

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>7 / 52</b>
			<b>FOR LINE NUMBER 11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**BOB NEY FOR CONGRESS**

<b>Full Name, Mailing Address, and ZIP Code</b> NANCY S. DIX  411 LAKESHORE DR W BOX 250 HERBRON OH 43025	Name of Employer WE SHRIDER CO.	Date (month, day, year) 05/30/2001	Amount of Each Receipt this Period 250.00
	Occupation PRESIDENT		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 250.00		
<b>Full Name, Mailing Address, and ZIP Code</b> ANGELO N. GEORGES  PROF. CENTER IV SUITE 402 MEDICAL PARK WHEELING WV 26005	Name of Employer SELF EMPLOYED	Date (month, day, year) 05/30/2001	Amount of Each Receipt this Period 250.00
	Occupation PHYSICIAN		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 500.00		
<b>Full Name, Mailing Address, and ZIP Code</b> AHMED H. KALLA, MC  53220 LOCUST DR.  BRIDGEPORT OH 43912	Name of Employer COLON & RECTAL CLINIC	Date (month, day, year) 05/30/2001	Amount of Each Receipt this Period 250.00
	Occupation DOCTOR		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 250.00		
<b>Full Name, Mailing Address, and ZIP Code</b> WILBUR R. ROAT  154 WEST MAIN STREET  ST. CLAIRSVILLE OH 43850	Name of Employer BELMONT BANCORP.	Date (month, day, year) 05/30/2001	Amount of Each Receipt this Period 250.00
	Occupation BANKER		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 250.00		
<b>Full Name, Mailing Address, and ZIP Code</b> JAMES VALUSKA  281 BRYDEN RD.  STEUBENVILLE OH 43952	Name of Employer TRI-STATE ORTHO	Date (month, day, year) 05/30/2001	Amount of Each Receipt this Period 250.00
	Occupation PHYSICIAN		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 350.00		
<b>Full Name, Mailing Address, and ZIP Code</b> JAMES S. ASLANIDES  46275 US 36  COSHOCTON OH 43812	Name of Employer MFC DRILLING, INC.	Date (month, day, year) 06/04/2001	Amount of Each Receipt this Period 1000.00
	Occupation STATE REP.		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 1000.00		
<b>Full Name, Mailing Address, and ZIP Code</b> JAMES H. CAMERON  3636 ADAMSVILLE ROAD  ZANESVILLE OH 43701	Name of Employer SELF EMPLOYED	Date (month, day, year) 06/04/2001	Amount of Each Receipt this Period 250.00
	Occupation OIL & GAS PRODUCTS		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 250.00		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....			
<b>TOTALS</b> This Period (last page this line number only) .....			