

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee  
(Summary Page)

RECEIVED  
FEC MAIL ROOM

2000 OCT 26 A 11:57

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. C00226928 NJ/06 092900 N JOHN E TULLY PALLONE FOR CONGRESS PO BOX 3176 LONG BRANCH NJ 07740	2. FEC IDENTIFICATION NUMBER C00226928 3. IS THIS REPORT AN AMENDMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
---	---

### 4. TYPE OF REPORT

<input type="checkbox"/> April 15 Quarterly Report <input type="checkbox"/> July 15 Quarterly Report <input type="checkbox"/> October 15 Quarterly Report <input type="checkbox"/> January 31 Year End Report <input type="checkbox"/> July 31 Mid-Year Report (Non-election Year Only)	<input checked="" type="checkbox"/> 12-Day Pre-Election Report for the <u>General Election</u> (Type of Election) election on <u>11-7-00</u> in the State of <u>New Jersey</u> <input type="checkbox"/> 30-Day Post-Election Report following the General Election on _____ in the State of _____ <input type="checkbox"/> Termination Report
---	--

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

### SUMMARY

5. Covering Period <u>10/1/00</u> through <u>10/18/00</u>	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(a))	47,875.00	418,172.98
(b) Total Contribution Refunds (from Line 20(d))	---	1,500.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	47,875.00	416,672.98
7. Net Operating Expenditures	29,758.08	248,902.71
(a) Total Operating Expenditures (from Line 17)		
(b) Total Offsets to Operating Expenditures (from Line 14)	---	1,908.63
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	29,758.08	246,994.08
8. Cash on Hand at Close of Reporting Period (from Line 27)	330,657.02	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	---	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule G and/or Schedule D)	---	

For further information contact:  
Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
Toll Free 800-424-9630  
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 JOHN E. TULLY	Date 10/20/00
Signature of Treasurer 	

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5457g.

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

**FEC FORM 3**  
(revised 4/87)

# DETAILED SUMMARY PAGE

## of Receipts and Disbursements

(Page 2, FEC FORM 3)

Name of Committee (in Full) <b>PALLONE FOR CONGRESS (C00226928)</b>	Report Covering the Period:	
	From: <b>10/1/00</b>	To: <b>10/18/00</b>
I. RECEIPTS	COLUMN A Total This Period	COLUMN B Calendar Year-To-Date
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) -----	19,300.00	
(ii) Unitemized -----	4,575.00	
(iii) Total of contributions from individuals -----	23,875.00	158,854.00
(b) Political Party Committees -----	---	4,500.00
(c) Other Political Committees (such as PACs) -----	24,000.00	254,818.98
(d) The Candidate -----	---	---
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(i), (b), (c) and (d)) -----	47,875.00	418,172.98
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES</b> -----		
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate -----		
(b) All Other Loans -----		
(c) TOTAL LOANS (add 13(a) and (b)) -----		
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)</b> -----	---	1,908.63
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.)</b> -----		10,909.76
<b>16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)</b> -----	47,875.00	430,991.37
<b>II. DISBURSEMENTS</b>		
<b>17. OPERATING EXPENDITURES</b> -----	29,758.08	248,902.71
<b>18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES</b> -----		
<b>19. LOAN REPAYMENTS:</b>		
(a) Of Loans Made or Guaranteed by the Candidate -----		
(b) Of All Other Loans -----		
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b)) -----		
<b>20. REFUNDS OF CONTRIBUTIONS TO:</b>		
(a) Individuals/Persons Other Than Political Committees -----	---	1,500.00
(b) Political Party Committees -----		
(c) Other Political Committees (such as PACs) -----		
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c)) -----	---	1,500.00
<b>21. OTHER DISBURSEMENTS</b> -----	103,990.00	176,188.98
<b>22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)</b> -----	133,748.08	426,591.69
<b>III. CASH SUMMARY</b>		
<b>23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD</b> -----	\$ 416,530.10	
<b>24. TOTAL RECEIPTS THIS PERIOD (from Line 16)</b> -----	\$ 47,875.00	
<b>25. SUBTOTAL (add Line 23 and Line 24)</b> -----	\$ 464,405.10	
<b>26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)</b> -----	\$ 133,748.08	
<b>27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)</b> -----	\$ 330,657.02	

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 5

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)**

PALLONE FOR CONGRESS (C00226928)

<b>A. Full Name, Mailing Address and ZIP Code</b> Dennis Drazin 576 Ridge Rd. Fair Haven, NJ 07704	Name of Employer Drazin & Warshaw	Date (month, day, year) 10-5-00	Amount of Each Receipt this Period 1,000.00
	Occupation Attorney	10-5-00	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>B. Full Name, Mailing Address and ZIP Code</b> Juliet Cozzi 27 Club Way Red Bank, NJ 07701	Name of Employer N/A	Date (month, day, year) 10-6-00	Amount of Each Receipt this Period 1,000.00
	Occupation Homemaker	10-6-00	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>C. Full Name, Mailing Address and ZIP Code</b> Peter Onanian 61 Ridgeway Rd. Weston, MA 02193	Name of Employer Self	Date (month, day, year) 10-6-00	Amount of Each Receipt this Period 500.00
	Occupation Real Estate Developer	10-6-00	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
<b>D. Full Name, Mailing Address and ZIP Code</b> Robert Setrakian 170 E 87th St. New York, NY 10128	Name of Employer The Helios Group	Date (month, day, year) 10-6-00	Amount of Each Receipt this Period 500.00
	Occupation Investment Banker	10-6-00	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		
<b>E. Full Name, Mailing Address and ZIP Code</b> Louis Simone 500 Park Ave. New York, NY 10022	Name of Employer N/A	Date (month, day, year) 10-6-00	Amount of Each Receipt this Period 1,000.00
	Occupation Retired	10-6-00	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>F. Full Name, Mailing Address and ZIP Code</b> Eleanor Izdebski 713 Green Valley Rd. Jackson, NJ 08527	Name of Employer Brouwer & Izdebski Insurance	Date (month, day, year) 10-10-00	Amount of Each Receipt this Period 1,000.00
	Occupation Office Mgr.	10-10-00	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>G. Full Name, Mailing Address and ZIP Code</b> Antranig Sarkissian 16 Long Ridge Rd. Plandome, NY 11030	Name of Employer Citi Bank	Date (month, day, year) 10-10-00	Amount of Each Receipt this Period 500.00
	Occupation Banker	10-10-00	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		

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

5,500.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 2 OF 5

FOR LINE NUMBER 11 a (1)

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)

PALLONE FOR CONGRESS (C00226928)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Silva Baghdadlian 420 Hazlitt Ave. Leonias, NJ 07605	N/A	10-11-00	300.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Homemaker	Aggregate Year-to-Date > \$ 300.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
J. A. Gulekjian 205 Forest Rd. Fort Lee, NJ 07024	Best Efforts	10-11-00	900.00
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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Norman Konvitz 1218 West Park Ave. Wayside, NJ 07712	Int'l Fidelity Ins.	10-11-00	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Exec. VP	Aggregate Year-to-Date > \$ 1,000.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Leon Nigohosian 371 Pleasant Lane Haworth, NJ 07641	York Systems	10-11-00	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Owner	Aggregate Year-to-Date > \$ 250.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dikran Abajian 4 Shadowbrook Dr. Clifton Park, NY 10265	Self	10-13-00	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Physician	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
Carole Long Associates Carole Long Karabashian 4 N. Portland Ave. Ventnor, NJ 08406	Carole Long Assoc. Sole Prop.	10-13-00	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Owner	Aggregate Year-to-Date > \$ 500.00	
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) ..... 3,200.00

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

**PALLONE FOR CONGRESS**

P.O. BOX 3176

Long Branch, NJ 07740

Tel: (732) 571-4141 • Fax: (732) 571-9488

October 11, 2000

Dr. J. A. Gulekjian  
205 Forest Rd.  
Fort Lee, NJ 07024

Dear Dr. Gulekjian:

On behalf of Congressman Frank Pallone, I want to express my appreciation for your contribution to his campaign.

Federal Law requires that our Committee report the full name, address, occupation and name of employer for each individual who contributes in excess of \$200.00 in a calendar year.

In that regard, I have enclosed a card and return-envelope for your convenience.

Thank you again for your support and cooperation.

Sincerely,

Marilyn Regan, Asst. Treas.  
Pallone for Congress

Enc: 2

Please complete all of the following information regarding your contribution:

Full Name Dr. J. A. Gulekjian  
Mailing Address 205 Forest Rd. TEL: X  
City Fort Lee State NJ Zip 07024

The Federal Election Campaign Act also requires the following:

Occupation X Self-Employed? (check) X  
Employer/Business Name \_\_\_\_\_  
Business Address \_\_\_\_\_ TEL: \_\_\_\_\_

PLEASE MAKE CHECKS PAYABLE TO PALLONE FOR CONGRESS

Please return to: P.O. Box 3176, Long Branch, NJ 07740

Amount: \$ 1,000.00 Date: 10-6-00 10-11-00

We cannot accept Corporate Checks



**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 3 OF 5  
FOR LINE NUMBER

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

**NAME OF COMMITTEE (In Full)**

PALLONE FOR CONGRESS (C00226928)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Cloverleaf Gardens Assoc. PO Box 457 Woodbridge, NJ 07095	Partnership see "B" below		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Real Estate	10-16-00	500.00
Aggregate Year-to-Date > \$ 500.00			
B. Full Name, Mailing Address and ZIP Code (1) Murray Halpern PO Box 457 Woodbridge, NJ 07095	Name of Employer Cloverleaf Gardens Assoc.	Date (month, day, year) 10-16-00	Amount of Each Receipt This Period 500.00 MEMO ENTRY
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Realtor/Partner		
Aggregate Year-to-Date > \$ 500.00			
C. Full Name, Mailing Address and ZIP Code Richard Eittreim 9 Windmill Lane Rumson, NJ 07760	Name of Employer Best Efforts	Date (month, day, year) 10-16-00	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):	Occupation		
Aggregate Year-to-Date > \$ 1,000.00			
D. Full Name, Mailing Address and ZIP Code Martin Uram, MD 39 Sycamore Ave. Little Silver, NJ 07739	Name of Employer Self	Date (month, day, year) 10-16-00	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):	Occupation Physician		
Aggregate Year-to-Date > \$			
E. Full Name, Mailing Address and ZIP Code Richard Becker PO Box 144 Deal, NJ 07723	Name of Employer N/A	Date (month, day, year) 10-16-00	Amount of Each Receipt This Period 50.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired		
Aggregate Year-to-Date > \$ 300.00			
F. Full Name, Mailing Address and ZIP Code Ajay Shah 579 Mill Run Paramus, NJ 07652	Name of Employer Self	Date (month, day, year) 10-17-00	Amount of Each Receipt This Period 250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physician		
Aggregate Year-to-Date > \$ 250.00			
G. Full Name, Mailing Address and ZIP Code Amarkumar Shah 92 Lilac Lane Paramus, NJ 07652	Name of Employer ASRA Mgmt Inc.	Date (month, day, year) 10-17-00	Amount of Each Receipt This Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Engr/Owner		
Aggregate Year-to-Date > \$ 500.00			

SUBTOTAL of Receipts This Page (optional) ..... 3,300.00

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

**PALLONE FOR CONGRESS**

P.O. BOX 3176  
Long Branch, NJ 07740  
Tel: (732) 571-4141 • Fax: (732) 571-9488

October 17, 2000

Mr. Richard M. Bittreim  
9 Windmill Lane  
Rumson, NJ 07760

Dear Mr. Bittreim:

On behalf of Congressman Frank Pallone, I want to thank you for your recent contribution to his re-election committee.

The Congressman truly appreciates your generous support.

Federal Election Law requires that we report the full name, address, occupation and name of employer of each individual who contributes in excess of \$200.00 in a calendar year.

In that regard, I have enclosed a card and return envelope for your convenience.

Thank you again for your support and cooperation.

Very truly yours,

Marilyn Regan, Asst. Treas.

Please complete all of the following information regarding your contribution

Full Name Richard M. Bittreim

Mailing Address 9 Windmill Lane

City Rumson State NJ Zip 07760

The Federal Election Campaign Act also requires the following:

Occupation \_\_\_\_\_  Self Employed? (check) \_\_\_\_\_

Employer/Business Name \_\_\_\_\_ **PTEL**

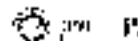
Business Address \_\_\_\_\_

\_\_\_\_\_

**PLEASE MAKE CHECKS PAYABLE TO PALLONE FOR CONGRESS**

Contribution to P.O. Box 3176, Long Branch, NJ 07740

Amount \$ 1,000.00 Date 10-16-00



We cannot accept Corporate Checks

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 4 OF 5  
FOR LINE NUMBER 11 a (1)

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)**

PALLONE FOR CONGRESS (C00226928)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sharadkumar Shah 591 Mill Run Paramus, NJ 07652	Shah Mgmt, Inc.	10-17-00	1,000.00
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation Hotel/Real Est. Mgmt	Aggregate Year-to-Date > \$ 1,000.00	
Nandini Doshi 485 Mason Pl. Paramus, NJ 07652	Imex Corp.	10-17-00	500.00
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation Chief Financial Officer	Aggregate Year-to-Date > \$ 500.00	
Arda Haratunian 496 Park Ave. Manhasset, NY 11030	Salomon Smith Barney	10-17-00	500.00
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation Public Relations	Aggregate Year-to-Date > \$ 500.00	
Sudhir Parikh 24 North 3rd Ave. Highland Park, NJ 08904	Center for Asthma & Allergies	10-17-00	500.00
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation Physician	Aggregate Year-to-Date > \$ 500.00	
Toros Sahakian 195 Rumson Rd. Rumson, NJ 07760	G & H Enterprises	10-17-00	500.00
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation Import-Export	Aggregate Year-to-Date > \$ 500.00	
Joseph Stern 19 Brookdale Ct. Highland Park, NJ 08904	Eastman Properties	10-17-00	1,000.00
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation Real Estate/Owner	Aggregate Year-to-Date > \$ 1,000.00	
Peter Visceglia PO Box 7815 Edison, NJ 08818	Federal Business Systems	10-17-00	1,000.00
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation Owner	Aggregate Year-to-Date > \$ 1,000.00	

**SUBTOTAL of Receipts This Page (optional)** ..... 5,000.00

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



**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 5 OF 5  
FOR LINE NUMBER 11 a (1)

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)

PALLONE FOR CONGRESS (C00226928)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Edgar Housepian 531 Next Day Hill Englewood, NJ 07631	Columbia Univ.	10-17-00	100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Prof. Emeritus	Aggregate Year-to-Date > \$ 300.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sumith DeSilva 332 Hillside Ave. Staten Island, NY 10310	Credit Suisse	10-18-00	700.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Consultant	Aggregate Year-to-Date > \$ 700.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NY Soc. United Free Sri Lankans PO Box 513 Bowling Green Station, NY 10004	Permissible Funds	10-18-00	750.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 750.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert Rich 164 S. Moetz Dr. Milltown, NJ 08850	Merrill Lynch & Co.	10-18-00	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Director	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
Bernard Rineberg 303 George St. New Brunswick, NJ 08901	Self	10-18-00	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physician	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
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)

2,300.00

TOTAL This Period (last page this line number only)

19,300.00

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 9

FOR LINE NUMBER 11 a (ii)

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)**

PALLONE FOR CONGRESS (C00226928)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Samuel Azadian 4 Crest Ct. Hemburg, NJ 07419		10-4-00	100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 100.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sosie Kachikian 17 Foxwood Sq. S. Old Tappan, NJ 07675		10-4-00	100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 100.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Berc Araz 66 Stephenville Pkwy Edison, NJ 08820		10-5-00	50.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 50.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Elis Baharyan 305 Manor Rd. Ridgewood, NJ 07450		10-5-00	100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 100.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William DeCamp 11 Barberry Lane Short Hills, NJ 07078		10-5-00	50.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 50.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Haikaz Grigorian 50 Magnolia Ave. Tenafly, NJ 07670		10-5-00	50.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 50.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Shoushanick Massoyan 143 Langner Pl. Westwood, NJ 07675		10-5-00	200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 200.00	

**SUBTOTAL** of Receipts This Page (optional) ..... 650.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 2 OF 9

FOR LINE NUMBER 11 a (ii)

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)**

PALLONE FOR CONGRESS (C00226928)

A. Full Name, Mailing Address and ZIP Code Mary Ann Saraydarian 315 Arthur Ave. Englewood Cliffs, NJ 07632  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation  Aggregate Year-to-Date > \$ 200.00	Date (month, day, year)  10-5-00	Amount of Each Receipt this Period  200.00
B. Full Name, Mailing Address and ZIP Code Leon Karibian 341 Lawrence Ct. Westbury, NY 11590  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation  Aggregate Year-to-Date > \$ 100.00	Date (month, day, year)  10-6-00	Amount of Each Receipt this Period  100.00
C. Full Name, Mailing Address and ZIP Code Edna Avedesian 19644 Villa Ct. East Southfield, MI 48076  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation  Aggregate Year-to-Date > \$ 200.00	Date (month, day, year)  10-10-00	Amount of Each Receipt this Period  200.00
D. Full Name, Mailing Address and ZIP Code Mitchell Chadrjian 61 Haller Dr. Cedar Grove, NJ 07009  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation  Aggregate Year-to-Date > \$ 100.00	Date (month, day, year)  10-10-00	Amount of Each Receipt this Period  100.00
E. Full Name, Mailing Address and ZIP Code Varoujean Abdo 15 Hart Dr. S. South Orange, NJ 07079  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation  Aggregate Year-to-Date > \$ 200.00	Date (month, day, year)  10-11-00	Amount of Each Receipt this Period  200.00
F. Full Name, Mailing Address and ZIP Code Harut Chantikian 681 Stockton St. New Milford, NJ 07646  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation  Aggregate Year-to-Date > \$ 100.00	Date (month, day, year)  10-11-00	Amount of Each Receipt this Period  100.00
G. Full Name, Mailing Address and ZIP Code Edward Chapian 85-24 215th St. Hollis Hills, NY 11427  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation  Aggregate Year-to-Date > \$ 100.00	Date (month, day, year)  10-11-00	Amount of Each Receipt this Period  100.00

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

1,000.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 3 OF 9

FOR LINE NUMBER 11 a (ii)

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 committees.

NAME OF COMMITTEE (In Full)

PALLONE FOR CONGRESS (C00226928)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Kenn Kakosian 405 Lexington Ave. New York, NY 10174			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	10-11-00	100.00
Aggregate Year-to-Date > \$ 100.00			
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Yervant Kupelian 51 Elm St. Englewood Cliffs, NJ 07632			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	10-11-00	100.00
Aggregate Year-to-Date > \$ 100.00			
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Sarkis Ohanessian 80 Maryland Rd. Paramus, NJ 07652			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	10-11-00	200.00
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
Andrew Shahinian 675 East Dr. Oradell, NJ 07649			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	10-11-00	200.00
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
Hagop Vartivarian 314 Lydecker St. Englewood, NJ 07631			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	10-11-00	100.00
Aggregate Year-to-Date > \$ 100.00			
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Arthur Vardanian 2991 Brighton St. Brooklyn, NY 11235			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	10-11-00	100.00
Aggregate Year-to-Date > \$ 100.00			
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) ..... 800.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 4 OF 9

FOR LINE NUMBER 11 a (ii)

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)**

PALLONE FOR CONGRESS (C00226928)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Haroutiun Diratzquin 48 Ash St. Englewood Cliffs, NJ 07632			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	10-12-00	100.00
Aggregate Year-to-Date > \$ 100.00			
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Anthony Paulson 358 Navesink Ave. Atlantic Highlands, NJ 07716			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	10-12-00	25.00
Aggregate Year-to-Date > \$ 25.00			
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Eileen Stevens 22 Magnolia Dr. Spring Lake Heights, NJ 07762			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	10-12-00	25.00
Aggregate Year-to-Date > \$ 25.00			
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Edward Kerbeykian 156 Churhill Rd. Tenafly, NJ 07670			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	10-13-00	100.00
Aggregate Year-to-Date > \$ 100.00			
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Patricia Rella 1970 Village Rd. Niskayuna, NY 12309			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	10-13-00	175.00
Aggregate Year-to-Date > \$ 175.00			
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
George Bedrosian 11 Glen Pl. Old Tappan, NJ 07675			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	10-16-00	200.00
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
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)** ..... 625.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 5 OF 9  
FOR LINE NUMBER 11 a (ii)

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)**

PALLONE FOR CONGRESS (C00226928)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas J. Gaffaney 224 Lakeside Dr. Atlantic Highlands, NJ 07716			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	10-16-00	25.00
		Aggregate Year-to-Date > \$ 25.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Alexander Markarian 300 Winston Dr. Cliffside Park, NJ 07010			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	10-16-00	100.00
		Aggregate Year-to-Date > \$ 100.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Buddhi Abeyasekera 132 Woodward Ave. Rutherford, NJ 07070			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	10-16-00	50.00
		Aggregate Year-to-Date > \$ 50.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Shehan Akmeemana 438 S. Livingston Ave. Livingston, NJ 07039			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	10-16-00	50.00
		Aggregate Year-to-Date > \$ 50.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lakmal Boteju 39 Grissing Ct. Cedar Grove, NJ 07009			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	10-16-00	50.00
		Aggregate Year-to-Date > \$ 50.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Priyanga DeSilva 80 Howard St. Dumont, NJ 07628			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	10-16-00	40.00
		Aggregate Year-to-Date > \$ 40.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ruwini DeSilva 133 Northhampton Dr. Holmdel, NJ 07733			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	10-16-00	100.00
		Aggregate Year-to-Date > \$ 100.00	

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

415.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 6 OF 9  
FOR LINE NUMBER 11 a (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)

PALLONE FOR CONGRESS (C00226928)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Saliya DeSilva 393 Valley Rd. River Edge, NJ 07661			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	10-16-00	50.00
		Aggregate Year-to-Date > \$ 50.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Wimal Hauptage 4 Neubrech Ct. Jericho, NY 11753			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	10-16-00	25.00
		Aggregate Year-to-Date > \$ 25.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Keerthi Jayasuriya 5 Lewis Hollow Rd. Mendham, NJ 07945			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	10-16-00	50.00
		Aggregate Year-to-Date > \$ 50.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
D. S. Jayasuriya 30 Bennington Dr. Edison, NJ 08820			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	10-16-00	40.00
		Aggregate Year-to-Date > \$ 40.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Lakshman Jayawardana 33 Broadway Ave. Colonia, NJ 07067			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	10-16-00	50.00
		Aggregate Year-to-Date > \$ 50.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Lasantha Goonetilleke 15 Karnell Dr. Piscataway, NJ 08854			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	10-16-00	50.00
		Aggregate Year-to-Date > \$ 50.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Thusitha Jayawardana 22 Bristlecone Dr. Howell, NJ 07731			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	10-16-00	40.00
		Aggregate Year-to-Date > \$ 40.00	

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

305.00

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 9  
FOR LINE NUMBER 11 a (ii)

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)  
PALLONE FOR CONGRESS (C00226928)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Nilmini Jinadasa 6 Sunwood Dr. Miller Place, NY 11764			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	10-16-00	50.00
	Aggregate Year-to-Date > \$ 50.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Srinath Jinadasa 816 Kaminski Dr. Rahway, NJ 07065			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	10-16-00	25.00
	Aggregate Year-to-Date > \$ 25.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ravindra Karunaratne 98-38 57th Ave. Corona, NY 11368			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	10-16-00	50.00
	Aggregate Year-to-Date > \$ 50.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Amani DeSilva Nugara 355 Ellen Lane Bridgewater, NJ 08807			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	10-16-00	80.00
	Aggregate Year-to-Date > \$ 80.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Nelun Pathirana 33 Hawthorn Dr. Plainsboro, NJ 08536			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	10-16-00	25.00
	Aggregate Year-to-Date > \$ 25.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lalith Raddalgoda 47 Winding Woods Dr. Sayreville, NJ 08872			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	10-16-00	40.00
	Aggregate Year-to-Date > \$ 40.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ruwan Rajapakse 159 Jacoby St. Maplewood, NJ 07040			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	10-16-00	50.00
	Aggregate Year-to-Date > \$ 50.00		

**SUBTOTAL** of Receipts This Page (optional) ..... 320.00

**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 **8** OF **9**

FOR LINE NUMBER **11 a (ii)**

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)

**PALLONE FOR CONGRESS (C0022692B)**

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Arjuna Ranasinghe 16 Phillip Dr. Edison, NJ 08820		10-16-00	40.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 40.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Kumarasiri Samaranayake 5 Vista Dr. Edison, NJ 08817		10-16-00	40.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 40.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Athula Seneviratne 85 Pleasant Run Edison, NJ 08820		10-16-00	40.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 40.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Chanaka Seneviratne 24 Laurel Ave. Livingston, NJ 07039		10-16-00	40.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 40.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
T. R. Vedananda 31 Edinburgh Dr. Randolph, NJ 07869		10-16-00	40.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 40.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Sam Dilani Weerahandi 256 Old Forge Rd. Millington, NJ 07946		10-16-00	50.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 50.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Swinitha Weerarandi 9 Stires Way Pittstown, NJ 08867		10-16-00	40.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 40.00	

SUBTOTAL of Receipts This Page (optional) ..... 290.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 9 OF 9

FOR LINE NUMBER 11 a (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)

PALLONE FOR CONGRESS (C00226928)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Hemal Wijayarathne 10 Spruce Hollow Rd. Green Brook, NJ 08812			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	10-16-00	40.00
	Aggregate Year-to-Date	\$ 40.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Vertanes Kalaylian 5024 Baltic Ave. Rockville, MD 20853			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	10-17-00	30.00
	Aggregate Year-to-Date	\$ 60.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
John Catallo 1 Melrose Terr. Long Branch, NJ 07740			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	10-18-00	50.00
	Aggregate Year-to-Date	\$ 100.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
John J. Moran 199 West End Ave. Long Branch, NJ 07740			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	10-18-00	50.00
	Aggregate Year-to-Date	\$ 50.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date	\$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date	\$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date	\$	

SUBTOTAL of Receipts This Page (optional) ..... 170.00

TOTAL This Period (last page this line number only) ..... 4,575.00

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 3

FOR LINE NUMBER  
11 c

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)**

PALLONE FOR CONGRESS (C00226923)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Cmte. on Letter Carriers Pol. Educ. 100 Indiana Ave. NW Washington, DC 20001		10-11-00	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
Nuclear Energy Institute Fed. PAC 1776 Eye St. NW Washington, DC 20006		10-11-00	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
Action Cmte for Rural Elec. 4301 Wilson Blvd. Arlington, VA 22203		10-13-00	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	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
EMPAC PO Box 31995 Jackson, MS 38286		10-13-00	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,000.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Hotel Empl & Rest. Empl. T.I.P. 1219 28th St. NW Washington, DC 20007		10-13-00	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	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ironworkers Pol. Action League 1750 New York Ave. NW Washington, DC 20006		10-13-00	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 3,000.00	
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) ..... 4,500.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 2 OF 3

FOR LINE NUMBER 11 C

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)**

PALLONE FOR CONGRESS (C00226928)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Electrical Construction PAC 3 Bethesda Metro Center Bethesda, MD 20814		10-16-00	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 Human Rights Campaign PAC 919 18th St. NW Washington, DC 20006		10-16-00	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	
C. Full Name, Mailing Address and ZIP Code Morgan Stanley Dean Witter PAC 1300 I St. NW Washington, DC 20005		10-16-00	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 Verner Lipfert Bernhard McPherson 901 15th St. NW & Hand PAC Washington, DC 20005		10-16-00	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	
E. Full Name, Mailing Address and ZIP Code Cablevision Systems PAC One Media Crossways Woodbury, NY 11797		10-17-00	5,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 5,000.00	
F. Full Name, Mailing Address and ZIP Code Comcast Corp. PAC 1500 Market St. Philadelphia, PA 19102		10-17-00	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 Edison Intl PAC 2244 Walnut Grove Ave. Rosemead, CA 91770		10-17-00	2,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 3,500.00	

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

14,500.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 3 OF 3

FOR LINE NUMBER 11 C

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)**

PALLONE FOR CONGRESS (C00226928)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sierra Club Political Cmte 85 Second St. San Francisco, CA 94105			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	10-17-00	1,000.00
	Aggregate Year-to-Date	\$ 1,550.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Realtors PAC 430 N. Michigan Ave. Chicago, IL 60611			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	10-18-00	4,000.00
	Aggregate Year-to-Date	\$ 4,000.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date	\$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date	\$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date	\$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date	\$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date	\$	

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

5,000.00

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

24,000.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 5

FOR LINE NUMBER 17

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)

PALLONE FOR CONGRESS (C00226928)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Scott Snyder 202 A Eatoncrest Dr. Eatontown, NJ 07724	Salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-2-00	1,500.00
Jamie Loggins 6640 Autumnwood Dr. Nashville, TN 37221	Salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-2-00	500.00
Stephanie Daily 13816 Bora Bora Way Marina Del Rey, CA 90292	Reimb. for car expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-2-00	500.00
(1) Charles Sample 1 Poplar St. Thurmont, MD 21788	Payment for car Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-4-00	373.00 MEMO ENTRY
(2) Insurance less than \$200.00	Insurance payment Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-4-00	125.00 MEMO ENTRY
Marilyn Regan 41 Werah Place Oceanport, NJ 07757	Salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-2-00	1,168.43
Incomnet Dept. 7722 Los Angeles, CA 90084	Tel. Service Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-3-00	394.92
Nextel Communications PO Box 821001 Philadelphia, PA 19182	Tel. Service Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-3-00	388.92
AT&T PO Box 9001308 Louisville, KY 40290	Tel. Service Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-3-00	34.88

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

4,487.15

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 2 OF 5  
FOR LINE NUMBER 17

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)**

PALLONE FOR CONGRESS (C00226928)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
AT&T PO Box 78355 Phoenix, AZ 85062	Tel. Service Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-3-00	184.99
B. Full Name, Mailing Address and ZIP Code Comcast of Monmouth PO Box 08057 Philadelphia, PA 19100	TV Service Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-3-00	48.26
C. Full Name, Mailing Address and ZIP Code Asbury Park Press PO Box 5151 Buffalo, NY 14240	Paper Delivery Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-3-00	53.50
D. Full Name, Mailing Address and ZIP Code Raymond Grieco PD Box 395 Long Branch, NJ 07740	Lawn Service Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-3-00	100.00
E. Full Name, Mailing Address and ZIP Code Samuel Peluso 740 Broad St. Shrewsbury, NJ 07702	Rent & Utilities Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-4-00	1,134.78
F. Full Name, Mailing Address and ZIP Code Advanta Leasing Service PO Box 41598 Philadelphia, PA 19101	Copier Lease Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-5-00	181.27
G. Full Name, Mailing Address and ZIP Code Taxis Enterprise Int'l 25 Sylvan Rd. South #F Westport, CT 06880	Wire Signs Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-5-00	824.20
H. Full Name, Mailing Address and ZIP Code Tamarack Self Storage 610 Joline Ave. Long Branch, NJ 07740	Storage Unit Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-5-00	109.00
I. Full Name, Mailing Address and ZIP Code Satellite Self Storage 2120 Kings Hwy Ocean, NJ 07712	Storage Unit Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-5-00	86.00

**SUBTOTAL** of Disbursements This Page (optional) .....

2,722.00

**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 5

FOR LINE NUMBER 17

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)

PALLONE FOR CONGRESS (C00226928)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Monmouth County Urban League PO Box 111 Asbury Park, NJ 07712	Ad Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-5-00	125.00
B. Full Name, Mailing Address and ZIP Code Latino American Cmte of Mon. Cty PO Box 357 Long Branch, NJ 07740	Purpose of Disbursement Ad & tickets Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-5-00	185.00
C. Full Name, Mailing Address and ZIP Code Edison Democratic Org. 87 Gate House Lane Edison, NJ 08820	Purpose of Disbursement Ad Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-5-00	200.00
D. Full Name, Mailing Address and ZIP Code Continental Copier Systems PO Box 447 Long Branch, NJ 07740	Purpose of Disbursement Maintenance Agreement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-6-00	1,484.00
E. Full Name, Mailing Address and ZIP Code Federal Express PO Box 1140 Memphis, TN 38101	Purpose of Disbursement Deliveries Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-6-00	60.58
F. Full Name, Mailing Address and ZIP Code Cash	Purpose of Disbursement Replenish Petty Cash Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-10-00	200.00
G. Full Name, Mailing Address and ZIP Code Fleet Bank 577 Broadway Long Branch, NJ 07740	Purpose of Disbursement Fed. tax deposit 941 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-11-00	1,442.36
H. Full Name, Mailing Address and ZIP Code Senior News Communications PO Box 330 Brielle, NJ 08730	Purpose of Disbursement Ad Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-11-00	450.00
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)

4,146.94

TOTAL This Period (last page this line number only)



**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 4 OF 5  
FOR LINE NUMBER 17

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)**

PALLONE FOR CONGRESS (C00226928)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Verizon PO Box 4833 Trenton, NJ 08650	Tel. Service Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-12-00	1,631.09 30.28
B. Full Name, Mailing Address and ZIP Code Jamie Loggins 20 Poole Ave. Avon, NJ 07717	Purpose of Disbursement Food/Bev Reimb for exp. none over \$200.00 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-13-00	235.78
C. Full Name, Mailing Address and ZIP Code Scott Snyder 202A Eatoncrest Dr. Eatontown, NJ 07724	Purpose of Disbursement Salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-13-00	1,500.00
D. Full Name, Mailing Address and ZIP Code Jamie Loggins 20 Poole Ave. Avon, NJ 07717	Purpose of Disbursement Salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-13-00	500.00
E. Full Name, Mailing Address and ZIP Code NAACP Metuchen-Edison Area Branch 127 Newman St. Metuchen, NJ 08840	Purpose of Disbursement Ticket Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-13-00	100.00
F. Full Name, Mailing Address and ZIP Code Bayshore Senior Day Ctr. 500 Palmer Ave. Middletown, NJ 07748	Purpose of Disbursement Ticket Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-13-00	35.00
G. Full Name, Mailing Address and ZIP Code Mary McGarry 193 Linden Ave. Highlands, NJ 07732	Purpose of Disbursement Cleaning office Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-13-00	50.00
H. Full Name, Mailing Address and ZIP Code New Brunswick Dem. Org. PO Box 1208 New Brunswick, NJ 08903	Purpose of Disbursement Ad Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-16-00	150.00
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) .....

4,232.15

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 5 OF 5

FOR LINE NUMBER

17

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)**

PALLONE FOR CONGRESS (C00226923)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Chase Gold Visa PO Box 15836 Wilmington, DE 19886	see next 3 items Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-16-00	211.96
B. Full Name, Mailing Address and ZIP Code (1) Freddie's Restaurant 563 Broadway Long Branch, NJ 07740	Purpose of Disbursement Food/Bev Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8-24-00 8-31-00 9-22-00	Amount of Each Disbursement This Period 31.18 58.49 42.03 MEMO ENTRY
C. Full Name, Mailing Address and ZIP Code (2) H. Kaabe Glass Co. 549 Broadway Long Branch, NJ 07740	Purpose of Disbursement Frames Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-22-00	Amount of Each Disbursement This Period 44.79 MEMO ENTRY
D. Full Name, Mailing Address and ZIP Code (3) All Seasons Diner 176 Wyckoff Rd. Eatontown, NJ 07724	Purpose of Disbursement Food/Bev. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-23-00	Amount of Each Disbursement This Period 35.47 MEMO ENTRY
E. Full Name, Mailing Address and ZIP Code Marilyn Regan 41 Werah Place Oceanport, NJ 07757	Purpose of Disbursement Salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-17-00	Amount of Each Disbursement This Period 1,296.17
F. Full Name, Mailing Address and ZIP Code Red Bank Men's Club PO Box 2235 Westboro Station Red Bank, NJ 07701	Purpose of Disbursement Ad Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-17-00	Amount of Each Disbursement This Period 50.00
G. Full Name, Mailing Address and ZIP Code Buyline Media Inc. 709 4th St. Lyndehurst, NJ 07071	Purpose of Disbursement Radio Buy Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-18-00	Amount of Each Disbursement This Period 11,365.00
H. Full Name, Mailing Address and ZIP Code Monmouth Petroleum PO Box 69 Englishtown, NJ 07726	Purpose of Disbursement Fuel Oil Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-18-00	Amount of Each Disbursement This Period 1,096.71
I. Full Name, Mailing Address and ZIP Code Mon. County Democratic Org. Airport Plaza, Hwy 36 Hazlet, NJ 07730	Purpose of Disbursement Ad Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-18-00	Amount of Each Disbursement This Period 150.00

**SUBTOTAL** of Disbursements This Page (optional) .....

14,169.84

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

29,758.08

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 21

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)**

PALLONE FOR CONGRESS (C00226928)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
DCCC 430 South Capitol St. Washington, DC 20003	Donation Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-2-00	100,000.00
B. Full Name, Mailing Address and ZIP Code WIN PAC 317 George St. New Brunswick, NJ 08901	Donation Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-11-00	990.00
C. Full Name, Mailing Address and ZIP Code Cmte to Elect Ed O'Brien PO Box 447 Bethlehem, PA 18018	Donation PA/15 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-16-00	1,000.00
D. Full Name, Mailing Address and ZIP Code Steve Israel for Congress 1966 Deer Park Ave. Deer Park, NY 11729	Donation NY/2 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-16-00	1,000.00
E. Full Name, Mailing Address and ZIP Code Brad Carson for Congress Cmte. PO Box 1982 Claremore, OK 74018	Donation OK/2 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-16-00	1,000.00
F. 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
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) .....

103,990.00

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

103,990.00

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C) 10/23/00
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other ( Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>CAF</i> PREPARER	10/26/00 DATE PREPARED