other (specify):

Aggregate Year-to-Date > \$ 1,000.00

G. Full Name, Mailing Address and ZIP Code  
American Hotel & Motel Assoc. PAC  
Jack Connors  
1201 New York Ave. NW, Suite 600  
Washington DC 20005

Name of Employer

Date (month,  
day, year)

Amount of Each  
Receipt this Period

6-30-99

500.00

Occupation

Receipt For: ☒ Primary ☐ General  
☐ Other (specify):

Aggregate Year-to-Date > \$ 500.00

SUBTOTAL of Receipts This Page (optional)

11,500.00

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 20 OF 22  
FOR LINE NUMBER 11(c)

**CONTRIBUTIONS FROM OTHER POLITICAL COMMITTEES**

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**NAME OF COMMITTEE (in Full)**
**BOB NEY FOR CONGRESS**

000288324

|                                                                                                                                                                                    |                                                  |                                           |                                                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Friends Of Jack Kingston<br>P.O. Box 2133<br>Savannah, GA 31402-2133                                                          | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>6-30-99 | <b>Amount of Each Receipt this Period</b><br>2,000.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                      | <b>Aggregate Year-to-Date</b> > \$ 2,000.00      |                                           |                                                       |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>US Team PAC<br>100 W. Putnam Ave.<br>Greenwich, CT 06830                                                                      | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>6-30-99 | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                      | <b>Aggregate Year-to-Date</b> > \$ 500.00        |                                           |                                                       |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>The Freedom Project<br>111C St. SE Lower Level<br>Washington DC 20003                                                         | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>6-30-99 | <b>Amount of Each Receipt this Period</b><br>5,000.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                      | <b>Aggregate Year-to-Date</b> > \$ 5,000.00      |                                           |                                                       |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Federal Express<br>300 Maryland Ave. NE<br>Washington DC 20002                                                                | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>6-30-99 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                      | <b>Aggregate Year-to-Date</b> > \$ 1,000.00      |                                           |                                                       |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Common Sense Common Solutions PAC<br>1155 Twenty First St. SW Suite 300<br>Washington DC 20036                                | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>6-30-99 | <b>Amount of Each Receipt this Period</b><br>2,000.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                      | <b>Aggregate Year-to-Date</b> > \$ 2,000.00      |                                           |                                                       |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Hudson Valley Victory Fund                                                                                                    | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>6-30-99 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                      | <b>Aggregate Year-to-Date</b> > \$ 1,000.00      |                                           |                                                       |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>National City Corp. PAC - Multi-Cand.<br>Allen Waddle, Treasurer-Nat'l. City Ctr.<br>1900 E. Ninth St.<br>Cleveland, OH 44114 | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>6-30-99 | <b>Amount of Each Receipt this Period</b><br>150.00   |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                      | <b>Aggregate Year-to-Date</b> > \$ 150.00        |                                           |                                                       |

**SUBTOTAL of Receipts This Page (optional)**

11,650.00

**TOTAL This Period (last page this line number only)**

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER 11(c)

## CONTRIBUTIONS FROM OTHER POLITICAL COMMITTEES

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NAME OF COMMITTEE (In Full)

C00288324

BOB NEY FOR CONGRESS

|                                                                                                                                                                                   |                                      |                                    |                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|------------------------------------|------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Waste Management PAC<br>Robert Eisenbud-Dir. Leg. Affairs<br>601 Pennsylvania Ave. NW North Bldg. 300<br>Washington DC 20004 | Name of Employer<br><br>Occupation   | Date (month, day, year)<br>6-30-99 | Amount of Each Receipt this Period<br>500.00   |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                            | Aggregate Year-to-Date > \$ 500.00   |                                    |                                                |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Faith, Family & Freedom PAC<br>P.O. Box 76766<br>Washington DC 20002                                                         | Name of Employer<br><br>Occupation   | Date (month, day, year)<br>6-30-99 | Amount of Each Receipt this Period<br>1,000.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                            | Aggregate Year-to-Date > \$ 1,000.00 |                                    |                                                |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Hillary For Congress<br>P.O. Box 492<br>Crossville, TN 38557                                                                 | Name of Employer<br><br>Occupation   | Date (month, day, year)<br>6-30-99 | Amount of Each Receipt this Period<br>1,000.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                            | Aggregate Year-to-Date > \$ 1,000.00 |                                    |                                                |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Autozoners For Better Government<br>P.O. Box 2198<br>Memphis, TN 38101                                                       | Name of Employer<br><br>Occupation   | Date (month, day, year)<br>6-30-99 | Amount of Each Receipt this Period<br>1,000.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                            | Aggregate Year-to-Date > \$ 1,000.00 |                                    |                                                |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>National Check Cashers Assoc. PAC<br>Court Plaza N 25 Main St. P.O. Box 647<br>Hackensack, NJ 07602                          | Name of Employer<br><br>Occupation   | Date (month, day, year)<br>6-30-99 | Amount of Each Receipt this Period<br>1,000.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                            | Aggregate Year-to-Date > \$ 1,000.00 |                                    |                                                |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>American Medical PAC<br>1101 Vermont Ave. NW<br>Washington DC 20005                                                          | Name of Employer<br><br>Occupation   | Date (month, day, year)<br>6-30-99 | Amount of Each Receipt this Period<br>500.00   |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                            | Aggregate Year-to-Date > \$ 500.00   |                                    |                                                |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Alpha-PAC Air Line Pilots Assoc.<br>1625 Massachusetts Ave. NW<br>Washington DC 20036                                        | Name of Employer<br><br>Occupation   | Date (month, day, year)<br>6-30-99 | Amount of Each Receipt this Period<br>1,000.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                            | Aggregate Year-to-Date > \$ 1,000.00 |                                    |                                                |

SUBTOTAL of Receipts This Page (optional)

6,000.00

TOTAL This Period (last page this line number only)

# SCHEDULE A

## ITEMIZED RECEIPTS

### CONTRIBUTIONS FROM OTHER POLITICAL COMMITTEES

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

PAGE 22 OF 22  
FOR LINE NUMBER 11(c)

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NAME OF COMMITTEE (in Full)

BOB NEY FOR CONGRESS

C00288324

|                                                                                                                                                                                                                                                                                                   |                                                                                        |                                            |                                                      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|--------------------------------------------|------------------------------------------------------|
| <p>A. Full Name, Mailing Address and ZIP Code<br/>Sauder For Congress<br/>P.O. Box 400<br/>Grabill, IN 46741</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>                                   | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 500.00</p> | <p>Date (month, day, year)<br/>6-30-99</p> | <p>Amount of Each Receipt this Period<br/>500.00</p> |
| <p>B. Full Name, Mailing Address and ZIP Code<br/>General Motors<br/>1660 L Street, Suite 401<br/>Washington DC 20036</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>                          | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 500.00</p> | <p>Date (month, day, year)<br/>6-30-99</p> | <p>Amount of Each Receipt this Period<br/>500.00</p> |
| <p>C. Full Name, Mailing Address and ZIP Code<br/>Timken Co. Good Government Fund<br/>1835 Dueber Ave. SW - P.O. Box 6928<br/>Canton, OH 44706</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p> | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 500.00</p> | <p>Date (month, day, year)<br/>6-30-99</p> | <p>Amount of Each Receipt this Period<br/>500.00</p> |
| <p>D. Full Name, Mailing Address and ZIP Code<br/>House PAC<br/>2700 Sanders Rd.<br/>Prospect Heights, IL 60070</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>                                | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 500.00</p> | <p>Date (month, day, year)<br/>6-30-99</p> | <p>Amount of Each Receipt this Period<br/>500.00</p> |
| <p>E. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>                                                                                                             | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$</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<br/><input type="checkbox"/> Other (specify):</p>                                                                                                             | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$</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<br/><input type="checkbox"/> Other (specify):</p>                                                                                                             | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$</p>        | <p>Date (month, day, year)</p>             | <p>Amount of Each Receipt this Period</p>            |

SUBTOTAL of Receipts This Page (optional)

2,000.00

TOTAL This Period (last page this line number only)

191,558.45

# SCHEDULE A

## ITEMIZED RECEIPTS

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

PAGE 1 OF 1  
FOR LINE NUMBER 15

### OTHER RECEIPTS

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NAME OF COMMITTEE (In Full)

BOB NEY FOR CONGRESS

C00288324

|                                                                                                                                                                                                                                                                             |                                                                                                            |                                                        |                                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|----------------------------------------------------------------|
| <p><b>A. Full Name, Mailing Address and ZIP Code</b><br/>The Citizens Bank<br/>4th &amp; Hickory Street<br/>Martins Ferry, OH 43935</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p> | <p>Name of Employer<br/>Interest Income</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 215.56</p> | <p>Date (month, day, year)<br/>1-31-99<br/>6-01-99</p> | <p>Amount of Each Receipt This Period<br/>142.16<br/>73.40</p> |
| <p><b>B. Full Name, Mailing Address and ZIP Code</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>                                                                                | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$</p>                            | <p>Date (month, day, year)</p>                         | <p>Amount of Each Receipt This Period</p>                      |
| <p><b>C. Full Name, Mailing Address and ZIP Code</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>                                                                                | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$</p>                            | <p>Date (month, day, year)</p>                         | <p>Amount of Each Receipt This Period</p>                      |
| <p><b>D. Full Name, Mailing Address and ZIP Code</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>                                                                                | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$</p>                            | <p>Date (month, day, year)</p>                         | <p>Amount of Each Receipt This Period</p>                      |
| <p><b>E. Full Name, Mailing Address and ZIP Code</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>                                                                                | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$</p>                            | <p>Date (month, day, year)</p>                         | <p>Amount of Each Receipt This Period</p>                      |
| <p><b>F. Full Name, Mailing Address and ZIP Code</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>                                                                                | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$</p>                            | <p>Date (month, day, year)</p>                         | <p>Amount of Each Receipt This Period</p>                      |
| <p><b>G. Full Name, Mailing Address and ZIP Code</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>                                                                                | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$</p>                            | <p>Date (month, day, year)</p>                         | <p>Amount of Each Receipt This Period</p>                      |

SUBTOTAL of Receipts This Page (optional)

215.56

TOTAL This Period (last page this line number only)

215.56

**SCHEDULE B**
**ITEMIZED DISBURSEMENTS**

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

 PAGE 1 OF 6  
FOR LINE NUMBER 17

**OPERATING EXPENDITURES**

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**NAME OF COMMITTEE (in Full)**

BOB NEY FOR CONGRESS

C00288324

|                                                                                                                     |                                                                                                                                                                                        |                                                                 |                                                                              |
|---------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Allstate Insurance<br>75 Executive Parkway<br>Hudson, OH 44237 | <b>Purpose of Disbursement</b><br>Insurance On Van<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)  | <b>Date (month, day, year)</b><br>1-24-99                       | <b>Amount of Each Disbursement This Period</b><br>448.70                     |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Alltel<br>P.O. Box 96019<br>Charlotte, NC 28296-0019           | <b>Purpose of Disbursement</b><br>Telephone Expense<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Date (month, day, year)</b><br>1-08-99<br>2-07-99<br>3-14-99 | <b>Amount of Each Disbursement This Period</b><br>493.33<br>375.70<br>103.12 |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>(Same As Above)                                                | <b>Purpose of Disbursement</b><br>Telephone Expense<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Date (month, day, year)</b><br>4-07-99<br>5-16-99            | <b>Amount of Each Disbursement This Period</b><br>71.36<br>74.39             |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>American Express<br>Suite 0001<br>Chicago, IL 60679-0001       | <b>Purpose of Disbursement</b><br>Travel Expenses<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   | <b>Date (month, day, year)</b><br>2-12-99<br>3-05-99            | <b>Amount of Each Disbursement This Period</b><br>160.36<br>158.47           |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Ameritech<br>P.O. Box 84000<br>Columbus, OH 43824              | <b>Purpose of Disbursement</b><br>Telephone Expense<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Date (month, day, year)</b><br>1-03-99<br>1-13-99<br>1-13-99 | <b>Amount of Each Disbursement This Period</b><br>397.69<br>85.64<br>100.98  |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>(Same As Above)                                                | <b>Purpose of Disbursement</b><br>Telephone Expense<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Date (month, day, year)</b><br>2-07-99<br>2-07-99<br>2-28-99 | <b>Amount of Each Disbursement This Period</b><br>153.52<br>75.21<br>349.14  |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>(Same As Above)                                                | <b>Purpose of Disbursement</b><br>Telephone Expense<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Date (month, day, year)</b><br>3-14-99<br>3-14-99<br>3-14-99 | <b>Amount of Each Disbursement This Period</b><br>108.54<br>50.97<br>304.64  |
| <b>H. Full Name, Mailing Address and ZIP Code</b><br>(Same As Above)                                                | <b>Purpose of Disbursement</b><br>Telephone Expense<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Date (month, day, year)</b><br>4-07-99<br>4-07-99<br>4-11-99 | <b>Amount of Each Disbursement This Period</b><br>90.94<br>44.38<br>275.84   |
| <b>I. Full Name, Mailing Address and ZIP Code</b><br>(Same As Above)                                                | <b>Purpose of Disbursement</b><br>Telephone Expense<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Date (month, day, year)</b><br>5-09-99<br>5-23-99<br>5-23-99 | <b>Amount of Each Disbursement This Period</b><br>265.56<br>50.65<br>78.26   |

**SUBTOTAL of Disbursements This Page (optional)**

4,319.39

**TOTAL This Period (last page this line number only)**



**SCHEDULE B**
**ITEMIZED DISBURSEMENTS**

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

 PAGE 2 OF 16  
FOR LINE NUMBER  
17
**OPERATING EXPENDITURES**

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NAME OF COMMITTEE (in full)

BOB NEY FOR CONGRESS

COO288324

|                                                                                                                               |                                                                                                                                                                                              |                                                                 |                                                                            |
|-------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|----------------------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Ameritech<br>P.O. Box 84000<br>Columbus, OH 43824                        | <b>Purpose of Disbursement</b><br>Telephone Expense<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)       | <b>Date (month, day, year)</b><br>6-14-99<br>6-14-99            | <b>Amount of Each Disbursement This Period</b><br>87.82<br>36.95           |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>AT&T<br>P.O. Box 27680<br>Kansas City, MO                                | <b>Purpose of Disbursement</b><br>Telephone Expense<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)       | <b>Date (month, day, year)</b><br>1-08-99<br>1-13-99<br>2-07-99 | <b>Amount of Each Disbursement This Period</b><br>10.73<br>13.41<br>26.02  |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>(Same As Above)                                                          | <b>Purpose of Disbursement</b><br>Telephone Expense<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)       | <b>Date (month, day, year)</b><br>3-14-99<br>4-07-99<br>5-02-99 | <b>Amount of Each Disbursement This Period</b><br>8.05<br>13.98<br>13.98   |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Belmont National Bank<br>154 W. Main Street<br>St. Claireville, OH 43950 | <b>Purpose of Disbursement</b><br>Bank Fee<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                | <b>Date (month, day, year)</b><br>2-08-99                       | <b>Amount of Each Disbursement This Period</b><br>10.00                    |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Bob Ney<br>112 Overlook Drive<br>St. Claireville, OH 43950               | <b>Purpose of Disbursement</b><br>Reimburse For Expenses<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)  | <b>Date (month, day, year)</b><br>1-08-99<br>2-07-99<br>2-26-99 | <b>Amount of Each Disbursement This Period</b><br>97.00<br>17.21<br>602.00 |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>(Same As Above)                                                          | <b>Purpose of Disbursement</b><br>Reimburse For Expenses<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)  | <b>Date (month, day, year)</b><br>4-01-99                       | <b>Amount of Each Disbursement This Period</b><br>8.00                     |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Bob Ney For Congress<br>P.O. Box 490<br>St. Clairsville, OH 43950        | <b>Purpose of Disbursement</b><br>Unitemized Disbursement<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Date (month, day, year)</b><br>6-30-99                       | <b>Amount of Each Disbursement This Period</b><br>3,441.53                 |
| <b>H. Full Name, Mailing Address and ZIP Code</b><br>Conrad Crafters, Inc.<br>3521 Jacob Street<br>Wheeling, WV 26003         | <b>Purpose of Disbursement</b><br>Glasses<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                 | <b>Date (month, day, year)</b><br>1-05-99                       | <b>Amount of Each Disbursement This Period</b><br>250.00                   |
| <b>I. Full Name, Mailing Address and ZIP Code</b><br>Gibson/Chestnut Memorial Fund                                            | <b>Purpose of Disbursement</b><br>Donation<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                | <b>Date (month, day, year)</b><br>4-19-99                       | <b>Amount of Each Disbursement This Period</b><br>250.00                   |

SUBTOTAL of Disbursements This Page (optional)

4,886.68

TOTAL This Period (last page this line number only)

**SCHEDULE B**
**ITEMIZED DISBURSEMENTS**

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

 PAGE 3 OF 16  
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 |
|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------|
|                                                                                                   | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |                         |                                         |
| Gold Key Lease<br>300 Oxford Drive, Suite 310<br>Monroeville, PA 15146                            | Van Lease                                                                                                                    | 1-24-99                 | 549.58                                  |
|                                                                                                   |                                                                                                                              | 2-26-99                 | 549.58                                  |
|                                                                                                   |                                                                                                                              | 4-01-99                 | 549.58                                  |
| B. Full Name, Mailing Address and ZIP Code                                                        | Purpose of Disbursement                                                                                                      | Date (month, day, year) | Amount of Each Disbursement This Period |
|                                                                                                   | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |                         |                                         |
| Gold Key Lease<br>300 Oxford Drive, Suite 310<br>Monroeville, PA 15146                            | Van Lease                                                                                                                    | 4-19-99                 | 549.58                                  |
|                                                                                                   |                                                                                                                              | 5-23-99                 | 549.58                                  |
| C. Full Name, Mailing Address and ZIP Code                                                        | Purpose of Disbursement                                                                                                      | Date (month, day, year) | Amount of Each Disbursement This Period |
|                                                                                                   | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |                         |                                         |
| Hughes Xerographic Equipment<br>BankOne Building, Suite 703<br>P.O. Box 278<br>Bellaire, OH 43906 | Copier Rental                                                                                                                | 1-24-99                 | 137.50                                  |
|                                                                                                   |                                                                                                                              | 4-19-99                 | 412.50                                  |
| D. Full Name, Mailing Address and ZIP Code                                                        | Purpose of Disbursement                                                                                                      | Date (month, day, year) | Amount of Each Disbursement This Period |
|                                                                                                   | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |                         |                                         |
| Lee & Associates<br>P.O. Box 61, 252 West Main Street<br>St. Clairsville, OH 43950                | Tax Preparation                                                                                                              | 2-07-99                 | 630.00                                  |
|                                                                                                   |                                                                                                                              |                         |                                         |
| E. Full Name, Mailing Address and ZIP Code                                                        | Purpose of Disbursement                                                                                                      | Date (month, day, year) | Amount of Each Disbursement This Period |
|                                                                                                   | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |                         |                                         |
| Mar-Anne<br>148 W. Main Street<br>St. Clairsville, OH 43950                                       | Rent & Utilities                                                                                                             | 1-08-99                 | 900.00                                  |
|                                                                                                   |                                                                                                                              | 1-13-99                 | 264.01                                  |
|                                                                                                   |                                                                                                                              | 2-07-99                 | 1,112.47                                |
| F. Full Name, Mailing Address and ZIP Code                                                        | Purpose of Disbursement                                                                                                      | Date (month, day, year) | Amount of Each Disbursement This Period |
|                                                                                                   | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |                         |                                         |
| (Same As Above)                                                                                   | Rent & Utilities                                                                                                             | 3-14-99                 | 1,111.28                                |
|                                                                                                   |                                                                                                                              | 4-01-99                 | 900.00                                  |
|                                                                                                   |                                                                                                                              | 4-07-99                 | 167.57                                  |
| G. Full Name, Mailing Address and ZIP Code                                                        | Purpose of Disbursement                                                                                                      | Date (month, day, year) | Amount of Each Disbursement This Period |
|                                                                                                   | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |                         |                                         |
| (Same As Above)                                                                                   | Rent & Utilities                                                                                                             | 5-02-99                 | 900.00                                  |
|                                                                                                   |                                                                                                                              | 5-09-99                 | 98.14                                   |
|                                                                                                   |                                                                                                                              | 5-23-99                 | 900.00                                  |
| H. Full Name, Mailing Address and ZIP Code                                                        | Purpose of Disbursement                                                                                                      | Date (month, day, year) | Amount of Each Disbursement This Period |
|                                                                                                   | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |                         |                                         |
| MBNA<br>P.O. Box 15469<br>Wilmington, DE                                                          | Travel Expenses                                                                                                              | 1-03-99                 | 356.04                                  |
|                                                                                                   |                                                                                                                              | 2-07-99                 | 126.26                                  |
|                                                                                                   |                                                                                                                              | 2-07-99                 | 472.42                                  |
| I. Full Name, Mailing Address and ZIP Code                                                        | Purpose of Disbursement                                                                                                      | Date (month, day, year) | Amount of Each Disbursement This Period |
|                                                                                                   | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |                         |                                         |
| (Same As Above)                                                                                   | Travel Expenses                                                                                                              | 2-26-99                 | 669.42                                  |
|                                                                                                   |                                                                                                                              | 2-26-99                 | 301.49                                  |
|                                                                                                   |                                                                                                                              | 4-01-99                 | 862.62                                  |

**SUBTOTAL of Disbursements This Page (optional)**

13,069.62

**TOTAL This Period (last page this line number only)**

**SCHEDULE B**
**ITEMIZED DISBURSEMENTS**

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

 PAGE 4 OF 6  
FOR LINE NUMBER 17

**OPERATING EXPENDITURES**

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**NAME OF COMMITTEE (in Full)**
**BOB NEY FOR CONGRESS**
**C00288324**

|                                                                                                                                   |                                                                                                                                                                                             |                                                                 |                                                                           |
|-----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|---------------------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>MBNA<br>P.O. Box 15469<br>Willington, DE                                     | <b>Purpose of Disbursement</b><br>Travel Expenses<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)        | <b>Date (month, day, year)</b><br>5-02-99                       | <b>Amount of Each Disbursement This Period</b><br>616.57                  |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>MCI World Com<br>P.O. Box 6655<br>Englewood, CO 80155                        | <b>Purpose of Disbursement</b><br>Telephone Expense<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)      | <b>Date (month, day, year)</b><br>2-07-99<br>3-14-99<br>4-01-99 | <b>Amount of Each Disbursement This Period</b><br>20.01<br>99.37<br>75.36 |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>(Same As Above)                                                              | <b>Purpose of Disbursement</b><br>Telephone Expense<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)      | <b>Date (month, day, year)</b><br>5-02-99                       | <b>Amount of Each Disbursement This Period</b><br>32.35                   |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Nancy Bocakor<br>1212 N. Vernon St.<br>Arlington, VA 22201                   | <b>Purpose of Disbursement</b><br>Consulting Fee<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)         | <b>Date (month, day, year)</b><br>1-08-99                       | <b>Amount of Each Disbursement This Period</b><br>1,542.47                |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Ohio State University<br>1849 Cannon Drive<br>Columbus, OH 43215             | <b>Purpose of Disbursement</b><br>Entertainment<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)          | <b>Date (month, day, year)</b><br>4-11-99                       | <b>Amount of Each Disbursement This Period</b><br>1,069.00                |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Red Hot & Blue<br>3014 Wilson Blvd.<br>Arlington, VA 22201                   | <b>Purpose of Disbursement</b><br>Inauguration Reception<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Date (month, day, year)</b><br>1-08-99                       | <b>Amount of Each Disbursement This Period</b><br>557.88                  |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>St. Clair Mini Storage<br>47333 National Rd.<br>St. Clairsville, OH 43950    | <b>Purpose of Disbursement</b><br>Storage<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                | <b>Date (month, day, year)</b><br>2-26-99                       | <b>Amount of Each Disbursement This Period</b><br>215.00                  |
| <b>H. Full Name, Mailing Address and ZIP Code</b><br>St. C Municipal Utilities<br>Municipal Building<br>St. Clairsville, OH 43950 | <b>Purpose of Disbursement</b><br>Utilities<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)              | <b>Date (month, day, year)</b><br>2-12-99<br>3-14-99<br>5-23-99 | <b>Amount of Each Disbursement This Period</b><br>87.73<br>86.13<br>93.18 |
| <b>I. Full Name, Mailing Address and ZIP Code</b><br>Stein-Palmer Printing<br>P.O. Box 86<br>Martins Ferry, OH 43925              | <b>Purpose of Disbursement</b><br>Invitations<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)            | <b>Date (month, day, year)</b><br>5-02-99                       | <b>Amount of Each Disbursement This Period</b><br>419.89                  |

**SUBTOTAL of Disbursements This Page (optional)**

4,914.94

**TOTAL This Period (last page this line number only)**

## SCHEDULE B

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary PagePAGE 5 OF 6  
FOR LINE NUMBER 17

## OPERATING EXPENDITURES

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NAME OF COMMITTEE (In Full)

BOB NEY FOR CONGRESS

C00288324

|                                                                                                                                           |                                                                                                                                                                                          |                                                                 |                                                                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|---------------------------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Strussion & Son Florist<br>3829 Noble Street<br>Bellaire, OH 43906                   | <b>Purpose of Disbursement</b><br>Flower Arrangements<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Date (month, day, year)</b><br>5-02-99                       | <b>Amount of Each Disbursement This Period</b><br>523.00                        |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Targeted Creative Communications<br>1000 Duke Street<br>Alexandria, VA 22314         | <b>Purpose of Disbursement</b><br>Advertising<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)         | <b>Date (month, day, year)</b><br>3-25-99                       | <b>Amount of Each Disbursement This Period</b><br>3,091.90                      |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>The Congressional Institute<br>816 Penna Ave., S.E. #403<br>Washington DC 20003      | <b>Purpose of Disbursement</b><br>Retreat<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)             | <b>Date (month, day, year)</b><br>1-24-99                       | <b>Amount of Each Disbursement This Period</b><br>540.00                        |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Treasurer State Of Ohio<br>P.O. Box 444<br>Columbus, OH 43266                        | <b>Purpose of Disbursement</b><br>Employee Tax<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)        | <b>Date (month, day, year)</b><br>1-29-99                       | <b>Amount of Each Disbursement This Period</b><br>527.99                        |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>U.S. Postal Service<br>St. Clairsville, OH 43950                                     | <b>Purpose of Disbursement</b><br>Postage<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)             | <b>Date (month, day, year)</b><br>4-01-99<br>5-22-99<br>6-06-99 | <b>Amount of Each Disbursement This Period</b><br>500.00<br>429.00<br>99.00     |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Western Reserve Group<br>P.O. Box 6025<br>Wooster, OH 44691                          | <b>Purpose of Disbursement</b><br>Insurance<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)           | <b>Date (month, day, year)</b><br>4-01-99                       | <b>Amount of Each Disbursement This Period</b><br>250.00                        |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Conservative Victory Fund<br>422 1st Street SE<br>Washington DC 20003                | <b>Purpose of Disbursement</b><br>Fundraiser Expenses<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Date (month, day, year)</b><br>3-15-99<br>6-21-99            | <b>Amount of Each Disbursement This Period</b><br>439.20<br>486.60<br>(In-Kind) |
| <b>H. Full Name, Mailing Address and ZIP Code</b><br>National Republic Congressional Comm.<br>320 1st Street SE<br>Washington DC 20003    | <b>Purpose of Disbursement</b><br>Satellite Feed<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)      | <b>Date (month, day, year)</b><br>4-01-99<br>4-25-99            | <b>Amount of Each Disbursement This Period</b><br>306.65<br>26.00<br>(In-Kind)  |
| <b>I. Full Name, Mailing Address and ZIP Code</b><br>Americans For A Republic Majority<br>1155 21st Street NW, Suite 300<br>Washington DC | <b>Purpose of Disbursement</b><br>Supplies For Event<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)  | <b>Date (month, day, year)</b><br>6-30-99                       | <b>Amount of Each Disbursement This Period</b><br>395.47<br>(In-Kind)           |

SUBTOTAL of Disbursements This Page (optional)

7,614.81

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 6  
FOR LINE NUMBER 17

**OPERATING EXPENDITURES**

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NAME OF COMMITTEE (in Full)

BOB NEY FOR CONGRESS

C00288324

|                                                                                                                                     |                                                                                                                                                                                                                        |                                                                    |                                                                                |
|-------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|--------------------------------------------------------------------------------|
| <p>A. Full Name, Mailing Address and ZIP Code</p> <p>Athletic Club Of Columbus<br/>136 East Broad Street<br/>Columbus, OH 43215</p> | <p>Purpose of Disbursement <b>Travel and Entertainment</b><br/><b>Express</b><br/>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify)</p> | <p>Date (month, day, year)<br/>1-13-99<br/>3-14-99<br/>4-11-99</p> | <p>Amount of Each Disbursement This Period<br/>61.23<br/>117.29<br/>101.70</p> |
| <p>B. Full Name, Mailing Address and ZIP Code</p>                                                                                   | <p>Purpose of Disbursement<br/>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify)</p>                                                    | <p>Date (month, day, year)</p>                                     | <p>Amount of Each Disbursement This Period</p>                                 |
| <p>C. Full Name, Mailing Address and ZIP Code</p>                                                                                   | <p>Purpose of Disbursement<br/>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify)</p>                                                    | <p>Date (month, day, year)</p>                                     | <p>Amount of Each Disbursement This Period</p>                                 |
| <p>D. Full Name, Mailing Address and ZIP Code</p>                                                                                   | <p>Purpose of Disbursement<br/>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify)</p>                                                    | <p>Date (month, day, year)</p>                                     | <p>Amount of Each Disbursement This Period</p>                                 |
| <p>E. Full Name, Mailing Address and ZIP Code</p>                                                                                   | <p>Purpose of Disbursement<br/>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify)</p>                                                    | <p>Date (month, day, year)</p>                                     | <p>Amount of Each Disbursement This Period</p>                                 |
| <p>F. Full Name, Mailing Address and ZIP Code</p>                                                                                   | <p>Purpose of Disbursement<br/>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify)</p>                                                    | <p>Date (month, day, year)</p>                                     | <p>Amount of Each Disbursement This Period</p>                                 |
| <p>G. Full Name, Mailing Address and ZIP Code</p>                                                                                   | <p>Purpose of Disbursement<br/>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify)</p>                                                    | <p>Date (month, day, year)</p>                                     | <p>Amount of Each Disbursement This Period</p>                                 |
| <p>H. Full Name, Mailing Address and ZIP Code</p>                                                                                   | <p>Purpose of Disbursement<br/>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify)</p>                                                    | <p>Date (month, day, year)</p>                                     | <p>Amount of Each Disbursement This Period</p>                                 |
| <p>I. Full Name, Mailing Address and ZIP Code</p>                                                                                   | <p>Purpose of Disbursement<br/>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify)</p>                                                    | <p>Date (month, day, year)</p>                                     | <p>Amount of Each Disbursement This Period</p>                                 |

SUBTOTAL of Disbursements This Page (optional)

280.22

TOTAL This Period (last page this line number only)

35,085.66

**SCHEDULE B**
**ITEMIZED DISBURSEMENTS**

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

 PAGE 1 OF 1  
FOR LINE NUMBER 21

**OTHER DISBURSEMENTS**

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**NAME OF COMMITTEE (in Full)**

BOB NEY FOR CONGRESS

C00288324

|                                                                                                                          |                                                                                                                                                                                           |                                           |                                                          |
|--------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|----------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Greg Erb For Mayor<br>429 Wabaesh St.<br>New Philadelphia, OH 44663 | <b>Purpose of Disbursement</b><br>Non-Federal Donation<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Date (month, day, year)</b><br>4-19-99 | <b>Amount of Each Disbursement This Period</b><br>500.00 |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Hobbs For Congress<br>415 Bronco Circle<br>Shady Shore, TX 16208    | <b>Purpose of Disbursement</b><br>Donation<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)             | <b>Date (month, day, year)</b><br>4-19-99 | <b>Amount of Each Disbursement This Period</b><br>300.00 |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Paul Ryan For Congress<br>P. O. Box 1919<br>Janesville, WI 53547    | <b>Purpose of Disbursement</b><br>Donation<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)             | <b>Date (month, day, year)</b><br>1-24-99 | <b>Amount of Each Disbursement This Period</b><br>250.00 |
| <b>D. Full Name, Mailing Address and ZIP Code</b>                                                                        | <b>Purpose of Disbursement</b><br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                     | <b>Date (month, day, year)</b>            | <b>Amount of Each Disbursement This Period</b>           |
| <b>E. Full Name, Mailing Address and ZIP Code</b>                                                                        | <b>Purpose of Disbursement</b><br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                     | <b>Date (month, day, year)</b>            | <b>Amount of Each Disbursement This Period</b>           |
| <b>F. Full Name, Mailing Address and ZIP Code</b>                                                                        | <b>Purpose of Disbursement</b><br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                     | <b>Date (month, day, year)</b>            | <b>Amount of Each Disbursement This Period</b>           |
| <b>G. Full Name, Mailing Address and ZIP Code</b>                                                                        | <b>Purpose of Disbursement</b><br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                     | <b>Date (month, day, year)</b>            | <b>Amount of Each Disbursement This Period</b>           |
| <b>H. Full Name, Mailing Address and ZIP Code</b>                                                                        | <b>Purpose of Disbursement</b><br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                     | <b>Date (month, day, year)</b>            | <b>Amount of Each Disbursement This Period</b>           |
| <b>I. Full Name, Mailing Address and ZIP Code</b>                                                                        | <b>Purpose of Disbursement</b><br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                     | <b>Date (month, day, year)</b>            | <b>Amount of Each Disbursement This Period</b>           |

**SUBTOTAL of Disbursements This Page (optional)**

1,050.00

**TOTAL This Period (last page this line number only)**

1,050.00

## 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.

☐ Hand Delivered Date of Receipt

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☒ Registered/Certified Mail POSTMARKED  
7/31/99

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☐ Postmark Illegible

☐ Received from the House office of Records  
and Registration Date of Receipt

☐ Received from the Senate Office of Public  
Records Date of Receipt

☐ Other ( Specify): Postmarked  
and/or Date of Receipt

☐ Electronic Filing

  
PREPARER

8/3/99  
DATE PREPARED