

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

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

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 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

COO288324

<p><b>A. Full Name, Mailing Address and ZIP Code</b>                  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 &gt; \$ 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>B. Full Name, Mailing Address and ZIP Code</b>                  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 &gt; \$ 200.00</p>	<p>Date (month, day, year)                  6/27/94</p>	<p>Amount of Each Receipt this Period                  100.00</p>
<p><b>C. Full Name, Mailing Address and ZIP Code</b>                  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 &amp; Cincinnati Co.</p> <p>Occupation                  Chairman of Bd.</p> <p>Aggregate Year-to-Date &gt; \$ 250.00</p>	<p>Date (month, day, year)                  5/24/94</p>	<p>Amount of Each Receipt this Period                  250.00</p>
<p><b>D. Full Name, Mailing Address and ZIP Code</b>                  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 &gt; \$ 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><b>E. Full Name, Mailing Address and ZIP Code</b>                  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 &gt; \$ 400.00</p>	<p>Date (month, day, year)                  5/31/94</p>	<p>Amount of Each Receipt this Period                  200.00</p>
<p><b>F. Full Name, Mailing Address and ZIP Code</b>                  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 &gt; \$ 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><b>G. Full Name, Mailing Address and ZIP Code</b>                  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 &gt; \$ 1,000.00</p>	<p>Date (month, day, year)                  5/27/94</p>	<p>Amount of Each Receipt this Period                  1,000.00</p>

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

4,050.00

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