

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

NOV 30 12 21 PM '98

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
Citizens to Elect Paul H. Alberty to Congress

ADDRESS (number and street) Check if different than previously reported
51 Roland Manor 17th

CITY, STATE and ZIP CODE Roland Ohio 45454 STATE/DISTRICT

2. FEC IDENTIFICATION NUMBER
C 00330191

3. IS THIS REPORT AN AMENDMENT?
 YES NO

4. TYPE OF REPORT

- April 15 Quarterly Report 12-Day Pre-Election Report for the _____ (Type of Election)
election on _____ in the State of _____
- July 15 Quarterly Report
- October 15 Quarterly Report 30-Day Post-Election Report following the General Election
on Nov 3 in the State of OHIO
- January 31 Year End Report Termination Report
- July 31 Mid-Year Report (Non-election Year Only) Runoff Election
- This report contains activity for Primary Election General Election Special Election Runoff Election

SUMMARY

5. Covering Period _____ through _____	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(e))	9045.00	25,657.29
(b) Total Contribution Refunds (from Line 20(d))	200.00	200.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	8845.00	25,457.29
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	11,923.08	25,857.29
(b) Total Offsets to Operating Expenditures (from Line 14)	200.00	200.00
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	11,723.08	25,657.29
8. Cash on Hand at Close of Reporting Period (from Line 27)	527.52	
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)	0	

For further information contact:
Federal Election Commission
899 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

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
Maria S. Alberty

Signature of Treasurer Maria S. Alberty Date 11-15-98

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

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

FEC FORM 3
(revised 4/87)

DETAILED SUMMARY PAGE

of Receipts and Disbursements

(Page 2, FEC FORM 3)

Name of Committee (in full) CITIZENS TO ELECT PAUL H. ALBERTY TO CONGRESS Report Covering the Period From 10-16-98 to 11-30-98

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)	3445.00		11400
(ii) Unitemized	0		11400
(iii) Total of contributions from individuals	3445.00	21,940.00	11400
(b) Political Party Committees	100.00	330.00	11400
(c) Other Political Committees (such as PACs)	0	200.00	11400
(d) The Candidate	1580.00	3187.29	11400
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d))	5025.00	25657.29	11400
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0	0	12
13. LOANS:			
(a) Made or Guaranteed by the Candidate	0	0	13(a)
(b) All Other Loans	0	0	13(b)
(c) TOTAL LOANS (add 13(a) and (b))	0	0	13(c)
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	200.00	200.00	14
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0	0	15
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)	9245.00	25857.29	16
II. DISBURSEMENTS			
17. OPERATING EXPENDITURES	11,923.08	16,433.37	17
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0	0	18
19. LOAN REPAYMENTS:			
(a) Of Loans Made or Guaranteed by the Candidate	0	0	19(a)
(b) Of All Other Loans	0	0	19(b)
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))	0	0	19(c)
20. REFUNDS OF CONTRIBUTIONS TO:			
(a) Individuals/Persons Other Than Political Committees	0	200.00	20(a)
(b) Political Party Committees	0		20(b)
(c) Other Political Committees (such as PACs)	0		20(c)
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))	200.00	200.00	20(d)
21. OTHER DISBURSEMENTS			21
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)	12,123.08	28,556.45	22

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	\$ 3395.60	23
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)	\$ 9245.00	24
25. SUBTOTAL (add Line 23 and Line 24)	\$ 12640.60	25
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	\$ 12123.08	26
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)	\$ 527.52	27

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 7
FOR LINE NUMBER

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)
Citizens to Elect Paul H. Akers to Congress

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Wynn 3411 Amroth Dr. Collierville TN 38017		10-16-98	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	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lay Evankovich 2038 Palisades Dr. Poland OH 44514		10-16-98	200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" 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
Richard Catterlin, M.D. 26 Wilson Ave E, Curaid OH 44420		10-16-98	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	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Harold Husted 211 Southview Rd. Canfield OH 44406		10-16-98	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	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Nancy Stillwagon 60 Montgomery Dr. Canfield OH 44406		10-20-98	200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	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
William Walker P.O. Box 1112 Youngstown OH 44501		10-20-98	50.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 50.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Nicholas Portubgo 3925 Dorado Beach Dr. Canfield OH 44406		10-20-98	50.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 50.00	

SUBTOTAL of Receipts This Page (optional)	740.00
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 7
FOR LINE NUMBER

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)

Citizens to Elect Paul H. Liberty to Congress

A. Full Name, Mailing Address and ZIP Code Lorraine Kastlekoraos 700 Glenbrook Rd Youngstown OH 44512	Name of Employer Occupation Aggregate Year-to-Date > \$ 50.00	Date (month, day, year) 10-20-98	Amount of Each Receipt this Period 50.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 300.00	Date (month, day, year) 10-20-98	Amount of Each Receipt this Period 200.00
B. Full Name, Mailing Address and ZIP Code Tracy Nuendorf, M.D. 12 Windemere Pl Poland OH 44514	Name of Employer Occupation Aggregate Year-to-Date > \$ 260.00	Date (month, day, year) 10-20-98	Amount of Each Receipt this Period 210.00
C. Full Name, Mailing Address and ZIP Code Brian Joyce 701 Liberty St SE Girard OH 44420	Name of Employer Occupation Aggregate Year-to-Date > \$ 50.00	Date (month, day, year) 10-22-98	Amount of Each Receipt this Period 50.00
D. Full Name, Mailing Address and ZIP Code Father Andrew Kolitsas 1875 Beaver Trail Thermal Ridge OH 44440	Name of Employer Occupation Aggregate Year-to-Date > \$ 50.00	Date (month, day, year) 10-22-98	Amount of Each Receipt this Period 50.00
E. Full Name, Mailing Address and ZIP Code John Lemmerding 376 Beverly Hills Dr. Youngstown OH 44505	Name of Employer Occupation Aggregate Year-to-Date > \$ 800.00	Date (month, day, year) 10-22-98	Amount of Each Receipt this Period 800.00
F. Full Name, Mailing Address and ZIP Code Don Walter 1423 Lakewood Dr. Beaming Shores OH 44085	Name of Employer Occupation Aggregate Year-to-Date > \$ 100.00	Date (month, day, year) 10-23-98	Amount of Each Receipt this Period 100.00
G. Full Name, Mailing Address and ZIP Code Ronald Gould 2025 Guadalupe Av Youngstown OH 44504	Name of Employer Occupation Aggregate Year-to-Date > \$ 1460.00	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

1460.00

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 3 OF 7
FOR LINE NUMBER

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)

Citizens to Elect Paul H. Albany to Congress

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Andrew Petisco 7790 Huntington Dr. Boardman OH 44512		10-23-98	50.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 50.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gilbert James et 4444 Market St. Youngstown OH 44512		10-23-98	50.00
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
John Callos 5083 Market St. Boardman OH 44512		10-23-98	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	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Paul Sorolye 31 Sleepy Hollow Dr. Confield OH 44406		10-26-98	50.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 50.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Frank Retrosko 790 Truesdale Youngstown OH 44511		10-27-98	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	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Paul H. Alberty 51 Island Mabro Island OH 44574		10-27-98	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" 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
Deborah Walter 123 Red Tail Hawk Ct #1 Boardman OH 44512		10-28-98	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)

1,790.00

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 7
FOR LINE NUMBER

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)			
Citizens to Elect Paul H. Albert to Congress			
A. Full Name, Mailing Address and ZIP Code			
Randy Walter 6311 St. Andrews Dr. Canfield OH 44406	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	10-28-98	500.00
	Aggregate Year-to-Date > \$	1000.00	
B. Full Name, Mailing Address and ZIP Code			
Victor Mauro 11370 S. Range Rd 3rd Fl. OH 44460	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	10-28-98	25.00
	Aggregate Year-to-Date > \$	25.00	
C. Full Name, Mailing Address and ZIP Code			
Deanna Vallos 303 Griswold Dr. Youngstown, OH 44512	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	10-28-98	20.00
	Aggregate Year-to-Date > \$	20.00	
D. Full Name, Mailing Address and ZIP Code			
Sam Petrakos 6584 Mill Creek Dr. Bardonia OH 44512	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	10-28-98	30.00
	Aggregate Year-to-Date > \$	30.00	
E. Full Name, Mailing Address and ZIP Code			
Phillip Crook 702 Austin Av. SW Warren OH 44485	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	10-28-98	50.00
	Aggregate Year-to-Date > \$	50.00	
F. Full Name, Mailing Address and ZIP Code			
Gerald Sawachke, D.D.S. 8117 Weathered Wood Trail Poland OH 44514	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	10-28-98	100.00
	Aggregate Year-to-Date > \$	100.00	
G. Full Name, Mailing Address and ZIP Code			
Tom Gross 7845 Perkins - Cheeverville Kinsman OH 44428	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	10-28-98	100.00
	Aggregate Year-to-Date > \$	100.00	
SUBTOTAL of Receipts This Page (optional)			825.00
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 7
FOR LINE NUMBER

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)

Citizens to Elect Paul H. Albany to Congress

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Barbara Slater 5229 Davis Road Farmdale OH 44417			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	10-29-98	100.00
	Aggregate Year-to-Date > \$ 100.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thornton Beeghly 190 Newport Dr. Boronia OH 4572			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	10-29-98	100.00
	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
Dave Rowan 568 Casson Salt Springs Rd Mineral Ridge OH 44440			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	10-29-98	100.00
	Aggregate Year-to-Date > \$ 100.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Zenon Frosty 3379 Side Wintal Trail Poland OH 44514			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	10-29-98	100.00
	Aggregate Year-to-Date > \$ 100.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Andrew Dimitroff 3436 Bentarrow Ln Youngstown OH 44511			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	10-29-98	50.00
	Aggregate Year-to-Date > \$ 50.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Panos Kafirides, M.D. 5361 Old Oxford Ln Youngstown OH 44512			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	10-29-98	50.00
	Aggregate Year-to-Date > \$ 50.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Frank Petrakas, D.D.S. 6584 Mill Creek Dr Boronia OH 44512			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	10-29-98	100.00
	Aggregate Year-to-Date > \$ 100.00		

SUBTOTAL of Receipts This Page (optional)

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 6 OF 7
FOR LINE NUMBER

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)

Citizens to Elect Paul H. Alberty to Congress

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jon Wike 2208 Crestmont Coivard OH 44420		10-29-98	750.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 750.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Perry Liberatore 9390 Monterey Av Youngstown OH 44509		10-29-98	850.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 850.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Demetrios Lagoutaris, M.D. 3749 Sugarbush Dr. Carpfield OH 44406		10-29-98	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	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Marci Kengery 1353 Red Tail Hawk Dr. Boardman OH 44572		10-30-98	450.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 450.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Warren Republican Women's Club 700 Av Warren OH 44473		11-30-98	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	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Costas Sakantopoulos, M.D. 176 Newport Rd. Boardman OH 44572		10-30-98	300.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	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
Dale Chippo 1934 Hilldale Dr Pittsburg PA 15236		10-31-98	50.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 50.00	

SUBTOTAL of Receipts This Page (optional)

2600.00

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 **7** OF **7**
FOR LINE NUMBER

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)

Citizens to Elect Paul H. Alberty to Congress

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<i>Paul Sherman P.O. Box 3842 Boardman OH 44572</i>			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	<i>1-4-98</i>	<i>250.00</i>
Aggregate Year-to-Date > \$ <i>250.00</i>			
<i>Robert Missick 2915 Whispering Pines Confield OH 44506</i>			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	<i>11-4-98</i>	<i>30.00</i>
Aggregate Year-to-Date > \$ <i>30.00</i>			
<i>James Swager P.O. Box 108 Miles OH 44544</i>			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	<i>11-5-98</i>	<i>200.00</i>
Aggregate Year-to-Date > \$ <i>250.00</i>			
<i>Paul H. Alberty 57 Poland Manor Poland OH 44574</i>			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	<i>11-5-98</i>	<i>500.00</i>
Aggregate Year-to-Date > \$ <i>300.00</i>			
<i>Jerry Haber 733 Park Av Youngstown OH 44504</i>			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	<i>11-5-98</i>	<i>50.00</i>
Aggregate Year-to-Date > \$ <i>50.00</i>			
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) *1,030.00*

TOTAL This Period (last page this line number only) *9,045.00*

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 3
FOR LINE NUMBER

Any information copied from such Reports and Statements may not be 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)			
Citizens to Elect Paul H. Alberty to Congress			
A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Butler Wick City Centre Bldg Federal Plaza Youngstown OH 44503	Refund Contr. Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-16-98	200.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Office Depot Boardman - Poland Rd. Boardman OH 44512	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-16-98	3.49
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Youngstown Letter Shop 615 Meridian Rd. Youngstown OH 44509	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-20-98	92.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Russ Signs 7536 Market St Boardman OH 44512	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-20-98	773.87
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
W.K. BN Radio 3930 Sunset Blvd Youngstown OH 44572	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-23-98	2084.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
WPK 105 Radio 405 E. State St. R.O. POK 530 Salon OH 44460	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-23-98	2138.60
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Poland Print Shop 3040 Center Rd Poland OH 44514	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-23-98	65.41
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
WBBW Radio 4040 Simon Rd Boardman OH 44512	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-27-98	280.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
WASN Radio - Louie F... 1323 Youngstown-Warren Rd Youngstown OH 44446	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-27-98	200.00
SUBTOTAL of Disbursements This Page (optional)			5,837.57
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 3 OF 3
FOR LINE NUMBER

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)

Citizens to Elect Paul A. Alberty to Congress

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
John Sullivan 857 Edgwood Bardonia, NY 10914	Consulting Fee Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-15-98	1081.50
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)

1081.50

TOTAL This Period (last page this line number only)

12,123.08

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 3
FOR LINE NUMBER

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)

Citizens to Elect Paul H. Alberty to Congress

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Youngstown Letter Stop 615 N. Meridian Rd Youngstown OH 44509	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-28-98	56.00
B. Full Name, Mailing Address and ZIP Code WY TV 3800 Shady Run Rd Youngstown OH 44502	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-28-98	575.75
C. Full Name, Mailing Address and ZIP Code WBBW Radio 4040 Serran Rd Boardman OH 44512	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-29-98	709.00
D. Full Name, Mailing Address and ZIP Code WY TV 3800 Shady Run Rd. Youngstown OH 44502	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-29-98	697.00
E. Full Name, Mailing Address and ZIP Code WKBN 3930 Sunset Bl Boardman OH 44512	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-29-98	1,551.25
F. Full Name, Mailing Address and ZIP Code Vindicator 107 Vindicator Bldg. Youngstown OH 44503	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-30-98	785.90
G. Full Name, Mailing Address and ZIP Code Y-103 Radio 3632 Belmont Rd Youngstown OH 44505	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-30-98	344.00
H. Full Name, Mailing Address and ZIP Code C.D. 106 2205 Park Ave Warren, OH 44481	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-30-98	570.00
I. Full Name, Mailing Address and ZIP Code Poland Print Shop 3440 Center Rd Poland OH 44574	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-4-98	45.31

SUBTOTAL of Disbursements This Page (optional)

5204.21

TOTAL This Period (last page this line number only)






48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

1. NAME OF COMMITTEE IN FULL <i>Citizens to Elect Paul H. Alberty to Congress</i>	
ADDRESS (number and street) <i>57 Volcan Avenue</i>	
CITY, STATE, and ZIP CODE <i>Poland, OH 4574</i>	
2. NAME OF CANDIDATE <i>Paul H. Alberty</i>	3. OFFICE SOUGHT (State and District) <i>7th Cong. Dist</i>
4. FEC IDENTIFICATION NUMBER	

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.

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount
	Occupation		
	Occupation		
	Occupation		
	Occupation		
	Occupation		

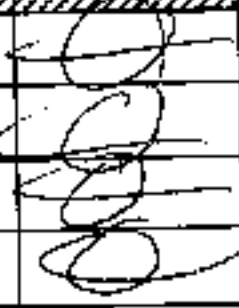
SIGNATURE (optional) <i>Marie S. Alberty</i>	DATE <i>11-19-98</i>	For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20483 Toll Free 800-424-9630, Local 202-694-1100

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

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


Name of Committee (in Full) <i>Citizens Elect Paul & Alberty to Congress</i>	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				

1) SUBTOTALS This Period This Page (optional)	
2) TOTALS This Period (last page in this line only)	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

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 11/24/98
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
 PREPARER	12/01/98 DATE PREPARED