

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

Oct 25 9 11 AM '98

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (In full) <b>BOB NEY FOR CONGRESS</b>		2. FEC IDENTIFICATION NUMBER <b>00288324</b>
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported. <b>P.O. BOX 490</b>		
CITY, STATE and ZIP CODE <b>ST. CLAIRSVILLE, OH 43950</b>	STATE/DISTRICT	
3. IS THIS REPORT AN AMENDMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		

## 4. TYPE OF REPORT

- |   |  |
|---|--|
| <input type="checkbox"/> April 15 Quarterly Report<br><input type="checkbox"/> July 15 Quarterly Report<br><input type="checkbox"/> October 15 Quarterly Report<br><input type="checkbox"/> January 31 Year End Report<br><input type="checkbox"/> July 31 Mid-Year Report (Non-election Year Only) | <input checked="" type="checkbox"/> 12-Day Pre-Election Report for the <u>GENERAL</u> (Type of Election)<br>election on <u>NOV. 3, 1998</u> in the State of <u>OHIO</u><br><input type="checkbox"/> 30-Day Post-Election Report for the _____ (Type of Election)<br>election on _____ in the State of _____<br><input type="checkbox"/> Termination Report |
|---|--|

This report contains activity for:  Primary Election  General Election  Special Election  Runoff Election

## SUMMARY

5. Covering Period <u>10-01-98</u> through <u>10-14-98</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)) .....	38,243.63	552,939.60
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	2,348.44
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a)) .....	38,243.63	550,591.16
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	162,506.41	541,849.28
(b) Total Offsets to Operating Expenditures (from Line 14) .....	0.00	2,169.22
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a)) .....	162,506.41	539,680.06
8. Cash on Hand at Close of Reporting Period (from Line 27) .....	148,575.32	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....		

For further information contact:  
Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
Toll Free 800-424-9530  
Local 202-219-3420

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

Type or Print Name of Treasurer <b>JOANN THORNGATE</b>	
Signature of Treasurer 	Date <b>10/21/98</b>

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

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**FEC FORM 3**  
(revised 4/87)

# DETAILED SUMMARY PAGE

## of Receipts and Disbursements

(Page 2, FEC FORM 3)

Name of Committee (in full) <b>BOB NEY FOR CONGRESS</b>	Report Covering the Period: From: <b>10-01-98</b>	To: <b>10-14-98</b>
<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-To-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	4,200.00	
(ii) Unitemized	5,645.00	
(iii) Total of contributions from Individuals	9,845.00	194,702.22
(b) Political Party Committees	448.63	17,353.62
(c) Other Political Committees (such as PACs)	27,950.00	340,883.76
(d) The Candidate		
(e) <b>TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d))</b>	<b>38,243.63</b>	<b>552,939.60</b>
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES</b>		
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate		
(b) All Other Loans		
(c) <b>TOTAL LOANS (add 13(a) and (b))</b>		
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)</b>		2,169.22
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.)</b>		1,731.41
<b>16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)</b>	<b>38,243.63</b>	<b>556,840.23</b>
<b>II. DISBURSEMENTS</b>		
<b>17. OPERATING EXPENDITURES</b>	162,506.41	541,849.28
<b>18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES</b>		
<b>19. LOAN REPAYMENTS:</b>		
(a) Of Loans Made or Guaranteed by the Candidate		
(b) Of All Other Loans		
(c) <b>TOTAL LOAN REPAYMENTS (add 19(a) and (b))</b>		
<b>20. REFUNDS OF CONTRIBUTIONS TO:</b>		
(a) Individuals/Persons Other Than Political Committees		153.25
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		2,195.19
(d) <b>TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))</b>		<b>2,348.44</b>
<b>21. OTHER DISBURSEMENTS</b>	1,200.00	18,525.00
<b>22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)</b>	<b>163,706.41</b>	<b>562,722.72</b>

### III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	\$	274,038.10
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)	\$	38,243.63
25. SUBTOTAL (add Line 23 and Line 24)	\$	312,281.73
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	\$	163,706.41
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)	\$	148,575.32

**SCHEDULE A ITEMIZED RECEIPTS**

Contributions From Individuals/Persons  
Other Than Political Committees

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

PAGE 1 OF 3

FOR LINE NUMBER  
11(a)(4)

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

000288324

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Edward A. Schumacher 2693 Possum Hollow Rd. S.E. New Philadelphia, OH 44663	WIUZ Radio	10-05-98	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Manager	Aggregate Year-to-Date > \$ 250.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David Dean 68160 Vineyard Rd. St. Clairsville, OH 43950-9232		10-05-98 10-14-98	50.00 100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	Aggregate Year-to-Date > \$ 300.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David A. Osborne 65430 Denham Rd. St. Clairsville, OH 43950		10-07-98	100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	Aggregate Year-to-Date > \$ 240.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Leland R. Biles 3000 Chandlersville Rd. Zanesville, OH 43701-1556	5'B's, Inc.	10-07-98	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner	Aggregate Year-to-Date > \$ 500.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Fred J. Mehlman 110 Walnut Ave. St. Clairsville, OH 43950	Mehlman's Cafeteria	10-08-98	100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner	Aggregate Year-to-Date > \$ 300.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Linda C. Hope 146 McClausen Manor Steubenville, OH 43952		10-08-98	100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Homemaker	Aggregate Year-to-Date > \$ 750.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jerry R. Williams 64545 Haught Rd. Cambridge, OH 43725	Stone Container Corp.	10-09-98	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Forester	Aggregate Year-to-Date > \$ 250.00	

SUBTOTAL of Receipts This Page (optional)

1,450.00

TOTAL This Period (last page this line number only)

**SCHEDULE A** **ITEMIZED RECEIPTS**  
**Contributions From Individuals/Persons**  
**Other Than Political Committees**

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

PAGE 2 OF 3  
 FOR LINE NUMBER  
11(a)(1)

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

NAME OF COMMITTEE (In Full)

Bob Ney For Congress

000288324

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
George G. Nicolozakes 62737 Georgetown Rd. Cambridge, OH 43725	Marietta Coal Co.	10-09-98	100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	Aggregate Year-to-Date > \$ 500.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Effie Eliopoulos Box 157 100 E. Forty Old Washington, OH 43768	Rent-A-Vision	10-09-98	300.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner	Aggregate Year-to-Date > \$ 650.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Naba Goswami 106 Plaza W. St. Clairsville, OH 43950	Self Employed	10-09-98	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physician	Aggregate Year-to-Date > \$ 750.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Jeffrey J. Woda 213 Main St. Bridgeport, OH 43912	Self Employed	10-12-98	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Developer	Aggregate Year-to-Date > \$ 500.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
James Justin Scarpone 2512 Cleveland Ave. Steubenville, OH 43952	Self Employed	10-12-98	25.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Financial Service	Aggregate Year-to-Date > \$ 525.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Charles C. Ungurean 2375 Cambridge Rd. Coshocton, OH 43812	Oxford Mining Co.	10-12-98	300.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	Aggregate Year-to-Date > \$ 500.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Edwin F. Mulligan 885 Sheridan Road - P.O. Box 386 Coshocton, OH 43812-0386	Jones Metal	10-12-98	100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chairman	Aggregate Year-to-Date > \$ 250.00	

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

1,825.00

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

**SCHEDULE A ITEMIZED RECEIPTS**

Contributions From Individuals/Persons  
Other Than Political Committees

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

PAGE 3 OF 3

FOR LINE NUMBER  
11(a)(i)

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NAME OF COMMITTEE (in Full)

Bob Ney For Congress

000286324

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Tony Gentile 4 Normandy Drive Wintersville, OH 43952		10-14-98	50.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	Aggregate Year-to-Date > \$ 500.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Nasser Bruami 400 Olive Drive Steubenville, OH 43952	Self Employed	10-14-98	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Surgeon	Aggregate Year-to-Date > \$ 1,250.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas R. Dowler 117 Walnut Ave. St. Clairsville, OH 43950	Shamrock Conduit Prod. Inc.	10-14-98	100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner	Aggregate Year-to-Date > \$ 350.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Nancy S. Rubel 37779 SR 78 Woodsfield, OH 43793	Gary A. Rubel, Inc.	10-14-98	100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Contractor	Aggregate Year-to-Date > \$ 300.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard S. Sands 8770 N. St. Rt. 60 McConnelsville, OH 43756	Dept. Of Defense	10-14-98	125.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Computer Tech	Aggregate Year-to-Date > \$ 325.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ronald S. Baker 249 W. 42nd St. Shadyside, OH 43947	O.D.O.T.	10-14-98	50.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Inspector	Aggregate Year-to-Date > \$ 300.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional) ..... 925.00

TOTAL This Period (last page this line number only) ..... 4,200.00

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 11(b)

**Contributions From Political Party Committees**

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

NAME OF COMMITTEE (in Full)

Bob Ney For Congress

CO0288324

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Licking County Republican Party 286 Hudson Ave. Newark, OH 43055		10-05-98	200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation	Aggregate Year-to-Date > \$ 200.00	
B. Full Name, Mailing Address and ZIP Code National Republican Congressional Comm. 320 First Street S.E. Washington DC 20003		10-06-98 10-08-98	234.00 14.63 (IN-KIND)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation	Aggregate Year-to-Date > \$ 9,730.03	
C. Full Name, Mailing Address and ZIP Code			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General	Occupation	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General	Occupation	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General	Occupation	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional) ..... 448.63

TOTAL This Period (last page this line number only) ..... 448.63

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 5  
FOR LINE NUMBER 11(c)

**Contributions From Other Political Committees (PAC)**

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NAME OF COMMITTEE (in Full)

Bob Ney For Congress

000288324

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Next American Century PAC 1155 21st St. N.W. Suite 300 Washington DC 20036		10-05-98	1,500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,500.00	
B. Full Name, Mailing Address and ZIP Code Heartland PAC 23875 Commerce Park Rd. Shaker Heights, OH 44122		10-05-98	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,000.00	
C. Full Name, Mailing Address and ZIP Code Transport Workers Union Of America AFL-CIO 80 West End Ave. New York, NY 10023		10-06-98	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 2,000.00	
D. Full Name, Mailing Address and ZIP Code Air Liquide American Corporation PAC 2700 Post Oak Blvd. Suite 1800 Houston, TX 77056		10-06-98	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 750.00	
E. Full Name, Mailing Address and ZIP Code COUNCIL PAC 701 Pennsylvania Ave. S.E. Suite 750 Washington DC 20003		10-06-98	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,500.00	
F. Full Name, Mailing Address and ZIP Code Chase Manhattan Corp. Fund For Good Gov't Bridgett Filippon, Treasurer 270 Park Ave. New York, NY 10017		10-09-98	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,000.00	
G. Full Name, Mailing Address and ZIP Code Int'l. Council Of Shopping Centers, Inc. PAC 1033 North Fairfax St. Suite 404 Alexandria, VA 22314		10-09-98	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500.00	

SUBTOTAL of Receipts This Page (optional)

5,250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 2 OF 5  
FOR LINE NUMBER 11(c)

**Contributions From Other Political Committees (PAC)**

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NAME OF COMMITTEE (in Full)  
**Bob Ney For Congress** C00288324

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Nat'l. Emergency Medicine PAC Denise J. Bell, Director 1111 19th St. N.W. Suite 650 Washington DC 20036-3603 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$ 3,500.00	10-09-98	3,000.00
B. Full Name, Mailing Address and ZIP Code Team Ameritech PAC 1401 H. Street N.W. P.O. Box 27768 Washington DC 20038-7768 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 4,000.00	10-12-98	500.00
C. Full Name, Mailing Address and ZIP Code Tinklen Company Good Gov't Fund 1835 Duerber Ave. S.W. P.O. Box 6928 Canton, OH 44706 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 3,000.00	10-12-98	1,000.00
D. Full Name, Mailing Address and ZIP Code National Cable Television PAC 1724 Massachusetts Ave. N.W. 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 > \$ 2,000.00	10-12-98	2,000.00
E. Full Name, Mailing Address and ZIP Code Harrah's Entertainment Inc. Employees PAC 1023 Cherry Road Memphis, TN 38117 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 1,000.00	10-12-98	1,000.00
F. Full Name, Mailing Address and ZIP Code Printing Industries Of America PRINT PAC 100 Daingerfield Road Alexandria, VA 22314 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 2,500.00	10-12-98	2,500.00
G. Full Name, Mailing Address and ZIP Code First Energy PAC 76 S. Main Street Akron, OH 44308 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 4,000.00	10-12-98	1,000.00
<b>SUBTOTAL of Receipts This Page (optional)</b>			<b>11,000.00</b>
<b>TOTAL This Period (last page this line number only)</b>			



**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 3 OF 5  
FOR LINE NUMBER 11(n)

**Contributions From Other Political Committees (PAC)**

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NAME OF COMMITTEE (In Full)

Bob Ney For Congress

CO0288324

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
American Hotel & Motel Assoc. PAC 1201 New York Ave. N.W. Suite 600 Washington DC 20005		10-12-98	1,000.00
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation		
	Aggregate Year-to-Date > \$	2,000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Investment Management PAC 1401 H. Street N.W. Washington DC 20005		10-13-98	500.00
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation		
	Aggregate Year-to-Date > \$	1,500.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Express Services PAC 6300 N.W. Expressway St. Suite 200 Oklahoma City, OK 73132-5130		10-13-98	500.00
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation		
	Aggregate Year-to-Date > \$	500.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
AGC PAC 1957 E. Street N.W. Washington DC 20006		10-13-98	2,500.00
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation		
	Aggregate Year-to-Date > \$	5,000.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Peabody PAC John Lushefski, Treasurer 701 Market St. Suite 700 St. Louis, MO 63101-1826		10-13-98	500.00
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation		
	Aggregate Year-to-Date > \$	500.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Campaign For Working Families 499 S. Capitol St. S.E. Suite 410 Washington DC 20003		10-14-98	2,000.00
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation		
	Aggregate Year-to-Date > \$	2,000.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Union Camp PAC 1600 Valley Road Wayne, NJ 07470		10-14-98	500.00
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation		
	Aggregate Year-to-Date > \$	1,000.00	

SUBTOTAL of Receipts This Page (optional)

7,500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 4 OF 5  
FOR LINE NUMBER 11(c)

**Contributions From Other Political Committees (PAC)**

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

NAME OF COMMITTEE (In Full)

Bob Ney For Congress

C00288324

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Pioneer PAC 1155 21st St. N.W. Suite 300 Washington DC 20036		10-14-98	2,500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 10,000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ohio Corn Growers Assn. PAC 1100 E. Center St. Marion, OH 43302		10-14-98	100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 100.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	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
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
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
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)

2,600.00

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 5 OF 5  
FOR LINE NUMBER 11(c)

**Contributions From Other Political Committees**

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**NAME OF COMMITTEE (In Full)**

Bob Ney For Congress

C00288324

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Padgett For State Representative Comm. 871 Walnut Street Coshocton, OH 43812		10-12-98	100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 525.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Toby Roth For Congress P.O. Box 2673 Appleton, WI 54913		10-12-98	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Hobson For Congress 82 W. Columbia St. Springfield, OH 45502		10-14-98	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,000.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
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
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)** ..... 1,600.00

**TOTAL This Period (last page this line number only)** ..... 27,950.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 7  
FOR LINE NUMBER 17

**Operating Expenditures**

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**NAME OF COMMITTEE (in Full)**

Bob Ney For Congress

C00268324

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
4-H Small Animal 3399 Zutavern Church Rd. Strasburg, OH 44680	4-H Animal Purchase Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-05-98	220.00
B. Full Name, Mailing Address and ZIP Code Alltel P.O. Box 96019 Charlotte, NC 28296	Telephone Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-05-98	992.92
C. Full Name, Mailing Address and ZIP Code American Express Suite 2002 Chicago, IL 60679	Travel Expense For Fund Raiser Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-05-98	229.41
D. Full Name, Mailing Address and ZIP Code Ameritech P.O. Box 84000 Columbus, OH 43284	Telephone Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-01-98 10-06-98	183.09 1,034.42
E. Full Name, Mailing Address and ZIP Code Ameritech P.O. Box 79001 Detroit, MI 48279-1240	Pagers Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-12-98	83.60
F. Full Name, Mailing Address and ZIP Code AT&T P.O. Box 27-680 Kansas City, MO 64180-0680	Telephone Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-05-98 10-09-98	557.32 13.40
G. Full Name, Mailing Address and ZIP Code Barnesville Vet Service 112 N. Chestnut Street Barnesville, OH 43713	Rally Event Expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-01-98	650.00
H. Full Name, Mailing Address and ZIP Code Belmont National Bank 154 W. Main St. St. Clairsville, OH 43950	Payroll Taxes Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-13-98 10-13-98	1,205.16 141.10
I. Full Name, Mailing Address and ZIP Code Bill Thomas Campaign Comm. P.O. Box 395 Bakersfield, CA 93302	Reimb. For Expenses For Thomas Event. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-01-98	858.00

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

6,168.42

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

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17

**Operating Expenditures**

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**NAME OF COMMITTEE (In Full)**

Bob Ney For Congress

C00288324

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bob Ney 112 Overlook Court St. Clairsville, OH 43950	Reimb. Fair Passes & Travel Expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-01-98	117.89
(Same As Above)	Reimb. For Campaign Breakfast & Donation Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-12-98	35.00
BP P.O. Box 9001002 Louisville, KY 40290	Gas-Vehicle Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-05-98	1,086.04
Brabender Cox P.O. Box 42366 Pittsburgh, PA 15203	Consulting Fee & Media Ads Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-05-98 10-08-98 10-09-98	59,007.00 13,325.69 25,180.00
Central Ohio Printing P.O. Box 390 London, OH 43140	Campaign Ad Printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-05-98	2,383.51
Christina Coen 56941 Ferryview Rd. Martins Ferry, OH 43935	Consulting & Computer Work Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-05-98	250.00
City Advertisers 308 Main St. Bridgeport, OH 43912	Labels & Stickers Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-06-98	272.91
Corey Lewandowski 189 1/2 E. Main St. St. Clairsville, OH 43950	Wages Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-01-98	1,004.91
Coshocton Rainbow Vineyards 26349 Adams Twp. Rd. 251 Coshocton, OH 43812	Expenses For Fund Raiser Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-12-98	340.17

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

103,003.12

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

**Operating Expenditures**

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

PAGE 3 OF 7  
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

C00288324

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Culligan 444 National Rd. Wheeling, WV 26003	Water Cooler Rental Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-06-98	17.28
B. Full Name, Mailing Address and ZIP Code Dean Watson 74930 New Athens-Flushing Rd. New Athens, OH 43981	Purpose of Disbursement Wages Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-01-98	657.89
C. Full Name, Mailing Address and ZIP Code Eaglesticks Golf Club 2655 Maysville Pike Zanesville, OH 43701	Purpose of Disbursement Expenses For Fund Raizer Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-01-98	8,729.82
D. Full Name, Mailing Address and ZIP Code Gold Key Lease 300 Oxford Dr. Monroeville, PA 15146	Purpose of Disbursement Campaign Van Lease Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-01-98	549.58
E. Full Name, Mailing Address and ZIP Code Hughes Xerographic 3201 Belmont St. Suite 701 P.O. Box 278 Bellaire, OH 43906	Purpose of Disbursement Copy Machine Rental & Maintenance Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-01-98	689.88
F. Full Name, Mailing Address and ZIP Code Jeffrey Longstreth 3404 Karl Rd. Columbus, OH 43224	Purpose of Disbursement Wages Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-01-98	458.03
G. Full Name, Mailing Address and ZIP Code (Same As Above)	Purpose of Disbursement Reimburse For Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-08-98	160.00
H. Full Name, Mailing Address and ZIP Code Jenkins Sporting Goods 148 W. Main Street St. Clairsville, OH 43950	Purpose of Disbursement Campaign Shirts Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-01-98	153.36
I. Full Name, Mailing Address and ZIP Code Joann Thorngate 25948 St. Rt. 313 Quaker City, OH 43773	Purpose of Disbursement Wages Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-01-98	642.27

SUBTOTAL of Disbursements This Page (optional)

12,058.11

TOTAL This Period (last page this line number only)

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 4 OF 7  
FOR LINE NUMBER 17

**Operating Expenditures**

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NAME OF COMMITTEE (in Full)

Bob Ney For Congress

C00288324

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Jonathan Poe 3884 Grand Ave. Shadyside, OH 43947	Wages Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-01-98	597.49
B. Full Name, Mailing Address and ZIP Code (Same As Above)	Purpose of Disbursement Reimb. For Campaign Expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-08-98 10-13-98	100.00 157.70
C. Full Name, Mailing Address and ZIP Code Lakeland Foods P.O. Box 212 Barnesville, OH 43713	Purpose of Disbursement Food For Fund Raiser Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-01-98	573.81
D. Full Name, Mailing Address and ZIP Code Lee & Associates P.O. Box 61 St. Clairsville, OH 43950	Purpose of Disbursement Preparation Of FEC Report & Payroll Taxes Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-14-98	2,355.00
E. Full Name, Mailing Address and ZIP Code Lucent Technologies P.O. Box 27-850 Kansas City, MO 64180	Purpose of Disbursement Phone Rental & Maintenance Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-13-98	90.63
F. Full Name, Mailing Address and ZIP Code Mar Anne 148 W. Main Street St. Clairsville, OH 43950	Purpose of Disbursement Office Rent Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-01-98	900.00
G. Full Name, Mailing Address and ZIP Code Matthew McTeague 106 Woodlawn Terrace St. Clairsville, OH 43950	Purpose of Disbursement Consultant Fee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-01-98	160.00
H. Full Name, Mailing Address and ZIP Code MHNA America P.O. Box 15019 Wilmington, DE 19886	Purpose of Disbursement Gifts, Travel, & Volunteer Lunches Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-05-98	154.09
I. Full Name, Mailing Address and ZIP Code McDonald/Marlite Conference Center 143 McDonald Dr. S.W. New Philadelphia, OH 44663	Purpose of Disbursement Set Up Fee For Fund Raiser Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-01-98	50.00

SUBTOTAL of Disbursements This Page (optional)

5,138.72

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	OF
	5	7
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**Operating Expenditures**

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**NAME OF COMMITTEE (in Full)**  
 Boh Ney For Congress C00268324

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Megan Murphy 236 E. 18th Ave. Columbus, OH 43201	Wages Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-01-98	440.15
B. Full Name, Mailing Address and ZIP Code Monroe Co. Jr. Fair P.O. Box 248 Woodsfield, OH 43793	4-H Livestock Purchase Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-01-98	252.15
C. Full Name, Mailing Address and ZIP Code Muskingum Livestock Auction P.O. Box 2603 Zanesville, OH 43710	4-H Livestock Purchase Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-01-98	151.80
D. Full Name, Mailing Address and ZIP Code Nancy Bocskor 1212 N. Vernon St. Arlington, VA 22201	Consultant Fee, Telephone Expense, Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-01-98	1,590.41
E. Full Name, Mailing Address and ZIP Code (Same As Above)	Expenses For Fund Raiser Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-05-98	697.50
F. Full Name, Mailing Address and ZIP Code Nationsbank P.O. Box 85580 Louisville, KY 40290	Travel Exp. & Expenses For Fund Raiser Events Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-01-98	1,035.95
G. Full Name, Mailing Address and ZIP Code Ohio Bureau Of Employment Service 145 S. Front St. P.O. Box 923 Columbus, OH 43216-0923	Payroll Taxes Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-13-98	106.32
H. Full Name, Mailing Address and ZIP Code Postmaster 2 Reservoir Rd. St. Clairsville, OH 43950	Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-01-98 10-01-98 10-02-98	480.00 170.00 128.00
I. Full Name, Mailing Address and ZIP Code (Same As Above)	Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-05-98 10-05-98 10-08-98	192.00 192.00 5.00

**SUBTOTAL** of Disbursements This Page (optional) ..... 5,441.28

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



**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 6 OF 7  
FOR LINE NUMBER 17

**Operating Expenditures**

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NAME OF COMMITTEE (in Full)

Bob Ney For Congress

CO0288324

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Postmaster 2 Reservoir Rd. St. Clairsville, OH 43950	Postage	10-09-98	960.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-13-98	320.00
B. Full Name, Mailing Address and ZIP Code Public Opinion Strategies 1033 N. Fairfax St. Suite 120 Alexandria, VA 22314	Public Opinion Poll	10-01-98	18,000.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
C. Full Name, Mailing Address and ZIP Code Slavik's Studio 257 E. Main St. St. Clairsville, OH 43950	Pictures Taken At Fund Raiser Event	10-01-98	341.92
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
D. Full Name, Mailing Address and ZIP Code St. Clairsville Municipal Utilities Municipal Bldg. St. Clairsville, OH 43950	Office Utilities	10-09-98	127.50
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-12-98	177.90
E. Full Name, Mailing Address and ZIP Code Stein-Palmer P.O. Box 86 Martins Ferry, OH 43935	Flyers, Envelopes, Notepads, Letterhead, & Bus. Cards	10-01-98	507.61
		10-05-98	4,528.75
		10-14-98	1,890.38
F. Full Name, Mailing Address and ZIP Code Strussion Florist 3829 Noble Street Bellaire, OH 43906	Condolences	10-01-98	263.50
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
G. Full Name, Mailing Address and ZIP Code TCI Cable 908 National Rd. Bridgeport, OH 43912	Monthly Cable Fee	10-01-98	33.94
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code The Steubenville Register 422 Washington St. P.O. Box 160 Steubenville, OH 43952	Media Ad	10-08-98	540.28
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code The Times Reporter 629 Wabash Ave. P.O. Box 667 New Philadelphia, OH 44663	Media Ad	10-06-98	290.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)

27,981.78

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 7 OF 7  
FOR LINE NUMBER 17

**Operating Expenditures**

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**NAME OF COMMITTEE (In Full)**

Bob Ney For Congress

CO0288324

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Treasurer Of State Of Ohio P.O. Box 444 Columbus, OH 43216	Payroll Taxes Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-13-98	731.62
B. Full Name, Mailing Address and ZIP Code United Parcel Service P.O. Box 505820 The Lakes, NY 88905-5820	Purpose of Disbursement Shipping Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-05-98 10-09-98	24.00 34.00
C. Full Name, Mailing Address and ZIP Code National Republican Congressional Comm. 320 First St. S.E. Washington DC 20003	Purpose of Disbursement Mail Production Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-06-98 10-08-98	234.00 14.63 (In-Kind)
D. Full Name, Mailing Address and ZIP Code The Ohio Republican Party 211 S. 5th St. Columbus, OH 43215	Purpose of Disbursement Unitemized In-Kind Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-08-98	30.00 (In-Kind)
E. Full Name, Mailing Address and ZIP Code Bob Ney For Congress P.O. Box 490 St. Clairsville, OH 43950	Purpose of Disbursement Unitemized Disbursements Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-14-98	1,646.73
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)

2,714.98

TOTAL This Period (last page this line number only)

162,506.41

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 21

**OTHER DISBURSEMENTS**

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

**NAME OF COMMITTEE (in Full)**

Bob Ney For Congress

C00288324

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Donation Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10-01-98	Amount of Each Disbursement This Period 200.00
B. Full Name, Mailing Address and ZIP Code New Philadelphia Republic Org. 124 E. High Ave. New Philadelphia, OH 44663	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) 10-01-98	Amount of Each Disbursement This Period 1,000.00
C. 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
D. 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
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) .....

1,200.00

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

1,200.00

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 <i>10-21-98</i>
<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>JmH</i> PREPARER	<i>10-25-98</i> DATE PREPARED