

CERTIFIED MAIL RECEIPTS AND DISBURSEMENTS

JUL 15 1994

For An Authorized Committee
(Summary Page)

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1994 JUL 18 AM 11:03

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) Bob Ney For Congress		2. FEC IDENTIFICATION NUMBER C00288324	159820
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported. P.O. Box 490			
CITY, STATE and ZIP CODE St. Clairsville, OH 43950	STATE/DISTRICT		
3. IS THIS REPORT AN AMENDMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO			

4. TYPE OF REPORT

- April 15 Quarterly Report
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid-Year Report (Non-election Year Only)
- Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____
- Thirtieth day report following the General Election on _____ in the State of _____
- Termination Report

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>April 14, 1994</u> through <u>June 30, 1994</u>		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	97,372.50	193,369.86
(b) Total Contribution Refunds (from Line 20(d))	1,000.00	2,100.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	96,372.50	191,269.86
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	85,227.86	170,974.97
(b) Total Offsets to Operating Expenditures (from Line 14)		767.83
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	85,227.86	170,207.14
8. Cash on Hand at Close of Reporting Period (from Line 27)	21,062.72	
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
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

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

Type or Print Name of Treasurer Frank A. Fregiato	Date
Signature of Treasurer <i>Frank A. Fregiato</i>	7-15-94

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) **Bob Ney For Congress** C00288324 Report Covering the Period: From **April 14, 1994** To **June 30, 1994**

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)		39,813.50		11(a)(i)
(ii) Unitemized		4,384.00		11(a)(ii)
(iii) Total of contributions from individuals		44,197.50	109,719.86	11(a)(iii)
(b) Political Party Committees		1,300.00	1,300.00	11(b)
(c) Other Political Committees (such as PACs)		51,875.00	82,350.00	11(c)
(d) The Candidate				11(d)
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d))		97,372.50	193,369.86	11(e)
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.				
13. LOANS:				
(a) Made or Guaranteed by the Candidate				13(a)
(b) All Other Loans				13(b)
(c) TOTAL LOANS (add 13(a) and (b))				13(c)
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)				
			767.83	14
15. OTHER RECEIPTS (Dividends, Interest, etc.)				
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)				
II. DISBURSEMENTS				
17. OPERATING EXPENDITURES				
		85,227.86	170,974.97	17
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.				
19. LOAN REPAYMENTS:				
(a) Of Loans Made or Guaranteed by the Candidate				19(a)
(b) Of All Other Loans				19(b)
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))				19(c)
20. REFUNDS OF CONTRIBUTIONS TO:				
(a) Individuals/Persons Other Than Political Committees			1,100.00	20(a)
(b) Political Party Committees				20(b)
(c) Other Political Committees (such as PACs)		1,000.00	1,000.00	20(c)
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))		1,000.00	2,100.00	20(d)
21. OTHER DISBURSEMENTS				
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21).				
		86,227.86	173,074.97	22

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	\$	9,918.08	23
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)	\$	97,372.50	24
25. SUBTOTAL (add Line 23 and Line 24)	\$	107,290.58	25
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	\$	86,227.86	26
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)	\$	21,062.72	27

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

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

PAGE OF
 1 12
 FOR LINE NUMBER
 11 (a) (i)

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 (if Full)

Bob Ney For Congress

C00288324

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Donald C. Alexander 2801 New Mexico Ave., N.W., Apt PH2 Washington DC 20007	Self-Employed	4/25/94	350.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Lawyer	Aggregate Year-to-Date > \$ 350.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Leo Altier Box 413 Corning, OH 43730	Self-Employed	6/30/94	200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Oil & Gas Operator	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
W. A. Antonoplos 65 E. State Street #1000 Columbus, OH 43215	Self-Employed	4/19/94	300.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Consultant	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
Robert L. Bailey 6445 Meadowbrook Circle Worthington, OH 43085	State Auto Insurance Co	6/30/94	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Corp. Officer	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
Brandon Baron 2226 First Avenue New York, NY 10029	Woodbridge Partners Group, Inc.	5/31/94	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Consultant	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
Mrs. Barbara Bashline Box 123 Cadiz Road Flushing, OH 43977		5/16/94	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Housewife	Aggregate Year-to-Date > \$ 1,000.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Donald E. Bender 5488 Blve Ash Road Columbus, OH 43229	State Auto Co		375.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Legislative Affairs Officer	Aggregate Year-to-Date > \$ 375.00	

SUBTOTAL of Receipts This Page (optional)

2,975.00

TOTAL This Period (last page this line number only)

1994 FORM 709

SCHEDULE A

ITEMIZED RECEIPTS

Contributions From Individuals
Other Than Political Committees

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

PAGE 2 OF 12
FOR LINE NUMBER 11(a) (i)

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NAME OF COMMITTEE (in Full)

Bob Ney For Congress

C00288324

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gerald Benson P.O. Box 75 Cambridge, OH 43725	Mattmark Drilling Co. & Benatty Corp. Occupation President	6/30/94	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
Leland Biles 1000 Eastward Circle Zanesville, OH 43701-1556	5 B'S Inc. Occupation President	4/25/94	100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
William Blake Jr 4812 White Oaks Dr. Steubenville, OH 43952	Self-Employed Occupation Attorney- Self-Emp.	4/28/94	300.00
Receipt For: <input checked="" type="checkbox"/> Primary <input 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
John Boehner 7908 Cincinnati Dayton Rd. West Chester, OH 45069	United States Gov't Occupation Congressman	5/16/94	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	1,000.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Emmett Boyle P.O. Box 296 St. Clairsville, OH 43950	Oralco Management Services Occupation President/CEO	5/16/94	750.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	750.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David Bush 13630 CR 100 P.O. Box 67 Big Prairie, OH 44611-0067	Hawk Hill Farm Occupation Self-Emp.	4/28/94	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	1,000.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James Cameron 3636 Adamsville Rd. Zanesville, OH 43701	Self-Employed Occupation Oil & Gas Producer	4/29/94	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	1,000.00	

SUBTOTAL of Receipts This Page (optional)	4,400.00
TOTAL This Period (last page this line number only)	

COPY TO FILE

SCHEDULE A

ITEMIZED RECEIPTS

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

Contributions From Individuals Other Than Political Committees

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NAME OF COMMITTEE (in Full)

Bob Ney For Congress

C00288324

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael Carapellotti 731 Oxford Steubenville, OH 43952	Jeffco Resources	4/29/94	550.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Secretary/Treas.	Aggregate Year-to-Date > \$ 550.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Carrigg RR 2 Wintersville, OH 43952-1702	Franciscan College	4/29/94	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Teacher	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
Charles Cavanaugh 2090 Eve. Dr. Steubenville, OH 43952	Self-Employed	4/29/94	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CPA	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
James Chapman P.O. Box 2247 Steubenville, OH 43952	Self-Employed	4/29/94	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Accountant	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
R. Dean Coddington 100 W. Main St. Suite 100 St. Clairsville, OH 43950	Self-Employed	6/23/94	200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physician	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
George Dahood 1006 North St. Caldwell, OH 43724	Farmers & Merchants Bank	5/16/94	200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Loan Officer	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
Michael Deangelo 2251 Picket Post Lane Upper Arlington, OH 43220	Calfree, Halter, Griswold	4/21/94	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 1,000.00	

SUBTOTAL of Receipts This Page (optional)

3,200.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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 Detailed Summary Page

PAGE 4 OF 12
 FOR LINE NUMBER 11(a) (i)

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NAME OF COMMITTEE (In Full)

Bob Ney For Congress

C00288324

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Tom Delay 5100 Westheimer Suite 200 Houston, Tx 77056	United States Government	4/23/94	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Congressman	Aggregate Year-to-Date > \$	1,000.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert Dix 411 Lakeshore Dr. W. Hebron, OH 43025	The Jeffersonian	6/23/94	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Publisher	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
C.R. Doan 35275 Kenwood Ave. Barnesville, OH 43713	Doan Ford	6/1/94	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
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Fay Doan 35275 Kenwood Ave. Barnesville, OH 43713		6/1/94	200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Housewife	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 F. Dodd 861 Brentford Dr. Columbus, OH 43220	State Auto Ins.	6/30/94	200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Senior Vice-Pres.	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 C. England 1024 Military Rd. Zanesville, OH 43701-1343	Peoples Banking & Trust Co.	5/2/94	100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Banker	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
L.L.&B. Partnership 1852 Sinclair Avenue Steubenville, OH 43952		4/29/94	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Partnership	Aggregate Year-to-Date > \$	250.00

SUBTOTAL of Receipts This Page (optional)

2,200.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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PAGE 5 OF 12
FOR LINE NUMBER
11 (a) (i)

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NAME OF COMMITTEE (In Full)

Bob Ney For Congress

C00288324

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Angelo Georges, MD Professional Center IV Medical Park Whg., WV 26003	Self-Employed	6/30/94	200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physician	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
Paul Gillmor P.O. Box 910 Port Clinton, OH 43452	United States Government	5/16/94	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Congressman	Aggregate Year-to-Date > \$ 1,000.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Williamsen Gradison 1025 Connecticut Ave., N.W. Washington, DC 20036	U.S. Government	4/25/94	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Congressman	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
Kay Harris 2180 Home Road Delaware, OH 43015		6/15/94	225.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Housewife	Aggregate Year-to-Date > \$ 225.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jesus T. Ho P.O. Box 845 Moundsville, W Va 26041	Self-Employed	6/23/94	200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physician	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
Dave Hobson 82 W. Columbia St. Springfield, OH 45502	U.S. Govt	6/14/94	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Congressman	Aggregate Year-to-Date > \$ 1,000.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ahmed H. Kalla 53220 Locust Dr. Bridgeport, OH 43912	Self-Emp.	5/9/94	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	

SUBTOTAL of Receipts This Page (optional)

3,625.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS
Contributions From Individuals
Other Than Political Committees

Use separate schedule(s)
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 Detailed Summary Page

PAGE 6 OF 12
 FOR LINE NUMBER 11(a) (i)

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NAME OF COMMITTEE (In Full)

Bob Ney For Congress

C00288324

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Felipe V. Lavapies 1220 Hughes Ave. Martins Ferry, OH 43935	Self-Emp.	6/29/94	200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physician	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
F.A. Lennon Daisy Hill Farm Chagrin Falls, OH 44022	Crawford Fitting Co.	5/31/94	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive	Aggregate Year-to-Date > \$	1,000.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Marcy Lewis 148 N. Market St. St. Clairsville, OH 43950		6/27/94	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Homemaker	Aggregate Year-to-Date > \$	350.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Edith Linder 8555 Shawnee Run Rd Cincinnati, OH 45243		6/14/94	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Homemaker	Aggregate Year-to-Date > \$	1,000.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Martha Lindner III 9450 Whitegate Lane Cincinnati, OH 45243		6/14/94	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Homemaker	Aggregate Year-to-Date > \$	1,000.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Nancy Luna 2 Zitko Terrace Glen Dale, WV 26038		6/29/94	200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Housewife	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
Edward Lozick 358 Bishop RD. Highland Hts., OH 44143-1446	Nerts Inc.	5/23/94	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Pres.	Aggregate Year-to-Date > \$	1,000.00

SUBTOTAL of Receipts This Page (optional) 4,650.00

TOTAL This Period (last page this line number only)

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

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

PAGE 7 OF 12
 FOR LINE NUMBER 11(-) (-)

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

NAME OF COMMITTEE (In Full)

Bob Ney For Congress

C00288324

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Mason 8635 Township Rd 308 P.O. Box 406 Millersburg, OH 44654-9655	Self Employed	4/28/94	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Oil & Gas Producer	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
John C. Matesich III 1190 E. Main St. Newark, OH 43055-8400	Matesich Dist. Co.	4/25/94	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO/Sales	Aggregate Year-to-Date > \$ 1,000.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Donald Mackos 10114 Cliffwood Ct Cincinnati, OH 45241	Community Mutual	5/31/94	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive	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
Kenneth Moore 1628 Moreland Dr. Steubenville, OH 43952	Cavanaugh & Moore	4/29/94	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CPA	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
Robert Morgan P.O. Box 14596 Cincinnati, OH 45250-5496	Cincinnati Financial Corp Cincinnati Companies	5/24/94	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Pres./CEO	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
Pauline O'Neil 317 6th St. Marietta, OH 45750-3269		6/27/94	100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Homemaker	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
Donald Orbovich P.O. Box 193 Brilliant, OH 43913	Nat'l Lubricating Products Co.	4/29/94	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Pres.	Aggregate Year-to-Date > \$ 1,000.00	

SUBTOTAL of Receipts This Page (optional) 3,100.00

TOTAL This Period (last page this line number only)

OFFICE OF THE COMPTROLLER

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

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

PAGE 8 OF 12
FOR LINE NUMBER
11(a) (i)

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

NAME OF COMMITTEE (In Full)

Bob Ney For Congress

C00288324

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Joy Ann Padgett 504 Main St. Coshocton, OH 43812-1612	Ohio House	4/26/94	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation State Repres.	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
Thomas Payne 45 N. Fourth St. Zanesville, OH 43701	Jones, Funk, & Payne	4/29/94	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	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard Phillips 62370 Tacoma Rd. Barnesville, OH 43713-9616	Self-Emp.	5/16/94	25.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physician	Aggregate Year-to-Date > \$ 525.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael Puskarich 130 Indian Trail Cadiz, OH 43907-9514	Cravat Coal Co.	4/29/94	100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Coal Mine Manager	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
Frank Puskarich 34025 Belmont Ridge Rd. Piedmont, OH 43983	Cravat Coal Co.	4/29/94	100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Coal Mining	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
Anthony Puskarich 36500 Cadiz Piedmont Rd. Cadiz, OH 43907	Cravat Coal Co.	4/29/94	100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Self-Emp.	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
Juanita Prindle 24 Oak Pointe Dr. Coshocton, OH 43812-2464		6/27/94	100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	Aggregate Year-to-Date > \$ 200.00	

SUBTOTAL of Receipts This Page (optional) 775.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

**Contributions From Individuals
Other Than Political Committees**

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

PAGE 9 OF 12
FOR LINE NUMBER
11(a) (i)

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

NAME OF COMMITTEE (In Full)

Bob Ney For Congress

C00288324

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Vincent Pettinelli 5943 Mac Ewen Ct. Dublin, OH 43017	VOCA Corporation	5/3/94	1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	Aggregate Year-to-Date > \$ 1,000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Marcus Associates 25700 Science Park Drive Shaker Height, OH 44122		4/27/94	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Partnership	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
Jeffrey Rice 1180 Military Road Zanesville, OH 43701-1841	Self-Emp	4/22/94	100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Optometrist	Aggregate Year-to-Date > \$ 200.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Philip Rich 6501 Mathers Rd. Cambridge, OH 43725-9752	Merica Corp.	5/3/94	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Exec. Chairman of Bd.	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
Graham Robb 2968 Greenpointe Way Zanesville, OH 43701	Oxford Oil	4/26/94	50.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive V. President	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
Calvin Roebuck 709 Howell DR. Newark, OH 43055	State Farm Ins.	5/23/94	200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Regional V-Pres	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
Katherine Rogers 9450 Metcald Rd White Hill, OH 44094		4/27/94	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Housewife	Aggregate Year-to-Date > \$ 1,000.00	

SUBTOTAL of Receipts This Page (optional) 3,100.00

TOTAL This Period (last page this line number only)

SCHEDULE A ITEMIZED RECEIPTS
Contributions From Individuals
Other Than Political Committees

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NAME OF COMMITTEE (In Full)

Bob Ney For Congress

COO288324

<p>A. Full Name, Mailing Address and ZIP Code Jeffrey Woda 213 R. Main Street Bridgeport, OH 43912</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Self Employed</p> <p>Occupation Developer</p> <p>Aggregate Year-to-Date > \$ 1,000.00</p>	<p>Date (month, day, year) 5/23/94</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Robert Simpson 301 S. 6th St. Coshocton, OH 43812-2119</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer M.F.M Bldg. Products</p> <p>Occupation Corp. Exec.</p> <p>Aggregate Year-to-Date > \$ 200.00</p>	<p>Date (month, day, year) 6/27/94</p>	<p>Amount of Each Receipt this Period 100.00</p>
<p>C. Full Name, Mailing Address and ZIP Code John Schiff Jr. 8720 Camargo Rd Cincinnati, OH 45243</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Cincinnati Financial Corp & Cincinnati Co.</p> <p>Occupation Chairman of Bd.</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 5/24/94</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>D. Full Name, Mailing Address and ZIP Code John Straker, Jr 4900 Boggs Rd Zanesville, OH 43702-2909</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Oxford Oil Co.</p> <p>Occupation Engineer</p> <p>Aggregate Year-to-Date > \$ 1,000.00</p>	<p>Date (month, day, year) 6/30/94</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Neal Tostenson P.O. Box 447 Cambridge, OH 43725-0447</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Self-Emp.</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date > \$ 400.00</p>	<p>Date (month, day, year) 5/31/94</p>	<p>Amount of Each Receipt this Period 200.00</p>
<p>F. Full Name, Mailing Address and ZIP Code Mark K. Teramana 151 Sharmont Steubenville, OH 43952</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Bigio Ford</p> <p>Occupation Self-Emp</p> <p>Aggregate Year-to-Date > \$ 1,000.00</p>	<p>Date (month, day, year) 4/29/94</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>G. Full Name, Mailing Address and ZIP Code Mr. Warren Udisky 2738 Sulgrave Rd Shaker Hts., OH 44122</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer P.I.E. Ins. Co.</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date > \$ 1,000.00</p>	<p>Date (month, day, year) 5/27/94</p>	<p>Amount of Each Receipt this Period 1,000.00</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>4,050.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p></p>

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

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

PAGE 11 OF 12
 FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Bob Ney For Congress

C00288324

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mrs. Warren Udisky 2738 Sulgrave Rd Shaker Hts., OH 44122	Housewife	5/27/94	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
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dennis Wojtanowski 210 Preston Rd Col., OH 43209	Self Emp.	5/27/94	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	2,000.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Tom Delay 5100 Westheimer, Suite 200 Houston, TX 77056	U.S. Government	5/6/94	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	2,000.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Mason 8635 Township Road 308 P.O. Box 406 Millersburg, OH 44654-9655	Self-Employed	6/30/94	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	1,500.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Vincent Pettinelli 5943 Mac Ewen Ct. Dublin, OH 43017	VOCA Corporation	6/14/94	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	2,000.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Graham Robb 2968 Greenpointe Way Zanesville, OH 43701	Oxford Oil	6/30/94	200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	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
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)

5,200.00

TOTAL This Period (last page this line number only)

OFFICE OF THE COMPTROLLER GENERAL OF THE UNITED STATES

SCHEDULE A

ITEMIZED RECEIPTS

**Contributions From Individuals
Other Than Political Committees**

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

PAGE 12 OF 12

FOR LINE NUMBER
11(a) (i)

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NAME OF COMMITTEE (In Full)

Bob Ney For Congress

C00288324

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Roger Barack Box 403 Neffs, OH 43940	Self-Employed	6/30/94	225.00 in-kind (offices)
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Contractor	Aggregate Year-to-Date > \$ 535.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Roger Barack Box 403 Neffs, OH 43940	Self-Employed	6/30/94	450.00 in kind (offices)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Contractor	Aggregate Year-to-Date > \$ 985.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John H. Goodman Box 403 St. Clairsville, OH 43950	Self-Employed	6/30/94	135.00 in kind (office equip.)
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Real Estate Broker	Aggregate Year-to-Date > \$ 607.50	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John H. Goodman Box 403 St. Clairsville, OH 43950	Self-Employed	6/30/94	270.00 in-kind (office Equip)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Real Estate Broker	Aggregate Year-to-Date > \$ 877.50	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Max Sovell R.D. #1 Box 40 Bloomington, OH 43910	W.B. Coal Co., Inc.	5/23/94	667.00 in-kind (Fund Raiser Exp)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive	Aggregate Year-to-Date > \$ 1,667.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Karen Sovell R.D.#1 Box 40 Bloomington, OH 43910	Jefferson Co. MRDD	5/23/94	667.00 in-kind (Fund Raiser Exp)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation School Teacher	Aggregate Year-to-Date > \$ 1,667.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Jenkins 69672 Oxford Drive St. Clairsville, OH 43950	Self Employed	6/30/94	124.50 in-kind (Campaign Material)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Sales	Aggregate Year-to-Date > \$ 124.50	

SUBTOTAL of Receipts This Page (optional)

2,538.50

TOTAL This Period (last page this line number only)

39,813.50

OFFICE OF THE CLERK

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 11(b)

Contributions From Party Committees

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NAME OF COMMITTEE (In Full)

Bob Ney For Congress

COO288324

A. Full Name, Mailing Address and ZIP Code Belmont Co., Republican Exe. Comm. Ronald R. Verardi, Treasurer 102 Nelson Ave. St. Clairsville, OH 43950	Name of Employer Occupation	Date (month, day, year) 6/28/94	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > \$		1,000.00	
B. Full Name, Mailing Address and ZIP Code Guernsey County Republican Women Teresa A. Dankovic 801 Wheeling Avenue Cambridge, OH 43725	Name of Employer Occupation	Date (month, day, year) 5/31/94	Amount of Each Receipt this Period 50.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > \$		50.00	
C. Full Name, Mailing Address and ZIP Code Harrison Co. Republican Central & Exec. Committee Inez Wingrove, Treasurer Cadiz, OH 43907	Name of Employer Occupation	Date (month, day, year) 5/31/94	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > \$		100.00	
D. Full Name, Mailing Address and ZIP Code Harrison County Republican Women's Club Trish Copeland, Treasurer Cadiz, OH 43907	Name of Employer Occupation	Date (month, day, year) 5/27/94	Amount of Each Receipt this Period 150.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > \$		150.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	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):			
Aggregate Year-to-Date > \$			
F. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	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):			
Aggregate Year-to-Date > \$			
G. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	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):			
Aggregate Year-to-Date > \$			

SUBTOTAL of Receipts This Page (optional) 1,300.00

TOTAL This Period (last page this line number only) 1,300.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 7
FOR LINE NUMBER 11(c)

Other Political Committees (PAC's)

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NAME OF COMMITTEE (in Full)

Bob Ney For Congress

C00288324

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
AFLAC PAC Political Action Committee AFLAC Center Columbus, GA 31999		4/25/94	\$ 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 American Council of Life Insurance Ms. Barbara W. Cosgriff 1001 Pennsylvania Ave, NW #500 Washington, DC 20004-2599		6/20/94	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,000.00	
C. Full Name, Mailing Address and ZIP Code American General Finance PAC 3705 Nicholasville Road P.O. Box 25005 Lexington, KY 40524-5005		5/07/94	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 American Hospital Association PAC 840 N. Lake Shore Drive Chicago, IL 60611		4/14/94	3000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 3000.00	
E. Full Name, Mailing Address and ZIP Code American Insurance Association PAC 1130 Connecticut Avenue N.W. Suite 1000 Washington, DC 20036		5/24/94	350.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 350.00	
F. Full Name, Mailing Address and ZIP Code American Medical Association PAC 1101 Vermont Ave. N.W. Washington, DC 20005		4/28/94	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 American Optometric Association PAC 1505 Prince St. Suite 300 Alexandria, VA 22314		5/10/94	700.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 700.00	

SUBTOTAL of Receipts This Page (optional)

11,050.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Other Political Committees (PAC's)

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

PAGE 2 OF 7
FOR LINE NUMBER 11(c)

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NAME OF COMMITTEE (In Full)

Bob Ney For Congress

C00288324

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Berry PAC 3170 Kettering Blvd. P.O. Box 6000 Dayton, OH 45401		5/5/94	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
Bricker & Eckler 100 S. Third Street Columbus, OH 43215		6/11/94	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
BIPAC 1747 Pennsylvania Ave N.W. Washington, DC 20006		6/23/94	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1000.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Committee For Agricultural Political Education Program 280 N. High Street Columbus, OH 43216		5/2/94	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1000.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Countdown to Majority P.O. Box 533971 Orlando, FL 32853		5/23/94	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1000.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Exxon Corp. PAC P.O. Box 2180 Houston, TX 77252-2180		5/31/94	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1000.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Food Marketing Institute PAC 800 Connecticut Ave. N.W. Suite 500 Washington, DC 20006-2701		4/25/94	350.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 350.00	

SUBTOTAL of Receipts This Page (optional) 5,350.00

TOTAL This Period (last page this line number only)

BERRY PAC

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 7
FOR LINE NUMBER 11(c)

Other Political Committees (PAC's)

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NAME OF COMMITTEE (In Full)

Bob Ney for Congress

C00288324

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GUDPAC 1228 Euclid Avenue, Suite 900 Cleveland, OH 44115 Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation Aggregate Year-to-Date > \$ 5,000.00	5/31/94	\$2,500.00
B. Full Name, Mailing Address and ZIP Code General Mills Restaurants Employees Good Govern. Fund P.O. Box 593330 Orlando, Fl 32859 Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Name of Employer Occupation Aggregate Year-to-Date > \$ 1,000.00	4/25/94	1,000.00
C. Full Name, Mailing Address and ZIP Code Hook - SuperX, Inc. PAC 2800 Enterprises Street Indianapolis, IN 46219 Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Name of Employer Occupation Aggregate Year-to-Date > \$ 1,000.00	6/06/94	1,000.00
D. Full Name, Mailing Address and ZIP Code Independent Insurance Agents of of America, inc. 412 First St., S.E., Suite 300 Washington, DC 20003 Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Name of Employer Occupation Aggregate Year-to-Date > \$ 5,000.00	5/31/94	2,000.00
E. Full Name, Mailing Address and ZIP Code LaFarge PAC P.O. Box 4600 Reston, VA 22090 Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Name of Employer Occupation Aggregate Year-to-Date > \$ 350.00	4/25/94	350.00
F. Full Name, Mailing Address and ZIP Code Merit Political Action Committee 17 S. High Street, Suite 245 Columbus, OH 43215 Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Name of Employer Occupation Aggregate Year-to-Date > \$ 250.00	5/2/94	250.00
G. Full Name, Mailing Address and ZIP Code Metropolitan Life Insurance Co. PAC Suite 800, 1620 L. Street, N.W. Washington, DC 20036 Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Name of Employer Occupation Aggregate Year-to-Date > \$ 350.00	5/24/94	350.00

SUBTOTAL of Receipts This Page (optional) 7,450.00

TOTAL This Period (last page this line number only)

2025 RELEASE UNDER E.O. 14176

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 4 OF 7
FOR LINE NUMBER 11(c)

Other Political Committees (PAC's)

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NAME OF COMMITTEE (In Full)

Bob Ney For Congress

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NAIIPAC 2600 River Road Des Plaines, IL 60018		4/26/94	350.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 350.00	
B. Full Name, Mailing Address and ZIP Code National Marine Mfg. Association PAC 3050 K Street, N.W. Suite 145 Washington, DC 20036-3097		4/25/94	350.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 350.00	
C. Full Name, Mailing Address and ZIP Code National Restaurant Association, PAC 1200 Seventeenth Street, NW Washington, DC 20036-3097		6/15/94	2,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 2,000.00	
D. Full Name, Mailing Address and ZIP Code Nationwide Political Participation Committee One Nationwide Plaza Columbus, OH 43216		5/31/94	2,500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 2,500.00	
E. Full Name, Mailing Address and ZIP Code NRA Political Victory Fund PAC 1600 Rhode Island Avenue, N.W. Washington, DC 20036		4/25/94	4,950.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 4,950.00	
F. Full Name, Mailing Address and ZIP Code Ohio BankPAC-Federal 17 S. High Street, Suite 670 Columbus, OH 43215		6/11/94	4,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 4,000.00	
G. Full Name, Mailing Address and ZIP Code Ohio Federal Chiropractic PAC 1115 Bethel Road Columbus, OH 43220		4/14/94	150.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 150.00	

SUBTOTAL of Receipts This Page (optional) 14,300.00

TOTAL This Period (last page this line number only)

OFFICIAL RECORD

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 5 OF 7
FOR LINE NUMBER 11 (c)

Other Political Committees (PAC's)

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NAME OF COMMITTEE (In Full)

Bob Ney For Congress

C00288324

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Philip Morris PAC 1341 G. Street N.W. Suite 900 Washington, DC 20005		6/27/94	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	
B. Full Name, Mailing Address and ZIP Code PIA PAC 400 N. Washington Street Alexandria, VA 22314-9980		5/24/94	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 Rite Aid PAC P.O. Box 3165 Harrisburg, PA 17105		6/28/94	75.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 75.00	
D. Full Name, Mailing Address and ZIP Code REPAC 1819 L. Street, N.W., 7th Floor Washington, DC 20036		5/2/94	350.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 350.00	
E. Full Name, Mailing Address and ZIP Code RJR PAC 1455 Pennsylvania Ave., N.W. Suite 525 Washington, DC 20004		4/26/94	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,000.00	
F. Full Name, Mailing Address and ZIP Code Rust International Inc./Wheelabrator Tech, Inc. P.O. Box 17 Lockbourne, OH 43137		5/16/94	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	
G. Full Name, Mailing Address and ZIP Code Team Ameritech PAC 150 East Gay Street, Room 24A Columbus, OH 43215		5/16/94	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)

3,925.00

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 11 (c)

Other Political Committees (PAC's)

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NAME OF COMMITTEE (In Full)

Bob Ney for Congress

C00288324

A. Full Name, Mailing Address and ZIP Code
The National Assoc. of Life Underwriters PAC
1922 F. Street, NW
Washington, DC 20006

Name of Employer

Date (month, day, year)

Amount of Each Receipt this Period

Occupation

5/2/94

1,000.00

Receipt For: Primary General
 Other (specify):

Aggregate Year-to-Date > \$ 1,000.00

B. Full Name, Mailing Address and ZIP Code
The Union Central Life Ins. Co. PAC
P.O. Box 179
Cincinnati, OH 45201

Name of Employer

Date (month, day, year)

Amount of Each Receipt this Period

Occupation

5/31/94

500.00

Receipt For: Primary General
 Other (specify):

Aggregate Year-to-Date > \$ 500.00

C. Full Name, Mailing Address and ZIP Code
Union Pacific Fund for Effective Government
555 Thirteenth Street, N.W
Washington, DC 20004

Name of Employer

Date (month, day, year)

Amount of Each Receipt this Period

Occupation

5/16/94

1,000.00

Receipt For: Primary General
 Other (specify):

Aggregate Year-to-Date > \$ 1,000.00

D. Full Name, Mailing Address and ZIP Code
Western Southern PAC
400 Broadway
Cincinnati, OH 45202

Name of Employer

Date (month, day, year)

Amount of Each Receipt this Period

Occupation

6/6/94

200.00

Receipt For: Primary General
 Other (specify):

Aggregate Year-to-Date > \$ 200.00

E. Full Name, Mailing Address and ZIP Code
Wheeling Pittsburgh Steel PAC
1134 Market Street
Wheeling, WV 26003

Name of Employer

Date (month, day, year)

Amount of Each Receipt this Period

Occupation

6/11/94

500.00

Receipt For: Primary General
 Other (specify):

Aggregate Year-to-Date > \$ 500.00

F. Full Name, Mailing Address and ZIP Code
Williams & Jensen P.C. PAC
1155-21st Street, N.W. Suite 300
Washington, DC 20036

Name of Employer

Date (month, day, year)

Amount of Each Receipt this Period

Occupation

5/3/94

500.00

Receipt For: Primary General
 Other (specify):

Aggregate Year-to-Date > \$ 500.00

G. Full Name, Mailing Address and ZIP Code
American Medical Association PAC
1101 Vermont Avenue, N.W.
Washington, DC 20005

Name of Employer

Date (month, day, year)

Amount of Each Receipt this Period

Occupation

6/23/94

4,700.00
In-Kind
(Polling)

Receipt For: Primary General
 Other (specify):

Aggregate Year-to-Date > \$ 9,900.00

SUBTOTAL of Receipts This Page (optional)

8,400.00

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 11(c)

Other Political Committees(Pac's)

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NAME OF COMMITTEE (in Full)

Bob Ney For Congress

C00288324

A. Full Name, Mailing Address and ZIP Code Ohio Federal Chiropractic PAC 1115 Bethel Road Columbus, OH 43220 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 6/03/94 550.00	Amount of Each Receipt this Period 400.00
B. Full Name, Mailing Address and ZIP Code RJR PAC 1455 Pennsylvania Ave., N.W. Suite 525 Washington, DC 20004 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 6/28/94 2,000.00	Amount of Each Receipt this Period 1,000.00
C. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional)			1,400.00
TOTAL This Period (last page this line number only)			51,875.00

DISCLOSURE TO PAC

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 7
FOR LINE NUMBER 17

Operating Expenditures

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NAME OF COMMITTEE (In Full)

Bob Ney For Congress

C00288324

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
American Express Suite 0001 Chicago, IL 60679-001		4/25/94	174.38
	Disbursement for: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General	5/19/94	695.08
	<input type="checkbox"/> Other (specify)	6/28/94	492.66
Ameritech P.O. Box 182374 Columbus, OH 43218-2375	Telephone Expense	4/25/94	25.91
	Disbursement for: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General	4/26/94	855.00
	<input type="checkbox"/> Other (specify)	5/05/94	64.48
		5/05/94	1,779.01
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	5/09/94	177.59
	<input type="checkbox"/> Other (specify)	5/26/94	474.54
		6/05/94	64.48
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	6/05/94	36.07
	<input type="checkbox"/> Other (specify)	6/07/94	255.43
		6/30/94	13.70
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
AT&T 925 Keynote Circle Brooklyn Hts., OH 44131	Telephone Expense	4/26/94	168.39
	Disbursement for: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General	5/13/94	237.52
	<input type="checkbox"/> Other (specify)	6/15/94	237.52
		6/28/94	51.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
Belmont National Bank 154 West Main Street St. Clairsville, OH 43950	Federal Tax Deposit	4/30/94	125.40
	Disbursement for: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General	5/12/94	2,499.14
	<input type="checkbox"/> Other (specify)	6/14/94	2,402.95
Bob Ney 112 Overlook Court St. Clairsville, OH 43950	Postage & Travel Exp.	4/15/94	122.47
	Disbursement for: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General	5/18/94	42.00
	<input type="checkbox"/> Other (specify)	5/19/94	19.72

SUBTOTAL of Disbursements This Page (optional)

11,014.44

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 7
FOR LINE NUMBER 17

Operating Expenditures

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NAME OF COMMITTEE (in Full)

Bob Ney For Congress

C00288324

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
BP Oil P.O. Box 6458 Cleveland, OH 44101-1458	Vehicle Expenses	5/05/94	800.29
	Disbursement for: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General	6/04/94	860.72
	<input type="checkbox"/> Other (specify)	6/17/94	77.20
B. Full Name, Mailing Address and ZIP Code Candy Ney 112 Overlook Court St. Clairsville, OH 43950	Office Expenses	4/18/94	100.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General	4/26/94	100.00
	<input type="checkbox"/> Other (specify)	5/05/94	100.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	5/18/94	100.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	6/01/94	100.00
	<input type="checkbox"/> Other (specify)	6/07/94	100.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	6/17/94	100.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	6/28/94	100.00
	<input type="checkbox"/> Other (specify)	5/26/94	46.22
E. Full Name, Mailing Address and ZIP Code Cassandra Marling 4571 Jefferson Avenue Shadyside, OH 43947	Wages	4/15/94	431.85
	Disbursement for: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General	5/01/94	431.85
	<input type="checkbox"/> Other (specify)	5/15/94	431.85
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	6/01/94	431.85
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	6/15/94	431.85
	<input type="checkbox"/> Other (specify)	6/30/94	431.85
G. Full Name, Mailing Address and ZIP Code	Health Insurance	5/18/94	131.04
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	6/9/94	131.04
	<input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code CBC Computer Services 4893 Leap Road Hilliard, OH 43926	Computer Equip.	6/3/94	855.90
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code City Advertisers 308 Main Street Bridgeport, OH	Campaign Materials	6/17/94	375.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	6/28/94	283.28
	<input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)

6,951.79

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 7
FOR LINE NUMBER 17

Operating Expenses

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NAME OF COMMITTEE (In Full)

Bob Ney For Congress

C00288324

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Daniel Lipperman 54351 Main Street Bellaire, OH 43906	Wages	4/15/94	594.86
	Disbursement for: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General	5/01/94	594.86
	<input type="checkbox"/> Other (specify)	5/15/94	594.86
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	6/01/94	594.86
	<input type="checkbox"/> Other (specify)	6/15/94	594.86
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Supplies	4/26/94	52.95
	Disbursement for: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General	6/17/94	27.99
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Wages	4/15/94	1,047.98
	Disbursement for: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General	5/01/94	1,047.98
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	6/01/94	1,047.98
	<input type="checkbox"/> Other (specify)	6/15/94	961.71
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Travel & Expense Reimb.	4/26/94	206.37
	Disbursement for: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General	5/04/94	566.79
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	6/21/94	150.00
	<input type="checkbox"/> Other (specify)	6/28/94	713.51
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Campaign Materials	6/06/94	281.40
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	5/24/94	201.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Auto Lease	5/13/94	767.63
	Disbursement for: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General	6/15/94	452.52
<input type="checkbox"/> Other (specify)			

SUBTOTAL of Disbursements This Page (optional)

13,104.66

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 4 OF 7
FOR LINE NUMBER 17

Operating Expenses

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NAME OF COMMITTEE (in Full)

Bob Ney For Congress

C00288324

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
General Rental Center 1606 Sunset Blvd. Steubenville, OH 43952	Campaign Material	6/28/94	238.32
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
B. Full Name, Mailing Address and ZIP Code Heads Restaurant 400 1st Street S.E. Washington, DC 20003	Fund Raiser Expenses	5/26/94	431.84
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
C. Full Name, Mailing Address and ZIP Code Heil's Furniture & Appliances 3265 Belmont Street Bellaire, OH 43906	Office Equipment	6/22/94	973.08
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
D. Full Name, Mailing Address and ZIP Code Hughes Office Supply 3800 Jefferson Street Bellaire, OH 43906	Office Supplies	4/15/94	40.78
	Disbursement for: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General	5/05/94	7.15
	<input type="checkbox"/> Other (specify)	5/05/94	150.00
E. Full Name, Mailing Address and ZIP Code		5/13/94	29.80
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	5/20/94	59.90
	<input type="checkbox"/> Other (specify)	6/04/94	150.00
F. Full Name, Mailing Address and ZIP Code		6/28/94	49.18
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
G. Full Name, Mailing Address and ZIP Code Independent Cellular Network P.O. Box 945810 Maitland, FL 32794-5810	Telephone Expense	4/26/94	461.62
	Disbursement for: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General	5/18/94	91.38
	<input type="checkbox"/> Other (specify)	5/26/94	53.00
H. Full Name, Mailing Address and ZIP Code		6/17/94	79.81
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	6/28/94	224.85
	<input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code Jenkins Sporting Goods 148 W. Main Street St. Clairsville, OH 43950	Campaign Materials	6/28/94	657.20
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)

3,697.91

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 7
FOR LINE NUMBER 17

Operating Expenses

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NAME OF COMMITTEE (in Full)

Bob Ney For Congress

C00288324

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Lee & Associates 250 West Main Street St. Clairsville, OH 43950	Accounting Services	5/01/94	1,415.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Marshall & Melhorn 4 Seagate 8th Floor Toledo, OH 43604	Legal Consulting	4/26/94	194.29
	Disbursement for: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General	5/13/94	141.50
	<input type="checkbox"/> Other (specify)	6/28/94	252.23
Michael Carey P.O. Box 156 Sabina, OH 45169	Wages	4/15/94	706.64
	Disbursement for: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General	5/01/94	706.64
	<input type="checkbox"/> Other (specify)	5/15/94	706.64
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	6/01/94	706.64
	<input type="checkbox"/> Other (specify)	6/15/94	706.64
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Expense Reimbursements	5/05/94	40.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	5/09/94	261.62
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Political Consultant	4/18/94	1,000.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	5/26/94	798.06
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Campaign Materials	6/04/94	343.69
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Payroll Taxes	4/30/94	480.83
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Mailing Lists	6/28/94	106.09
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		

SUBTOTAL of Disbursements This Page (optional)

9,523.15

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Operating Expenses

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NAME OF COMMITTEE (in Full)

Bob Ney For Congress

C00288324

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Ohio Dept. of Taxation P.O. Box 444 Columbus, OH 43266-0005	Payroll Taxes	4/30/94	452.79
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
B. Full Name, Mailing Address and ZIP Code PHP Benefit Systems 3650 Olentangy River Road Columbus, OH 43206	Hospitalization Ins.	5/10/94	155.92
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/03/94	155.92
C. Full Name, Mailing Address and ZIP Code Postmaster Bellaire, OH 43906 St. Clairsville, OH 43950	Postage	4/25/94	3,697.73
	Disbursement for: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/05/94	116.00
		6/04/94	116.00
D. Full Name, Mailing Address and ZIP Code		6/28/94	116.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/28/94	46.50
E. Full Name, Mailing Address and ZIP Code Riesbeck's Plaza West St. Clairsville, OH 43950	Supplies	5/02/94	248.04
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
F. Full Name, Mailing Address and ZIP Code Scott Moorehouse 1480 Richwood Drive Zanesville, OH 43701	Wages	4/15/94	307.11
	Disbursement for: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/01/94	307.11
		5/15/94	307.11
G. Full Name, Mailing Address and ZIP Code		6/01/94	594.86
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/15/94	594.86
		6/30/94	594.86
H. Full Name, Mailing Address and ZIP Code	Reimburse Supplies	5/18/94	30.45
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code Sherry Laughlin 57535 Kilgore Road Bellaire, OH 43906	Wages	4/15/94	320.40
	Disbursement for: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/01/94	320.40
		5/15/94	320.40

SUBTOTAL of Disbursements This Page (optional)

8,802.46

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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FOR LINE NUMBER 17

Operating Expenses

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NAME OF COMMITTEE (In Full)

Bob Ney For Congress

C00288324

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Sherry Laughlin	Wages	6/01/94	320.40
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	6/15/94	320.40
	Other (specify)	6/30/94	320.40
B. Full Name, Mailing Address and ZIP Code	Reimburse Expenses	4/15/94	18.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General	5/13/94	23.00
	Other (specify)	5/20/94	14.25
C. Full Name, Mailing Address and ZIP Code		6/01/94	18.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	6/15/94	20.00
	Other (specify)	6/28/94	28.28
D. Full Name, Mailing Address and ZIP Code Stein-Palmer P.O. Box 86 Martins Ferry, OH 43935	Campaign Materials	5/05/94	45.58
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	4/26/94	4,586.76
	Other (specify)	5/10/94	1,330.90
E. Full Name, Mailing Address and ZIP Code		6/01/94	530.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	6/04/94	717.62
	Other (specify)	6/17/94	1,690.70
F. Full Name, Mailing Address and ZIP Code		6/28/94	1,234.68
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
G. Full Name, Mailing Address and ZIP Code Wilson Communications 407 N. Washington Street Old Town Alexandria, VA 22314	Consulting Services	5/18/94	429.78
	Disbursement for: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General	4/25/94	5,000.00
	Other (specify)	5/13/94	60.08
H. Full Name, Mailing Address and ZIP Code		5/26/94	5,000.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	6/27/94	6,000.00
I. Full Name, Mailing Address and ZIP Code			
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		

SUBTOTAL of Disbursements This Page (optional)

27,708.83

TOTAL This Period (last page this line number only)

80,803.24

SCHEDULE B

ITEMIZED DISBURSEMENTS

In-Kind Contributions - Expenditures

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NAME OF COMMITTEE (In Full) C00288324

Bob Ney For Congress

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Roger Barack Box 403 Neffs, OH 43940	In-Kind Contribution Offices Disbursement for: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/30/94	675.00 In-Kind
John H. Goodman Box 403 St. Clairsville, OH 43950	In-Kind Contribution Office Equipment Disbursement for: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/30/94	405.00 In-Kind
Max Sovell RD #1 Box 40 Bloomingdale, OH 43910	In Kind Contribution Fund Raiser Expenses Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/23/94	667.00 In-Kind
Karen Sovell RD #1 Box 40 Bloomingdale, OH 43910	In Kind Contribution Fund Raiser Expenses Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/23/94	667.00 In-Kind
John Jenkins 69672 Oxford Drive St. Clairsville, OH 43950	Campaign Materials Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/30/94	124.50 In-Kind
American Medical Association 1101 Vermont Ave., N.W. Washington, DC 2005	Polling Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/23/94	4,700.00 In-Kind
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	2,538.50
TOTAL This Period (last page this line number only)	2,538.50

