

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

(Summary Page)

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07/14/2000 11 : 35

1. NAME OF COMMITTEE (in full) BOB NEY FOR CONGRESS		2. FEC IDENTIFICATION NUMBER C00288324
ADDRESS (number and street) PO BOX 430	<input type="checkbox"/> Check if different than previously reported	
CITY, STATE, and ZIP CODE ST CLAIRSVILLE OH 43950	STATE / DISTRICT /	3. IS THIS REPORT AN AMENDMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

4. TYPE OF REPORT

- April 15 Quarterly Report Twelfth day report preceding _____
(election type)
- July 15 Quarterly Report election on _____ in the State of _____
- October 15 Quarterly Report Thirtieth day report following the General Election
- January 31 Year End Report on _____ in the State of _____
- July 31 Mid-Year Report (Non-election Year Only) Termination report

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

SUMMARY

5. Covering period <u>04/01/2000</u> through <u>08/30/2000</u>	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. Net contributions (other than loans)		
(a) Total Contributions (other than loans) (from line 11(a))	179030.48	257014.01
(b) Total Contribution Refunds (from line 20(d))	500.00	500.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	178530.48	256514.01
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from line 17)	50682.30	101796.64
(b) Total Offsets to Operating Expenditures (from line 14)	0.00	670.40
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	50682.30	101126.24
8. Cash on Hand at Close of Reporting Period (from line 27)	437493.37	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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
Electronically Filed by JOHN R. BENNETT

Signature of Treasurer	Date 07/14/2000
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

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FEC FORM 3
(revised 4/87)

DETAILED SUMMARY PAGE
of Receipts and Disbursements
(Page 2, FEG Form 3)

Name of Committee (In Full) BOB NEY FOR CONGRESS	Report Covering the Period From: 04/01/2000 To: 06/30/2000	
I. RECEIPTS	COLUMN A Total This Period	COLUMN B Calendar Year-To-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	45319.67	
(ii) Unitemized	12896.00	
(iii) Total of contributions from individuals	58215.67	78699.20
(b) Political Party Committees	8075.41	8175.41
(c) Other Political Committees (such as PACs)	112739.40	170139.40
(d) The Candidate	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d))	178030.48	257014.01
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate	0.00	0.00
(b) All Other Loans	0.00	0.00
(c) TOTAL LOANS (add 13(a) and (b))	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	670.40
15. OTHER RECEIPTS (Dividends, Interest, etc.)	4229.66	5892.32
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)	183260.14	263578.73
II. DISBURSEMENTS		
17. OPERATING EXPENDITURES	50682.30	101796.64
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	500.00	500.00
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))	500.00	500.00
21. OTHER DISBURSEMENTS	1250.00	3850.00
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)	52432.30	106146.64
III. CASH SUMMARY		
23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD		306655.53
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)		183260.14
25. SUBTOTAL (add Line 23 and Line 24)		489925.67
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)		52432.30
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)		437493.37

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	3 / 46
			FOR LINE NUMBER 11A1

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

Full Name, Mailing Address, and ZIP Code ROBERT J. D'ANNIBALLE, Sr. 208 BRAYBARTON BLVD. STEUBENVILLE OH 43952 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer 	Date (month, day, year) 04/04/2000	Amount of Each Receipt this Period 250.00
	Occupation RETIRED		
	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code GEORGE CRIM 206 HIGH STREET BOX 507 BERGHOLZ OH 43908 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer ADVEST, INC.	Date (month, day, year) 04/10/2000	Amount of Each Receipt this Period 500.00
	Occupation VICE PRESIDENT		
	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code GARY A. RUBEL 3779 S R 78 WOODSFIELD OH 43793 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer SELF EMPLOYED	Date (month, day, year) 04/10/2000	Amount of Each Receipt this Period 500.00
	Occupation CONTRACTOR		
	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code JACK Q. CARTNER C/O MD-TRIM INC. P.O. BOX 827 CAMBRIDGE OH 43725-1546 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer MOTRIM INCORPORATED	Date (month, day, year) 04/17/2000	Amount of Each Receipt this Period 250.00
	Occupation PRESIDENT		
	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code WILLIAM MILLIKEN 91700 LEESVILLE RD. BOWERSTON OH 44895 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer BOWERSTON SHALE CO.	Date (month, day, year) 04/17/2000	Amount of Each Receipt this Period 100.00
	Occupation PRESIDENT		
	Aggregate Year-to-Date > \$ 100.00		
Full Name, Mailing Address, and ZIP Code RICHARD J. DESMAN 701 GRANARD PKWY STEUBENVILLE OH 43952 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer HORIZON FINANCIAL GROUP	Date (month, day, year) 04/25/2000	Amount of Each Receipt this Period 50.00
	Occupation FINANCIAL PLANNER		
	Aggregate Year-to-Date > \$ 50.00		
Full Name, Mailing Address, and ZIP Code J. GILBERT REESE P.O. BOX 475 GRANVILLE OH 43023 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer SELF EMPLOYED	Date (month, day, year) 05/01/2000	Amount of Each Receipt this Period 1000.00
	Occupation ATTORNEY		
	Aggregate Year-to-Date > \$ 1000.00		
SUBTOTALS of Receipts This Page (Optional)			
TOTALS This Period (last page this line number only)			

SCHEDULE A		ITEMIZED RECEIPTS		4 / 46
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 11A1
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NAME OF COMMITTEE (In Full) BOB NEY FOR CONGRESS				
Full Name, Mailing Address, and ZIP Code AMDRY HOUGHTON, Jr. 80 E. MARKET STREET SUITE 201 CORNING NY 14830	Name of Employer U.S. CONGRESS	Date (month, day, year) 05/15/2000	Amount of Each Receipt this Period 500.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation MEMBER OF CONGRESS			
Aggregate Year-to-Date > \$ 500.00				
Full Name, Mailing Address, and ZIP Code GEORGE NICOLOZZAKES 62737 GEORGETOWN RD. CAMBRIDGE OH 43725	Name of Employer MARIETTA COAL CO.	Date (month, day, year) 05/15/2000	Amount of Each Receipt this Period 100.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation PRESIDENT			
Aggregate Year-to-Date > \$ 200.00				
Full Name, Mailing Address, and ZIP Code CHARLES P. CAPITO 2619 PENNSYLVANIA AVENUE SUITE 3 WEIRTON WV 26062	Name of Employer SELF EMPLOYED	Date (month, day, year) 05/20/2000	Amount of Each Receipt this Period 250.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation PHYSICIAN			
Aggregate Year-to-Date > \$ 250.00				
Full Name, Mailing Address, and ZIP Code JAMES E. CHAPMAN P.O. BOX 2247 WINTERSVILLE OH 43853	Name of Employer SELF EMPLOYED	Date (month, day, year) 05/20/2000	Amount of Each Receipt this Period 250.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation ACCOUNTANT			
Aggregate Year-to-Date > \$ 250.00				
Full Name, Mailing Address, and ZIP Code TONY CORELLA 421 WASHINGTON STREET STEUBENVILLE OH 43952	Name of Employer TWO BROTHERS DRY CLEANING	Date (month, day, year) 05/20/2000	Amount of Each Receipt this Period 250.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation OWNER			
Aggregate Year-to-Date > \$ 250.00				
Full Name, Mailing Address, and ZIP Code ROBERT J. DANNIBALLE, Sr. 205 BRAYBARTON BLVD. STEUBENVILLE OH 43952	Name of Employer	Date (month, day, year) 05/20/2000	Amount of Each Receipt this Period 250.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation RETIRED			
Aggregate Year-to-Date > \$ 500.00				
Full Name, Mailing Address, and ZIP Code RICHARD J. DESMAN 701 GRANARD PKWY STEUBENVILLE OH 43952	Name of Employer HORIZON FINANCIAL GROUP	Date (month, day, year) 05/20/2000	Amount of Each Receipt this Period 250.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation FINANCIAL PLANNER			
Aggregate Year-to-Date > \$ 300.00				
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	5 / 46
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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

Full Name, Mailing Address, and ZIP Code DEREK L. FERGUSON 299 ORLANDO MANOR WINTERSVILLE OH 43953 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer SELF EMPLOYED Date (month, day, year) 05/20/2000 Amount of Each Receipt this Period 250.00	Aggregate Year-to-Date > \$ 250.00	
	Occupation PLUMBER		
	Name of Employer STATE OF OHIO Date (month, day, year) 05/20/2000 Amount of Each Receipt this Period 250.00		
Occupation HOUSEWIFE	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code ROZARIO S. FOJAS 4707 SCIOTO DRIVE STEUBENVILLE OH 43952 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer STATE OF OHIO Date (month, day, year) 05/20/2000 Amount of Each Receipt this Period 250.00	Aggregate Year-to-Date > \$ 250.00	
	Occupation HOUSEWIFE		
	Name of Employer STATE OF OHIO Date (month, day, year) 05/20/2000 Amount of Each Receipt this Period 250.00		
Occupation DEPT. OF AGRICULTURE	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code JASON FOREMAN 251 LAWSON AVENUE STEUBENVILLE OH 43952 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer STATE OF OHIO Date (month, day, year) 05/20/2000 Amount of Each Receipt this Period 250.00	Aggregate Year-to-Date > \$ 250.00	
	Occupation DEPT. OF AGRICULTURE		
	Name of Employer STATE OF OHIO Date (month, day, year) 05/20/2000 Amount of Each Receipt this Period 250.00		
Occupation ATTORNEY	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code ROGER A. ISLA 4017 A SUNSET BLVD STEUBENVILLE OH 43952 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer SELF EMPLOYED Date (month, day, year) 05/20/2000 Amount of Each Receipt this Period 250.00	Aggregate Year-to-Date > \$ 250.00	
	Occupation ATTORNEY		
	Name of Employer SELF EMPLOYED Date (month, day, year) 05/20/2000 Amount of Each Receipt this Period 250.00		
Occupation OWNER	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code RONALD A. JOHNSON 5 LAUREL WOODS WINTERSVILLE OH 43953 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer C.B. JOHNSON, INC. Date (month, day, year) 05/20/2000 Amount of Each Receipt this Period 250.00	Aggregate Year-to-Date > \$ 250.00	
	Occupation OWNER		
	Name of Employer C.B. JOHNSON, INC. Date (month, day, year) 05/20/2000 Amount of Each Receipt this Period 250.00		
Occupation STEELWORKER	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code MICHAEL KALINKIEWICZ 955 BUENA VIST BLVD STEUBENVILLE OH 43952 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer SELF EMPLOYED Date (month, day, year) 05/20/2000 Amount of Each Receipt this Period 250.00	Aggregate Year-to-Date > \$ 250.00	
	Occupation STEELWORKER		
	Name of Employer SELF EMPLOYED Date (month, day, year) 05/20/2000 Amount of Each Receipt this Period 250.00		
Occupation HOUSEWIFE	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code ANGELA S. MAHFOOD 420 BRAYBARTON BLVD STEUBENVILLE OH 43952 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer STATE OF OHIO Date (month, day, year) 05/20/2000 Amount of Each Receipt this Period 250.00	Aggregate Year-to-Date > \$ 250.00	
	Occupation HOUSEWIFE		
	Name of Employer STATE OF OHIO Date (month, day, year) 05/20/2000 Amount of Each Receipt this Period 250.00		
Occupation HOUSEWIFE	Aggregate Year-to-Date > \$ 250.00		
SUBTOTALS of Receipts This Page (Optional)			
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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

Full Name, Mailing Address, and ZIP Code JERRY S. MARLOWE 217 EAST 14TH STREET DOVER OH 44622 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer MARLOWES NURSING CENTER	Date (month, day, year) 05/20/2000	Amount of Each Receipt this Period 250.00
	Occupation HEALTH CARE WORKER	Aggregate Year-to-Date > \$ 350.00	
Full Name, Mailing Address, and ZIP Code ANGELA M. MASTROS 214 BRAYBARTON BLVD STEUBENVILLE OH 43952 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer	Date (month, day, year) 05/20/2000	Amount of Each Receipt this Period 250.00
	Occupation HOUSEWIFE	Aggregate Year-to-Date > \$ 250.00	
Full Name, Mailing Address, and ZIP Code COSTA D. MASTROS 396 SHADY AVE. STEUBENVILLE OH 43952 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer SELF EMPLOYED	Date (month, day, year) 05/20/2000	Amount of Each Receipt this Period 250.00
	Occupation ATTORNEY	Aggregate Year-to-Date > \$ 250.00	
Full Name, Mailing Address, and ZIP Code GWENDOLYN MILOSEVICH 209 BANTAM RIDGE COURT STEUBENVILLE OH 43952 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer	Date (month, day, year) 05/20/2000	Amount of Each Receipt this Period 250.00
	Occupation HOUSEWIFE	Aggregate Year-to-Date > \$ 250.00	
Full Name, Mailing Address, and ZIP Code CAROL A. OKLOK 101 WOODLAND PARK WINTERSVILLE OH 43953 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer	Date (month, day, year) 05/20/2000	Amount of Each Receipt this Period 250.00
	Occupation HOUSEWIFE	Aggregate Year-to-Date > \$ 250.00	
Full Name, Mailing Address, and ZIP Code ANNA M. PETERSON 427 BRAYBARTON BLVD STEUBENVILLE OH 43952 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer	Date (month, day, year) 05/20/2000	Amount of Each Receipt this Period 250.00
	Occupation HOUSEWIFE	Aggregate Year-to-Date > \$ 250.00	
Full Name, Mailing Address, and ZIP Code HUBERTA SCHIAPPA SICILIANO 118 HOMEWOOD AVE. STEUBENVILLE OH 43952 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer HUBERTA MINING, INC.	Date (month, day, year) 05/20/2000	Amount of Each Receipt this Period 250.00
	Occupation PRESIDENT	Aggregate Year-to-Date > \$ 250.00	

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

Full Name, Mailing Address, and ZIP Code JOE M. STAFFILINO 500 GREENBRIAR COURT STEUBENVILLE OH 43952 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer STAFFILINO CHEVROLET/CADILLAC Occupation OWNER Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 05/20/2000	Amount of Each Receipt this Period 250.00
Full Name, Mailing Address, and ZIP Code JEANETTE E. SUMMERS 1044 TOWNSHIP RD 206 RICHWOOD OH 43944 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Occupation HOUSEWIFE Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 05/20/2000	Amount of Each Receipt this Period 500.00
Full Name, Mailing Address, and ZIP Code DOMINIC TERAMANA 135 PRESTON ROAD STEUBENVILLE OH 43952 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Occupation RETIRED Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 05/20/2000	Amount of Each Receipt this Period 250.00
Full Name, Mailing Address, and ZIP Code GEORGE SHANE WEES P.O. BOX 4522 STEUBENVILLE OH 43952 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer OPEN MRI STEUBWEIRTON Occupation OPERATIONS MGR. Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 05/20/2000	Amount of Each Receipt this Period 250.00
Full Name, Mailing Address, and ZIP Code SHELLY A. ZATTA 198 ORLANDO MANOR WINTERSVILLE OH 43953 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Occupation HOUSEWIFE Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 05/20/2000	Amount of Each Receipt this Period 250.00
Full Name, Mailing Address, and ZIP Code L.L. LIMITED 557 LOVERS LANE STEUBENVILLE OH 43952 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer (PARTNERSHIP) Occupation Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 05/26/2000 SEE ATTRIBUTION BELOW	Amount of Each Receipt this Period 250.00
Full Name, Mailing Address, and ZIP Code JOSEPH G. LANCIA 557 LOVER'S LANE APT. 6 STEUBENVILLE OH 43953 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer L.L. LIMITED Occupation NURSING HOME ADMINISTRATOR Aggregate Year-to-Date > \$ 0.00	Date (month, day, year) 05/28/2000	Amount of Each Receipt this Period 125.00 [MEMO ITEM]

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	8 / 46
			FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

Full Name, Mailing Address, and ZIP Code JOSEPH LANCIA, Jr. 244 ORLANDO MANOR STEUBENVILLE OH 43950 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer L. L. LIMITED	Date (month, day, year) 05/28/2000	Amount of Each Receipt this Period 125.00
	Occupation NURSING HOME ADMINISTRATOR	[MEMO ITEM]	
	Aggregate Year-to-Date > \$ 0.00		
Full Name, Mailing Address, and ZIP Code DONALD C. ALEXANDER 1333 NEW HAMPSHIRE AVE NW NO400 WASHINGTON DC 20036 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer AKIN, GUMP, STRAUSS, HAUER & FELD L.L.C.	Date (month, day, year) 05/30/2000	Amount of Each Receipt this Period 250.00
	Occupation LAWYER	[MEMO ITEM]	
	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code ANNA M. BAKER 2205 FOX DEN DRIVE SALEM OH 44460 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer CONTACT INFORMATION PENDING	Date (month, day, year) 05/30/2000	Amount of Each Receipt this Period 300.00
	Occupation	[MEMO ITEM]	
	Aggregate Year-to-Date > \$ 300.00		
Full Name, Mailing Address, and ZIP Code CHRISTINE B. BERLIN 890 N. UNION AVE. SALEM OH 44460 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer	Date (month, day, year) 05/30/2000	Amount of Each Receipt this Period 500.00
	Occupation HOMEMAKER	[MEMO ITEM]	
	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code ANTHONY M. CAFARO P.O. BOX 2186 YOUNGSTOWN OH 44504 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer CAFARO COMPANY	Date (month, day, year) 05/30/2000	Amount of Each Receipt this Period 500.00
	Occupation EXECUTIVE	[MEMO ITEM]	
	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code DAVID WHIPPLE JOHNSON 570 HIGHLAND AVE. SALEM OH 44460 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer SUMMITVILLE TILES, INC.	Date (month, day, year) 05/30/2000	Amount of Each Receipt this Period 1000.00
	Occupation CEO	[MEMO ITEM]	
	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code PETER C. JOHNSON, Jr. P.O. BOX 111 BETHESDA ROAD SUMMITVILLE OH 43962-0111 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer SUMMITVILLE TILES, INC.	Date (month, day, year) 05/30/2000	Amount of Each Receipt this Period 1000.00
	Occupation EXECUTIVE	[MEMO ITEM]	
	Aggregate Year-to-Date > \$ 1000.00		
SUBTOTALS of Receipts This Page (Optional)			
TOTALS This Period (last page this line number only)			

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	9 / 46
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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

Full Name, Mailing Address, and ZIP Code RUSSELL LOUDON 930 HIGHLAND AVE. SALEM OH 44460-1812 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer CONTACT INFORMATION PENDING	Date (month, day, year) 05/30/2000	Amount of Each Receipt this Period 250.00
	Occupation Aggregate Year-to-Date > \$ 250.00		
	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code W. THOMAS MACKALL 1675 PEARCE CIRCLE SALEM OH 44460 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer EAST FAIRFIELD COAD CO.	Date (month, day, year) 05/30/2000	Amount of Each Receipt this Period 1000.00
	Occupation PRESIDENT Aggregate Year-to-Date > \$ 1000.00		
	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code VICTOR MAROSCHER P.O. BOX 720 SALEM OH 44460-0720 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer MM INDUSTRIES, INC.	Date (month, day, year) 05/30/2000	Amount of Each Receipt this Period 500.00
	Occupation V.P./GENERAL MANAGER Aggregate Year-to-Date > \$ 500.00		
	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code BERNADINO PAVONE 8986 HACKBERRY AVENUE PLYMOUTH MI 48170 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer ICR SERVICES	Date (month, day, year) 05/30/2000	Amount of Each Receipt this Period 1000.00
	Occupation PRESIDENT Aggregate Year-to-Date > \$ 1000.00		
	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code JAMES A. PAYIAVLAS 751 WILLARD, NE WARREN OH 44463 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer AVI	Date (month, day, year) 05/30/2000	Amount of Each Receipt this Period 250.00
	Occupation EXECUTIVE Aggregate Year-to-Date > \$ 250.00		
	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code JOHN A. PAYIAVLAS 2550 ELM ROAD, NE WARREN OH 44463 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer AVI	Date (month, day, year) 05/30/2000	Amount of Each Receipt this Period 500.00
	Occupation EMPLOYEE Aggregate Year-to-Date > \$ 500.00		
	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code KATHLEEN L. PREBLEY 401 HIGHLAND AVE. SALEM OH 44460 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer GLAMER, INC.	Date (month, day, year) 05/30/2000	Amount of Each Receipt this Period 500.00
	Occupation OWNER Aggregate Year-to-Date > \$ 500.00		
	Aggregate Year-to-Date > \$ 500.00		
SUBTOTALS of Receipts This Page (Optional)			
TOTALS This Period (last page this line number only)			

SCHEDULE A		ITEMIZED RECEIPTS		10 / 46
Use separate schedule(s) for each category of the Detailed Summary Page			FOR LINE NUMBER 11A1	
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				
Full Name, Mailing Address, and ZIP Code LANCE G. ROSE 65 MAPLE DRIVE BEAVER PA 15009-1025 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer DENTAL ASSOC. Occupation DENTIST Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 05/30/2000	Amount of Each Receipt this Period 250.00	
Full Name, Mailing Address, and ZIP Code WILLIAM R. ROUSSEAU 34447 TEEGARDEN ROAD SALEM OH 44460-9419 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer SALEM ANESTHESIA ASSOC. Occupation PHYSICIAN Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 05/30/2000	Amount of Each Receipt this Period 500.00	
Full Name, Mailing Address, and ZIP Code PETER A. RUSSELL 44200 BRANDON DR. WELLSVILLE OH 43968 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer PERPETUAL SAVINGS BANK Occupation BANKER Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 05/30/2000	Amount of Each Receipt this Period 500.00	
Full Name, Mailing Address, and ZIP Code JOHN SAYLE 925 ARMSTRONG LANE EAST LIVERPOOL OH 43920-1205 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer CONTACT INFORMATION PENDING Occupation Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 05/30/2000	Amount of Each Receipt this Period 250.00	
Full Name, Mailing Address, and ZIP Code PAUL L. SCALA 700 HOME AVENUE AKRON OH 44310 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer SELF EMPLOYED Occupation CONTACT INFORMATION PENDING Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 05/30/2000	Amount of Each Receipt this Period 500.00	
Full Name, Mailing Address, and ZIP Code WILLIAM A. SCALA 700 HOME AVENUE AKRON OH 44310 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer SELF EMPLOYED Occupation CONTACT INFORMATION PENDING Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 05/30/2000	Amount of Each Receipt this Period 500.00	
Full Name, Mailing Address, and ZIP Code HENRY E. SCHNELL P.O. BOX 202 SALEM OH 44460 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer SALEM BANKING CO. Occupation BANKER Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 05/30/2000	Amount of Each Receipt this Period 500.00	
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE A		ITEMIZED RECEIPTS		11 / 46
Use separate schedule(s) for each category of the Detailed Summary Page			FOR LINE NUMBER 11A1	
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				
Full Name, Mailing Address, and ZIP Code ALFRED SIGG 249 W. LINCOLN WAY LISBON OH 44432	Name of Employer VON ROLL (OHIO), INC. Occupation GENERAL MANAGER	Date (month, day, year) 05/30/2000	Amount of Each Receipt this Period 1000.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 1000.00			
Full Name, Mailing Address, and ZIP Code BRUCE J. ZOLDAN 4450 DEVONSHIRE DR. BOARDMAN OH 44512	Name of Employer B.J.ALAN CO. FIREWORKS Occupation PRESIDENT	Date (month, day, year) 05/30/2000	Amount of Each Receipt this Period 500.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 500.00			
Full Name, Mailing Address, and ZIP Code KATE C. THOMPSON 736 ADAMS ST. BEDFORD OH 44146	Name of Employer Occupation RETIRED	Date (month, day, year) 05/31/2000	Amount of Each Receipt this Period 250.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 250.00			
Full Name, Mailing Address, and ZIP Code ROBERT M. CHAPMAN 123 ABERDEEN ROAD STEUBENVILLE OH 43852	Name of Employer BEVERAGE MARKETING CORP. Occupation SR. VICE PRESIDENT	Date (month, day, year) 06/04/2000 <small>(IN KIND SUPPLIES FOR FUND RAISER)</small>	Amount of Each Receipt this Period 369.67	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 369.67			
Full Name, Mailing Address, and ZIP Code DAVID M DISTEFANO 2801 SAWTOOTH OAK DRIVE COLUMBUS OH 43226	Name of Employer CAPITAL SOLUTIONS Occupation PRINCIPAL	Date (month, day, year) 06/04/2000	Amount of Each Receipt this Period 500.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 1000.00			
Full Name, Mailing Address, and ZIP Code JOSEPH D. FINNERAN 1650 ESSEX ROAD COLUMBUS OH 43221	Name of Employer UNION CENTRAL Occupation CONTACT INFORMATION PENDING	Date (month, day, year) 06/04/2000	Amount of Each Receipt this Period 500.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 500.00			
Full Name, Mailing Address, and ZIP Code C. LUTHER HECKMAN 37 WEST BROAD STREET SUITE 1100 COLUMBUS OH 43215	Name of Employer SELF EMPLOYED Occupation ATTORNEY	Date (month, day, year) 06/04/2000	Amount of Each Receipt this Period 500.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 500.00			
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE A		ITEMIZED RECEIPTS		12 / 46
Use separate schedule(s) for each category of the Detailed Summary Page			FOR LINE NUMBER 11A1	
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NAME OF COMMITTEE (In Full) BOB NEY FOR CONGRESS				
Full Name, Mailing Address, and ZIP Code DANIEL G. HILSON 65 EAST STATE STREET #1800 COLUMBUS OH 43215 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer KEGLER, BROWN, HILL & RITTER Occupation ATTORNEY Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 06/04/2000	Amount of Each Receipt this Period 250.00	
Full Name, Mailing Address, and ZIP Code RICHARD H. MOORE, Jr. 3608 SCIOTO RUN BLVD. HILLIARD OH 43026-3028 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer CONTACT INFORMATION PENDING Occupation Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 06/04/2000	Amount of Each Receipt this Period 1000.00	
Full Name, Mailing Address, and ZIP Code HENRY KARL REDEKER 11847 CHERRYLEE DRIVE EL MONTE CA 91732-1407 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Occupation RETIRED Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 06/04/2000	Amount of Each Receipt this Period 500.00	
Full Name, Mailing Address, and ZIP Code JAMES A. RHODES P.O. BOX 21813 COLUMBUS OH 43221 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Occupation RETIRED Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 06/04/2000	Amount of Each Receipt this Period 1000.00	
Full Name, Mailing Address, and ZIP Code ROBERT J. D'ANNIBALLE, Sr. 209 BRAYBARTON BLVD. STEUBENVILLE OH 43952 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Occupation RETIRED Aggregate Year-to-Date > \$ 750.00	Date (month, day, year) 06/12/2000	Amount of Each Receipt this Period 250.00	
Full Name, Mailing Address, and ZIP Code DORIS J. KIMBLE 3556 SR 39 NW DOVER OH 44822 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Occupation HOMEMAKER Aggregate Year-to-Date > \$ 350.00	Date (month, day, year) 06/12/2000	Amount of Each Receipt this Period 250.00	
Full Name, Mailing Address, and ZIP Code LINDA WELLS 146 MCCAUBLEN MANOR STEUBENVILLE OH 43952 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer CONTACT INFORMATION PENDING Occupation Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 06/12/2000	Amount of Each Receipt this Period 250.00	
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE A		ITEMIZED RECEIPTS		13 / 46
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 11A1
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NAME OF COMMITTEE (In Full) BOB NEY FOR CONGRESS				
Full Name, Mailing Address, and ZIP Code JEFF DENNIS 108 E. MAIN ST. P.O. BOX 31 CROOKSVILLE OH 43731	Name of Employer SELF EMPLOYED	Date (month, day, year) 06/13/2000	Amount of Each Receipt this Period 250.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation INSURANCE AGENT	Aggregate Year-to-Date > \$ 300.00		
Full Name, Mailing Address, and ZIP Code AHMED H. KALLA, MC 53220 LOCUST DR. BRIDGEPORT OH 43912	Name of Employer COLON & RECTAL CLINIC	Date (month, day, year) 06/13/2000	Amount of Each Receipt this Period 250.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation DOCTOR	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code NANCY S. DIX 411 LAKESHORE DR W BOX 250 HERBRON OH 43025	Name of Employer WE SHRIDER CO.	Date (month, day, year) 06/14/2000	Amount of Each Receipt this Period 250.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation PRESIDENT	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code JOHN W. KNIGHT P.O. BOX 90 NEW CONCORD OH 43762	Name of Employer FABRI-FORM	Date (month, day, year) 06/14/2000	Amount of Each Receipt this Period 250.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation PRESIDENT, CEO	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code WILLIAM MILLIKEN 91700 LEESVILLE RD. BOWERSTON OH 44895	Name of Employer BOWERSTON SHALE CO.	Date (month, day, year) 06/14/2000	Amount of Each Receipt this Period 250.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation PRESIDENT	Aggregate Year-to-Date > \$ 350.00		
Full Name, Mailing Address, and ZIP Code GEORGE NICOLOZZAKES 62737 GEORGETOWN RD. CAMBRIDGE OH 43725	Name of Employer MARIETTA COAL CO.	Date (month, day, year) 06/14/2000	Amount of Each Receipt this Period 250.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation PRESIDENT	Aggregate Year-to-Date > \$ 450.00		
Full Name, Mailing Address, and ZIP Code MARK PUSKARICH 5226 COLUMBINE COURT GAHANNA OH 43230	Name of Employer WORTHINGTON INDUSTRIES	Date (month, day, year) 06/14/2000	Amount of Each Receipt this Period 250.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation COMPUTER DEPARTMENT	Aggregate Year-to-Date > \$ 350.00		
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	14 / 46
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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

Full Name, Mailing Address, and ZIP Code MARY LUCILLE SMITH 378 POWELLS LANE P.O. BOX 2334 WINTERSVILLE OH 43953	Name of Employer CONTACT INFORMATION PENDING Occupation	Date (month, day, year) 06/14/2000	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code BRENDA F. KIMBLE 3509 S R 39 NW DOVER OH 44822	Name of Employer KIMBLE CLAY & LIMESTONE Occupation BOOKKEEPER	Date (month, day, year) 06/16/2000	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code JOHN C. MATESICH III 1180 E. MAIN STREET NEWERK OH 43055	Name of Employer MATESICH DISTRIBUTION CO. Occupation CEO	Date (month, day, year) 06/16/2000	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code ANNETTE PARNELL 1401 N. 13TH STREET CAMBRIDGE OH 43725	Name of Employer PARNELL & ASSOCIATES Occupation CONSTRUCTION	Date (month, day, year) 06/16/2000	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 600.00		
Full Name, Mailing Address, and ZIP Code MILTON V. PETERSON 12500 FAIR LAKES CIRCLE STE 400 FAIRFAX VA 22033	Name of Employer THE PERTERSON COMPANIES Occupation OWNER	Date (month, day, year) 06/16/2000	Amount of Each Receipt this Period 1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code JAMES SOLTESZ 11509 HUNTING RIDGE COURT POTOMAC MD 20854	Name of Employer LOIDERMAN ASSEL Occupation PRESIDENT	Date (month, day, year) 06/16/2000	Amount of Each Receipt this Period 1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code KATE C. THOMPSON 736 ADAMS ST. BEDFORD OH 44146	Name of Employer Occupation RETIRED	Date (month, day, year) 06/16/2000	Amount of Each Receipt this Period 50.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 300.00		
SUBTOTALS of Receipts This Page (Optional)			
TOTALS This Period (last page this line number only)			

SCHEDULE A		ITEMIZED RECEIPTS		15 / 46
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 11A1
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				
Full Name, Mailing Address, and ZIP Code EMMA LOU VAN ATTA P.O. BOX 1273 BUCKEYE LAKE OH 43008 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Occupation HOUSEWIFE Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 06/16/2000	Amount of Each Receipt this Period 250.00	
Full Name, Mailing Address, and ZIP Code JOHN C. MATESICH, III 1150 E. MAIN STREET NEWERK OH 43055 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer MATESICH DISTRIBUTION CO. Occupation CEO Aggregate Year-to-Date > \$ 750.00	Date (month, day, year) 06/19/2000	Amount of Each Receipt this Period 250.00	
Full Name, Mailing Address, and ZIP Code CHARLES E. MATTHEWS 535 W. THIRD ST. DOVER OH 44622 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer SUPERIOR MOBILE HOMES, IN-C. Occupation CEO Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 06/19/2000	Amount of Each Receipt this Period 250.00	
Full Name, Mailing Address, and ZIP Code GEORGE NICOLOZZAKES 82737 GEORGETOWN RD. CAMBRIDGE OH 43725 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer MARIETTA COAL CO. Occupation PRESIDENT Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 06/19/2000	Amount of Each Receipt this Period 50.00	
Full Name, Mailing Address, and ZIP Code MARK PUSKARICH 5226 COLUMBINE COURT GAHANNA OH 43230 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer WORTHINGTON INDUSTRIES Occupation COMPUTER DEPARTMENT Aggregate Year-to-Date > \$ 400.00	Date (month, day, year) 06/19/2000	Amount of Each Receipt this Period 50.00	
Full Name, Mailing Address, and ZIP Code GARY A. RUBEL 37773 S R 78 WOODSFIELD OH 43793 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer SELF EMPLOYED Occupation CONTRACTOR Aggregate Year-to-Date > \$ 750.00	Date (month, day, year) 06/19/2000	Amount of Each Receipt this Period 250.00	
Full Name, Mailing Address, and ZIP Code DOMINIC TERAMANA 135 PRESTON ROAD STEUBENVILLE OH 43952 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Occupation RETIRED Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 06/19/2000	Amount of Each Receipt this Period 250.00	
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	16 / 46
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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

Full Name, Mailing Address, and ZIP Code MARK K. TERAMANA 151 SHARMONT PO BOX 2009 STEUBENVILLE OH 43952	Name of Employer SELF EMPLOYED	Date (month, day, year) 06/19/2000	Amount of Each Receipt this Period 250.00
	Occupation CAR DEALER		
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 250.00			
Full Name, Mailing Address, and ZIP Code LOUIS T. GEORGE PO BOX 506 MARTINS FERRY OH 43935	Name of Employer	Date (month, day, year) 06/20/2000	Amount of Each Receipt this Period 250.00
	Occupation RETIRED		
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 250.00			
Full Name, Mailing Address, and ZIP Code NANCY KARVELLIS 54502 SUNNY ACRES BELLAIRE OH 43906	Name of Employer HUGHES XEROGRAPHIC	Date (month, day, year) 06/20/2000	Amount of Each Receipt this Period 250.00
	Occupation PRESIDENT/OWNER		
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 350.00			
Full Name, Mailing Address, and ZIP Code VETO J. PRESUTTI 149 CRISSWILL RD. ST. CLAIRSVILLE OH 43950	Name of Employer	Date (month, day, year) 06/20/2000	Amount of Each Receipt this Period 250.00
	Occupation RETIRED		
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 250.00			
Full Name, Mailing Address, and ZIP Code ROBERT M. CHAPMAN 123 ABERDEEN ROAD STEUBENVILLE OH 43952	Name of Employer BEVERAGE MARKETING CORP.	Date (month, day, year) 06/22/2000	Amount of Each Receipt this Period 250.00
	Occupation SR. VICE PRESIDENT		
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 619.67			
Full Name, Mailing Address, and ZIP Code MARGUERITE A. MASON 6635 T R 306 BOX 406 MILLERSBURG OH 44654-9655	Name of Employer	Date (month, day, year) 06/22/2000	Amount of Each Receipt this Period 500.00
	Occupation HOUSEWIFE		
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 500.00			
Full Name, Mailing Address, and ZIP Code SARAH J. TIPKA 1336 TERRACE ROAD NW NEW PHILADELPHIA OH 44663	Name of Employer TIPKA OIL & GAS	Date (month, day, year) 06/22/2000	Amount of Each Receipt this Period 250.00
	Occupation LAND MANAGER		
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 350.00			
SUBTOTALS of Receipts This Page (Optional)			
TOTALS This Period (last page this line number only)			

SCHEDULE A		ITEMIZED RECEIPTS		17 / 46
Use separate schedule(s) for each category of the Detailed Summary Page			FOR LINE NUMBER 11A1	
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				
Full Name, Mailing Address, and ZIP Code LYNETTE WOODA 1406 BOSWALL DRIVE WORTHINGTON OH 43085 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer SELF EMPLOYED Occupation REAL ESTATE AGENT Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 06/22/2000	Amount of Each Receipt this Period 250.00	
Full Name, Mailing Address, and ZIP Code RICHARD H. BUCHSEIB 610 N 7TH STREET CAMBRIDGE OH 43725-1420 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer CANTWELL MACHINERY Occupation SALES ENGINEER Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 06/26/2000	Amount of Each Receipt this Period 250.00	
Full Name, Mailing Address, and ZIP Code DONALD J. CROCK 46135 TWP RD 316 CALDWELL OH 43724 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer SUMMIT ACRES. INC. Occupation ADMINISTRATOR Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 06/26/2000	Amount of Each Receipt this Period 250.00	
Full Name, Mailing Address, and ZIP Code ROY J. DUTCHER 219 S. MARIETTA STREET ST. CLAIRSVILLE OH 43850 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer SUPERIOR SERVICE Occupation OWNER Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 06/26/2000	Amount of Each Receipt this Period 250.00	
Full Name, Mailing Address, and ZIP Code DENNIS D. HENDERSHOT 237 NEFF STREET POWHATAN POINT OH 43942 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer SELF EMPLOYED Occupation TRUCKING Aggregate Year-to-Date > \$ 350.00	Date (month, day, year) 06/26/2000	Amount of Each Receipt this Period 250.00	
Full Name, Mailing Address, and ZIP Code C. F. ROUSENBERG 36823 TH 2067 JERUSALEM OH 43747 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer SELF EMPLOYED Occupation CONTACT INFORMATION PENDING Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 06/26/2000	Amount of Each Receipt this Period 250.00	
Full Name, Mailing Address, and ZIP Code BRUCE BALCAR 41410 PALMER ROAD P.O. BOX 10 BELMONT OH 43716 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer BK MINING & CONSTRUCTION Occupation SELF-EMPLOYED Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 06/29/2000	Amount of Each Receipt this Period 500.00	
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	18 / 46
			FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

Full Name, Mailing Address, and ZIP Code ROSA T. BIELEC P.O. BOX 1287 ASPEN CO 81612	Name of Employer 	Date (month, day, year) 06/29/2000	Amount of Each Receipt this Period 1000.00
	Occupation HOUSEWIFE		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code RENATO F. DELACRUZ 111 OVERLOOK DRIVE ST. CLAIRSVILLE OH 43950	Name of Employer MARIO MEJIA MD INC.	Date (month, day, year) 06/29/2000	Amount of Each Receipt this Period 250.00
	Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code MICHAEL P.S. SCANLON 701 PENNSYLVANIA AVE, NW #1104 WASHINGTON DC 20004	Name of Employer PRESTON-GATES	Date (month, day, year) 06/29/2000	Amount of Each Receipt this Period 1000.00
	Occupation LOBBYIST		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code BRUCE A. SMITH 58973 WEGEE RD. SHADYSIDE OH 43947	Name of Employer ADVANCE HOME HEALTH	Date (month, day, year) 06/29/2000	Amount of Each Receipt this Period 500.00
	Occupation OWNER		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code JACK A. ABRAMOFF 812 EDELBLUT DRIVE SILVER SPRINGS MD 4432	Name of Employer PRESTON-GATES	Date (month, day, year) 06/30/2000	Amount of Each Receipt this Period 1000.00
	Occupation LOBBYIST		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code PAM ABRAMOFF 812 EDELBLUT DRIVE SILVER SPRINGS MD 20901-1411	Name of Employer 	Date (month, day, year) 06/30/2000	Amount of Each Receipt this Period 1000.00
	Occupation HOUSEWIFE		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code CARL N. FRANKOVITCH 337 PENCO ROAD WEIRTON WV 26062	Name of Employer SELF EMPLOYED	Date (month, day, year) 06/30/2000	Amount of Each Receipt this Period 1000.00
	Occupation ATTORNEY		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 1000.00		

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	19 / 46
			FOR LINE NUMBER 11A1
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			
Full Name, Mailing Address, and ZIP Code JOHN GRISHAM P.O. BOX 389 LISBON OH 44432	Name of Employer BUCKEYE INDUST. MINING	Date (month, day, year) 06/30/2000	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation PRESIDENT		
		Aggregate Year-to-Date > 5 500.00	
Full Name, Mailing Address, and ZIP Code ADAM R. KIDAN 1211 CONNECTICUT AVENUE NW #805 WASHINGTON DC 20036	Name of Employer CONTACT INFORMATION PENDING	Date (month, day, year) 06/30/2000	Amount of Each Receipt this Period 1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation		
		Aggregate Year-to-Date > 5 1000.00	
SUBTOTALS of Receipts This Page (Optional)			
TOTALS This Period (last page this line number only)			45319.67

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	20 / 46
			FOR LINE NUMBER 11B

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

Full Name, Mailing Address, and ZIP Code MORGAN CO. REPUBLICAN COMMITTEE 3115 VICKROY LANE MALTA OH 43758	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period 100.00
	Occupation	04/17/2000	
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Full Name, Mailing Address, and ZIP Code BELMONT CO. REPUBLICAN PARTY 4521 LINCOLN AVENUE SHADYSIDE OH 43947	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period 1000.00
	Occupation	05/01/2000	
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Full Name, Mailing Address, and ZIP Code NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE CONTRIBUTIONS 320 FIRST STREET WASHINGTON DC 20003	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period 98.00 IN KIND BLAST FAX
	Occupation	05/11/2000	
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Full Name, Mailing Address, and ZIP Code FRIENDS OF JOHN PETERSON 114 W STATE ST PO BOX 235 PLEASANTVILLE PA 16341	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period 1000.00
	Occupation	05/15/2000	
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Full Name, Mailing Address, and ZIP Code NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE CONTRIBUTIONS 320 FIRST STREET WASHINGTON DC 20003	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period 34.18 IN KIND SATELLITE FEED
	Occupation	05/17/2000	
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Full Name, Mailing Address, and ZIP Code NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE CONTRIBUTIONS 320 FIRST STREET WASHINGTON DC 20003	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period 28.15 IN KIND SATELLITE FEED
	Occupation	05/24/2000	
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Full Name, Mailing Address, and ZIP Code CALLAHAN FOR CONGRESS COMMITTEE P O BOX 7641 MOBILE AL 36607	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period 500.00
	Occupation	05/30/2000	
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE A		ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	21 / 46
					FOR LINE NUMBER 11B
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					
Full Name, Mailing Address, and ZIP Code CAMPAC 5015 EASTMAN AVENUE SUITE 100 MIDLAND MI 48640		Name of Employer		Date (month, day, year) 05/30/2000	Amount of Each Receipt this Period 1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation			
		Aggregate Year-to-Date > \$ 1000.00			
Full Name, Mailing Address, and ZIP Code GUTKNECHT FOR U S CONGRESS CO- MMITTEE PO BOX 8426 ROCHESTER MN 55905		Name of Employer		Date (month, day, year) 05/30/2000	Amount of Each Receipt this Period 1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation			
		Aggregate Year-to-Date > \$ 1000.00			
Full Name, Mailing Address, and ZIP Code HARRISON CO. REP. PARTY CENTR- AL EXEC. COMMITTEE BOX 71 PIEDMONT OH 43983		Name of Employer		Date (month, day, year) 05/30/2000	Amount of Each Receipt this Period 150.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation			
		Aggregate Year-to-Date > \$ 150.00			
Full Name, Mailing Address, and ZIP Code RELY ON YOUR BELIEF FUND P.O. BOX 541 ARLINGTON VA 22205		Name of Employer		Date (month, day, year) 05/30/2000	Amount of Each Receipt this Period 1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation			
		Aggregate Year-to-Date > \$ 1000.00			
Full Name, Mailing Address, and ZIP Code CARNES FOR SENATE PO BOX 174 ST CLAIRSVILLE OH 43950		Name of Employer		Date (month, day, year) 06/13/2000 IN KIND POSTAGE FOR FUNDRAISER	Amount of Each Receipt this Period 165.08
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation			
		Aggregate Year-to-Date > \$ 165.08			
Full Name, Mailing Address, and ZIP Code CHRISTOPHER COX CONGRESSIONAL COMMITTEE PO BOX 8086-C NEWPORT BEACH CA 92858		Name of Employer		Date (month, day, year) 06/16/2000	Amount of Each Receipt this Period 1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation			
		Aggregate Year-to-Date > \$ 1000.00			
Full Name, Mailing Address, and ZIP Code COMMITTEE FOR THE PRESERVATION OF CAPITALISM POST OFFICE BOX 22614 ALEXANDRIA VA 22304		Name of Employer		Date (month, day, year) 06/29/2000	Amount of Each Receipt this Period 1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation			
		Aggregate Year-to-Date > \$ 1000.00			
SUBTOTALS of Receipts This Page (Optional)					
TOTALS This Period (last page this line number only)					8075.41

SCHEDULE A		ITEMIZED RECEIPTS		22 / 46
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 11C
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				
Full Name, Mailing Address, and ZIP Code NORFOLK SOUTHERN CORPORATION GOOD GOVERNMENT FUND THREE COMMERCIAL PLACE NORFOLK VA 23510 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Occupation Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 04/20/2000	Amount of Each Receipt this Period 1000.00	
Full Name, Mailing Address, and ZIP Code UNITED MINE WORKERS OF AMERICA - COAL MINERS POLITICAL ACTION COMMITTEE 6315 LEE HIGHWAY, FIFTH FLOOR FAIRFAX VA 22031 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Occupation Aggregate Year-to-Date > \$ 5000.00	Date (month, day, year) 04/20/2000	Amount of Each Receipt this Period 5000.00	
Full Name, Mailing Address, and ZIP Code EL PASO ENERGY CORPORATION PO- LITICAL ACTION COMMITTEE, THE 601 THIRTEENTH ST NW STE 850 SOUTH WASHINGTON DC 20005 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Occupation Aggregate Year-to-Date > \$ 2000.00	Date (month, day, year) 05/15/2000	Amount of Each Receipt this Period 1000.00	
Full Name, Mailing Address, and ZIP Code FUND FOR A RESPONSIBLE FUTURE PO BOX 529 WASHINGTON DC 20044 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Occupation Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 05/15/2000	Amount of Each Receipt this Period 1000.00	
Full Name, Mailing Address, and ZIP Code NEW AMERICAN CENTURY POLITICAL ACTION COMMITTEE 1155 21ST STREET NW SUITE 300 WASHINGTON DC 20036 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Occupation Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 05/15/2000	Amount of Each Receipt this Period 1000.00	
Full Name, Mailing Address, and ZIP Code NATIONAL ASSOCIATION OF POSTM- ASTERS OF U.S. 6 HERBERT STREET ALEXANDRIA VA 22305-2800 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Occupation Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 05/25/2000	Amount of Each Receipt this Period 1000.00	
Full Name, Mailing Address, and ZIP Code NFIB SAFE TRUST PAC KELLEY ROGERS GOV'T RELATIONS MGR 600 MARYLAND AVE. SW WASHINGTON DC 20024 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Occupation Aggregate Year-to-Date > \$ 1500.00	Date (month, day, year) 05/25/2000	Amount of Each Receipt this Period 1500.00	
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE A		ITEMIZED RECEIPTS		23 / 46
Use separate schedule(s) for each category of the Detailed Summary Page			FOR LINE NUMBER 11C	
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				
Full Name, Mailing Address, and ZIP Code NRA POLITICAL VICTORY FUND 11250 WAPLES MILL ROAD FAIRFAX VA 22030 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Occupation Aggregate Year-to-Date > \$ 3450.00	Date (month, day, year) 05/25/2000	Amount of Each Receipt this Period 1000.00	
Full Name, Mailing Address, and ZIP Code WHEELING-PITTSBURGH STEEL POLITICAL ACTION COMMITTEE 1134 MARKET STREET WHEELING WV 26005 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Occupation Aggregate Year-to-Date > \$ 2000.00	Date (month, day, year) 05/28/2000	Amount of Each Receipt this Period 2000.00	
Full Name, Mailing Address, and ZIP Code AMALGAMATED TRANSIT UNION-COPE 5025 WISCONSIN AVE. N.W. WASHINGTON DC 20016 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Occupation Aggregate Year-to-Date > \$ 2000.00	Date (month, day, year) 05/30/2000	Amount of Each Receipt this Period 1000.00	
Full Name, Mailing Address, and ZIP Code AMERICAN DENTAL POLITICAL ACTION COMMITTEE 1111 14TH STREET, NW, 11TH FLOOR WASHINGTON DC 20005 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Occupation Aggregate Year-to-Date > \$ 2000.00	Date (month, day, year) 05/30/2000	Amount of Each Receipt this Period 1000.00	
Full Name, Mailing Address, and ZIP Code AMERICAN MERITIME OFFICERS VOL. POL. FD TOM BETHEL, VP GOV'T. RELATIONS 400 L'ENFANT PLAZA E, SW STE 7204 WASHINGTON DC 20024 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Occupation Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 05/30/2000	Amount of Each Receipt this Period 1000.00	
Full Name, Mailing Address, and ZIP Code AMERICAN RESORT DEVELOPMENT ASSOCIATION POLITICAL ACTION COMMITTEE (ARDA-PAC) 1220 L STREET N.W., 5TH FLOOR WASHINGTON DC 20005 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Occupation Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 05/30/2000	Amount of Each Receipt this Period 1000.00	
Full Name, Mailing Address, and ZIP Code BUILDING & CONSTRUCTION TRADES POL EDUCATION FUND 815 SIXTEENTH STREET, NW SUITE 603 WASHINGTON DC 20006 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Occupation Aggregate Year-to-Date > \$ 2500.00	Date (month, day, year) 05/30/2000	Amount of Each Receipt this Period 2500.00	
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	24 / 46
			FOR LINE NUMBER 11C

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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

Full Name, Mailing Address, and ZIP Code FORD MOTOR CO. CIVIC ACTION FUND THE AMERICAN ROAD DEARBORN MI 48121 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Occupation	Date (month, day, year) 05/30/2000	Amount of Each Receipt this Period 1000.00
Aggregate Year-to-Date > \$ 1000.00			
Full Name, Mailing Address, and ZIP Code HOUSE PAC 2700 SANDERS RD. PROSPECT HEIGHTS IL 60070 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Occupation	Date (month, day, year) 05/30/2000	Amount of Each Receipt this Period 1000.00
Aggregate Year-to-Date > \$ 1000.00			
Full Name, Mailing Address, and ZIP Code MAINTENANCE OF WAY POLITICAL LEAGUE 26555 EVERGREEN RD STE 200 SOUTHFIELD MI 48076 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Occupation	Date (month, day, year) 05/30/2000	Amount of Each Receipt this Period 1000.00
Aggregate Year-to-Date > \$ 2000.00			
Full Name, Mailing Address, and ZIP Code MICROSOFT CORPORATION POLITICAL ACTION COMMITTEE 21 DUPONT CIRCLE, NW FIFTH FLOOR WASHINGTON DC 20036 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Occupation	Date (month, day, year) 05/30/2000	Amount of Each Receipt this Period 1000.00
Aggregate Year-to-Date > \$ 1000.00			
Full Name, Mailing Address, and ZIP Code NATIONAL CITY CORPORATION PAC (AKA NATIONAL CITY PAC OR NC PAC) 1900 EAST NINTH ST LOC #01-2172 NATIONAL CITY CENTER CLEVELAND OH 44114 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Occupation	Date (month, day, year) 05/30/2000	Amount of Each Receipt this Period 1000.00
Aggregate Year-to-Date > \$ 2000.00			
Full Name, Mailing Address, and ZIP Code NATIONAL MULTI HOUSING COUNCIL POLITICAL ACTION COMMITTEE 1650 M STREET NW SUITE 540 WASHINGTON DC 20036 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Occupation	Date (month, day, year) 05/30/2000	Amount of Each Receipt this Period 1000.00
Aggregate Year-to-Date > \$ 1000.00			
Full Name, Mailing Address, and ZIP Code RESPONSIBLE CITIZENS POLITICAL LEAGUE-A PROJECT OF THE TRANS COMMUNITI UNION(TCU)FKA(BRA 3 RESEARCH PLACE ROCKVILLE MD 20850 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Occupation	Date (month, day, year) 05/30/2000	Amount of Each Receipt this Period 50.00
Aggregate Year-to-Date > \$ 550.00			

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	25 / 46
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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

Full Name, Mailing Address, and ZIP Code TRANSPORT TRADE DEPARTMENT AF-L-CIO 1025 CONNECTICUT AVENUE, NW SUITE 1005 WASHINGTON DC 20036	Name of Employer Occupation	Date (month, day, year) 05/30/2000	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code UNITED PARCEL SERVICE OF AMERICA INC POLITICAL ACTION COMMITTEE (UPS PAC) 55 GLENLAKE PARKWAY NE ATLANTA GA 30328	Name of Employer Occupation	Date (month, day, year) 05/30/2000	Amount of Each Receipt this Period 4000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 5500.00		
Full Name, Mailing Address, and ZIP Code METROPOLITAN LIFE INSURANCE CO. EMP. PARTICIPATION FUND A 1620 L STREET NW SUITE 800 WASHINGTON DC 20036	Name of Employer Occupation	Date (month, day, year) 05/31/2000	Amount of Each Receipt this Period 1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code REALTORS POLITICAL ACTION COMMITTEE 430 NORTH MICHIGAN AVE CHICAGO IL 60611	Name of Employer Occupation	Date (month, day, year) 05/31/2000	Amount of Each Receipt this Period 1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 4000.00		
Full Name, Mailing Address, and ZIP Code AMERICAN ASSOCIATION OF ORTHOPEDIC SURGEONS 317 MASSACHUSETTS AVE. NE SUITE 100 WASHINGTON DC 20002-5701	Name of Employer Occupation	Date (month, day, year) 06/04/2000	Amount of Each Receipt this Period 1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE 1101 VERMONT AVENUE N W WASHINGTON DC 20005	Name of Employer Occupation	Date (month, day, year) 06/04/2000	Amount of Each Receipt this Period 1500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 4500.00		
Full Name, Mailing Address, and ZIP Code BETHLEHEM STEEL GOOD GOV'T. FUND 1725 MARTIN TOWER 1170 BTH AVE. BETHLEHEM PA 18016	Name of Employer Occupation	Date (month, day, year) 06/04/2000	Amount of Each Receipt this Period 1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 1000.00		

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE A		ITEMIZED RECEIPTS		26 / 46
Use separate schedule(s) for each category of the Detailed Summary Page			FOR LINE NUMBER 11C	
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				
Full Name, Mailing Address, and ZIP Code CONSERVATIVE VICTORY FUND KEVIN MCVICKER 422 FURST STREET SE WASHINGTON DC 20003	Name of Employer Occupation	Date (month, day, year) 06/04/2000 IN KIND FAXED INFO FOR MAY EVENT	Amount of Each Receipt this Period 488.40	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 488.40			
Full Name, Mailing Address, and ZIP Code NATIONAL UTILITY CONTRACTORS ASSN LEGISLATIVE INFORMATION & ACTION COMMITTEE 4501 N FAIRFAX DR SUITE 360 ARLINGTON VA 22203	Name of Employer Occupation	Date (month, day, year) 06/04/2000	Amount of Each Receipt this Period 500.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 500.00			
Full Name, Mailing Address, and ZIP Code COALPAC A POLITICAL ACTION COMMITTEE OF THE NATIONAL MINING ASSOCIATION 1130 17TH STREET NW WASHINGTON DC 20036	Name of Employer Occupation	Date (month, day, year) 06/06/2000	Amount of Each Receipt this Period 500.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 1500.00			
Full Name, Mailing Address, and ZIP Code ALLEGHENY ENERGY INC FEDERAL POLITICAL ACTION COMMITTEE (ALLEGHENY POWERPAC - FEDERAL) 10435 DOWNSVILLE PIKE HAGERSTOWN MD 21740	Name of Employer Occupation	Date (month, day, year) 06/12/2000	Amount of Each Receipt this Period 500.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 500.00			
Full Name, Mailing Address, and ZIP Code ECOLAB PAC-ECOPAC 383 NORTH HIGH STREET HEBRON OH 43025	Name of Employer Occupation	Date (month, day, year) 06/12/2000	Amount of Each Receipt this Period 1000.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 1000.00			
Full Name, Mailing Address, and ZIP Code ELECTRICAL CONSTRUCTION PAC-NATIONAL ELECTRICAL CONTRACTORS ASSOCIATION, INC (ECPAC) 3 BETHESDA METRO CENTER SUITE 1100 BETHESDA MD 20814	Name of Employer Occupation	Date (month, day, year) 06/12/2000	Amount of Each Receipt this Period 1000.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 1000.00			
Full Name, Mailing Address, and ZIP Code INTERNATIONAL UNION OF OPERATING ENGINEERS 1125 17 8 STREET NW WASHINGTON DC 20036	Name of Employer Occupation	Date (month, day, year) 06/12/2000	Amount of Each Receipt this Period 5000.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 5000.00			
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	27 / 46
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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

Full Name, Mailing Address, and ZIP Code NAT'L. COMM. TO PRESERVE SOC. SEC. & MEDICARE PAC - KAREN A. HINKS DIR. 10 G STREET, NE SUITE 600 WASHINGTON DC 20002-4215	Name of Employer	Date (month, day, year) 06/12/2000	Amount of Each Receipt this Period 1000.00
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 2000.00		
Full Name, Mailing Address, and ZIP Code NATCA 1363 OAK STREET, NW NEW PHILADELPHIA OH 44863-1340	Name of Employer	Date (month, day, year) 06/12/2000	Amount of Each Receipt this Period 1000.00
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code AMERICAN HOSPITAL ASSOCIATION POLITICAL ACTION COMMITTEE (A-HAPAC) 325 11TH STREET NW WASHINGTON DC 20007	Name of Employer	Date (month, day, year) 06/16/2000	Amount of Each Receipt this Period 3000.00
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 3000.00		
Full Name, Mailing Address, and ZIP Code CARDINAL HEALTH INC POLITICAL ACTION COMMITTEE 7000 CARDINAL PLACE DUBLIN OH 43017	Name of Employer	Date (month, day, year) 06/16/2000	Amount of Each Receipt this Period 500.00
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code FIRSTENERGY POLITICAL ACTION COMMITTEE (FKA) OHIO EDISON POLITICAL ACTION COMMITTEE 76 SOUTH MAIN STREET AKRON OH 44308	Name of Employer	Date (month, day, year) 06/16/2000	Amount of Each Receipt this Period 5000.00
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 5000.00		
Full Name, Mailing Address, and ZIP Code LTV STEEL ACC 1133 CONNECTICUT AVE. NW SUITE 620 WASHINGTON DC 20036	Name of Employer	Date (month, day, year) 06/16/2000	Amount of Each Receipt this Period 1000.00
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 1500.00		
Full Name, Mailing Address, and ZIP Code SUNPAC 1130 CONNECTICUT AVENUE, NW WASHINGTON DC 20036-1109	Name of Employer	Date (month, day, year) 06/16/2000	Amount of Each Receipt this Period 500.00
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 500.00		
SUBTOTALS of Receipts This Page (Optional)			
TOTALS This Period (last page this line number only)			

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	28 / 46
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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

Full Name, Mailing Address, and ZIP Code TITLE INDUSTRY POLITICAL ACTION COMMITTEE 1828 L STREET NW SUITE 705 WASHINGTON DC 20036	Name of Employer	Date (month, day, year) 06/16/2000	Amount of Each Receipt this Period 1000.00
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 2000.00		
Full Name, Mailing Address, and ZIP Code BFG PAC MARY TAYLOR 4020 KINROSS LAKES PARKWAY RICHFIELD OH 44286	Name of Employer	Date (month, day, year) 06/19/2000	Amount of Each Receipt this Period 1000.00
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code CULAC 805 15TH ST. NW SUITE 300 WASHINGTON DC 20005	Name of Employer	Date (month, day, year) 06/19/2000	Amount of Each Receipt this Period 1000.00
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code CULAC 805 15TH ST. NW SUITE 300 WASHINGTON DC 20005	Name of Employer	Date (month, day, year) 06/19/2000	Amount of Each Receipt this Period 500.00
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 1500.00		
Full Name, Mailing Address, and ZIP Code HOUSE PAC 2700 SANDERS RD. PROSPECT HEIGHTS IL 60070	Name of Employer	Date (month, day, year) 06/19/2000	Amount of Each Receipt this Period 500.00
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 1500.00		
Full Name, Mailing Address, and ZIP Code LABORERS' POLITICAL LEAGUE-LABORERS' INTERNATIONAL UNION OF NA 905 16TH STREET. N.W. WASHINGTON DC 20006	Name of Employer	Date (month, day, year) 06/19/2000	Amount of Each Receipt this Period 1000.00
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 2500.00		
Full Name, Mailing Address, and ZIP Code NATIONAL HARDWOOD LUMBER ASSOC. PAC PO BOX 509 43B TUSCARAWAS AVENUE DOVER OH 44622	Name of Employer	Date (month, day, year) 06/19/2000	Amount of Each Receipt this Period 750.00
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 750.00		
SUBTOTALS of Receipts This Page (Optional)			
TOTALS This Period (last page this line number only)			

SCHEDULE A		ITEMIZED RECEIPTS		29 / 46
Use separate schedule(s) for each category of the Detailed Summary Page			FOR LINE NUMBER 11C	
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NAME OF COMMITTEE (In Full) BOB NEY FOR CONGRESS				
Full Name, Mailing Address, and ZIP Code TIMKEN COMPANY GOOD GOVERNMENT FUND:THE 1835 DUEBER AVENUE SW CANTON OH 44706	Name of Employer	Date (month, day, year) 06/21/2000	Amount of Each Receipt this Period 1500.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation	Aggregate Year-to-Date > \$ 1500.00		
Full Name, Mailing Address, and ZIP Code COLCPE 100 INDIANA AVENUE NW WASHINGTON DC 20001-2144	Name of Employer	Date (month, day, year) 06/22/2000	Amount of Each Receipt this Period 1000.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code NATIONAL BEER WHOLESALERS ASSOCIATION POLITICAL ACTION COMMITTEE (NBWA PAC) 1100 SOUTH WASHINGTON STREET ALEXANDRIA VA 22314	Name of Employer	Date (month, day, year) 06/22/2000	Amount of Each Receipt this Period 5000.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation	Aggregate Year-to-Date > \$ 5000.00		
Full Name, Mailing Address, and ZIP Code IRONWORKERS POLITICAL ACTION LEAGUE 1750 NY AVE, NW SUITE 400 WASHINGTON DC 20006	Name of Employer	Date (month, day, year) 06/23/2000	Amount of Each Receipt this Period 1000.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation	Aggregate Year-to-Date > \$ 2500.00		
Full Name, Mailing Address, and ZIP Code IRONWORKERS POLITICAL ACTION LEAGUE 1750 NY AVE, NW SUITE 400 WASHINGTON DC 20006	Name of Employer	Date (month, day, year) 06/23/2000	Amount of Each Receipt this Period 1500.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation	Aggregate Year-to-Date > \$ 4000.00		
Full Name, Mailing Address, and ZIP Code NARFE-PAC 606 NORTH WASHINGTON STREET ALEXANDRIA VA 22314	Name of Employer	Date (month, day, year) 06/23/2000	Amount of Each Receipt this Period 2000.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation	Aggregate Year-to-Date > \$ 2000.00		
Full Name, Mailing Address, and ZIP Code CSX TRANSPORTATION INC PAC (FKA SEABOARD SYSTEM RAILROAD PAC) 1331 PENNSYLVANIA AVE NW SUITE 560 WASHINGTON DC 20004	Name of Employer	Date (month, day, year) 06/26/2000	Amount of Each Receipt this Period 500.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation	Aggregate Year-to-Date > \$ 500.00		
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE A		ITEMIZED RECEIPTS		30 / 46
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 11C
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NAME OF COMMITTEE (In Full) BOB NEY FOR CONGRESS				
Full Name, Mailing Address, and ZIP Code TRANSPORT WORKERS UNION OF AMERICA, AFL-CIO 80 WEST END AVENUE (SIXTH FLOOR) NEW YORK NY 10023 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Occupation	Date (month, day, year) 06/26/2000	Amount of Each Receipt this Period 3000.00	
		Aggregate Year-to-Date > \$ 5000.00		
Full Name, Mailing Address, and ZIP Code EL PASO ENERGY CORPORATION POLITICAL ACTION COMMITTEE, THE 601 THIRTEENTH ST NW STE 850 SOUTH WASHINGTON DC 20005 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Occupation	Date (month, day, year) 06/29/2000	Amount of Each Receipt this Period 500.00	
		Aggregate Year-to-Date > \$ 2500.00		
Full Name, Mailing Address, and ZIP Code INTERNATIONAL ASSOCIATION OF FIRE FIGHTERS 1750 NEW YORK NW WASHINGTON DC 20006 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Occupation	Date (month, day, year) 06/29/2000	Amount of Each Receipt this Period 5000.00	
		Aggregate Year-to-Date > \$ 5000.00		
Full Name, Mailing Address, and ZIP Code MISSISSIPPI BANK OF CHOCTAW INDIANS P.O. BOX 8010 CHOCTAW BRANCH PHILADELPHIA MI 48350 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Occupation	Date (month, day, year) 06/29/2000	Amount of Each Receipt this Period 1000.00	
		Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code THE FREEDOM PROJECT 111 C STREET SE LOWER LEVEL WASHINGTON DC 20005 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Occupation	Date (month, day, year) 06/29/2000	Amount of Each Receipt this Period 5000.00	
		Aggregate Year-to-Date > \$ 5000.00		
Full Name, Mailing Address, and ZIP Code TRANSPORTATION POLITICAL ED. LEAGUE 14600 DETROIT AVE. LAKEWOOD OH 44017-4250 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Occupation	Date (month, day, year) 06/29/2000	Amount of Each Receipt this Period 5000.00	
		Aggregate Year-to-Date > \$ 5000.00		
Full Name, Mailing Address, and ZIP Code AMERICAN MOTORCYCLIST PAC 33 COLLEGEVIEW ROAD WESTERVILLE OH 43081 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Occupation	Date (month, day, year) 06/30/2000	Amount of Each Receipt this Period 500.00	
		Aggregate Year-to-Date > \$ 500.00		
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE A		ITEMIZED RECEIPTS		31 / 46
Use separate schedule(s) for each category of the Detailed Summary Page			FOR LINE NUMBER 11C	
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NAME OF COMMITTEE (In Full) BOB NEY FOR CONGRESS				
Full Name, Mailing Address, and ZIP Code AMERICAN RENTAL ASSOCIATION POLITICAL ACTION COMMITTEE (ARAPAC) 1900-19TH STREET MOLINE IL 61265	Name of Employer	Date (month, day, year) 06/30/2000	Amount of Each Receipt this Period 501.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation	Aggregate Year-to-Date > \$ 501.00		
Full Name, Mailing Address, and ZIP Code DARDEN RESTAURANTS INC EMPLOYEES GOOD GOVERNMENT FUND (FKA GENERAL MILLS REST INC FUND) 5900 LAKE ELLENOR DRIVE ORLANDO FL 32809	Name of Employer	Date (month, day, year) 06/30/2000	Amount of Each Receipt this Period 1000.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code DRIVE POLITICAL FUND 25 LOUISIANA AVENUE WASHINGTON DC 20001	Name of Employer	Date (month, day, year) 06/30/2000	Amount of Each Receipt this Period 5000.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation	Aggregate Year-to-Date > \$ 5000.00		
Full Name, Mailing Address, and ZIP Code NATIONAL ASSOCIATION OF MORTGAGE BROKERS POLITICAL ACTION COMMITTEE (NAMB PAC) 3201 GREENSBORO DRIVE SUITE 300 MCLEAN VA 22102	Name of Employer	Date (month, day, year) 06/30/2000	Amount of Each Receipt this Period 1000.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code NRA POLITICAL VICTORY FUND 11250 WAPLES MILL ROAD FAIRFAX VA 22030	Name of Employer	Date (month, day, year) 06/30/2000	Amount of Each Receipt this Period 3950.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation	Aggregate Year-to-Date > \$ 7400.00		
Full Name, Mailing Address, and ZIP Code SEIU 1313 L STREET NW WASHINGTON DC 20005	Name of Employer	Date (month, day, year) 06/30/2000	Amount of Each Receipt this Period 5000.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation	Aggregate Year-to-Date > \$ 5000.00		
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				112739.40

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	32 / 46
			FOR LINE NUMBER 15
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NAME OF COMMITTEE (In Full) BOB NEY FOR CONGRESS			
Full Name, Mailing Address, and ZIP Code CITIZENS SAVINGS BANK HOWARD & DEKALB STREETS BRIDGEPORT OH 43912 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Occupation Aggregate Year-to-Date > 5 2488.50	Date (month, day, year) 04/30/2000	Amount of Each Receipt this Period 823.84 INTEREST INCOME
Full Name, Mailing Address, and ZIP Code CITIZENS SAVINGS BANK HOWARD & DEKALB STREETS BRIDGEPORT OH 43912 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Occupation Aggregate Year-to-Date > 5 5892.32	Date (month, day, year) 06/30/2000	Amount of Each Receipt this Period 3405.82
SUBTOTALS of Receipts This Page (Optional)			
TOTALS This Period (last page this line number only)			4229.66

SCHEDULE B		ITEMIZED DISBURSEMENTS		33 / 46
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 17
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				
Full Name, Mailing Address, and ZIP Code AMERICAN EXPRESS SUITE 0001 CHICAGO IL 60679-0001	Purpose of Disbursement POLITICAL TRAVEL & MEALS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 04/03/2000	Amount of Each Disbursement This Period 1337.73	
Full Name, Mailing Address, and ZIP Code GOLD KEY LEASE 300 OXFORD DRIVE SUITE 510 MONROEVILLE PA 15146	Purpose of Disbursement REMAINDER OF VAN LEASE PAYMENT Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 04/03/2000	Amount of Each Disbursement This Period 0.42	
Full Name, Mailing Address, and ZIP Code ALLTEL P.O. BOX 96019 CHARLOTTE NC 28296-0019	Purpose of Disbursement TELEPHONE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 04/04/2000	Amount of Each Disbursement This Period 191.89	
Full Name, Mailing Address, and ZIP Code BRABENDER COX P.O. BOX 42366 PITTSBURGH PA 15203	Purpose of Disbursement POLITICAL ADVERTISING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 04/04/2000	Amount of Each Disbursement This Period 1427.00	
Full Name, Mailing Address, and ZIP Code BUSINESS EQUIPMENT CO. 619 WHEELING AVENUE CAMBRIDGE OH 43725	Purpose of Disbursement OFFICE SUPPLIES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 04/04/2000	Amount of Each Disbursement This Period 17.90	
Full Name, Mailing Address, and ZIP Code STEIN-PALMER P.O. BOX 86 MARTINS FERRY OH 43935	Purpose of Disbursement PRINTING POLITICAL INFORMATION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 04/04/2000	Amount of Each Disbursement This Period 695.66	
Full Name, Mailing Address, and ZIP Code AMERITECH P.O. BOX 84000 COLUMBUS OH 43824	Purpose of Disbursement TELEPHONE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 04/05/2000	Amount of Each Disbursement This Period 67.49	
Full Name, Mailing Address, and ZIP Code AMERITECH P.O. BOX 84000 COLUMBUS OH 43824	Purpose of Disbursement TELEPHONE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 04/05/2000	Amount of Each Disbursement This Period 54.89	
Full Name, Mailing Address, and ZIP Code AMERITECH P.O. BOX 84000 COLUMBUS OH 43824	Purpose of Disbursement TELEPHONE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 04/05/2000	Amount of Each Disbursement This Period 262.97	
SUBTOTALS of Disbursements This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE B	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	34 / 46
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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

Full Name, Mailing Address, and ZIP Code AMERITECH P.O. BOX 84000 COLUMBUS OH 43824	Purpose of Disbursement TELEPHONE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 04/05/2000	Amount of Each Disbursement This Period 235.67
Full Name, Mailing Address, and ZIP Code AMERITECH P.O. BOX 84000 COLUMBUS OH 43824	Purpose of Disbursement TELEPHONE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 04/05/2000	Amount of Each Disbursement This Period 83.73
Full Name, Mailing Address, and ZIP Code BP OIL P.O. BOX 9001002 LOUISVILLE KY 40290	Purpose of Disbursement GAS FOR VEHICLES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 04/05/2000	Amount of Each Disbursement This Period 217.00
Full Name, Mailing Address, and ZIP Code CHRYSLER FINANCIAL P.O. BOX 778 MONROEVILLE PA 15146-0778	Purpose of Disbursement VAN LEASE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 04/05/2000	Amount of Each Disbursement This Period 636.32
Full Name, Mailing Address, and ZIP Code CITIBANK P.O. BOX 6000 THE LAKES NV 89163	Purpose of Disbursement FED EXPRESS, POLITICAL ENTERTAINMENT, GAS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 04/05/2000	Amount of Each Disbursement This Period 134.71
Full Name, Mailing Address, and ZIP Code FIRST COMMUNICATIONS 1 CASCADE PLAZA SUITE 1350 AKRON OH 44308	Purpose of Disbursement TELEPHONE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 04/05/2000	Amount of Each Disbursement This Period 19.35
Full Name, Mailing Address, and ZIP Code FIRST COMMUNICATIONS 1 CASCADE PLAZA SUITE 1350 AKRON OH 44308	Purpose of Disbursement TELEPHONE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 04/05/2000	Amount of Each Disbursement This Period 208.19
Full Name, Mailing Address, and ZIP Code MAR-ANNE 148 W. MAIN STREET ST. CLAIRSVILLE OH 43950	Purpose of Disbursement OFFICE RENT Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 04/05/2000	Amount of Each Disbursement This Period 300.00
Full Name, Mailing Address, and ZIP Code MBNA P.O. BOX 15469 WILLMINGTON DE 19896-5019	Purpose of Disbursement POLITICAL MEALS AND TRAVEL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 04/05/2000	Amount of Each Disbursement This Period 1221.81

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SCHEDULE B	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	37 / 46
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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

Full Name, Mailing Address, and ZIP Code U.S. POSTAL SERVICE POST OFFICE ST. CLAIRSVILLE OH 43950	Purpose of Disbursement STAMPS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 04/24/2000	Amount of Each Disbursement This Period 66.00
Full Name, Mailing Address, and ZIP Code MBNA P.O. BOX 15469 WILLMINGTON DE 19806-5019	Purpose of Disbursement POLITICAL TRAVEL, FOOD Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 04/25/2000	Amount of Each Disbursement This Period 285.69
Full Name, Mailing Address, and ZIP Code BOBBY NEY 112 OVERLOOK DRIVE ST. CLAIRSVILLE OH 43950	Purpose of Disbursement WAGES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 04/25/2000	Amount of Each Disbursement This Period 361.17
Full Name, Mailing Address, and ZIP Code CITIBANK P.O. BOX 6000 THE LAKES NV 89163	Purpose of Disbursement POLITICAL BREAKFAST Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 04/26/2000	Amount of Each Disbursement This Period 358.50
Full Name, Mailing Address, and ZIP Code U.S. POSTAL SERVICE POST OFFICE ST. CLAIRSVILLE OH 43950	Purpose of Disbursement POSTAGE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 04/26/2000	Amount of Each Disbursement This Period 100.00
Full Name, Mailing Address, and ZIP Code OHIO DEPARTMENT OF TAXATION P.O. BOX 347 COLUMBUS OH 43216-0347	Purpose of Disbursement STATE WITHHOLDING TAX Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 04/29/2000	Amount of Each Disbursement This Period 193.77
Full Name, Mailing Address, and ZIP Code BELMONT NATIONAL BANK 154 WEST MAIN STREET ST. CLAIRSVILLE OH 43950	Purpose of Disbursement FEDERAL TAX DEPOSIT Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 05/01/2000	Amount of Each Disbursement This Period 68.00
Full Name, Mailing Address, and ZIP Code BP OIL P.O. BOX 9001002 LOUISVILLE KY 40290	Purpose of Disbursement GAS FOR VEHICLES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 05/01/2000	Amount of Each Disbursement This Period 322.89
Full Name, Mailing Address, and ZIP Code GOLD KEY LEASE 300 OXFORD DRIVE SUITE 310 MONROEVILLE PA 15146	Purpose of Disbursement FINAL PAYMENT ON CAMPAIGN VAN Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 05/01/2000	Amount of Each Disbursement This Period 290.65

SUBTOTALS of Disbursements This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE B		ITEMIZED DISBURSEMENTS		38 / 46
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 17
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NAME OF COMMITTEE (In Full) BOB NEY FOR CONGRESS				
Full Name, Mailing Address, and ZIP Code MAR-ANNE 148 W. MAIN STREET ST. CLAIRSVILLE OH 43950	Purpose of Disbursement OFFICE RENT Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 05/01/2000	Amount of Each Disbursement This Period 900.00	
Full Name, Mailing Address, and ZIP Code U.S. POSTAL SERVICE POST OFFICE ST. CLAIRSVILLE OH 43950	Purpose of Disbursement ANNUAL BUS REPLY MAIL PERMIT FEE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 05/01/2000	Amount of Each Disbursement This Period 400.00	
Full Name, Mailing Address, and ZIP Code ALLTEL P.O. BOX 96019 CHARLOTTE NC 28296-0019	Purpose of Disbursement TELEPHONE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 05/02/2000	Amount of Each Disbursement This Period 297.04	
Full Name, Mailing Address, and ZIP Code AMERITECH P.O. BOX 84000 COLUMBUS OH 43824	Purpose of Disbursement TELEPHONE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 05/02/2000	Amount of Each Disbursement This Period 236.54	
Full Name, Mailing Address, and ZIP Code DEVENDRA'S CITGO 37TH 7 BELMONT STREETS BELLAIRE OH 43916	Purpose of Disbursement CAMPAIGN VAN MAINTENANCE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 05/02/2000	Amount of Each Disbursement This Period 25.95	
Full Name, Mailing Address, and ZIP Code LEE & ASSOCIATES P.O. BOX 61 252 WEST MAIN STREET ST. CLAIRSVILLE OH 43950	Purpose of Disbursement ACCOUNTING FEC REPORTS AND PAY-ROLL TAXES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 05/02/2000	Amount of Each Disbursement This Period 2020.00	
Full Name, Mailing Address, and ZIP Code STEIN-PALMER P.O. BOX 86 MARTINS FERRY OH 43935	Purpose of Disbursement POLITICAL PRINTING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 05/03/2000	Amount of Each Disbursement This Period 61.13	
Full Name, Mailing Address, and ZIP Code U.S. POSTAL SERVICE POST OFFICE ST. CLAIRSVILLE OH 43950	Purpose of Disbursement POSTAGE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 05/03/2000	Amount of Each Disbursement This Period 330.00	
Full Name, Mailing Address, and ZIP Code FIRST COMMUNICATIONS 1 CASCADE PLAZA SUITE 1350 AKRON OH 44308	Purpose of Disbursement TELEPHONE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 05/08/2000	Amount of Each Disbursement This Period 54.91	
SUBTOTALS of Disbursements This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE B	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	39 / 46
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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

Full Name, Mailing Address, and ZIP Code MAR-ANNE 148 W. MAIN STREET ST. CLAIRSVILLE OH 43950	Purpose of Disbursement OFFICE UTILITIES	Date (month, day, year) 05/08/2000	Amount of Each Disbursement This Period 128.69
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Full Name, Mailing Address, and ZIP Code U.S. POSTAL SERVICE POST OFFICE ST. CLAIRSVILLE OH 43950	Purpose of Disbursement POSTAGE	Date (month, day, year) 05/08/2000	Amount of Each Disbursement This Period 99.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Full Name, Mailing Address, and ZIP Code NATIONAL REPUBLICAN CONGRESSI- ONAL COMMITTEE CONTRIBUTIONS 320 FIRST STREET WASHINGTON DC 20003	Purpose of Disbursement IN KIND BLAST FAX	Date (month, day, year) 05/11/2000	Amount of Each Disbursement This Period 98.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Full Name, Mailing Address, and ZIP Code ATHLETIC CLUB OF COLUMBUS 136 EAST BROAD STREET COLUMBUS OH 43215	Purpose of Disbursement FOOD FOR POLITICAL EVENT	Date (month, day, year) 05/15/2000	Amount of Each Disbursement This Period 259.15
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Full Name, Mailing Address, and ZIP Code BELMONT NATIONAL BANK 154 WEST MAIN STREET ST. CLAIRSVILLE OH 43950	Purpose of Disbursement FEDERAL TAX DEPOSIT	Date (month, day, year) 05/15/2000	Amount of Each Disbursement This Period 705.50
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Full Name, Mailing Address, and ZIP Code JOHN R. BENNETT 1919 MAPLE ROAD CAMBRIDGE OH 43725	Purpose of Disbursement WAGES	Date (month, day, year) 05/15/2000	Amount of Each Disbursement This Period 1481.40
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Full Name, Mailing Address, and ZIP Code CITY ADVERTISERS 308 MAIN STREET BRIDGEPORT OH 43912	Purpose of Disbursement POLITICAL ADVERTISING	Date (month, day, year) 05/15/2000	Amount of Each Disbursement This Period 491.52
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Full Name, Mailing Address, and ZIP Code GUERNSEY CO. FAIR BOARD 73140 FREEPORT ROAD FREEPORT OH 43973	Purpose of Disbursement FAIR BOOTH	Date (month, day, year) 05/15/2000	Amount of Each Disbursement This Period 365.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Full Name, Mailing Address, and ZIP Code COREY R. LEWANDOWSKI 189 1/2 EAST MAIN STREET ST. CLAIRSVILLE OH 43950	Purpose of Disbursement WAGES	Date (month, day, year) 05/15/2000	Amount of Each Disbursement This Period 798.59
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		

SUBTOTALS of Disbursements This Page (Optional)

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SCHEDULE B	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	43 / 46
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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

Full Name, Mailing Address, and ZIP Code MAR-ANNE 148 W. MAIN STREET ST. CLAIRSVILLE OH 43950	Purpose of Disbursement OFFICE UTILITIES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 06/13/2000	Amount of Each Disbursement This Period 100.60
Full Name, Mailing Address, and ZIP Code JOHN R. BENNETT 1919 MAPLE ROAD CAMBRIDGE OH 43725	Purpose of Disbursement WAGES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 06/14/2000	Amount of Each Disbursement This Period 1251.76
Full Name, Mailing Address, and ZIP Code ZACHERY DAVIS 109 HIGH STREET ST. CLAIRSVILLE OH 43950	Purpose of Disbursement WAGES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 06/14/2000	Amount of Each Disbursement This Period 244.69
Full Name, Mailing Address, and ZIP Code JONATHAN GORMLEY 319 JOHNET DRIVE #7 ST. CLAIRSVILLE OH 43950	Purpose of Disbursement WAGES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 06/14/2000	Amount of Each Disbursement This Period 677.52
Full Name, Mailing Address, and ZIP Code COREY R. LEWANDOWSKI 189 1/2 EAST MAIN STREET ST. CLAIRSVILLE OH 43950	Purpose of Disbursement WAGES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 06/14/2000	Amount of Each Disbursement This Period 798.59
Full Name, Mailing Address, and ZIP Code SHANE LIGHTLE 211 MYRTLE AVENUE ZANESVILLE OH 43701	Purpose of Disbursement WAGES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 06/14/2000	Amount of Each Disbursement This Period 682.41
Full Name, Mailing Address, and ZIP Code BOBBY NEY 112 OVERLOOK DRIVE ST. CLAIRSVILLE OH 43950	Purpose of Disbursement WAGES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 06/14/2000	Amount of Each Disbursement This Period 361.17
Full Name, Mailing Address, and ZIP Code SHAYNA L. SMITH 56973 WEGEE ROAD SHADYSIDE OH 43947	Purpose of Disbursement WAGES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 06/15/2000	Amount of Each Disbursement This Period 494.01
Full Name, Mailing Address, and ZIP Code ALLTEL P.O. BOX 96019 CHARLOTTE NC 28296-0019	Purpose of Disbursement TELEPHONE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 06/19/2000	Amount of Each Disbursement This Period 94.64

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SCHEDULE B		ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the Detailed Summary Page	44 / 46
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NAME OF COMMITTEE (In Full) BOB NEY FOR CONGRESS					
Full Name, Mailing Address, and ZIP Code AMERITECH P.O. BOX 84000 COLUMBUS OH 43824		Purpose of Disbursement TELEPHONE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Date (month, day, year) 06/19/2000	Amount of Each Disbursement This Period 25.55
Full Name, Mailing Address, and ZIP Code AMERITECH P.O. BOX 84000 COLUMBUS OH 43824		Purpose of Disbursement TELEPHONE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Date (month, day, year) 06/19/2000	Amount of Each Disbursement This Period 231.71
Full Name, Mailing Address, and ZIP Code AMERITECH P.O. BOX 84000 COLUMBUS OH 43824		Purpose of Disbursement TELEPHONE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Date (month, day, year) 06/19/2000	Amount of Each Disbursement This Period 57.42
Full Name, Mailing Address, and ZIP Code AMERITECH P.O. BOX 84000 COLUMBUS OH 43824		Purpose of Disbursement TELEPHONE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Date (month, day, year) 06/19/2000	Amount of Each Disbursement This Period 24.03
Full Name, Mailing Address, and ZIP Code FIRST COMMUNICATIONS 1 CASCADE PLAZA SUITE 1350 AKRON OH 44308		Purpose of Disbursement TELEPHONE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Date (month, day, year) 06/19/2000	Amount of Each Disbursement This Period 30.34
Full Name, Mailing Address, and ZIP Code MBNA P.O. BOX 15469 WILLMINGTON DE 19886-5019		Purpose of Disbursement POLITICAL TRAVEL, FOOD, ENTERTAINMENT Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Date (month, day, year) 06/19/2000	Amount of Each Disbursement This Period 216.53
SUBTOTALS of Disbursements This Page (Optional)					
TOTALS This Period (last page this line number only)					47713.38

SCHEDULE B	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	45 / 46
			FOR LINE NUMBER 20C
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NAME OF COMMITTEE (In Full) BOB NEY FOR CONGRESS			
Full Name, Mailing Address, and ZIP Code OHIO ASSOCIATION OF MORTGAGE BROKERS PAC (OAMB PAC) 1 BANCORP BUILDING 5686 DRESSLER RD NW NORTH CANTON OH 44720	Purpose of Disbursement REFUND OF CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 06/05/2000	Amount of Each Disbursement This Period 500.00
SUBTOTALS of Disbursements This Page (Optional)			
TOTALS This Period (last page this line number only)			500.00

SCHEDULE B	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	46 / 46
			FOR LINE NUMBER 21
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NAME OF COMMITTEE (In Full) BOB NEY FOR CONGRESS			
Full Name, Mailing Address, and ZIP Code GARY WELLS FOR STATE REPRESENTATIVE SUNSET HILLS CALDWELL OH 43721	Purpose of Disbursement POLITICAL DONATION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 04/16/2000	Amount of Each Disbursement This Period 1000.00
SUBTOTALS of Disbursements This Page (Optional)			
TOTALS This Period (last page this line number only)			1000.00