

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM
2000 JUL 19 P 2:35

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
 C00300939 060500 P 282
 JAMES L NABORS II
 OHIO ASSOCIATION OF MORTGAGE B
 ROKERS PAC (DAME PAC)
 1 BANCORP BUILDING
 5686 DRESSLER RD NW
 NORTH CANTON OH 44720

2. FEC IDENTIFICATION NUMBER
C00300939
 3. This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year End Report
 July 31 Mid Year Report (Non-election Year Only)
 Termination Report
- Monthly Report Due On:
 February 20 June 20 October 20
 March 20 July 20 November 20
 April 20 August 20 December 20
 May 20 September 20 January 31
- 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

5. Covering Period	through	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2000			\$ 19,002.70
(b) Cash on Hand at Beginning of Reporting Period		\$ 24,557.20	
(c) Total Receipts (from Line 19)		\$ 18,012.00	\$ 24,503.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 42,569.20	\$ 43,505.70
7. Total Disbursements (from Line 30)		\$ 10,950.00	\$ 11,886.50
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 31,619.20	\$ 31,619.20
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)		\$ -0-	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-884-1100
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)		\$ -0-	

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: **Steve R. Clay**
 Signature of Treasurer: *Steve R. Clay*
 Date: **7/14/00**

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	REPORT COVERING PERIOD		
	FROM	TO:	
	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	13,975.00	18,275.00	11(a)(i)
ii. Unitemized	3,537.00	5,728.00	11(a)(ii)
iii. Total (add i and ii) >	17,512.00	24,003.00	11(a)(iii)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)			11(c)
d. Total Contributions (add a, b, and c) >	17,512.00	24,003.00	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	500.00	500.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)			17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	18,012.00	24,503.00	19
20. Total Federal Receipts (subtract line 16 from line 19) >	18,012.00	24,503.00	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule Hd)			
i. Federal Share			21(a)(i)
ii. Non-Federal Share			21(a)(ii)
b. Other Federal Operating Expenditures			21(b)
c. Total Operating Expenditures (add a i, a ii, and b) >			21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	7,400.00	7,900.00	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	3,550.00	3,976.50	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	10,950.00	11,876.50	30
31. Total Federal Disbursements (subtract line 21 a i from line 30) >	7,400.00	7,900.00	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	17,512.00	24,003.00	32
33. Total Contribution Refunds (from line 28d)	- 0 -	- 0 -	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	17,512.00	24,003.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	- 0 -	- 0 -	35
36. Offsets to Operating Expenditures (from line 15)	- 0 -	- 0 -	36
37. Net Operating Expenditures (subtract line 36 from 35) >	- 0 -	- 0 -	37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 9

FOR LINE NUMBER 11

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NAME OF COMMITTEE (In Full)

Ohio Association of Mortgage Brokers PAC - OAMB PAC

A. Full Name, Mailing Address and ZIP Code Ed Wolterman 8865 Appleseed Drive Cincinnati, Oh 45249	Name of Employer American Mortgage Service Company Occupation Mortgage Broker	Date (month, day, year) 4/3/00	Amount of Each Receipt this Period \$125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 125.00	
B. Full Name, Mailing Address and ZIP Code Lynne Tiffany 7876 Wetherington Dr. Cincinnati, Oh	Name of Employer Old Kent Mortgage Company Occupation Account Executive	Date (month, day, year) 4/3/00	Amount of Each Receipt this Period \$125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 125.00	
C. Full Name, Mailing Address and ZIP Code David Earnest 8089 Mollana Court Dublin, Oh 43016	Name of Employer Firststar Bank Occupation Account Executive	Date (month, day, year) 4/3/00	Amount of Each Receipt this Period \$125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 125.00	
D. Full Name, Mailing Address and ZIP Code Frank Sakowski 4378 Camberry Ct. Dublin, Oh 43016	Name of Employer Countrywide Home Loans Occupation Branch Manager	Date (month, day, year) 4/3/00	Amount of Each Receipt this Period \$500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 500.00	
E. Full Name, Mailing Address and ZIP Code Brenda D. Wheeler 119 St. Julien Worthington, Oh 43085	Name of Employer Interfirst Occupation Account Executive	Date (month, day, year) 4/14/00	Amount of Each Receipt this Period \$400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 500.00	
F. Full Name, Mailing Address and ZIP Code Dino D'Amore 4900 Richland Dr. Exhanna, Oh 43230	Name of Employer Capital Banc Mortgage Group Occupation Account Executive	Date (month, day, year) 4/14/00	Amount of Each Receipt this Period \$250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 250.00	
G. Full Name, Mailing Address and ZIP Code Ed Wolterman 8865 Appleseed Dr. Cincinnati, Oh 45249	Name of Employer American Mortgage Service Company Occupation Mortgage Broker	Date (month, day, year) 4/14/00	Amount of Each Receipt this Period \$125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 250.00	

SUBTOTAL of Receipts This Page (optional) \$1650.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 9
FOR LINE NUMBER 11

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NAME OF COMMITTEE (in Full)

Ohio Association of Mortgage Brokers PAC - OAMB PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Dave Earnest 8089 Madonna Ct. Dublin, Oh 43016	Firststar Finance	4/14/00	\$125.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Lynne Tiffany 8055 Autumn Lane West Chester, Oh 45069	Old Kent Mortgage Company	4/14/00	\$125.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Barbara Black 565 Canterbury Rd. Bay Village, Oh 44140	Gulf Stream Financial Services of Ohio.	4/14/00	\$125.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Joe Black 565 Canterbury Rd. Bay Village, Oh 44140	Gulf Stream Financial Services of Ohio.	4/14/00	\$125.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Vernon Morrison 3220 Riverside Dr #A1 Columbus, Oh 43221	Lighthouse Mortgage Services	4/14/00	\$125.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Shannon Sherman 7215 Sawmill Rd. Columbus, Oh	Randall Mortgage Services, Inc.	4/14/00	\$125.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Robert Paley 3880 Beechton Rd. Columbus, Oh 43232	Randall Mortgage Services, Inc.	4/14/00	\$125.00

SUBTOTAL of Receipts This Page (optional)

\$ 875.00

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (In Full)

Ohio Association of Mortgage Brokers PAC - OAMB PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Scott Anderson 655 Metro Pl. S. #600 Dublin, Oh 43017	Randall Mortgage	4/14/00	\$125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Mortgage Broker	Aggregate Year-to-Date > \$ 250.00	
Eric Anderson 655 Metro Place S. #600 Dublin, Oh 43017	Randall Mortgage	4/14/00	\$125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Mortgage Broker	Aggregate Year-to-Date > \$ 250.00	
Richard Stermer 655 Metro Place S. Dublin, Oh 43017	Randall Mortgage	4/14/00	\$125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Mortgage Broker	Aggregate Year-to-Date > \$ 250.00	
Kevin Ross 655 Metro Place S. #600 Dublin, Oh 43017	Randall Mortgage	4/14/00	\$125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Mortgage Broker	Aggregate Year-to-Date > \$ 250.00	
Dennis Patchett 555 Metro Place Ste 375 Dublin, Oh 43017	Countrywide Home Loans	4/14/00	\$125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Account Rep.	Aggregate Year-to-Date > \$ 250.00	
Steffan Johnson 8709 Parkside Crossing Dublin, Ohio 43016	Randall Mortgage Services, Inc.	4/20/00	\$125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date > \$ 125.00	
Rodger Homsey 7200 Royalgreen Dr. Cincinnati, Oh 45244	Gulfstream Financial Services	4/20/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: President	Aggregate Year-to-Date > \$ 500.00	

SUBTOTAL of Receipts This Page (optional) \$1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11

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NAME OF COMMITTEE (in Full)

Ohio Association of Mortgage Brokers PAC - OAMBPAAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Francis X. Fulin 6706 Sunbury Rd. Westerville, Oh 43082 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Express Title Services Occupation: State Counsel Aggregate Year-to-Date > \$	5/1/00	500.00
James T. Willard Jr. 2878 Langfield Dr. Columbus, Oh 43209 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Randall Mortgage Services Occupation: Loan Officer Aggregate Year-to-Date > \$	5/1/00	125.00
Michael E. Cancio 4700 Ashwood Dr. #400 Cincinnati, Oh 45242 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Express Title Services Occupation: Account Executive Aggregate Year-to-Date > \$	5/1/00	125.00
Kathy Gilliland 252 Bradenton Ave. Dublin, Oh 43017 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Gilliland Financial Group Occupation: Aggregate Year-to-Date > \$	5/1/00	200.00
Eric T. Mohler 1734 Boulder Ct. Powell, Oh 43065 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Randall Mortgage Services Occupation: Loan Officer. Aggregate Year-to-Date > \$	5/1/00	125.00
Kenneth D. Houston 655 Metro Pl. S. #600 Dublin, Oh 43017 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Randall Mortgage Services Occupation: Loan Officer Aggregate Year-to-Date > \$	5/1/00	250.00
David R. Pasqua Lone 655 Metro Pl. S. #600 Dublin, Oh 43017 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Randall Mortgage Services Occupation: Loan Officer Aggregate Year-to-Date > \$	5/1/00	250.00

SUBTOTAL of Receipts This Page (optional)

1575.00

TOTAL This Period (last page this line number only)

SCHEDULE A

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NAME OF COMMITTEE (in Full)

Ohio Association of Mortgage Brokers PAC - OAMB PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
John L. Heer 655 Metro Pl S. #600 Dublin, Oh 43017	Randall Mortgage Services	5/1/00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Loan Officer Aggregate Year-to-Date > 5		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Dusty Barrows 655 Metro Pl S. #600 Dublin, Oh 43017	Randall Mortgage Services	5/1/00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Loan Officer Aggregate Year-to-Date > 5		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Shawn A. Wilson 1289 Thornwood Pl. Columbus, Oh 43212	Randall Mortgage Services	5/1/00	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Mortgage Broker Aggregate Year-to-Date > 5		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Brad Cailor 9015 Eilersley Dr. Lewis Center, Oh 43035	Randall Mortgage Services	5/1/00	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Mortgage Broker Aggregate Year-to-Date > 5		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Eva Oberg 6154 Lehman Dr. Brookpark, Oh 44142	Express Title Services	5/8/00	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Account Rep. Aggregate Year-to-Date > 5		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Anita Zaller 6542 Meadow Wood Lyndhurst, Oh 44124	Tower City Title Agency	5/8/00	1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: VP of Sales Aggregate Year-to-Date > 5		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
James L. Nabors, II 20575 Center Ridge Rd. #460A Rocky River, Oh 44116	Excalibur Mortgage and Loan, Inc.	5/15/00	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Mortgage Broker Aggregate Year-to-Date > 5		

SUBTOTAL of Receipts This Page (optional) 2000.00

TOTAL This Period (last page this line number or y)

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)

Ohio Association of Mortgage Brokers PAC - OAMB PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James DeGeronimo, Sr. 7200 Center St. Mentor, Oh 44060	Mortgage Placement Services Occupation: Mortgage Broker	5/15/00	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James DeGeronimo, Jr. 7200 Center St. Mentor, Oh 44060	Mortgage Placement Services Occupation: Mortgage Broker	5/15/00	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David C. Johnstone 6200 Pintail Ct. Loveland, Oh 45140	Randall Mortgage Services Occupation: Mortgage Broker	5/18/00	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Earl Crummel 539 White Pond Dr. Akron, Oh 44320	First Financial Mortgage Occupation: Mortgage Broker	5/26/00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Edwin L. Rizor, Jr. 373 Longford Dr. Granville, Oh 43023	Equity Resources Occupation: Professional	6/1/00	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James T. Dillard, Jr. 2878 Langfield Dr. Columbus, Oh 43209	Randall Mortgage Services Occupation: Loan Officer	6/1/00	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Charles Oliver 15 Limestone St. #767 Springfield, Oh 45502	American Equity Mortgage Occupation: Professional	6/1/00	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional) 2,125.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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PAGE 7 OF 9
FOR LINE NUMBER 11

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NAME OF COMMITTEE (In Full)

Ohio Association of Mortgage Brokers PAC - OAMB PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
James DeCeronimo, Sr. 7200 Center St. Mentor, OH 44060	Mortgage Placement Svcs.	6/5/00	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Mortgage Broker Aggregate Year-to-Date: \$		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
James A. DeCeronimo 7200 Center St. Mentor, OH 44060	Mortgage Placement Svcs.	6/5/00	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Mortgage Broker Aggregate Year-to-Date: \$		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Jason Simcox 655 Metro Place S. #600 Dublin, OH 43017	Randall Mortgage Services	6/5/00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Account Executive Aggregate Year-to-Date: \$		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Graham Montigny 6456 Havens Rd. Blacklick, OH 43004	Multi Fund	6/27/00	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Mortgage Broker 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
James Jones 113 Touha Commons Way #14 Cincinnati, OH 45215	Randall Mtg.	6/27/00	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Aggregate Year-to-Date: \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
William Hannah 6253 Riverside Dr. Dublin OH 43017	Northwest Residential Mtg. Services Ltd.	6/27/00	25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Aggregate Year-to-Date: \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Frank Kolbe 12110 Lyndway Dr. Valley View, OH 44125	Commonwealth Financial Services	6/30/00	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Aggregate Year-to-Date: \$		

SUBTOTAL of Receipts This Page (optional)	1500.00
TOTAL This Period (last page this line number only)	1500.00

SCHEDULE A

ITEMIZED RECEIPTS

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PAGE 7 OF 9
FOR LINE NUMBER 11

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NAME OF COMMITTEE (In Full)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Armand Casenza 26451 Curtis Wright Pkwy Richmond Hgts. OH 44143 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Commonwealth Mtg. Occupation: Mtg. Broker Aggregate Year-to-Date > 8	6/20/00	125.00
Jim Nabors 20575 Center Ridge #460A Rocky River OH 44116 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Excelsior Mtg. Occupation: Mtg. Broker Aggregate Year-to-Date > 8	6/20/00	125.00
Paul Mantigny 2999 E Dublin Granville Columbus OH 43231 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Multi Fund Occupation: Mtg. Broker Aggregate Year-to-Date > 8	6/20/00	500.00
D. Ritsy Burk 6797 N High St. Worthington OH 43085 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Equity One Occupation: Mtg. Broker Aggregate Year-to-Date > 8	6/20/00	500.00
Beth Churchill 6100 Channingway Blvd Columbus, OH 43232 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Equi-Credit Occupation: Mtg. Lender Aggregate Year-to-Date > 8	6/20/00	500.00
Tom Nann 4043 Blueberry Hollow Gahanna, OH 43230 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Tower City Title Occupation: Title Rep. Aggregate Year-to-Date > 8	6/20/00	250.00
John Nash 2820 Wildflower Dr. Rocky River, OH 44116 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Old Kent Occupation: Mtg Lender Aggregate Year-to-Date > 8	6/20/00	250.00

SUBTOTAL of Receipts This Page (optional) \$ 2250.00

TOTAL This Period (last page the line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 9 OF 9
FOR LINE NUMBER 11

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

NAME OF COMMITTEE (In Full)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jared W. Palmer 655 Metro Pl. S. Dublin OH 43017 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Rondell Mtg Occupation: Mtg. Broker Aggregate Year-to-Date \$	6/20/00	250. ⁰⁰
Dennis R. Kinsley 3788 Clifton Ave. Cincinnati OH 45220 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Countrywide Occupation: Mtg. Lender Aggregate Year-to-Date \$	5/9/00	500. ⁰⁰
C. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date \$	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date \$	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date \$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date \$	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

750.⁰⁰

TOTAL This Period (last page this line number only)

\$ 13,975.⁰⁰

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 2
FOR LINE NUMBER 30

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NAME OF COMMITTEE (in Full)

Ohio Association of Mortgage Brokers PAC - OAMB PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Chabot for Congress 3014 Harrison Avenue Cincinnati, Oh 45211	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/5/00	\$1500.00
B. Full Name, Mailing Address and ZIP Code Tubbs-Jones for Congress 421 New Jersey Ave SE. Washington, DC 20003	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/5/00	\$500.00
C. Full Name, Mailing Address and ZIP Code Traficant for Congress PO BOX 1772 Youngstown, Oh 44501	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/5/00	\$500.00
D. Full Name, Mailing Address and ZIP Code Tom Sawyer for Congress 1655 W. Market St. Ste J. Akron, Oh 44313	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/5/00	\$500.00
E. Full Name, Mailing Address and ZIP Code Schuur for Senate 3648 Jeffrey Ct Cincinnati, OH 45236	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/1/00	\$500.00 ✓
F. Full Name, Mailing Address and ZIP Code Schneider for State Representative 7205 Camargo Green Ct. Cincinnati OH 45243	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/1/00	\$250.00 ✓
G. Full Name, Mailing Address and ZIP Code Chabot for Congress 3014 Harrison Ave. Cincinnati, Oh 45211	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/1/00	\$500.00
H. Full Name, Mailing Address and ZIP Code La Tourette for Congress P.O. Box 516 Painesville OH 44077	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/10/00	1000.00
I. Full Name, Mailing Address and ZIP Code Committee for Larry Flowers 372 Birchwood Westerville, OH 43082	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/12/00	300.00 ✓

SUBTOTAL of Disbursements This Page (optional)

5550.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 2
FOR LINE NUMBER 30

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NAME OF COMMITTEE (In Full)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Taft for Governor Committee 211 S. Fifth St. Columbus, OH 43215	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/13/00	\$ 2,500.00
Ohio Republican Party 211 S. Fifth St Columbus OH 43215	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/12/00	\$ 1,500.00
NAMBPAC 8201 Greenbarn Dr. #300 McLean, VA 22102	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/15/00	\$ 1,000.00
Tiberi 2000 2021 E. Dublin Granville #2000 Columbus, OH 43229	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/23/00	\$ 400.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

5,400.00

TOTAL This Period (last page this line number only)

\$ 10,950.00

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 (R/C) 7-14-00
<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	
<i>SL</i> PREPARER	7-19-00 DATE PREPARED