

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

(Summary Page)

1 / 31
12/05/2000 12 : 55

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

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 11/07/2000 in the State of OH
 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>10/19/2000</u> through <u>11/20/2000</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))	55076.28	492325.32
(b) Total Contribution Refunds (from line 20(d))	0.00	1050.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	55076.28	491275.32
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from line 17)	135556.08	525390.65
(b) Total Offsets to Operating Expenditures (from line 14)	0.00	670.40
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	135556.08	524720.25
8. Cash on Hand at Close of Reporting Period (from line 27)	219546.23	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

12/05/2000

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

--	--	--	--	--	--	--	--	--	--

FEC FORM 3
(revised 4/87)

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

Name of Committee (In Full) BOB NEY FOR CONGRESS	Report Covering the Period From: 10/19/2000 To: 11/20/2000	
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)	19892.00	
(ii) Unitemized	12895.00	
(iii) Total of contributions from individuals	32687.00	186046.23
(b) Political Party Committees	439.28	10764.69
(c) Other Political Committees (such as PACs)	21950.00	295514.40
(d) The Candidate	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d))	55076.28	492325.32
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.)	2782.99	9432.88
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)	57859.27	502428.60
II. DISBURSEMENTS		
17. OPERATING EXPENDITURES	135556.08	525390.65
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	550.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	500.00
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))	0.00	1050.00
21. OTHER DISBURSEMENTS	23750.00	36505.00
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)	159306.08	562945.65
III. CASH SUMMARY		
23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD		320993.04
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)		57859.27
25. SUBTOTAL (add Line 23 and Line 24)		378852.31
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)		159306.08
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)		219546.23

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	3 / 31
			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 RALPH D. FRESHWATER P.O. BOX 2429 408 MAIN STREET WINTERSVILLE OH 43952-0429	Name of Employer 	Date (month, day, year) 10/20/2000	Amount of Each Receipt this Period 100.00
	Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 300.00		
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) 10/20/2000	Amount of Each Receipt this Period 500.00
	Occupation PRESIDENT, CEO		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 750.00		
Full Name, Mailing Address, and ZIP Code JOHN D. BYARD 128 SUNNY ACRES WINTERSVILLE OH 43953	Name of Employer NEW SOMERSET CHRISTIAN CHURCH	Date (month, day, year) 10/23/2000	Amount of Each Receipt this Period 100.00
	Occupation MINISTER		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 300.00		
Full Name, Mailing Address, and ZIP Code NABA GOSWAMI 106 PLAZA WEST ST. CLAIRSVILLE OH 43950	Name of Employer SELF-EMPLOYED	Date (month, day, year) 10/23/2000	Amount of Each Receipt this Period 100.00
	Occupation PHYSICIAN		
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 NANCY KARVELLIS 54502 SUNNY ACRES BELLAIRE OH 43906	Name of Employer HUGHES XEROGRAPHIC	Date (month, day, year) 10/23/2000	Amount of Each Receipt this Period 100.00
	Occupation PRESIDENT/OWNER		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 650.00		
Full Name, Mailing Address, and ZIP Code DAVID M. MCGREW P.O. BOX 13652 AKRON OH 44334	Name of Employer MCS MARKETING, INC.	Date (month, day, year) 10/23/2000	Amount of Each Receipt this Period 1000.00
	Occupation MARKETING		
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 STEVE SORVALIS P.O. BOX 99 55846 KEY BELL ROAD BELLAIRE OH 43906	Name of Employer SELF EMPLOYED	Date (month, day, year) 10/23/2000	Amount of Each Receipt this Period 100.00
	Occupation RESTAURANT OWNER		
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		Use separate schedule(s) for each category of the Detailed Summary Page	4 / 31
				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 TERAMANA ENTERPRISES 2204 SUNSET BOULEVARD 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 > \$ 500.00	Date (month, day, year) 10/23/2000	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 SELF EMPLOYED Occupation REAL ESTATE Aggregate Year-to-Date > \$ 666.66	Date (month, day, year) 10/23/2000	Amount of Each Receipt this Period 166.66 [MEMO ITEM]		
Full Name, Mailing Address, and ZIP Code MARK K. TERAMANA 151 SHARMONT PO BOX 2000 STEUBENVILLE OH 43952 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer SELF EMPLOYED Occupation REAL ESTATE Aggregate Year-to-Date > \$ 416.67	Date (month, day, year) 10/23/2000	Amount of Each Receipt this Period 166.67 [MEMO ITEM]		
Full Name, Mailing Address, and ZIP Code TONY TERAMANA, Jr. 1192 TOWNSHIP ROAD 21B RICHWOOD OH 43944 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer SELF EMPLOYED Occupation REAL ESTATE Aggregate Year-to-Date > \$ 416.67	Date (month, day, year) 10/23/2000	Amount of Each Receipt this Period 166.67 [MEMO ITEM]		
Full Name, Mailing Address, and ZIP Code MYRTLE AKE 18742 TOWNSHIP ROAD 343 CALDWELL OH 43724-5817 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 > \$ 225.00	Date (month, day, year) 10/24/2000	Amount of Each Receipt this Period 50.00		
Full Name, Mailing Address, and ZIP Code DOM DIPAOLLO 4449 HIGHLAND AVENUE SHADYSIDE OH 43947 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer INFORMATION REQUEST PENDING Occupation Aggregate Year-to-Date > \$ 300.00	Date (month, day, year) 10/24/2000	Amount of Each Receipt this Period 100.00		
Full Name, Mailing Address, and ZIP Code WILLIAM MILLIKEN 91700 LEESVILLE RD. BOWERSTON OH 44695 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer BOWERSTON SHALE CO. Occupation PRESIDENT Aggregate Year-to-Date > \$ 475.00	Date (month, day, year) 10/24/2000	Amount of Each Receipt this Period 25.00		
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 / 31
				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 FRANK NEWLON 1805 AIRPORT ROAD NEW LEXINGTON OH 43764		Name of Employer NEWLON DEALERSHIP		Date (month, day, year) 10/24/2000	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 SALES			
		Aggregate Year-to-Date > \$ 300.00			
Full Name, Mailing Address, and ZIP Code MARK PUSKARICH 5228 COLUMBINE COURT GAHANNA OH 43230		Name of Employer WORTHINGTON INDUSTRIES		Date (month, day, year) 10/24/2000	Amount of Each Receipt this Period 200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation COMPUTER DEPARTMENT			
		Aggregate Year-to-Date > \$ 700.00			
Full Name, Mailing Address, and ZIP Code MILTON SANCHEZ-PARODI 1975 E. WESTERN RESERVE ROAD POLAND OH 44514		Name of Employer INFORMATION REQUEST PENDING		Date (month, day, year) 10/24/2000	Amount of Each Receipt this Period 50.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation			
		Aggregate Year-to-Date > \$ 220.00			
Full Name, Mailing Address, and ZIP Code PAUL YOCHUM 1 WESTWOOD DRIVE APT. 302 ST. CLAIRSVILLE OH 43950-1014		Name of Employer ST CLAIR CLEANERS		Date (month, day, year) 10/24/2000	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 DRY CLEANING			
		Aggregate Year-to-Date > \$ 300.00			
Full Name, Mailing Address, and ZIP Code ALAN BANKER 56630 MCQUIRE ROAD SHADYSIDE OH 43947-8715		Name of Employer SELF EMPLOYED		Date (month, day, year) 10/25/2000	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 ATTORNEY			
		Aggregate Year-to-Date > \$ 300.00			
Full Name, Mailing Address, and ZIP Code DEBRA J. BOGER BOX 558 ST. CLAIRVILLE OH 43950		Name of Employer ORMET CORP.		Date (month, day, year) 10/25/2000	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 VP OF ADMINISTRATION			
		Aggregate Year-to-Date > \$ 500.00			
Full Name, Mailing Address, and ZIP Code R. EMMETT BOYLE P.O. BOX 296 ST. CLAIRSVILLE OH 43950		Name of Employer ORALCO MANAGEMENT SERVICE, INC.		Date (month, day, year) 10/25/2000	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 CEO			
		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	6 / 31
			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 CALLARIK 68210 BELMONT STREET BRIDGEPORT OH 43912	Name of Employer SELF EMPLOYED	Date (month, day, year) 10/25/2000	Amount of Each Receipt this Period 100.00
	Occupation LAUNDROMAT		
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 JAMES H. CARSON 67467 FOGUE ROAD ST. CLAIRSVILLE OH 43950	Name of Employer UNITED OHIO VALLEY DAIRY	Date (month, day, year) 10/25/2000	Amount of Each Receipt this Period 100.00
	Occupation MANAGEMENT		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 225.00		
Full Name, Mailing Address, and ZIP Code JOSEPH M. CARSON 101 WALNUT AVENUE ST. CLAIRSVILLE OH 43950-1702	Name of Employer OHIO VALLEY DAIRY	Date (month, day, year) 10/25/2000	Amount of Each Receipt this Period 100.00
	Occupation OWNER		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 300.00		
Full Name, Mailing Address, and ZIP Code TIM CONWAY 890 NATIONAL ROAD BRIDGEPORT OH 43912	Name of Employer BENNAC. INC.	Date (month, day, year) 10/25/2000	Amount of Each Receipt this Period 100.00
	Occupation OWNER		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 200.00		
Full Name, Mailing Address, and ZIP Code DAVID DEAN 68160 VINEYARD ROAD ST. CLAIRSVILLE OH 43950	Name of Employer	Date (month, day, year) 10/25/2000	Amount of Each Receipt this Period 100.00
	Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 425.00		
Full Name, Mailing Address, and ZIP Code HAROLD HODGES 934 STATE RT 28 MILFORD OH 45150	Name of Employer SELF EMPLOYED	Date (month, day, year) 10/25/2000	Amount of Each Receipt this Period 300.00
	Occupation REAL ESTATE DEVELOPMENT		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 800.00		
Full Name, Mailing Address, and ZIP Code BRENTON S. KIRK 1648 SEVEN MILE DRIVE NEW PHILADELPHIA OH 44663	Name of Employer	Date (month, day, year) 10/25/2000	Amount of Each Receipt this Period 100.00
	Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 250.00		
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	7 / 31
			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 SAMUEL N. KUSIC 3900 MAIN STREET WEIRTON WV 26062-5314	Name of Employer SELF EMPLOYED	Date (month, day, year) 10/25/2000	Amount of Each Receipt this Period 500.00
	Occupation ATTORNEY		
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 MICHAEL G. MAISTROS 101 WINDERMERE DRIVE ST. CLAIRSVILLE OH 43950	Name of Employer BELL NURSING HOME	Date (month, day, year) 10/25/2000	Amount of Each Receipt this Period 50.00
	Occupation ADMINISTRATOR		
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 KEVIN M. MCIVER 4825 KINGSHILL DRIVE APT. 317 COLUMBUS OH 43229	Name of Employer OHIO ATTORNEY GENERAL	Date (month, day, year) 10/25/2000	Amount of Each Receipt this Period 125.00
	Occupation ATTORNEY		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 325.00		
Full Name, Mailing Address, and ZIP Code GEORGE NICOLOZZAKES 82737 GEORGETOWN RD. CAMBRIDGE OH 43725	Name of Employer MARIETTA COAL CO.	Date (month, day, year) 10/25/2000	Amount of Each Receipt this Period 200.00
	Occupation PRESIDENT		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 800.00		
Full Name, Mailing Address, and ZIP Code WILBUR R. ROAT 154 WEST MAIN STREET ST. CLAIRSVILLE OH 43950	Name of Employer BELMONT BANCORP.	Date (month, day, year) 10/25/2000	Amount of Each Receipt this Period 100.00
	Occupation BANKER		
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 RAMA G. STEEN P.O. BOX 111 CALDWELL OH 43724	Name of Employer	Date (month, day, year) 10/25/2000	Amount of Each Receipt this Period 100.00
	Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 400.00		
Full Name, Mailing Address, and ZIP Code RICHARD A. WEILAND 1055 ST. PAUL PLACE CINCINNATI OH 45202	Name of Employer INFORMATION REQUEST PENDING	Date (month, day, year) 10/25/2000	Amount of Each Receipt this Period 250.00
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 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	8 / 31
			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 PAULA J. WHITESIDE 48368 SUMMIT DRIVE ST. CLAIRSVILLE OH 43950 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer WHITESIDE AUTO DEALERS Occupation AUTO DEALER Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 10/25/2000	Amount of Each Receipt this Period 100.00
Full Name, Mailing Address, and ZIP Code PAUL YOCHUM 1 WESTWOOD DRIVE APT. 302 ST. CLAIRSVILLE OH 43950-1014 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer ST CLAIR CLEANERS Occupation DRY CLEANING Aggregate Year-to-Date > \$ 400.00	Date (month, day, year) 10/25/2000	Amount of Each Receipt this Period 100.00
Full Name, Mailing Address, and ZIP Code JACK O. 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 MDTRIM INCORPORATED Occupation PRESIDENT Aggregate Year-to-Date > \$ 350.00	Date (month, day, year) 10/26/2000	Amount of Each Receipt this Period 100.00
Full Name, Mailing Address, and ZIP Code TIM CONWAY 890 NATIONAL ROAD BRIDGEPORT OH 43912 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer BENNAC. INC. Occupation OWNER Aggregate Year-to-Date > \$ 300.00	Date (month, day, year) 10/26/2000	Amount of Each Receipt this Period 100.00
Full Name, Mailing Address, and ZIP Code ROBERT E. FELLERS 1210 RANKIN DRIVE ZANESVILLE OH 43701 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 > \$ 300.00	Date (month, day, year) 10/26/2000	Amount of Each Receipt this Period 100.00
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 > \$ 450.00	Date (month, day, year) 10/27/2000	Amount of Each Receipt this Period 100.00
Full Name, Mailing Address, and ZIP Code DORIS J. KIMBLE 3586 SR 39 NW DOVER OH 44622 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 > \$ 950.00	Date (month, day, year) 10/27/2000	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	9 / 31
			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 GEORGE W. SHARP 1819 NEWARK ROAD ZANESVILLE OH 43701 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) 10/27/2000	Amount of Each Receipt this Period 900.00
	Occupation OIL & GAS		
	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code BOB VILLA 29 WEST CHURCH STREET NEWARK OH 43055 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) 10/27/2000	Amount of Each Receipt this Period 117.00 IN KIND
	Occupation REAL ESTATE RENTAL		
	Aggregate Year-to-Date > \$ 351.00		
Full Name, Mailing Address, and ZIP Code DON C. CADLE 100 NORTH CENTRAL STREET NEWTON FALLS OH 44444 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer INFORMATION REQUEST PENDING	Date (month, day, year) 10/29/2000	Amount of Each Receipt this Period 500.00
	Occupation		
	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code HOY E. FRAKES, Jr. 82737 A GEORGETOWN ROAD CAMBRIDGE OH 43725 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer SHIELDALLOY METALLURGICAL	Date (month, day, year) 10/29/2000	Amount of Each Receipt this Period 1000.00
	Occupation CORP. OFFICER		
	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code BRENTON S. KIRK 1648 SEVEN MILE DRIVE NEW PHILADELPHIA OH 44803 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer	Date (month, day, year) 10/29/2000	Amount of Each Receipt this Period 50.00
	Occupation RETIRED		
	Aggregate Year-to-Date > \$ 300.00		
Full Name, Mailing Address, and ZIP Code DORIS A. WODA 2 BYRD AVENUE WHEELING WV 26005 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer WODA CONSTRUCTION	Date (month, day, year) 10/29/2000	Amount of Each Receipt this Period 1000.00
	Occupation VICE PRESIDENT		
	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code JEFFREY J. WODA 213 MAIN STREET BRIDGEPORT OH 43912 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) 10/29/2000	Amount of Each Receipt this Period 1000.00
	Occupation REAL ESTATE DEVELOPER		
	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	10 / 31
			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 ROGER A. ISLA 4017 A SUNSET BLVD STEUBENVILLE OH 43952	Name of Employer SELF EMPLOYED	Date (month, day, year) 10/30/2000	Amount of Each Receipt this Period 50.00
	Occupation ATTORNEY		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 300.00		
Full Name, Mailing Address, and ZIP Code JERRY S. MARLOWE 217 EAST 14TH STREET DOVER OH 44822	Name of Employer MARLOWES NURSING CENTER	Date (month, day, year) 10/30/2000	Amount of Each Receipt this Period 225.00
	Occupation HEALTH CARE WORKER		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 575.00		
Full Name, Mailing Address, and ZIP Code KATHRYN MURRAY ST. JOHN 1721 CHESTERBROOK VALE CT. MCCLEAN VA 22101	Name of Employer INFORMATION REQUEST PENDING	Date (month, day, year) 10/30/2000	Amount of Each Receipt this Period 250.00
	Occupation		
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 HENRY KARL REDEKER 11947 CHERRYLEE DRIVE EL MONTE CA 91732-1407	Name of Employer	Date (month, day, year) 10/30/2000	Amount of Each Receipt this Period 100.00
	Occupation RETIRED		
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 EDWARD A. SCHUMACHER 2693 POSSUM HOLLOW ROAD SE NEW PHILADELPHIA OH 44803	Name of Employer WTUZ RADIO	Date (month, day, year) 10/30/2000	Amount of Each Receipt this Period 100.00
	Occupation MANAGER		
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 LEANA EMAMI 400 OLIVE DRIVE WINTERSVILLE OH 43952	Name of Employer EMAMI MEDICAL OFFICE	Date (month, day, year) 10/31/2000	Amount of Each Receipt this Period 100.00
	Occupation RN		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 550.00		
Full Name, Mailing Address, and ZIP Code JERRY J. JACOBSON PO BOX 179 SUGARCREEK OH 44691	Name of Employer OHIO CENTRAL RAILROAD	Date (month, day, year) 10/31/2000	Amount of Each Receipt this Period 800.00
	Occupation PRESIDENT		
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	11 / 31
				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 CHERYLE M. WILLIAMSON 1040 N. LAKE SHORE DRIVE 25B CHICAGO IL 60611-1171		Name of Employer INFORMATION REQUEST PENDING Occupation		Date (month, day, year) 11/01/2000	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 THOMAS H. HARDY 1759 COVENTRY ROAD COLUMBUS OH 43212		Name of Employer INSURANCE TRADE ASSOC. Occupation PRESIDENT		Date (month, day, year) 11/02/2000	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 RICHARD L. RIESBECK P.O. BOX 459 13 YORKSHIRE DRIVE ST. CLAIRSVILLE OH 43950		Name of Employer RIESBECK'S FOOD MARKETS Occupation PRESIDENT		Date (month, day, year) 11/03/2000	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 > \$ 850.00			
Full Name, Mailing Address, and ZIP Code CAROLYN CLIMACO 10 WENDEN COURT CLEVELAND OH 44108		Name of Employer Occupation HOMEMAKER		Date (month, day, year) 11/04/2000	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 JOHN R. CLIMACO 1228 EUCLID AVENUE SUITE 900 CLEVELAND OH 44115		Name of Employer SELF EMPLOYED Occupation ATTORNEY		Date (month, day, year) 11/04/2000	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 RICHARD B. COLBY 7253 HOPEWELL CT. DUBLIN OH 43017		Name of Employer COLBY & CO. Occupation PRESIDENT		Date (month, day, year) 11/04/2000	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 > \$ 400.00			
Full Name, Mailing Address, and ZIP Code BARBARA D. PADDEN 3020 GLENDALE ROAD STEBENVILLE OH 43952		Name of Employer Occupation RETIRED		Date (month, day, year) 11/04/2000	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		Use separate schedule(s) for each category of the Detailed Summary Page	12 / 31
					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 DOM DIPAOLD 4449 HIGHLAND AVENUE SHADYSIDE OH 43947		Name of Employer INFORMATION REQUEST PENDING Occupation		Date (month, day, year) 11/06/2000	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 > 5 350.00			
SUBTOTALS of Receipts This Page (Optional)					
TOTALS This Period (last page this line number only)					19692.00

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	13 / 31
			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 COMMITTEE TO ELECT ED KENILY 401 MAIN STREET ZANESVILLE OH 43701-3519 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer	Date (month, day, year) 10/25/2000	Amount of Each Receipt this Period 50.00
	Occupation		
	Aggregate Year-to-Date > \$ 50.00		
Full Name, Mailing Address, and ZIP Code MORGAN CO. REPUBLICAN COMMITTEE 3115 VICKROY LANE MALTA OH 43758 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer	Date (month, day, year) 10/27/2000	Amount of Each Receipt this Period 50.00
	Occupation		
	Aggregate Year-to-Date > \$ 150.00		
Full Name, Mailing Address, and ZIP Code COSHOCTON CO. REP. WOMENS ORG. 1878 ENSLEE ROAD COSHOCTON OH 43812 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer	Date (month, day, year) 11/02/2000	Amount of Each Receipt this Period 100.00
	Occupation		
	Aggregate Year-to-Date > \$ 100.00		
Full Name, Mailing Address, and ZIP Code NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE CONTRIBUTIONS 320 FIRST STREET WASHINGTON DC 20003 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer	Date (month, day, year) 11/03/2000	Amount of Each Receipt this Period 239.28 IN KIND
	Occupation		
	Aggregate Year-to-Date > \$ 399.61		

SUBTOTALS of Receipts This Page (Optional)	
TOTALS This Period (last page this line number only)	439.28

SCHEDULE A		ITEMIZED RECEIPTS		14 / 31
		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 AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE 1101 VERMONT AVENUE N W WASHINGTON DC 20005	Name of Employer Occupation	Date (month, day, year) 10/20/2000	Amount of Each Receipt this Period 2500.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 7000.00			
Full Name, Mailing Address, and ZIP Code NATIONAL HARDWOOD LUMBER ASSO- C. PAC PO BOX 509 439 TUSCARAWAS AVENUE DOVER OH 44822	Name of Employer Occupation	Date (month, day, year) 10/23/2000	Amount of Each Receipt this Period 750.00	
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 NATIONWIDE POLITICAL PARTICIP- ATION COMMITTEE ONE NATIONWIDE PLAZA COLUMBUS OH 43216	Name of Employer Occupation	Date (month, day, year) 10/23/2000	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 OHIO CORN GROWERS ASSOCIATION PAC (OCGAPAC) 1100 E CENTER ST MARION OH 43302	Name of Employer Occupation	Date (month, day, year) 10/23/2000	Amount of Each Receipt this Period 200.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 200.00			
Full Name, Mailing Address, and ZIP Code RAG AMERICAN COAL HOLDING PAC 9100 EAST MINERAL CIRCLE ENGLEWOOD CO 80112	Name of Employer Occupation	Date (month, day, year) 10/23/2000	Amount of Each Receipt this Period 2000.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 2000.00			
Full Name, Mailing Address, and ZIP Code US CENTRAL CREDIT UNION POLIT- ICAL ACTION COMMITTEE 7300 COLLEGE BOULEVARD SUITE 800 OVERLAND PARK KS 66210	Name of Employer Occupation	Date (month, day, year) 10/23/2000	Amount of Each Receipt this Period 1000.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 1000.00			
Full Name, Mailing Address, and ZIP Code CHASE MANHATTAN CORPORATION FUND FOR GOOD GOVERNMENT 270 PARK AVENUE 44TH FLOOR NEW YORK NY 10017	Name of Employer Occupation	Date (month, day, year) 10/24/2000	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 > \$ 1500.00			
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE A		ITEMIZED RECEIPTS		15 / 31
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 OWENS-ILLINOIS INC EMPLOYEES GOOD CITIZENSHIP FUND ONE SEAGATE TOLEDO OH 43666	Name of Employer Occupation	Date (month, day, year) 10/24/2000	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 SAVINGS ASSOCIATIONS' LEAGUE POLITICAL ACTION COMMITTEE OH- 66 EAST BROAD STREET SUITE 1850 COLUMBUS OH 43215	Name of Employer Occupation	Date (month, day, year) 10/25/2000	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 CBAO FEDPAC 1060 KINGSMILL PARKWAY COLUMBUS OH 43229	Name of Employer Occupation	Date (month, day, year) 10/26/2000	Amount of Each Receipt this Period 500.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 500.00			
Full Name, Mailing Address, and ZIP Code RELY ON YOUR BELIEF FUND P.O. BOX 541 ARLINGTON VA 22205	Name of Employer Occupation	Date (month, day, year) 10/26/2000	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 ANHEUSER-BUSCH COMPANIES, INC. 1776 EYE STREET, NW SUITE 300 WASHINGTON DC 20006	Name of Employer Occupation	Date (month, day, year) 10/27/2000	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 NEW AMERICAN CENTURY POLITICAL ACTION COMMITTEE 1155 21ST STREET NW SUITE 300 WASHINGTON DC 20036	Name of Employer Occupation	Date (month, day, year) 10/27/2000	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 > \$ 2000.00			
Full Name, Mailing Address, and ZIP Code OHIO VALLEY COAL COMPANY PAC; THE 56854 PLEASANT RIDGE ROAD ALLEDONIA OH 43902	Name of Employer Occupation	Date (month, day, year) 10/31/2000	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			
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE A		ITEMIZED RECEIPTS		16 / 31
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 BP AMERICA PAC 1776 I STREET NW SUITE 1000 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 > \$ 500.00	Date (month, day, year) 11/01/2000	Amount of Each Receipt this Period 500.00	
Full Name, Mailing Address, and ZIP Code AMERICAN IRON AND STEEL INSTITUTE POLITICAL ACTION COMMITTEE (STEEL PAC) 1101 17TH STREET N W SUITE 1300 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 > \$ 2000.00	Date (month, day, year) 11/03/2000	Amount of Each Receipt this Period 2000.00	
Full Name, Mailing Address, and ZIP Code CONOCO POLITICAL ACTION COMMITTEE 800 CONNECTICUT AVENUE NW SUITE 800 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 > \$ 1000.00	Date (month, day, year) 11/03/2000	Amount of Each Receipt this Period 1000.00	
Full Name, Mailing Address, and ZIP Code IRONWORKERS POLITICAL ACTION LEAGUE 1750 NY AVE, NW SUITE 400 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 > \$ 6000.00	Date (month, day, year) 11/04/2000	Amount of Each Receipt this Period 2000.00	
Full Name, Mailing Address, and ZIP Code MEMBERWORKS INC PAC 9 WEST BROAD STREET STAMFORD CT 06902 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) 11/04/2000	Amount of Each Receipt this Period 1000.00	
Full Name, Mailing Address, and ZIP Code COALPAC A POLITICAL ACTION COMMITTEE OF THE NATIONAL MINING ASSOCIATION 1130 17TH STREET NW WASHINGTON DC 20036 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) 11/06/2000	Amount of Each Receipt this Period 500.00	
Full Name, Mailing Address, and ZIP Code HIBERNIA PEOPLE FOR GOOD GOVERNMENT INC - FEDERAL A PAC OF HIBERNIA CORPORATION 313 CARONDEL STREET INTERNAL CONTROL DEPARTMENT NEW ORLEANS LA 70130 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Occupation Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 11/06/2000	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	17 / 31
			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 SIMAC PAC P.O. BOX 221230 CHANTILLY VA 22022	Name of Employer Occupation	Date (month, day, year) 11/06/2000	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 > 5 1000.00		
SUBTOTALS of Receipts This Page (Optional)			
TOTALS This Period (last page this line number only)			21950.00

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	18 / 31
			FOR LINE NUMBER 15
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 CITIZENS SAVINGS BANK HOWARD & DEKALB STREETS BRIDGEPORT OH 43912 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Occupation Aggregate Year-to-Date > 5 8411.29	Date (month, day, year) 10/24/2000	Amount of Each Receipt this Period 1761.40 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 type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Occupation Aggregate Year-to-Date > 5 9432.88	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 1021.59 INTEREST INCOME
SUBTOTALS of Receipts This Page (Optional)			
TOTALS This Period (last page this line number only)			2782.99

SCHEDULE B	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	20 / 31
			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 WHIZ 629 DOWNARD ROAD ZANESVILLE OH 43701	Purpose of Disbursement POLITICAL ADVERTISING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 10/20/2000	Amount of Each Disbursement This Period 12190.00
Full Name, Mailing Address, and ZIP Code WJER 646 BOLIVARD DOVER OH 44622	Purpose of Disbursement POLITICAL ADVERTISING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 10/20/2000	Amount of Each Disbursement This Period 446.00
Full Name, Mailing Address, and ZIP Code WTOV ALTAMONT HEIGHTS STEUBENVILLE OH 43952	Purpose of Disbursement POLITICAL ADVERTISING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 10/20/2000	Amount of Each Disbursement This Period 9010.00
Full Name, Mailing Address, and ZIP Code WTRF 96 16TH STREET WHEELING WV 26003	Purpose of Disbursement POLITICAL ADVERTISING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 10/20/2000	Amount of Each Disbursement This Period 12376.00
Full Name, Mailing Address, and ZIP Code WTUZ 2695 POSSUM HOLLOW NEW PHILADELPHIA OH 44663	Purpose of Disbursement POLITICAL ADVERTISING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 10/20/2000	Amount of Each Disbursement This Period 600.00
Full Name, Mailing Address, and ZIP Code WWVA 1015 MAIN STREET WHEELING WV 26003	Purpose of Disbursement POLITICAL ADVERTISING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 10/20/2000	Amount of Each Disbursement This Period 500.00
Full Name, Mailing Address, and ZIP Code AMERITECH P.O. BOX 84000 COLUMBUS OH 43224	Purpose of Disbursement TELEPHONE EXPENSE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 10/23/2000	Amount of Each Disbursement This Period 1479.57
Full Name, Mailing Address, and ZIP Code AT&T CABLE SERVICE P.O. BOX 173885 DENVER CO 80217	Purpose of Disbursement CABLE SERVICE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 10/23/2000	Amount of Each Disbursement This Period 33.94
Full Name, Mailing Address, and ZIP Code ENCHANTED SOUND & VIDEO 145 WEST MAIN STREET ST. CLAIRSVILLE OH 43950	Purpose of Disbursement COPYING POLITICAL TAPES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 10/23/2000	Amount of Each Disbursement This Period 50.00

SUBTOTALS of Disbursements This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE B		ITEMIZED DISBURSEMENTS		21 / 31
		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 MBNA P.O. BOX 15469 WILLMINGTON DE 19806-5019	Purpose of Disbursement POLITICAL FOOD AND TRAVEL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 10/23/2000	Amount of Each Disbursement This Period 673.85	
Full Name, Mailing Address, and ZIP Code MBNA P.O. BOX 15469 WILLMINGTON DE 19806-5019	Purpose of Disbursement POLITICAL FOOD, TRAVEL, MAILING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 10/23/2000	Amount of Each Disbursement This Period 317.61	
Full Name, Mailing Address, and ZIP Code MBNA P.O. BOX 15469 WILLMINGTON DE 19806-5019	Purpose of Disbursement POLITICAL FOOD, TRAVEL, MAILING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 10/23/2000	Amount of Each Disbursement This Period 413.85	
Full Name, Mailing Address, and ZIP Code PUBLIC OPINION STRATEGIES 1000 DUKE STREET ARLINGTON VA 22203	Purpose of Disbursement PROFESSIONAL SERVICES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 10/23/2000	Amount of Each Disbursement This Period 7500.00	
Full Name, Mailing Address, and ZIP Code RENT A CENTER INC. 56104 NATIONAL ROAD BRIDGEPORT OH 43912	Purpose of Disbursement TV RENTAL FOR POLITICAL EVENT Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 10/23/2000	Amount of Each Disbursement This Period 250.00	
Full Name, Mailing Address, and ZIP Code SHAYNA L. SMITH 56973 WEGEE ROAD SHADYSIDE OH 43947	Purpose of Disbursement REIMBURSEMENT FOR POSTAGE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 10/23/2000	Amount of Each Disbursement This Period 33.00	
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) 10/23/2000	Amount of Each Disbursement This Period 825.00	
Full Name, Mailing Address, and ZIP Code CHRYSLER FINANCIAL P.O. BOX 778 MONROEVILLE PA 15146-0778	Purpose of Disbursement CAMPAIGN VAN LEASE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 10/24/2000	Amount of Each Disbursement This Period 636.32	
Full Name, Mailing Address, and ZIP Code MCI WORLD COM P.O. BOX 6655 ENGLEWOOD CO 80155	Purpose of Disbursement TELEPHONE EXPENSE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 10/24/2000	Amount of Each Disbursement This Period 127.65	
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	24 / 31
			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 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) 10/30/2000	Amount of Each Disbursement This Period 682.41
Full Name, Mailing Address, and ZIP Code PERRY CO. TRIBUNE 399 LINCOLN PARK DR. SUITE A NEW LEXINGTON OH 43764	Purpose of Disbursement POLITICAL ADVERTISING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 10/30/2000	Amount of Each Disbursement This Period 434.70
Full Name, Mailing Address, and ZIP Code THE TIMES LEADER 200 SOUTH 4TH STREET MARTINS FERRY OH 43935	Purpose of Disbursement POLITICAL ADVERTISING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 10/30/2000	Amount of Each Disbursement This Period 2155.56
Full Name, Mailing Address, and ZIP Code THE TIMES RECORDER 345 4TH STREET ZANESVILLE OH 43701	Purpose of Disbursement POLITICAL ADVERTISING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 10/30/2000	Amount of Each Disbursement This Period 3969.00
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) 10/30/2000	Amount of Each Disbursement This Period 1980.00
Full Name, Mailing Address, and ZIP Code ADELPHIA 111 NORTH 11TH STREET P.O. BOX 4250 NEWARK OH 43055	Purpose of Disbursement POLITICAL ADVERTISING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 10/31/2000	Amount of Each Disbursement This Period 1260.00
Full Name, Mailing Address, and ZIP Code ENCHANTED SOUND & VIDEO 145 WEST MAIN STREET ST. CLAIRSVILLE OH 43950	Purpose of Disbursement PRODUCTION POLITICAL ADVERTISING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 10/31/2000	Amount of Each Disbursement This Period 50.00
Full Name, Mailing Address, and ZIP Code FREE PRESS STANDARD P.O. BOX 37 43 EAST MAIN STREET CARROLLTON OH 44615	Purpose of Disbursement POLITICAL ADVERTISING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 10/31/2000	Amount of Each Disbursement This Period 551.04
Full Name, Mailing Address, and ZIP Code MAR-ANNE 148 W. MAIN STREET ST. CLAIRSVILLE OH 43950	Purpose of Disbursement RENT Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 10/31/2000	Amount of Each Disbursement This Period 900.00

SUBTOTALS of Disbursements This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE B		ITEMIZED DISBURSEMENTS		25 / 31
		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 BOBBY NEY 112 OVERLOOK COURT 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) 10/31/2000	Amount of Each Disbursement This Period 361.17	
Full Name, Mailing Address, and ZIP Code THE TIMES REPORTER 629 WABASH AVENUE NW NEW PHILADELPHIA OH 44663	Purpose of Disbursement POLITICAL ADVERTISING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 10/31/2000	Amount of Each Disbursement This Period 1770.53	
Full Name, Mailing Address, and ZIP Code WHEELING NEWS REGISTER 1500 MAIN STREET WHEELING WV 26003	Purpose of Disbursement POLITICAL ADVERTISING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 10/31/2000	Amount of Each Disbursement This Period 1056.50	
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) 11/01/2000	Amount of Each Disbursement This Period 40.00	
Full Name, Mailing Address, and ZIP Code AT&T BUSINESS SERVICE P.O. BOX 9001309 LOUISVILLE KY 40290	Purpose of Disbursement TELEPHONE EXPENSE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 11/02/2000	Amount of Each Disbursement This Period 5.66	
Full Name, Mailing Address, and ZIP Code BELLAIRE LIONS CLUB 1409 MAPLE AVENUE BELLAIRE OH 43906	Purpose of Disbursement EVENT TICKETS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 11/02/2000	Amount of Each Disbursement This Period 25.00	
Full Name, Mailing Address, and ZIP Code LEE & ASSOCIATES P.O. BOX 61 252 WEST MAIN STREET ST. CLAIRSVILLE OH 43950	Purpose of Disbursement PROFESSIONAL SERVICES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 11/02/2000	Amount of Each Disbursement This Period 790.00	
Full Name, Mailing Address, and ZIP Code ED SLAVIK 257 EAST MAIN STREET ST. CLAIRSVILLE OH 43950	Purpose of Disbursement SUPPLIES FOR POLITICAL EVENT Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 11/02/2000	Amount of Each Disbursement This Period 277.00	
Full Name, Mailing Address, and ZIP Code SPRINT PCS P.O. BOX 62071 BALTIMORE MD 21264	Purpose of Disbursement TELEPHONE EXPENSE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 11/02/2000	Amount of Each Disbursement This Period 33.00	
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	26 / 31
			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 ALLTEL P.O. BOX 96019 CHARLOTTE NC 28296-0019	Purpose of Disbursement TELEPHONE EXPENSE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 11/03/2000	Amount of Each Disbursement This Period 245.96
Full Name, Mailing Address, and ZIP Code AMERITECH P.O. BOX 84000 COLUMBUS OH 43824	Purpose of Disbursement TELEPHONE EXPENSE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 11/03/2000	Amount of Each Disbursement This Period 484.12
Full Name, Mailing Address, and ZIP Code FIRST COMMUNICATIONS 1 CASCADE PLAZA SUITE 1350 AKRON OH 44308	Purpose of Disbursement TELEPHONE EXPENSE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 11/03/2000	Amount of Each Disbursement This Period 567.33
Full Name, Mailing Address, and ZIP Code NATIONAL REPUBLICAN CONGRESSI- ONAL COMMITTEE CONTRIBUTIONS 320 FIRST STREET WASHINGTON DC 20003	Purpose of Disbursement IN KIND SATELLITE FEED Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 11/03/2000	Amount of Each Disbursement This Period 239.28
Full Name, Mailing Address, and ZIP Code OFFICE MAX 67800 MALL ROAD ST. CLAIRSVILLE OH 43950	Purpose of Disbursement OFFICE SUPPLIES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 11/03/2000	Amount of Each Disbursement This Period 51.10
Full Name, Mailing Address, and ZIP Code STEIN-PALMER P.O. BOX 86 MARTINS FERRY OH 43935	Purpose of Disbursement LETTERHEAD, ENVELOPES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 11/03/2000	Amount of Each Disbursement This Period 180.52
Full Name, Mailing Address, and ZIP Code TARGETED CREATIVE COMMUNICATI- ONS 1000 DUKE STREET ALEXANDRIA VA 22314	Purpose of Disbursement PROFESSIONAL SERVICES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 11/03/2000	Amount of Each Disbursement This Period 11319.05
Full Name, Mailing Address, and ZIP Code WJER 646 BOLIVARD DOVER OH 44622	Purpose of Disbursement POLITICAL ADVERTISING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 11/03/2000	Amount of Each Disbursement This Period 802.80
Full Name, Mailing Address, and ZIP Code WTOV ALTAMONT HEIGHTS STEBENVILLE OH 43952	Purpose of Disbursement POLITICAL ADVERTISING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 11/03/2000	Amount of Each Disbursement This Period 2040.00

SUBTOTALS of Disbursements This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE B		ITEMIZED DISBURSEMENTS		30 / 31
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 21
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 ASLANIDES FOR STATE REPRESENTATIVE 46275 US ROUTE 36 COSHOCTON OH 43812	Purpose of Disbursement NON FEDERAL CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 10/23/2000	Amount of Each Disbursement This Period 2500.00	
Full Name, Mailing Address, and ZIP Code BLASDEL FOR STATE REPRESENTATIVE 16700 SR 170 SUITE A EAST LIVERPOOL OH 42920	Purpose of Disbursement NON FEDERAL CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 10/23/2000	Amount of Each Disbursement This Period 500.00	
Full Name, Mailing Address, and ZIP Code LAZIO 2000 INC 72 EAST MAIN ST SUITE 4 C/O PICCIRILLO & LAMONT LLP BABYLON NY 11702	Purpose of Disbursement FEDERAL CONTRIBUTION (Senate - NY - 02) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 10/23/2000	Amount of Each Disbursement This Period 1000.00	
Full Name, Mailing Address, and ZIP Code TIBERI 2000 211 SOUTH FIFTH ST COLUMBUS OH 43215	Purpose of Disbursement FEDERAL CONTRIBUTION (House - OH - 12) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 10/23/2000	Amount of Each Disbursement This Period 1000.00	
Full Name, Mailing Address, and ZIP Code GARY WELLS FOR STATE REPRESENTATIVE SUNSET HILLS CALDWELL OH 43721	Purpose of Disbursement NONFEDERAL CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 10/25/2000	Amount of Each Disbursement This Period 500.00	
Full Name, Mailing Address, and ZIP Code KELLER, RICHARD ANTHONY 3510 BATTERSEA COURT ORLANDO FL 32812	Purpose of Disbursement FEDERAL CONTRIBUTION (House - FL - 06) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 10/25/2000	Amount of Each Disbursement This Period 1000.00	
Full Name, Mailing Address, and ZIP Code OHIO HOUSE REPUBLICAN CAMPAIGN COMMITTEE 211 SOUTH FRONT STREET COLUMBUS OH 43215	Purpose of Disbursement NONFEDERAL CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 10/25/2000	Amount of Each Disbursement This Period 5000.00	
Full Name, Mailing Address, and ZIP Code KLINE, PHILL D 10624 W 61ST STREET SHAWNEE KS 66203	Purpose of Disbursement FEDERAL CONTRIBUTION (House - KS - 03) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 10/26/2000	Amount of Each Disbursement This Period 1000.00	
Full Name, Mailing Address, and ZIP Code RE-ELECT ANDY MCKENZIE 51 HADDALE AVENUE WHEELING WV 26003	Purpose of Disbursement NONFEDERAL CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 10/26/2000	Amount of Each Disbursement This Period 500.00	
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	31 / 31
				FOR LINE NUMBER	21
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 SHELLEY MOORE CAPITO FOR CONGRESS PO BOX 11519 CHARLESTON WV 25339	Purpose of Disbursement FEDERAL CONTRIBUTION (House - 10/V - 02) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 10/26/2000	Amount of Each Disbursement This Period 1000.00		
Full Name, Mailing Address, and ZIP Code HARRISON CO. REPUBLICAN PARTY P.O. BOX 184 NEW ATHENS OH 43981	Purpose of Disbursement NONFEDERAL CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 10/27/2000	Amount of Each Disbursement This Period 1000.00		
Full Name, Mailing Address, and ZIP Code TUSCARAWAS CO. REPUBLICAN PARTY P.O. BOX 542 DOVER OH 44622	Purpose of Disbursement NONFEDERAL CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 10/31/2000	Amount of Each Disbursement This Period 1500.00		
Full Name, Mailing Address, and ZIP Code LICKING COUNTY REPUBLICAN PARTY 658 KNOLL DRIVE GRANVILLE OH 43023	Purpose of Disbursement NONFEDERAL CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 11/01/2000	Amount of Each Disbursement This Period 250.00		
Full Name, Mailing Address, and ZIP Code NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE CONTRIBUTIONS 320 FIRST STREET WASHINGTON DC 20003	Purpose of Disbursement FEDERAL CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 11/01/2000	Amount of Each Disbursement This Period 5000.00		
Full Name, Mailing Address, and ZIP Code FRANKLIN CO. REPUBLICAN PARTY 14 EAST GAY STREET COLUMBUS OH 43215	Purpose of Disbursement NONFEDERAL CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 11/02/2000	Amount of Each Disbursement This Period 2000.00		
SUBTOTALS of Disbursements This Page (Optional)					
TOTALS This Period (last page this line number only)					23750.00