

USE FEC MAILING LABEL OR TYPE OR PRINT

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

JUL 14 11 54 AM '98

1. NAME OF COMMITTEE OR CANDIDATE  
 C00222000                      060498                      P 209  
 JAMES C RAY JR  
 A REPUBLICAN FINANCE COMMITTEE O  
 F HAMILTON COUNTY  
 700 WALNUT STREET SUITE 309  
 C CINCINNATI                      OH 45202

2. FEC IDENTIFICATION NUMBER  
 3.  This committee has qualified as a multicandidate committee. (see FEC FORM 124)

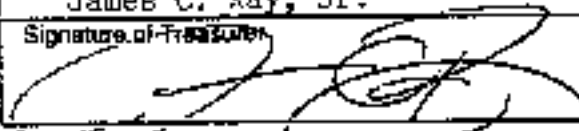
**4. TYPE OF REPORT**

- (a)  April 15 Quarterly Report  
 July 15 Quarterly Report  
 October 15 Quarterly Report  
 January 31 Year End Report  
 July 31 Mid Year Report (Non-election Year Only)  
 Termination Report
- Monthly Report Due On:  
 February 20     June 20             October 20  
 March 20         July 20             November 20  
 April 20          August 20         December 20  
 May 20            September 20     January 31
- 12-Day Pre-Election Report for the \_\_\_\_\_  
 (Type of Election)  
 election on \_\_\_\_\_ in the State of \_\_\_\_\_
- 30-Day Post-Election Report following the General Election  
 on \_\_\_\_\_ in the State of \_\_\_\_\_

(b) Is this Report an Amendment?     YES     NO

SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period	04/01/98 through 06/30/98		
6. (a) Cash on Hand January 1, 1998			\$ 1,865.99
(b) Cash on Hand at Beginning of Reporting Period		\$ 8,671.30	
(c) Total Receipts (from Line 19)		\$ 9,583.00	\$ 43,888.17
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 18,254.30	\$ 45,754.16
7. Total Disbursements (from Line 30)		\$ 15,326.38	\$ 42,826.24
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 2,927.92	\$ 2,927.92
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		\$ ---	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20483 Toll Free 800-424-9530 Local 202-694-1100
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		\$ ---	

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer  
 James C. Ray, Jr.  
 Signature of Treasurer                       Date  
 7-10-98

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

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

(revised 1/1/91)

NAME OF COMMITTEE THE REPUBLICAN FINANCE COMMITTEE OF HAMILTON COUNTY		REPORT COVERING PERIOD FROM 04/01/98 TO 06/30/98	
		COLUMN A Total This Period	COLUMN B Calendar Year
<b>I. Receipts</b>			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	\$ 3,000.00	\$ 34,800.00	11(a)(i)
ii. Unitemized	5,576.74	6,076.74	11(a)(ii)
iii. Total (add i and ii) >	8,576.74	40,876.74	11(a)(iii)
b. Political Party Committees	---	---	11(b)
c. Other Political Committees (such as PACs)	1,000.00	3,000.00	11(c)
d. Total Contributions (add a iii, b and c) >	9,576.74	43,876.74	11(d)
12. Transfers From Affiliated/Other Party Committees	---	---	12
13. All Loans Received	---	---	13
14. Loan Repayments Received	---	---	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	---	---	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	---	---	16
17. Other Federal Receipts (Dividends, Interest, etc.)	6.26	11.43	17
18. Transfers from Nonfederal Account for Joint Activity	---	---	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	9,583.00	43,888.17	19
20. Total Federal Receipts (subtract line 18 from line 19) >	9,583.00	43,888.17	20
<b>II. Disbursements</b>			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	---	---	21(a)(i)
ii. Non-Federal Share	---	---	21(a)(ii)
b. Other Federal Operating Expenditures	11,826.38	37,326.24	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) >	11,826.38	37,326.24	21(c)
22. Transfers to Affiliated/Other Party Committees	---	---	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	3,500.00	5,500.00	23
24. Independent Expenditures (use Schedule E)	---	---	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	---	---	25
26. Loan Repayments Made	---	---	26
27. Loans Made	---	---	27
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees	---	---	28(a)
b. Political Party Committees	---	---	28(b)
c. Other Political Committees (such as PACs)	---	---	28(c)
d. Total Contribution Refunds (add a, b and c) >	---	---	28(d)
29. Other Disbursements	---	---	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	15,326.38	42,826.24	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	15,326.38	42,826.24	31
<b>III. Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans)(from line 11d)	9,576.74	43,876.74	32
33. Total Contribution Refunds (from line 28d)	---	---	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	9,576.74	43,876.74	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	11,826.38	37,326.24	35
36. Offsets to Operating Expenditures (from line 15)	---	---	36
37. Net Operating Expenditures (subtract line 36 from 35) >	11,826.38	37,326.24	37

**SCHEDULE A**

**ITEMIZED RECEIPTS**

(Contributions from Individuals/ persons other than Political Committees)

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

PAGE 1 OF 1  
FOR LINE NUMBER 11-8

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

**NAME OF COMMITTEE (In Full)**

THE REPUBLICAN FINANCE COMMITTEE OF HAMILTON COUNTY

A. Full Name, Mailing Address and ZIP Code Robert L. Hoverson 8700 Pipewall Lane Cincinnati	Name of Employer Provident Bank  Occupation President	Date (month, day, year) 5/1/98	Amount of Each Receipt this Period \$ 1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > \$ 1,000.00			
B. Full Name, Mailing Address and ZIP Code Albert E. Heekin, III 2500 PNC Center Cincinnati	Name of Employer Self Employed  Occupation Attorney	Date (month, day, year) 4/8/98	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > \$ 1,000.00			
C. Full Name, Mailing Address and ZIP Code Frances G. Pepper 233 Oliver Road Cincinnati, OH 45215	Name of Employer Homemaker  Occupation	Date (month, day, year) 4/8/98	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > \$ 1,000.00			
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > \$			
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > \$			
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > \$			
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > \$			

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

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

\$ 3,000.00

**SCHEDULE A**

**ITEMIZED RECEIPTS  
(OTHER POLITICAL COMMITTEES)**

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

PAGE **1** OF **1**  
FOR LINE NUMBER  
**11-c**

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

<p><b>A. Full Name, Mailing Address and ZIP Code</b> Chabot for Congress 3333 Glenmore Avenue Cincinnati</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer U. S. Government</p> <p>Occupation U.S. Congressman</p> <p>Aggregate Year-to-Date &gt; \$ 1,000.00</p>	<p>Date (month, day, year) 6/12/98</p>	<p>Amount of Each Receipt this Period \$ 1,000.00</p>
<p><b>B. Full Name, Mailing Address and ZIP Code</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p><b>C. Full Name, Mailing Address and ZIP Code</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p><b>D. Full Name, Mailing Address and ZIP Code</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p><b>E. Full Name, Mailing Address and ZIP Code</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p><b>F. Full Name, Mailing Address and ZIP Code</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p><b>G. Full Name, Mailing Address and ZIP Code</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>

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

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

\$ 1,000.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**  
(Operating Expenditures)

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

PAGE 1 OF 3  
FOR LINE NUMBER  
21-b

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**NAME OF COMMITTEE (In Full)**

THE REPUBLICAN FINANCE COMMITTEE OF HAMILTON COUNTY

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Campaigns & Elections Magazine 1511 K Street, NW #1020 Washington, DC 20005	Subscription Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/14/98	\$ 69.95
B. Full Name, Mailing Address and ZIP Code ChamberHealth P.O. Box 632189 Cincinnati, OH 45263-2189	Employee Health Ins. Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/14/98	644.99
C. Full Name, Mailing Address and ZIP Code Elgin Office Equipment 810-812 Main Street Cincinnati, OH 45202	Office Supplies Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/14/98	144.77
D. Full Name, Mailing Address and ZIP Code Red Squirrel 344 Walnut St. Cincinnati, OH 45202	Catering Lunch Meeting Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/14/98	33.75
E. Full Name, Mailing Address and ZIP Code Elgin Office Equipment 810-812 Main Street Cincinnati, OH 45202	Office Supplies Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/30/98	142.01
F. Full Name, Mailing Address and ZIP Code ICT International P.O. Box 85660 Louisville, KY 40285-5660	Long Distance Service Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/30/98	81.67
G. Full Name, Mailing Address and ZIP Code West Group P.O. Box 6187 Carol Stream, IL 60197-6187	Add'l Material Revision Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/30/98	10.75
H. Full Name, Mailing Address and ZIP Code Ohio Office Equipment 4710-D Interstate Drive Cincinnati, OH 45246	Computer Supplies Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/12/98	228.77
I. Full Name, Mailing Address and ZIP Code ChamberHealth P.O. Box 632189 Cincinnati, OH 45263-2189	Employee Health Ins. Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/20/98	644.99

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

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**  
(Operating Expenditures)

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

PAGE 2 OF 3  
FOR LINE NUMBER  
21-b

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**NAME OF COMMITTEE (in Full)**

THE REPUBLICAN FINANCE COMMITTEE OF HAMILTON COUNTY

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Cincinnati Bell Telephone Dept. 1811 Cincinnati, OH 456274-1811	Monthly Service Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/20/98	\$ 1,068.70
B. Full Name, Mailing Address and ZIP Code ICI International P.O. Box 85660 Louisville, KY 40285-5660	Long Distance Service Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/20/98	101.65
C. Full Name, Mailing Address and ZIP Code Purchase Power P.O. Box 85042 Louisville, KY 40285-5042	Postage Transaction Chg. Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/20/98	38.29
D. Full Name, Mailing Address and ZIP Code Elgin Office Equipment 810-812 Main Street Cincinnati, OH 45202	Office Supplies Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/11/98	261.66
E. Full Name, Mailing Address and ZIP Code The Hibben Building 1055 St. Paul Place Cincinnati, OH 45202	June Rent Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/11/98	4,045.43
F. Full Name, Mailing Address and ZIP Code Tkon Office Solutions 6860 Ashfield Drive Cincinnati, OH 45242-4108	Copier Maintenance Agreement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/11/98	1,075.85
G. Full Name, Mailing Address and ZIP Code H. C. Buck Niehoff 201 E. Fifth St., Suite 900 Cincinnati, OH 45202	Reimbursing for meeting of Finance Comm. at QCC Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/11/98	128.68
H. Full Name, Mailing Address and ZIP Code Ohio Office Equipment 4710-D Interstate Drive Cincinnati, OH 45246	Maintenance Agreement on Printers Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/11/98	527.50
I. Full Name, Mailing Address and ZIP Code AirTouch Cellular 5175 Emerald Parkway Dublin, OH 43017	Monthly charge for Cell Phone Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/30/98	78.31

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

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**  
(Operating Expenditures)

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

PAGE 3 OF 3  
FOR LINE NUMBER  
21-b

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**NAME OF COMMITTEE (in Full)**

THE REPUBLICAN FINANCE COMMITTEE OF HAMILTON COUNTY

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Cincinnati Bell Telephone Dept. 1811 Cincinnati, OH 45274-1811	Monthly Service Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/30/98	1,048.13
B. Full Name, Mailing Address and ZIP Code Elgin Office Equipment 810-812 Main Street Cincinnati, OH 45202	Office Supplies Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/30/98	63.58
C. Full Name, Mailing Address and ZIP Code LCI International P.O. Box 85660 Louisville, KY 40285-5660	Long Distance Service Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/30/98	84.62
D. Full Name, Mailing Address and ZIP Code Polk P.O. Box 77709 Detroit, MI 48277-0709	Subscription to City Directory Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/30/98	299.46
E. Full Name, Mailing Address and ZIP Code United States Postal Service CMRS-PB P.O. Box 0566 Carol Stream, IL 60132-0566	Replenishing Postage on Meter Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/14/98	1,000.00
F. Full Name, Mailing Address and ZIP Code Fifth Third Bank Fountain Square Branch Cincinnati, OH 45263	Service charge for May for checking acct. Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/10/98	2.87
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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

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

\$11,626.38

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**  
(To Federal Candidates)

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

PAGE 1 OF 1  
FOR LINE NUMBER 23

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Contribution	Date (month, day, year)	Amount of Each Disbursement This Period
Hollister for Congress Campaign 95 West Main Street Chillicothe, OH 45601	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/28/98	\$ 1,000.00
B. Full Name, Mailing Address and ZIP Code Chabot for Congress Campaign 3333 Glenmore Avenue Cincinnati, OH 45211	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/1/98	500.00
C. Full Name, Mailing Address and ZIP Code Chabot for Congress Committee 3333 Glenmore Avenue Cincinnati, OH 45211	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/18/98	2,000.00
D. Full Name, Mailing Address and ZIP Code	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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

TOTAL This Period (last page this line number only) ..... \$ 3,500.00



Federal Election Commission

**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

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

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 7-10-98
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other ( Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	

JMH  
PREPARER

7-14-98  
DATE PREPARED