

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

Jul 15 11 15 AM '98

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) Friends of Robert Burch Committee		2. FEC IDENTIFICATION NUMBER C00330613
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported. 123 WEST High Street		
CITY, STATE and ZIP CODE New Philadelphia, OH 44663	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	<input type="checkbox"/> 12-Day Pre-Election Report for the _____ (Type of Election) election on _____ in the State of _____
<input checked="" type="checkbox"/> July 15 Quarterly Report	<input type="checkbox"/> 30-Day Post-Election Report for the _____ (Type of Election) election on _____ in the State of _____
<input type="checkbox"/> October 15 Quarterly Report	<input type="checkbox"/> Termination Report
<input type="checkbox"/> January 31 Year End Report	
<input type="checkbox"/> July 31 Mid-Year Report (Non-election Year Only)	

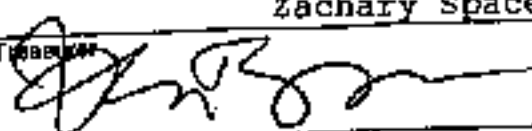
This report contains activity for Primary Election General Election Special Election Runoff Election

SUMMARY

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>4/20</u> through <u>6/30/98</u>		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(a))	\$98,997.62	\$752,059.45
(b) Total Contribution Refunds (from Line 20(d))	\$ 0	0
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	\$98,997.62	\$98,997.62
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	\$29,551.17	\$57,868.17
(b) Total Offsets to Operating Expenditures (from Line 14)	0	0
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	\$ 29,551.17	\$57,868.17
8. Cash on Hand at Close of Reporting Period (from Line 27)	\$175,009.39	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 6,000	

For further information contact:
Federal Election Commission
998 E Street, NW
Washington, DC 20483
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 Zachary Space	Date 7/15/98
Signature of Treasurer 	

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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DETAILED SUMMARY PAGE

of Receipts and Disbursements
(Page 2, FEC FORM 3)

Name of Committee (In full)	Report Covering the Period:	
	From:	To:
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) _____	\$20,839.96	
(ii) Unitemized _____	\$11,317.66	
(iii) Total of contributions from individuals _____	\$32,157.62	\$50,869.48
(b) Political Party Committees _____	\$3,340	\$3,440
(c) Other Political Committees (such as PACs) _____	\$63,500	\$97,750
(d) The Candidate _____	0	0
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d)) _____	\$98,997.62	\$152,059.48
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES _____	0	0
13. LOANS:		
(a) Made or Guaranteed by the Candidate _____	0	0
(b) All Other Loans _____	0	0
(c) TOTAL LOANS (add 13(a) and (b)) _____	0	0
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) _____	0	0
15. OTHER RECEIPTS (Dividends, Interest, etc.) _____	\$ 0	0
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15) _____	\$ 98,997.62	\$152,059.48
II. DISBURSEMENTS		
17. OPERATING EXPENDITURES _____	\$ 29,551.17	\$57,868.17
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES _____	0	0
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate _____	\$4,000	\$8,000
(b) Of All Other Loans _____	\$0	0
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b)) _____	\$4,000	\$8,000
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees _____	0	0
(b) Political Party Committees _____	0	0
(c) Other Political Committees (such as PACs) _____	0	0
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c)) _____	0	0
21. OTHER DISBURSEMENTS _____	0	0
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21) _____	\$ 33,551.93	\$57,868.17

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD _____	\$ 109,562.94
24. TOTAL RECEIPTS THIS PERIOD (from Line 16) _____	\$ 98,997.62
25. SUBTOTAL (add Line 23 and Line 24) _____	\$ 208,560.56
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22) _____	\$ 33,551.17
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25) _____	\$ 175,009.39

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

PAGE 1 OF 2
FOR LINE NUMBER 11B

Any information copied from such Reports and Filings 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)

Friends of Robert Burch

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Perry County Democratic Central Committee 202 Logan Street Junction City, OH 43748		05/27/98	900.00
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation		
	Aggregate Year-to-Date > \$	900.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Guernsey Co. Democratic Club 923 Clark Street Cambridge, Oh 43725		05/07/98	300.00
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation		
	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
Jefferson County Democratic Party 800 Niagra Street Toronto, OH 43964		05/04/98	250.00
Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Occupation		
	Aggregate Year-to-Date > \$	250.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kaptur For Congress 2311 Rayburn House Office Bldg. Washington, D.C. 20515		05/05/98	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	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Friends of Dale Miller 4300 W. 143rd St. Cleveland, OH 44135		06/22/98	250.00
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation		
	Aggregate Year-to-Date > \$	250.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Monroe County Democratic Executive Committee 100 North Sycamore Street Woodsfield, OH 43793		06/23/98	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	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dimora Boosters Committee 1466 St. Clair Ave NE Cleveland, OH 44114-2002		06/30/98	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	

SUBTOTAL of Receipts This Page (optional)

3,200.00

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (in Full)

Friends of Robert Burch

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Citizens For Greg Didonato 615 N Water St Uhrichsville, OH 44683		06/29/98	40.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 40.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Pete Crossland Committee 269 Delaware, OH 44303 Akron, OH 44303		6/30/98	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
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 > \$	

TOTAL of Receipts This Page (optional) \$ 140.00

This Period (last page this line number only) \$ 3,340

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 3
FOR LINE NUMBER 11C

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NAME OF COMMITTEE (in Full)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bakery & Confectionary Workers Int'l Union 1870 19th ST. Cleveland, OH 44114		06/03/98	5000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$5000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
International Union of Electric, electrical, Machine & Furniture 1126 16th ST. NW Washington D.C.		05/05/98	1500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$2,500	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
International Union of Electric, Electrical, Machine & Furniture 1126 16th ST. NW Washington DC		06/12/98	2500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$5,000	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
U.A. Political Education Comm. 901 Massachusetts Ave. NW Washington DC		05/22/98	2500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$2500.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ohio Democratic Party 37 W Broad Suite 430 Columbus, OH 43215		05/04/98	2000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$2000.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Machinist Non-Partisan Political League 9000 Machinist Pl. Upper Marlboro, MD 20772		04/29/98	5000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$5000.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Unite Campaign Committee 1710 Broadway New York, NY 10019		04/23/98	1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$1000.00	

SUBTOTAL of Receipts This Page (optional) 19,500.00

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 2 OF 3
FOR LINE NUMBER 11C

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NAME OF COMMITTEE (In Full)

Friends of Robert Burch

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
United Mine Workers of America 900 15th ST NW Washington DC		05/01/98	5000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$ 5000.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
United Steel Workers 5 Gateway Center Pittsburg, PA 15222		06/24/98	5000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$ 8000.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Assoc. of Trial Lawyers of America 1050 31st street Washington D.C. 20007		06/24/98	5000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$ 5,000		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
American Federation of State County And Municipal Employees ALF-CIO 1625 L Street NW Washington, DC 20036		06/27/98	5,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$ 10,000		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
United Food And Commercial Workers International Union AFL-CIO 1775 K Street NW Washington, DC 20006-1598		06/27/98	5,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$ 5,000.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Carpenters Legislative improvement Committee 101 Constitution Avenue Washington D.C. 20001		06/27/98	5,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$ 5,000.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
American Federation of Teachers Committee of Political Education 555 New Jersey Ave NW Washington, DC 20001		06/27/98	5,000
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$10,000.00		

SUBTOTAL of Receipts This Page (optional)

35,000

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (in Full)

Friends of Robert Burch

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
National Association of Securities and Commercial Law Attorneys 1285 Avenue of the Americas New York, NY 10019		06/27/98	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	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Brotherhood of Locomotive Engineers 1370 Ontario St Cleveland, OH 44113-1702		06/30/98	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
Association of Flight Attendants 1625 Massachusetts AVE. Washington D.C. 20026		06/26/98	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	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
I.B.E.W.-C.O.P.E 1125 15th St NW Washington, DC 20005		06/30/98	5,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
National Committee for an Effective Congress 10 East 39th Street New York, NY 10016		05/05/98	2,500
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): In-Kind Contribution	Occupation	Aggregate Year-to-Date > \$ 2,500	
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 > \$	

TOTAL of Receipts This Page (optional)

9,000

This Period (last page this line number only)

63,500

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 9

FOR LINE NUMBER

11A

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NAME OF COMMITTEE (In Full)

Friends of Robert Burch

A. Full Name, Mailing Address and ZIP Code Mark Heil 2285 Beechwood Dr. NW Dover, OH 44622		Name of Employer Pepsi Cola Bottlers	Date (month, day, year) 04/22/98	Amount of Each Receipt this Period 250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Branch Manager	Aggregate Year-to-Date > \$ 250.00	
B. Full Name, Mailing Address and ZIP Code Adrian Hershey 4110 Sunset Blvd Steubenville, OH 43952		Name of Employer Blake, Hershey, Bednar	Date (month, day, year) 05/07/98	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 > \$ 250.00	
C. Full Name, Mailing Address and ZIP Code Lee Horsfal 131 E Main St Clairsville, OH 43950		Name of Employer Lees Barber Shop	Date (month, day, year) 05/12/98	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 Barber	Aggregate Year-to-Date > \$ 200.00	
D. Full Name, Mailing Address and ZIP Code Michael Johrendt 24 E Gay ST Columbus OH 43215		Name of Employer Self	Date (month, day, year) 06/10/98	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 Attorney	Aggregate Year-to-Date > \$ 500.00	
E. Full Name, Mailing Address and ZIP Code William Joiner 7290 Greenfarms Dr. Cincinnati, OH 45224		Name of Employer University of Cincinnati	Date (month, day, year) 06/08/98	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 Professor	Aggregate Year-to-Date > \$ 250.00	
F. Full Name, Mailing Address and ZIP Code Byron Krantz One Cleveland Center Cleveland, OH 44114		Name of Employer Korman, Jackson, Krantz	Date (month, day, year) 06/08/98	Amount of Each Receipt this Period 1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Attorney	Aggregate Year-to-Date > \$ 1000.00	
G. Full Name, Mailing Address and ZIP Code Loe Krulitz 20900 Colby Rd. Shaker Hts, OH 44122		Name of Employer Parkland Mgmt.	Date (month, day, year) 05/26/98	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 Pres. & CEO	Aggregate Year-to-Date > \$ 200.00	

SUBTOTAL of Receipts This Page (optional)

2,650.00

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (In Full)

Friends of Robert Burch

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
James Brown 75 Public Sq Suite 500 Cleveland, OH 44113	Brown Margolius	06/30/98	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Attorney	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
Richard A Zappa 790 Woodhill Dr Amherst, OH 44001	Lorain Music	06/30/98	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Business Person	Aggregate Year-to-Date > \$ 250.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Shirley W Bartok 4138 Broadway Grove City, OH 43123	Retired	06/30/98	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date > \$ 250.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Bennett Yanowitz Tower at Erieview, Suite 2600	Kahn, Kleinman, Yanowitz & Arnson Company	06/30/98	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Attorney	Aggregate Year-to-Date > \$ 250.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Alvin A Siegal 1015 Euclid Ave Cleveland, OH 44115	Leaper Mort.	06/30/98	200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Businessman	Aggregate Year-to-Date > \$ 200.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Morton J Weisberg 15 Cableknoll Moreland Hills, OH 44022	Multicare Mgmt.	06/30/98	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Businessman	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
Clara A Raber 2045 Pleasant Hill Rd NW New Philadelphia, OH 44663	Retired	06/30/98	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	

TOTAL of Receipts This Page (optional) 2,700.00

TOTAL This Period (list page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE **3** OF **9**

FOR LINE NUMBER

11A

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

NAME OF COMMITTEE (in Full)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
R.A. Bender 300 6th sw Strasburg, OH 44680	R.A. Bender and Sons	5/12/98	100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation V.P.	Aggregate Year-to-Date > \$ 200.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James Branagan 324 Woodridge Dr. Winterville, OH 43953	Jefferson CO.	4/27/98	100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Jefferson Co. Engineer	Aggregate Year-to-Date > \$ 350.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Donald Colasurd 685 Chaffin Ridge Columbus, OH 43214	Self	06/01/98	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 250.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stephen Gehres 115 North Washinton St. Van Wert, OH 45891	Self	04/21/98	200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 200.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Garlan Gordon 3579 Washington Blvd. Cleveland Hts, OH 44118	Nurenburg, Plevin	04/27/98	100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 200.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael Harshman 105 E Boardman St. Youngstown, OH 44503	Harshman and Gervelis	06/04/98	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	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
Linda Hendershot P O Box 472 Powhatan Point, OH 43942	Lyndco Inc	06/16/98	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	Aggregate Year-to-Date > \$ 250.00	

SUBTOTAL of Receipts This Page (optional) 1,500.00

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 9
FOR LINE NUMBER 11A

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)

Friends of Robert Burch

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
W.E. Stocker 372 S. Walnut St. Gnadenhutten, OH 44629 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Stocker Concrete Occupation: Owner Aggregate Year-to-Date > \$ 200.00	06/10/98	200.00
Reginald Stockert 418 Oak St. SW Strasburg, OH 44680 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	R.G. Stockert Drilling Occupation: Owner Aggregate Year-to-Date > \$ 250.00	06/16/98	250.00
William Watson 800 Main St. Wellsburg, WV 26070 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self Occupation: Attorney Aggregate Year-to-Date > \$ 500.00	06/18/98	500.00
David Smith 330 Standard Bldg. Cleveland, OH 44113 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Friedman, Domiano Smith Occupation: Attorney Aggregate Year-to-Date > \$ 250.00	06/24/98	250.00
Isam Salah 1185 Avenue of the Americas New Yor, NY 10036 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Kinc and Spalding Occupation: Attorney Aggregate Year-to-Date > \$ 250.00	06/10/98	250.00
Dennis Haines 199 Warner Rd. Hubbard, OH 44425 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Green, Haines, Sgambati Occupation: Attorney Aggregate Year-to-Date > \$ 250.00	06/22/98	250.00
Thomas Nordquist 45439 Metz Rd. Columbiana, OH 44408 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Star Nursing Home Occupation: Owner Aggregate Year-to-Date > \$ 250.00	06/22/98	250.00

SUBTOTAL of Receipts This Page (optional) 1,950.00

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 **9**
FOR LINE NUMBER **11A**

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)

Friends of Robert Burch

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas Myers 125 Walnut Ave. St. Clairsville, OH 43950	Self	06/08/98	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	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
Robert Perez 7672 Montgomery Rd. Cincinnati, OH 45286	Perez Law Firm	06/18/98	200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 200.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert Price Rd. 5 Fernwood Rd. Wintersville, OH 43952	Self	05/08/98	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Doctor	Aggregate Year-to-Date > \$ 250.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert Rawson 21300 Brantley Rd. Shaker Hts., OH 44122	Jones, Day, Reavis,	06/16/98	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 250.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Steve Savron 2486 Bethany Lane Hinckley, OH 44233	Retired	05/05/98	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
Steven Schwartz P O Box 927 New Philadelphia, OH 44663	Schwartz Homes	05/11/98	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner	Aggregate Year-to-Date > \$ 250.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jack Liber 2400 National City Cleveland, OH 44114	Spangenberg, Shibley and Liber	06/03/98	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 1,000.00	

SUBTOTAL of Receipts This Page (optional) **2,450.00**

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 **6** OF **11**
FOR LINE NUMBER **11A**

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NAME OF COMMITTEE (In Full)

Friends of Robert Burch

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard Lancione 3800 Jefferson St. Bellaire, OH 43906	Lancione, Dario, Lloyd	04/29/98	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	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
William Lewis 37544 Hunters Camp Rd. Lisbon, OH 44432	Pipeline Inc.	06/01/98	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner	Aggregate Year-to-Date > \$ 250.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Deborah Lukens 315 Orchard St. Uhrichsville, OH 44683		05/21/98	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Homemaker	Aggregate Year-to-Date > \$ 250.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jerry Maloon 1335 Dublin Rd. Columbus, OH 43215	Self	06/18/98	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physician	Aggregate Year-to-Date > \$ 500.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard Milleson 111 N Main St. Freeport, OH 43973	Milleson Ins. Co.	05/21/98	200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner	Aggregate Year-to-Date > \$ 200.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
J. Michael Monteleone 165 Kensington Cir. Bay Village, OH 44140	Jeffries, Kube, Forrest Monteleone	04/27/98	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	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
Chet Mull 12508 Sheets Rd. Rittman, OH 44279	Rittman Inc.	06/11/98	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Exec. V.P.	Aggregate Year-to-Date > \$ 250.00	

SUBTOTAL of Receipts This Page (optional)

2,200.00

TOTAL This Period (last page this line number only)

CHEDULE A

ITEMIZED RECEIPTS

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

PAGE 7 OF 9
FOR LINE NUMBER 11A

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NAME OF COMMITTEE (in Full)

Friends of Robert Burch

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James M Surace 6601 Queens Way North Royalton, OH 44133	American Income Life Insurance Company	06/30/98	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation State Director		
	Aggregate Year-to-Date > \$ 500.00		
Floyd E Kimble 3596 SR 39 NW Dover, OH 44622	Kimble, Limestone & Clay	06/30/98	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		
Dorris J Kimble 3596 SR 39 NW Dover, OH 44622		06/30/98	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Housewife		
	Aggregate Year-to-Date > \$ 500.00		
Mike Nugo 1470 4th St SE New Philadelphia, OH 44663	Nu-Kare	06/29/98	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		
Catherine Zwissler 550 N Columbia Ave Bekley, OH 43209	Ohio Government	06/30/98	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Consultant		
	Aggregate Year-to-Date > \$ 250.00		
Carol Anderson 2167 Dennis Dr NE New Philadelphia, OH 44663	Self	06/29/98	289.96
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Truck Driver		
	Aggregate Year-to-Date > \$ 289.96		
Mike Gilland 140 W Broadway Dover, OH 44622	Haas Body Shop	06/29/98	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner		
	Aggregate Year-to-Date > \$ 250.00		

SUBTOTAL of Receipts This Page (optional)

2,389.96

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 **8** OF **9**

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NAME OF COMMITTEE (In Full)

Friends of Robert Burch

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Anthony Scambati 6745 Tanglewood Dr. Youngstown, OH 44512	Green, Haines, Scambati Occupation Attorney	06/22/98	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
James Stanton 1310 19th St NW Washington, D.C. 20036	Stanton & Associates Occupation Owner	06/25/98	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
John W Metcalf, Jr. M.D. 110 Braybarton Blvd Steubenville, OH 43952	Self Occupation Doctor	06/26/98	300.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 300.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Anthony Capizzi One First National Plaza Suite 2103 Dayton, OH 45402	Self Occupation Attorney	06/26/98	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Larry Woodford 42305 Co. Rd 7 Caldwell, OH 43724	Central Ohio Coal Occupation Laborer	06/15/98	200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 200.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Robert H Maynard 2661 Haverford Rd Columbus, OH	VOrys Sater Seymour Occupation Attorney	06/25/98	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Leo Grimes 101 Hopewell Girard, OH 44420	Self Occupation Businessman	06/26/98	100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 600.00		

SUBTOTAL of Receipts This Page (optional)

1,850.00

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 **9** OF **9**
FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Arif Muslim 454 River Road Newburgh, NY 12550	Self		\$1,000
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physician	6/29/98	
	Aggregate Year-to-Date	\$ 1,250	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Ronald Pribich 577 Oberlin Avenue Massilon, OH 44647	NFM Welding Engineers	6/5/98	\$1,000
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Senior Vice Pres.		
	Aggregate Year-to-Date	\$ 1,000	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Charles Bendig 4937 W. Broad Street Columbus, OH 43228	Wilcox, Schlosser, Bendig	6/16/98	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney		
	Aggregate Year-to-Date	\$ 250.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Victor Distefano 330 Meadowbrook Ave. Wintersville, OH 43952	Fort Pitt Distributors	6/25/98	\$ 200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Sales REP.		
	Aggregate Year-to-Date	\$ 200.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Michael Gardner 350 Corry Street Yellow Springs, OH 43557	Antioch Publishing	6/25/98	\$ 250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Sales Rep.		
	Aggregate Year-to-Date	\$ 250.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
James Tsangeos 4433 38th Street NW Canton, OH 44718	Self	6/26/98	\$200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Atty		
	Aggregate Year-to-Date	\$ 200.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Ernie Schaeffer 3052 Belmont Street Bellaire, OH 43906	Self The Embassy	6/28/98	\$250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner		
	Aggregate Year-to-Date	\$	

SUBTOTAL of Receipts This Page (optional)

\$ 3150.00

TOTAL This Period (last page this line number only)

\$ 20,839.96

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 5
FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

Friends of Robert Burch

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mike Mikus PO Box 1061 New Philadelphia, OH 44663	Reimbursement Office Supplies Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/06/98	158.44
Allen Crow & Associates PO Box 95271 Atlanta, GA 30347	Consulting Retainer Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/06/98	3,000.00
Robert Burch 527 W 12th St Dover, Oh 44622	Loan Payment Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/08/98	2,000.00
Noreen Galli 2715 Mohican Dr Dover, OH 44622	Salary Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/15/98	420.98
Adnaan Muslim 419 South Monroe St Dover, OH 44622	Salary Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/15/98	960.36
Gopal Agarwal 1298 Lakeview Rd Nw New Philadelphia, OH 44663	Office Rent Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/15/98	515.00
Mike Mikus PO Box 1061 New Philadelphia, OH 44663	Salary Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/15/98	2,000.00
First Federal of Dover 321 North Wooster Ave Dover, OH 44632	Federal Tax Withholding Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/26/98	877.52
Adnaan Muslim 419 South Monroe St Dover, OH 44622	Salary Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/01/98	960.36

SUBTOTAL of Disbursements This Page (optional)

10,892.66

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 5
FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

Friends of Robert Burch

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
First Federal of Dover 321 North Wooster Ave Dover, OH 44632	Federal Tax Withholding Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/27/98	544.26
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mike Mikus PO Box 1061 New Philadelphia, OH 44663	Salary Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/01/98	2,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Adnaan Muslim 419 South Monroe St Dover, OH 44622	Salary Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/01/98	960.36
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mureen Galli 2715 Mohican Dr Dover, OH 44622	Salary Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/01/98	420.98
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
GTE PO Box 31122 Tampa, FL 33631-3122	Phone Bill Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/01/98	1,696.71
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Treasurer of State PO Box 1090 Columbus, OH 43266-0090	State Tax Withholding Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/01/98	500.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Ogden Newspapers Inc. 1500 Main St Wheeling WV, 26003	Newspaper Subsc. Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/01/98	28.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mucci Printin Co. 1414 Steele Ave Steubenville, OH 43952	Printing Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/01/98	219.22
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bill Ewing 204 SW 4th Ave Faribault, MN 55021	Travel Reimbursement Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/01/98	251.72

SUBTOTAL of Disbursements This Page (optional)

6,621.25

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 3 OF 5
FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

Friends of Robert Burch

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
UPS PO Box 505820 The Lakes, NV 88905-5820	Shipping Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/01/98	30.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Quickprint Center 147 Ashwood LN NE New Philadelphia, OH 44663	Printing Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/05/98	742.69
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Marketplace Distributors Inc. 217 Commerical Ave SE New Philadelphia, OH 44663	Parade Candy Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/05/98	18.10
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Adnaan Muslim 419 South Monroe St Dover, OH 44622	Office Supplies Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/01/98	83.90
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Adnaan Muslim 419 South Monroe St Dover, OH 44622	Telephone Calling Card Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/01/98	40.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Adnaan Muslim 419 South Monroe St Dover, Oh 44622	Travel Reimbursement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/01/98	37.03
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mike Mikus PO Box 1061 New Philadelphia, OH 44663	Reimbursement Cellular Connection Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/06/98	187.96
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mike Mikus PO Box 1061 New Philadelphia, OH 44663	Reimbursement Postage Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/06/98	96.78
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mike Mikus PO Box 1061 New Philadelphia, OH 44663	Reimbursement Copying Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/06/98	209.81

SUBTOTAL of Disbursements This Page (optional) 1,446.27

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 5
FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)
Friends of Robert Burch

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Noreen Galli 2715 Mohican Dr Dover, OH 44622	Salary Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/01/98	420.98
B. Full Name, Mailing Address and ZIP Code Tuscarawas County Young Democrats PO Box 25 New Philadelphia, OH 44663	Advertising Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/01/98	25.00
C. Full Name, Mailing Address and ZIP Code Robert Burch 527 W 12th St Dover, OH 44622	Loan Payment Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/01/98	2,000.00
D. Full Name, Mailing Address and ZIP Code GTE North PO Box 31122 Tampa, FL 33631-3122	Phone Bill Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/01/98	2,168.77
E. Full Name, Mailing Address and ZIP Code 360 Communication PO Box 96019 Charlotte, NC 28296	Cellular Phone Bill Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/01/98	206.70
F. Full Name, Mailing Address and ZIP Code Holiday Inn PO Box 1270 Cammbridge, OH 43725	Meeting Room Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/01/98	75.00
G. Full Name, Mailing Address and ZIP Code CPG 2600 Virginia Ave NW Suite 303 Washington, DC 20037-1905	Conference Call Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/01/98	97.61
H. Full Name, Mailing Address and ZIP Code Mike Mikus PO Box 1061 New Philadelphia, OH 44663	Salary Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/01/98	2,000.00
I. Full Name, Mailing Address and ZIP Code US Postal Service	Postage Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/08/98	192.00

SUBTOTAL of Disbursements This Page (optional) 7,186.06

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 5 OF 5
FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)			
Friends of Robert Burch			
A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Ohio Bureau of Employment Service 145 S Front St PO Box 923 Columbus, OH 43216-0923	Unemployment Withholding Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/15/98	86.44
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Cellular One 2415 Maple Ave Zanesville, OH 43701	Pager Setup Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/15/98	159.06
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Cellular One 2415 Maple Ave Zanesville, OH 43701	Cellular Phone Bill Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/15/98	888.80
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mike Mikus PO Box 1061 New Philadelphia, OH 44663	Salary Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/15/98	2,000.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Adnaan Muslim 419 South Monroe St Dover, OH 44622	Salary Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/15/98	960.36
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Victor Guida 1104 S Broadway New Philadelphia, OH 44663	Salary Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/15/98	586.27
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
US Postal Service	Postage Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/18/98	224.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
National Committee for an effective Congress 10 East 39th Street New York, NY 10016	Electoral Targeting Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/5/98	2,500
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Ernie Shaeffer 3052 Belmont Street Bellaire, OH 43906	Party Room Rental Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/25/98	\$250.00

SUBTOTAL of Disbursements This Page (optional)	7404.93
TOTAL This Period (last page this line number only)	33,551.17

SCHEDULE C

(Revised 3/80)

LOANS

Page 1 of 4 for
 LINE NUMBER 30
 (Use separate schedules
 for each numbered line)

Name of Committee (In Full)
Friends of Robert Burch Committee

A. Full Name, Mailing Address and ZIP Code of Loan Source Robert Burch 527 W. 12th Street Dover, OH 44622 Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Original Amount of Loan \$1,000	Cumulative Payment To Date \$1,000	Balance Outstanding at Close of This Period 0
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Terms: Date Incurred 9/97 Date Due 1/99 Interest Rate 0 % (apr) Secured

List All Endorsers or Guarantors (if any) to Item A

1. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: \$		

B. Full Name, Mailing Address and ZIP Code of Loan Source Robert Burch 527 W. 12th Street Dover, OH 44622 Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Original Amount of Loan \$4,000	Cumulative Payment To Date \$4,000	Balance Outstanding at Close of This Period 0
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Terms: Date Incurred 11/97 Date Due 1/1/99 Interest Rate 0 % (apr) Secured

List All Endorsers or Guarantors (if any) to Item B

1. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: \$		

SUBTOTALS This Period This Page (optional)

TOTALS This Period (last page in this line only)

Carry outstanding balances only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

LOANS

Name of Committee (in Full)
Friends of Robert Burch Committee

A. Full Name, Mailing Address and ZIP Code of Loan Source Robert Burch 527 W. 12th Street Dover, OH 44622	Original Amount of Loan \$5,000	Cumulative Payment To Date \$3,000	Balance Outstanding at Close of This Period \$2,000
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Election: Primary General Other (specify):
 Terms: Date Incurred 12/97 Date Due 1/1/99 Interest Rate 0.75 % (apr) Secured

List All Endorsers or Guarantors (if any) to Item A

1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		

B. Full Name, Mailing Address and ZIP Code of Loan Source	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
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Election: Primary General Other (specify):
 Terms: Date Incurred _____ Date Due _____ Interest Rate _____ % (apr) Secured

List All Endorsers or Guarantors (if any) to Item B

1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		

SUBTOTALS This Period This Page (optional) _____
 TOTALS This Period (last page in this line only) _____

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

LOANS

Name of Committee (in Full) Friends of Robert Burch Committee			
A. Full Name, Mailing Address and ZIP Code of Loan Source Robert Burch Sr. 3607 Sun Eagle Lane Bradenton, FL 34210-4325 Election: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Original Amount of Loan \$1,000	Cumulative Payment To Date 0	Balance Outstanding at Close of This Period 1 \$1,000
Terms: Date Incurred <u>12/97</u> Date Due <u>1/1/99</u> Interest Rate <u>0</u> % (apr) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item A			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
B. Full Name, Mailing Address and ZIP Code of Loan Source Ierta Burch 3607 Sun Eagle Lane Bradenton, FL 34210-4235 Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Original Amount of Loan \$1,000	Cumulative Payment To Date 0	Balance Outstanding at Close of This Period \$1,000
Terms: Date Incurred <u>12/97</u> Date Due <u>1/1/98</u> Interest Rate <u>0</u> % (apr) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item B			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		

SUBTOTALS This Period This Page (optional)	
TOTALS This Period (last page in this line only)	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

LOANS

Name of Contributor (in Full) Friends of Robert Burch Committee			
A. Full Name, Mailing Address and ZIP Code of Loan Source Robert Burch Sr. 3607 Sun Eagle Lane Bradenton, FL 34210-4235	Original Amount of Loan \$1,000	Cumulative Payment To Date 0	Balance Outstanding at Close of This Period \$1,000
Election: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Terms: Date Incurred <u>3/3/98</u> Date Due <u>1/1/99</u> Interest Rate <u>0</u> % (apr) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item A			
1. Full Name, Mailing Address and ZIP Code	Name of Employer	(This area is shaded to indicate that the information is not to be reported.)	
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
B. Full Name, Mailing Address and ZIP Code of Loan Source Ierta Burch 3607 Sun Eagle Lane Bradenton, FL 34210-4235	Original Amount of Loan \$1,000	Cumulative Payment To Date 0	Balance Outstanding at Close of This Period \$1,000
Election: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Terms: Date Incurred <u>3/3/98</u> Date Due <u>1/1/99</u> Interest Rate <u>0</u> % (apr) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item B			
1. Full Name, Mailing Address and ZIP Code	Name of Employer	(This area is shaded to indicate that the information is not to be reported.)	
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
SUBTOTALS This Period This Page (optional)			
TOTALS This Period (last page in this line only)			\$6,000
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.			

