

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM

OCT 25 A 11:15

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (In full) Elaine Bloom for Congress		2. FEC IDENTIFICATION NUMBER C00345405
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported. 5255 Collins Ave.		
GITY, STATE and ZIP CODE Miami Beach, FL 33140	STATE/DISTRICT FL/22	3. IS THIS REPORT AN AMENDMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

4. TYPE OF REPORT


- April 15 Quarterly Report
- 12-Day Pre-Election Report for the General (Type of Election)
election on 11/7/00 in the State of Florida
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid-Year Report (Non-election Year Only)
- 30-Day Post-Election 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

5. Covering Period	COLUMN A This Period	COLUMN B Calendar Year-to-Date
10/1/00 through 10/18/00		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(a))	\$118,292.67	\$1,246,228.48
(b) Total Contribution Refunds (from Line 20(d))	\$0.00	\$4,918.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	\$118,292.67	\$1,241,310.48
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	\$386,158.29	\$1,976,748.16
(b) Total Offsets to Operating Expenditures (from Line 14)	\$0.00	\$2,349.34
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	\$386,158.29	\$1,974,398.82
8. Cash on Hand at Close of Reporting Period (from Line 27)	\$53,328.18	For further information contact: Federal Election Commission 800 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	\$0.00	
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	\$285,100.00	

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 Richard A. Berkowitz	Date 10/25/00
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. §437g.

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

FEC FORM 3
(revised 4/87)

DETAILED SUMMARY PAGE
of Receipts and Disbursements
(Page 2, FEC FORM 3)

Name of Committee (in full) Elaine Bloom for Congress	Report Covering the Period:	
	From 10/1/00	To 10/18/00
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)	\$52,512.00	
(ii) Unitemized	\$21,530.87	
(iii) Total of contributions from individuals	\$74,042.87	\$978,860.73
(b) Political Party Committees	\$0.00	\$3,532.25
(c) Other Political Committees (such as PACs)	\$44,250.00	\$262,591.71
(d) The Candidate	\$0.00	\$3,443.79
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(i), (b), (c) and (d))	\$118,292.67	\$1,248,428.48
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	\$0.00	\$0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate	\$0.00	\$160,000.00
(b) All Other Loans	\$0.00	\$0.00
(c) TOTAL LOANS (add 13(a) and (b))	\$0.00	\$160,000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	\$0.00	\$2,349.34
15. OTHER RECEIPTS (Dividends, Interest, etc.)	\$0.00	\$24,055.24
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)	\$118,292.67	\$1,432,633.06
II. DISBURSEMENTS		
17. OPERATING EXPENDITURES	\$386,158.29	\$1,976,748.16
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	\$0.00	\$0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate	\$0.00	\$0.00
(b) Of All Other Loans	\$0.00	\$0.00
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))	\$0.00	\$0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	\$0.00	\$4,918.00
(b) Political Party Committees	\$0.00	\$0.00
(c) Other Political Committees (such as PACs)	\$0.00	\$0.00
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))	\$0.00	\$4,918.00
21. OTHER DISBURSEMENTS	\$0.00	\$25.00
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)	\$386,158.29	\$1,981,691.16
III. CASH SUMMARY		
23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	\$	321,193.80
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)	\$	118,292.67
25. SUBTOTAL (add Line 23 and Line 24)	\$	439,486.47
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	\$	386,158.29
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)	\$	53,328.18

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 18
FOR LINE NUMBER 11(a)(i)

Contributions from Individuals/Persons

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)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Susan Ackerman 1950 S. Ocean Drive #22H Hallandale, FL 33009	Retired	10/18/00	\$300.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	Aggregate Year-to-Date > \$	\$636.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Helene Adler 2000 South Bayshore Drive V32 Coconut Grove, FL 33133	Retired	10/18/00	\$300.00
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
Beverly Allan HC 1, Box 393 Blacksburg, VA 25611	Retired	10/10/00	\$250.00 *
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	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
Emily's List 805 15th Street, NW, Suite 400 Washington, DC 20005	Note: Above Contribution earmarked through this organization Conduit total: \$15,135.00	10/10/00	\$250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" 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
Jonathan Alpert 902 Anchorage Road Tampa, FL 33602	Alpert, Barker, Rodems, Ferrentino & Cook Attorney	10/18/00	\$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
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Mr. James Schweitzer Law Attorneys PAC 100 Park Ave. New York, NY 10017-	Note: Above Contribution earmarked through this organization Conduit total: \$700.00	10/18/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" 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
Edward Anders 5401 S Hyde Park Blvd Apt 905 Chicago, IL 60615	Retired	10/11/00	\$250.00 *
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	Aggregate Year-to-Date > \$	\$250.00

SUBTOTAL of Receipts This Page (optional) \$1,300.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

PAGE 2 OF 18
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)

Elaine Bloom for Congress C00345405

<p>A. Full Name, Mailing Address and ZIP Code MoveOn.org P.O. Box 9063 Berkeley, CA 94709</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):</p>	<p>Name of Employer Note: Above Contribution earmarked through this organi</p> <p>Occupation Conduit total: \$3,410.00</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year) 10/11/00</p>	<p>Amount of Each Receipt this Period MEMO \$250.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Louise Arnold 2425 Ellentown Road La Jolla, CA 92037</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Homemaker</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year) 10/12/00</p>	<p>Amount of Each Receipt this Period \$1,000.00 *</p>
<p>C. Full Name, Mailing Address and ZIP Code Emily's List 805 15th Street, NW, Suite 400 Washington, DC 20005</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):</p>	<p>Name of Employer Note: Above Contribution earmarked through this organi</p> <p>Occupation Conduit total: \$15,135.00</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year) 10/12/00</p>	<p>Amount of Each Receipt this Period MEMO \$1,000.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Dick Batchelor 8895 Crichton Woods Drive Orlando, FL 32819</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer DBMG INC.</p> <p>Occupation Consultant</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year) 10/16/00</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Carolyn Beard 7030 East Ridge Drive Shreveport, LA 71106</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer N/A</p> <p>Occupation N/A</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year) 10/11/00</p>	<p>Amount of Each Receipt this Period \$250.00 *</p>
<p>F. Full Name, Mailing Address and ZIP Code Emily's List 805 15th Street, NW, Suite 400 Washington, DC 20005</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):</p>	<p>Name of Employer Note: Above Contribution earmarked through this organi</p> <p>Occupation Conduit total: \$15,135.00</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year) 10/11/00</p>	<p>Amount of Each Receipt this Period MEMO \$250.00</p>
<p>G. Full Name, Mailing Address and ZIP Code Bob Berenson 3453 Newark Street NW Washington, DC 20016</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Self</p> <p>Occupation Physician</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year) 10/5/00</p>	<p>Amount of Each Receipt this Period \$500.00 *</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>\$2,000.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p></p>

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

PAGE 3 OF 18
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)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Emily's List 805 15th Street, NW, Suite 400 Washington, DC 20005	Note: Above Contribution earmarked through this organi	10/5/00	MEMO \$500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation Conduit total: \$15,135.00		
	Aggregate Year-to-Date > \$		
B. Full Name, Mailing Address and ZIP Code Joania Bronfman 1731 Beacon Street #517 Brookline, MA 02445-4325	Name of Employer Self	Date (month, day, year) 10/4/00	Amount of Each Receipt this Period \$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	
C. Full Name, Mailing Address and ZIP Code Emily's List 805 15th Street, NW, Suite 400 Washington, DC 20005	Name of Employer Note: Above Contribution earmarked through this organi	Date (month, day, year) 10/4/00	Amount of Each Receipt this Period MEMO \$500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation Conduit total: \$15,135.00		
	Aggregate Year-to-Date > \$		
D. Full Name, Mailing Address and ZIP Code Maria Brown 1900 Glades Road Ste. 100 Boca Raton, FL 33431	Name of Employer Executive Preferred	Date (month, day, year) 10/10/00	Amount of Each Receipt this Period \$300.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physician Manager		
	Aggregate Year-to-Date > \$	\$300.00	
E. Full Name, Mailing Address and ZIP Code Harris Buchbinder 45 SW 1st Street Miami, FL 33130	Name of Employer Dade County	Date (month, day, year) 10/16/00	Amount of Each Receipt this Period \$150.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney		
	Aggregate Year-to-Date > \$	\$250.00	
F. Full Name, Mailing Address and ZIP Code Deborah Lea Bussel PO Box 331287 Miami, FL 33233	Name of Employer Dondis Forum	Date (month, day, year) 10/6/00	Amount of Each Receipt this Period \$800.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Director POP		
	Aggregate Year-to-Date > \$	\$1,300.00	
G. Full Name, Mailing Address and ZIP Code Irving Cowan Sea Air Towers 3725 South Ocean Drive #718 Hollywood, FL 33018	Name of Employer Cowan Enterprises	Date (month, day, year) 10/16/00	Amount of Each Receipt this Period \$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	

SUBTOTAL of Receipts This Page (optional)	\$2,250.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

PAGE 4 OF 18
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)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Vicki Cox 1801 Humboldt Ave. S. Minneapolis, MN 55403	Self	10/16/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Homemaker	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
Annette Cumming 165 Huckelberry Drive Jackson, WY 83001	Cumming Foundation	10/11/00	\$750.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President and Director	Aggregate Year-to-Date > \$	\$750.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Joanne Dauer 1800 Eagle Trace Blvd. E Coral Springs, FL 33071	Information	10/5/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Requested	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
Morris Deckelbaum 443D Casper Court Hollywood, FL 33021	Hollywood Oaks Developers	10/5/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Partner	Aggregate Year-to-Date > \$	\$1,100.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Patricia Derian 1849 Brickell Avenue Miami, FL 33129	Information	10/18/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Requested	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
Charles Dusseau 7520 SW 72nd Ct. Miami, FL 33143	Meridian Capital Markets	10/6/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Business Executive	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
Ira Elegant 1360 N. View Dr. Sunset Island #1 Miami, FL 33140	Information	10/16/00	\$150.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Requested	Aggregate Year-to-Date > \$	\$250.00

SUBTOTAL of Receipts This Page (optional) \$3,800.00

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 18
FOR LINE NUMBER 11(a)(i)

Contributions from Individuals/Persons

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)

Elaine Bloom for Congress CDD345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jane Evensen 2932 N. 26th Street Arlington, VA 22207	Self	10/3/00	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired		
	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
Emily's List 805 15th Street, NW, Suite 400 Washington, DC 20005	Note: Above Contribution earmarked through this organi	10/3/00	\$250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation Conduit total: \$15,135.00		
	Aggregate Year-to-Date > \$		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Alicia Feinsmith 1730 N 55th Avenue Hollywood, FL 33021	Information	10/5/00	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Requested		
	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
Michael Fruchter 908 NE 4th Street, Apt. 5 Fort Lauderdale, FL 33301	Campus Marketing Specialist, Inc.	10/16/00	\$600.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Marketing		
	Aggregate Year-to-Date > \$	\$800.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David Garfinkle 1000 Sanibel Drive Hollywood, FL 33019	IEA	10/10/00	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Real Estate Investor		
	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
Marla Garfinkle 1000 Sanibel Drive Hollywood, FL 33019	Homemaker	10/10/00	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Homemaker		
	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
August Gerecke 333 South Villanove Claremont, CA 91711	Self	10/11/00	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance & Securities Sales		
	Aggregate Year-to-Date > \$	\$250.00	

SUBTOTAL of Receipts This Page (optional) \$1,750.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

PAGE 6 OF 18
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)

Elaine Bloom for Congress C00345405

<p>A. Full Name, Mailing Address and ZIP Code Emily's List 805 15th Street, NW, Suite 400 Washington, DC 20005</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):</p>	<p>Name of Employer Note: Above Contribution earmarked through this organi Occupation Conduit total: \$15,135.00 Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year) 10/11/00</p>	<p>Amount of Each Receipt this Period MEMO \$250.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Marc Gittelman 19512 NE Embassy Court North Miami Beach, FL 33179</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Information Occupation Requested Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year) 10/10/00</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>C. Full Name, Mailing Address and ZIP Code David Gold 1721 South Ocean Blvd. Delray Beach, FL 33483</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Goldfassrb, Gold, Gonzalez, & Wald P.A. Occupation Attorney Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year) 10/16/00</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>D. Full Name, Mailing Address and ZIP Code John Grossman PO BOX 43-0942 Miami, FL 33243</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Self Occupation Physician Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year) 10/2/00</p>	<p>Amount of Each Receipt this Period \$300.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Clayre Haft 1001 Brickell Bay Drive Coconut Grove, FL 33131</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Self Occupation Consultant Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year) 10/5/00</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>F. Full Name, Mailing Address and ZIP Code Theodore Hill 808 NE 4 Street, Apt. 5 Fort Lauderdale, FL 33301</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Campus Marketing Specialist, Inc. Occupation Ad Director Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year) 10/16/00</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>G. Full Name, Mailing Address and ZIP Code Alyne Kaplan 1945 NE 201 Street North Miami Beach, FL 33179</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Homemaker Occupation Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year) 10/10/00</p>	<p>Amount of Each Receipt this Period \$250.00</p>

SUBTOTAL of Receipts This Page (optional) \$2,050.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

PAGE 7 OF 18
FOR LINE NUMBER 11 (B)(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)

Elaine Bloom for Congress CD0345405

A. Full Name, Mailing Address and ZIP Code Jerry Katzen 7700 N Kendall Drive Miami, FL 33156 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Katzen & Katzen P.A.	Date (month, day, year) 10/18/00	Amount of Each Receipt this Period \$250.00
	Occupation Attorney Aggregate Year-to-Date > \$	\$250.00	
B. Full Name, Mailing Address and ZIP Code Jonathan Kingsley 19501 E. Country Club Drive No.308 Aventura, FL 33180 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer STUDLEY Inc.	Date (month, day, year) 10/16/00	Amount of Each Receipt this Period \$250.00
	Occupation Managing Director Aggregate Year-to-Date > \$	\$250.00	
C. Full Name, Mailing Address and ZIP Code Malcolm Kirschenbaum 72 Country Club Road Cocoa Beach, FL 32931 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self	Date (month, day, year) 10/10/00	Amount of Each Receipt this Period \$250.00
	Occupation Attorney Aggregate Year-to-Date > \$	\$250.00	
D. Full Name, Mailing Address and ZIP Code Dan Kleiman 20103 NE 19th Pl. North Miami Beach, FL 33179 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Information	Date (month, day, year) 10/10/00	Amount of Each Receipt this Period \$250.00
	Occupation Requested Aggregate Year-to-Date > \$	\$250.00	
E. Full Name, Mailing Address and ZIP Code Martha Knisley 1301 Brooks Avenue Raleigh, NC 27607 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer The Technical Assistance Collaborati	Date (month, day, year) 10/6/00	Amount of Each Receipt this Period \$250.00
	Occupation Health Care Consultant Aggregate Year-to-Date > \$	\$250.00	
F. Full Name, Mailing Address and ZIP Code Emily's List 805 15th Street, NW, Suite 400 Washington, DC 20005 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Name of Employer Note: Above Contribution earmarked through this organi	Date (month, day, year) 10/8/00	Amount of Each Receipt this Period MEMO \$250.00
	Occupation Conduit total: \$15,135.00 Aggregate Year-to-Date > \$	\$250.00	
G. Full Name, Mailing Address and ZIP Code Matthew Koll 6912 Nevils Rd. Bethesda, MD 20817 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer America Online	Date (month, day, year) 10/11/00	Amount of Each Receipt this Period \$1,000.00
	Occupation Fellow Aggregate Year-to-Date > \$	\$1,000.00	

SUBTOTAL of Receipts This Page (optional) \$2,250.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

PAGE **8** OF **18**
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)

Elaine Bloom for Congress C00345405

<p>A. Full Name, Mailing Address and ZIP Code MoveOn.org P.O. Box 9083 Berkeley, CA 94709-</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):</p>	<p>Name of Employer Note: Above Contribution earmarked through this organi Occupation Conduit total: \$9,410.00 Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year) 10/11/00</p>	<p>Amount of Each Receipt this Period MEMO \$1,000.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Gerald Kornreich 100 SE 2nd Street Ste 3950 Miami, FL 33131</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Kornreich & Terraferma Occupation Attorney Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year) 10/16/00</p>	<p>Amount of Each Receipt this Period \$200.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Tania Lapciuc 1753 North View Drive Miami Beach, FL 33140</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Self Occupation Community Activist Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year) 10/5/00</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Donald Lefton 1900 S. Bayshore Lane Coconut Grove, FL 33133</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Carnival Resorts & Casino Occupation Vice Chairman of the Board Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year) 10/5/00</p>	<p>Amount of Each Receipt this Period \$1,000.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Barbara Lipman 8055 SW 118th Street Miami, FL 33156</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Information Occupation Requested Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year) 10/6/00</p>	<p>Amount of Each Receipt this Period \$1,000.00</p>
<p>F. Full Name, Mailing Address and ZIP Code Deanna Lobinsky 11691 SW 26th Court Fort Lauderdale, FL 33330</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Information Occupation Requested Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year) 10/10/00</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>G. Full Name, Mailing Address and ZIP Code Estelle Loewenstein 321 Palm Street Hollywood, FL 33022</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Retired Occupation Retired Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year) 10/5/00</p>	<p>Amount of Each Receipt this Period \$125.00</p>

SUBTOTAL of Receipts This Page (optional)

\$2,825.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

PAGE 9 OF 18
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)

Elaine Bloom for Congress CD0345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert Magoon PO Box P3 Aspen, CO 81612	Retired	10/11/00	\$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. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Nancy Melnik 8780 Horseshoe Lane Boca Raton, FL 33496	Homemaker	10/17/00	\$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	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ramiro Martinez 6730 SW 75 Terrace Miami, FL 33143	Florida International University	10/7/00	\$100.00 *
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Teacher Aggregate Year-to-Date > \$	\$550.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ramiro Martinez 6730 SW 75 Terrace Miami, FL 33143	Florida International University	10/17/00	\$250.00 *
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Teacher Aggregate Year-to-Date > \$	\$550.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Emily's List 805 15th Street, NW, Suite 400 Washington, DC 20005	Note: Above Contribution earmarked through this organ	10/7/00	\$100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation: Conduit total: \$15,135.00 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
Emily's List 805 15th Street, NW, Suite 400 Washington, DC 20005	Note: Above Contribution earmarked through this organ	10/17/00	\$250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation: Conduit total: \$15,135.00 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
William Mauk 2 Grove Isle Dr. #802 Miami, FL 33133	N/A	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	

\$UBTOTAL of Receipts This Page (optional) \$2,850.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

Use separate schedules for each category of the Detailed Summary Page

PAGE 10 OF 18
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)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
William McCune PO Box 9 Lincoln, MA 01773	Retired	10/3/00	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Retired	Aggregate Year-to-Date > \$	\$250.00
B. Full Name, Mailing Address and ZIP Code Emily's List 805 15th Street, NW, Suite 400 Washington, DC 20005	Name of Employer Note: Above Contribution earmarked through this organi	Date (month, day, year) 10/3/00	Amount of Each Receipt This Period MEMO \$260.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation Conduit total: \$15,135.00	Aggregate Year-to-Date > \$	
C. Full Name, Mailing Address and ZIP Code Walter Mendelsohn 4201 N Ocean Blvd. #1207-G Boca Raton, FL 33431	Name of Employer Information	Date (month, day, year) 10/16/00	Amount of Each Receipt This Period \$300.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Requested	Aggregate Year-to-Date > \$	\$300.00
D. Full Name, Mailing Address and ZIP Code Stuart Mermelstein 2455 Key Largo Lane Fort Lauderdale, FL 33312	Name of Employer Herman & Mermelstein P.A.	Date (month, day, year) 10/10/00	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 Attorney	Aggregate Year-to-Date > \$	\$250.00
E. Full Name, Mailing Address and ZIP Code Phillip Miller 2100 E. Hallandale Beach Blvd. Hallandale, FL 33009	Name of Employer Self	Date (month, day, year) 10/18/00	Amount of Each Receipt This Period \$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
F. Full Name, Mailing Address and ZIP Code Maria Milthaiser 13640 Deering Bay Drive Coral Gables, FL 33158	Name of Employer Self	Date (month, day, year) 10/18/00	Amount of Each Receipt This Period \$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopedic Surgeon	Aggregate Year-to-Date > \$	\$500.00
G. Full Name, Mailing Address and ZIP Code Lloyd Morber 720 NE 69th Street #26N Miami, FL 33138	Name of Employer Self	Date (month, day, year) 10/10/00	Amount of Each Receipt This Period \$2,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physician	Aggregate Year-to-Date > \$	\$2,000.00

SUBTOTAL of Receipts This Page (optional)

\$3,800.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

PAGE 11 OF 18

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)

Etaine Bloom for Congress CD0345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert Morse 2651 NE 4th Street Pompano Beach, FL 33062	Retired	10/10/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Retired	Aggregate Year-to-Date > \$	\$1,000.00
B. Full Name, Mailing Address and ZIP Code Elizabeth Norcross 1518 N Jefferson Arlington, VA 22205	Self	10/13/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Homemaker	Aggregate Year-to-Date > \$	\$500.00
C. Full Name, Mailing Address and ZIP Code Emily's List 805 15th Street, NW, Suite 400 Washington, DC 20005	Note: Above Contribution earmarked through this organi	10/13/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation: Conduit total: \$15,135.00	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code Genevieve Nygaard 3032 Rossmoor Parkway #7 Walnut Creek, CA 94595	Retired	10/4/00	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Retired	Aggregate Year-to-Date > \$	\$250.00
E. Full Name, Mailing Address and ZIP Code Emily's List 805 15th Street, NW, Suite 400 Washington, DC 20005	Note: Above Contribution earmarked through this organi	10/4/00	\$250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation: Conduit total: \$15,135.00	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code Michael Oster 2109 Broadway #15-79 New York, NY 10023	Chispace	10/16/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Internet Chief Strategy Office	Aggregate Year-to-Date > \$	\$500.00
G. Full Name, Mailing Address and ZIP Code Dorothy Panza 3800 N Federal Highway Fort Lauderdale, FL 33308	Homemaker	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

SUBTOTAL of Receipts This Page (optional)	\$3,250.00
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 12 OF 18
FOR LINE NUMBER 11(a)(i)

Contributions from Individuals/Persons

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)

Elaine Bloom for Congress C00345405

<p>A. Full Name, Mailing Address and ZIP Code Jewel Panza 3600 N Federal Highway Fort Lauderdale, FL 33308</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Retired</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year) 10/16/00</p> <p>\$1,000.00</p>	<p>Amount of Each Receipt this Period \$1,000.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Kary Pearson 1225 - 18th Street NW, Suite 825 Washington, DC 20036-2411</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Information</p> <p>Occupation Requested</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year) 10/16/00</p> <p>\$1,000.00</p>	<p>Amount of Each Receipt this Period \$1,000.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Beverly Peterkofsky 812 Rollins Avenue Rockville, MD 20862</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Retired</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year) 10/13/00</p> <p>\$250.00</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Emily's List 805 15th Street, NW, Suite 400 Washington, DC 20005</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):</p>	<p>Name of Employer Note: Above Contribution earmarked through this organ!</p> <p>Occupation Conduit total: \$15,135.00</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year) 10/13/00</p> <p>\$250.00</p>	<p>Amount of Each Receipt this Period MEMO \$250.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Abe Pollin C/O MCI CENTER 601 F Street, NW Washington, DC 20004</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Information</p> <p>Occupation Requested</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year) 10/5/00</p> <p>\$1,000.00</p>	<p>Amount of Each Receipt this Period \$1,000.00</p>
<p>F. Full Name, Mailing Address and ZIP Code Stephen Riemer 20143 NE 19th Place North Miami Beach, FL 33179</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer N/A</p> <p>Occupation N/A</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year) 10/17/00</p> <p>\$250.00</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>G. Full Name, Mailing Address and ZIP Code Christina Rifkin 12 Causeway Rd Hingham, MA 02043</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer self</p> <p>Occupation artist</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year) 10/11/00</p> <p>\$250.00</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>SUBTOTAL of Receipts This Page (optional)</p>			<p>\$3,750.00</p>
<p>TOTAL This Period (last page this line number only)</p>			<p></p>

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

PAGE 13 OF 18
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)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MoveOn.org P.O. Box 9083 Berkeley, CA 94708- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Note: Above Contribution earmarked through this organi Occupation Conduit total: \$3,410.00 Aggregate Year-to-Date > \$	10/11/00	MEMO \$250.00
B. Full Name, Mailing Address and ZIP Code A. Jeffrey Robinson 201 S. Biscayne Blvd., Suite 3000 Miami, FL 33131 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self Occupation Attorney Aggregate Year-to-Date > \$	Date (month, day, year) 10/10/00	Amount of Each Receipt this Period \$250.00
C. Full Name, Mailing Address and ZIP Code Joel Rosenthal Courthouse Express Couriers, Inc. 19 West Flagler Street Miami, FL 33130 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Courthouse Express Couriers * In-Kind: Courier Services Occupation Owner Aggregate Year-to-Date > \$	Date (month, day, year) 10/3/00	Amount of Each Receipt this Period \$112.00
D. Full Name, Mailing Address and ZIP Code Nina Rosenwald 666 Third Avenue, 29th Floor New York, NY 10017 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Information Occupation Requested Aggregate Year-to-Date > \$	Date (month, day, year) 10/18/00	Amount of Each Receipt this Period \$1,000.00
E. Full Name, Mailing Address and ZIP Code Yoriko Saneyoshi 13335 Mulholland Drive Beverly Hills, CA 90210 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Information Occupation Requested Aggregate Year-to-Date > \$	Date (month, day, year) 10/5/00	Amount of Each Receipt this Period \$500.00
F. Full Name, Mailing Address and ZIP Code Donna Schaper 1101 SW 75th Avenue Miami, FL 33136 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Coral Gables Congregational Church Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 10/16/00	Amount of Each Receipt this Period \$1,000.00
G. Full Name, Mailing Address and ZIP Code Michael Scheck 2120 NE 190th Terrace Miami, FL 33179 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Sweet Paper Sales, Corp Occupation Owner/Business Executive Aggregate Year-to-Date > \$	Date (month, day, year) 10/8/00	Amount of Each Receipt this Period \$1,000.00

SUBTOTAL of Receipts This Page (optional)	\$3,862.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

PAGE 14 OF 18
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)

Elaine Bloom for Congress CDK0345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Raquel Scheck 2120 NE 190th Terr. Miami, FL 33179	Sweet Paper Sales Corp.	10/6/00	\$750.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Executive Aggregate Year-to-Date > \$ 2,000.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Martha Schecter 1080 N. Northlake Drive Hollywood, FL 33019		10/2/00	\$125.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Homemaker Aggregate Year-to-Date > \$ 825.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gregg Schneider 19485 Biscayne Blvd. Miami, FL 33180	Information	10/10/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Requested 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
Marilyn Segal 919 S. Southlake Drive Hollywood, FL 33020	NOVA Southeastern University	10/16/00	\$125.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Psychologist Aggregate Year-to-Date > \$ 800.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Claude Seltzer 1017 Rio Vista Blvd. Fort Lauderdale, FL 33316	Innovative Resource Group	10/6/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Director Aggregate Year-to-Date > \$ 800.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Alice Sigelman The Chrysler Center 666 Third Avenue, 29th Floor New York, NY 10017	Information	10/16/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Requested 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
June Silvermale 275 SW 9th Street Dania, FL 33004	Retired	10/18/00	\$125.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Aggregate Year-to-Date > \$ 225.00		

SUBTOTAL of Receipts This Page (optional)	\$3,125.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

PAGE 15 OF 18
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)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael Silverstein 20801 Biscayne Blvd. Suite 504 Miami, FL 33180	Self	10/10/00	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	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
David Singer 1011 South Federal Highway Hollywood, FL 33020	Singer, Farbman, & Assoc. P.A.	10/16/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	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
Stuart Selsky 6890 Windsor Lane Miami Beach, FL 33141	Northern Trust Bank	10/8/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Business Executive	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
Willard Smith 12881 SW 11th Palce Fort Lauderdale, FL 33325	Information	10/10/00	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Requested	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
Guy Spearman 516 Delannoy Ave. Cocoa, FL 32922	Spearman Management	10/10/00	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Governmental Consultant	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
Craig Edward Stein 900 Bay Drive #324 Miami Beach, FL 33141	Information	10/8/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Requested	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
Linda Steinberg 323 Golden Beach Dr. Miami, FL 33160	Self	10/16/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Community Activist	Aggregate Year-to-Date > \$	\$2,000.00

SUBTOTAL of Receipts This Page (optional) \$3,750.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

PAGE 16 OF 18

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)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code Dan Steven 7311 SW 108 Terrace Miami, FL 33158 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer VirtualCom	Date (month, day, year) 10/5/00	Amount of Each Receipt This Period \$500.00
	Occupation Software Developer Aggregate Year-to-Date > \$ 500.00		
B. Full Name, Mailing Address and ZIP Code Frances Taheri 1500 S Ocean Blvd. #1206 Boca Raton, FL 33432 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self	Date (month, day, year) 10/16/00	Amount of Each Receipt This Period \$500.00
	Occupation Retired Neurosurgeon Aggregate Year-to-Date > \$ 700.00		
C. Full Name, Mailing Address and ZIP Code Charles Treister 1624 Micanopy Avenue Coconut Grove, FL 33133 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Beacon realty Advisors	Date (month, day, year) 10/10/00	Amount of Each Receipt This Period \$250.00
	Occupation Business Executive Aggregate Year-to-Date > \$ 5250.00		
D. Full Name, Mailing Address and ZIP Code Robert Udelson 9550 NW 77th Avenue Miami, FL 33016 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Powertrac Machinery	Date (month, day, year) 10/10/00	Amount of Each Receipt This Period \$250.00
	Occupation Business Executive Aggregate Year-to-Date > \$ 5250.00		
E. Full Name, Mailing Address and ZIP Code Nettie Ulrich 235 Solano Prado Coral Gables, FL 33156 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year) 10/2/00	Amount of Each Receipt This Period \$500.00
	Occupation Aggregate Year-to-Date > \$ 500.00		
F. Full Name, Mailing Address and ZIP Code Marjorie Van Dusen Information Requested Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year) 10/5/00	Amount of Each Receipt This Period \$1,000.00
	Occupation Aggregate Year-to-Date > \$ 1,000.00		
G. Full Name, Mailing Address and ZIP Code Jonathan Wald 100 SE 2nd Street Suite 3900 Miami, FL 33131 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Goldfaarb, Gold, Gonzalez, & Wald P.A.	Date (month, day, year) 10/16/00	Amount of Each Receipt This Period \$250.00
	Occupation Attorney Aggregate Year-to-Date > \$ 250.00		

SUBTOTAL of Receipts This Page (optional)	\$3,250.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

PAGE 17 OF 18
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)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Marcia Weber 138 West Hill Terrace Painted Post, NY 14870	Southern Tier Central Regional Planni	10/11/00	\$250.00 *
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Human Service Coordinator	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
Emily's List 805 15th Street, NW, Suite 400 Washington, DC 20005	Note: Above Contribution earmarked through this organi	10/11/00	\$250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation Conduit total: \$15,135.00	Aggregate Year-to-Date > \$	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Barton Weisman 5310 NW 33 Ave., Suite 211 Fort Lauderdale, FL 33309	Weisman Associates	10/5/00	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner	Aggregate Year-to-Date > \$	\$450.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Marry Wetzler 3725 NE 214th Street Miami, FL 33180	Wetzler Development	10/10/00	\$500.00 *
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Developer	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
Dana Werner 9099 Collins Avenue PH-4K Miami, FL 33154	Information Request	10/10/00	\$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
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Effie Westervelt 26 Southridge East Belvedere Tiburon, CA 94920	Self	10/3/00	\$500.00 *
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Investor	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
Emily's List 805 15th Street, NW, Suite 400 Washington, DC 20005	Note: Above Contribution earmarked through this organi	10/3/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation Conduit total: \$15,135.00	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)	\$2,500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

PAGE 18 OF 18
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)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A.B. Wiener 605 Fairway Drive Miami Beach, FL 33141	Self	10/16/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Financial Consultant	Aggregate Year-to-Date > \$	\$1,000.00
B. Full Name, Mailing Address and ZIP Code Duane Wilder 2400 East Las Olas Blvd. #113 FL Lauderdale., FL 33301	Wilder Deam	10/16/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Business Executive	Aggregate Year-to-Date > \$	\$1,000.00
C. Full Name, Mailing Address and ZIP Code Marilyn Williamson 2275 Oakway Dr West Bloomfield, MI 48324		10/10/00	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$250.00
D. Full Name, Mailing Address and ZIP Code Marie Wilson 5 East 22nd Street 29-D New York, NY 10010	Ma Foundation for Women	10/17/00	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	Aggregate Year-to-Date > \$	\$250.00
E. Full Name, Mailing Address and ZIP Code Emily's List 805 15th Street, NW, Suite 400 Washington, DC 20005	Name of Employer Note: Above Contribution earmarked through this organ	Date (month, day, year) 10/17/00	Amount of Each Receipt this Period MEMO \$250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation Conduit total: \$15,135.00	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code Pauline Winick 4925 Collins Avenue Miami, FL 33140	Florida International University	10/18/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP Marketing	Aggregate Year-to-Date > \$	\$1,000.00
G. Full Name, Mailing Address and ZIP Code William Xantopoulos 100 SE 2nd Street Suite 3950 Miami, FL 33131	Self	10/16/00	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$	\$250.00

SUBTOTAL of Receipts This Page (optional) \$3,750.00

TOTAL This Period (last page this line number only) \$52,612.00

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Other Political Committees

Use separate schedule(s) for each category of the 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)

Elaine Bloom for Congress C00345405

<p>A. Full Name, Mailing Address and ZIP Code Air Line Pilots Association- PAC 1625 Massachusetts Avenue, N.W. Washington, DC 20036-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p> <p>10/18/00</p>	<p>Amount of Each Receipt this Period</p> <p>\$1,500.00</p>
<p>B. Full Name, Mailing Address and ZIP Code American Nurses Association PAC 600 Maryland Ave., SW Suite 100 West Washington, DC 20024</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p> <p>10/5/00</p>	<p>Amount of Each Receipt this Period</p> <p>\$5,000.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Evergreen Fund 607 Fourteenth Street, NW Washington, DC 20005-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p> <p>10/16/00</p>	<p>Amount of Each Receipt this Period</p> <p>\$1,000.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Evergreen Fund 607 Fourteenth Street, NW Washington, DC 20005-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p> <p>10/18/00</p>	<p>Amount of Each Receipt this Period</p> <p>\$1,000.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Florida PBA Friends of Law Enforcement PAC PO Box 11239 Tallahassee, FL 32302-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p> <p>10/16/00</p>	<p>Amount of Each Receipt this Period</p> <p>\$1,000.00</p>
<p>F. Full Name, Mailing Address and ZIP Code Handgun Control 1225 Eye Street, NW Suite 1100 Washington, DC 20005-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p> <p>10/5/00</p>	<p>Amount of Each Receipt this Period</p> <p>\$1,000.00</p>
<p>G. Full Name, Mailing Address and ZIP Code Hoyer for Congress 7905 Malcolm Road, Suite 102 Clinton, MD 20735-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p> <p>10/10/00</p>	<p>Amount of Each Receipt this Period</p> <p>\$1,000.00</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>\$11,500.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p></p>

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)

Contributions from Other Political Committees

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)

Elaine Bloom for Congress CD0345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
International Longshoremen's Association AFL-CIO 17 Battery Place, Suite 930 New York, NY 10004		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 > \$	\$6,000.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
International Union of Operating Engineers Engineers Political Education Committee 1125 Seventeenth Street NW Washington, DC 20036		10/18/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$2,500.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
KidsPac, Inc. 80 Trowbridge Street Cambridge, MA 02138		10/10/00	\$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
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
L.A. PAC Congressman Henry A. Waxman 8665 Wilshire Blvd. #220 Beverly Hills, CA 90211		10/17/00	\$6,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$10,000.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Laborer's Political League 905 16th Street, NW Washington, DC 20008		10/10/00	\$2,500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$10,000.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Lone Star Fund 607 14th Street, NW Suite 800 Washington, DC 20005		10/5/00	\$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
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Martin Olav Sabo for Congress 2425 Franklin E. #301 Minneapolis, MN 55406		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

SUBTOTAL of Receipts This Page (optional) \$13,500.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Other Political Committees

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)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer Note: Above Contribution earmarked through this organization	Date (month, day, year)	Amount of Each Receipt this Period MEMO
Honorable Karen Thurman 5th District Florida PO Box 5058 Inverness, FL 34450	Occupation Conduit total: \$1,000.00	10/11/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NARAL-PAC 1156 15th Street, NW Suite 700 Washington, DC 20005	Occupation	10/5/00	\$5,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$6,000.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
National Committee for an Effective Congress 122 C Street, NW, Suite 850 Washington, DC 20001	Occupation	10/11/00	\$2,500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$7,500.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Participation 2000 236 Massachusetts Ave., NE Suite 206 Washington, DC 20002-	* In-Kind: Volunteer Expense Occupation	10/15/00	\$750.00 *
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$1,831.50	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
People for the American Way Voter Alliance 2000 M Street, NW Suite 400 Washington, DC 20038-	Occupation	10/5/00	\$5,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$6,000.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Schakovsky For Congress 1101 Ridge Avenue Evanston, IL 60202-1231	Occupation	10/16/00	\$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	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Southern Wine & Spirits PAC 1600 NW 163rd Street Miami, FL 33169-	Occupation	10/16/00	\$5,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$5,000.00	

SUBTOTAL of Receipts This Page (optional) \$19,250.00

TOTAL This Period (last page this line number only) \$44,250.00

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

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)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Aaron Rents, Inc. 7101 Coral Way Miami, FL 33155	Furniture rental Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/16/00	\$113.16
Bell South PO Box 33009 Charlotte, NC 28243	Telephone expense Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/15/00	\$167.34
City National Bank 300 71st Street Miami Beach, FL 33141	Bank Charge Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/4/00	\$20.00
City National Bank 300 71st Street Miami Beach, FL 33141	Bank Charge Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/10/00	\$20.00
City National Bank 300 71st Street Miami Beach, FL 33141	Check Purchase Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/17/00	\$73.99
City of Hallandale Beach 410 SE Third Street Hallandale Beach, FL	Event Expense Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/8/00	\$225.00
Democrats.com 500 East 77th Street Apt. 1423 New York, NY 10021	Credit card fee Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/15/00	\$2.25
Democrats.com 500 East 77th Street Apt. 1423 New York, NY 10021	Credit card fee Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/15/00	\$15.00
Democrats.com 500 East 77th Street Apt. 1423 New York, NY 10021	Credit card fee Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/8/00	\$56.26

SUBTOTAL of Disbursements This Page (optional)

\$682.99

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

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)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Diplomat Resort Country Club & Spa 501 Diplomat Parkway Hallandale Beach, FL 33019	Event expense Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/17/00	\$953.73
B. Full Name, Mailing Address and ZIP Code Effective Strategies 426 North Saint Asaph Street Alexandria, VA 22314	Consulting fee Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/1/00	\$1,000.00
C. Full Name, Mailing Address and ZIP Code EMILY's List 805 15th Street, NW, Suite 400 Washington, DC 20005	Credit Card Fee Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/8/00	\$18.28
D. Full Name, Mailing Address and ZIP Code EMILY's List 805 15th Street, NW, Suite 400 Washington, DC 20005	Credit Card Fee Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/15/00	\$14.16
E. Full Name, Mailing Address and ZIP Code Hamilton Beattie & Staff 308 1/2 Center Street Fernandina Beach, FL 32034	Polling Expenses Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/7/00	\$8,125.00
F. Full Name, Mailing Address and ZIP Code Internal Revenue Service Atlanta, 39801	Payroll Taxes Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/15/00	\$1,168.80
G. Full Name, Mailing Address and ZIP Code Internal Revenue Service Atlanta, 39801	Payroll Taxes Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/7/00	\$1,168.38
H. Full Name, Mailing Address and ZIP Code Kinkos 12385 Biscayne Blvd. Miami, FL 33181	Copy Expenses Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/6/00	\$248.04
I. Full Name, Mailing Address and ZIP Code MoveOn.Org P.O. Box 9063 Berkeley, CA 94709	Credit Card Fees Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/18/00	\$40.38

SUBTOTAL of Disbursements This Page (optional)

\$12,738.77

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 Expenditures

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)			
Elaine Bloom for Congress C00345405			
A. Full Name, Mailing Address and ZIP Code Moving Picture Electronic Services 748 N. Victoria Park Road Fort Lauderdale, FL 33304	Purpose of Disbursement Production Expense Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/2/00	Amount of Each Disbursement This Period \$1,728.62
B. Full Name, Mailing Address and ZIP Code Mr. Bill Smaling 2260 NW 185 Way Hollywood, FL 33029	Purpose of Disbursement Production expense Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/2/00	Amount of Each Disbursement This Period \$500.00
C. Full Name, Mailing Address and ZIP Code Mr. Jeff Tagna 1845 Alamanda Drive Miami, FL 33181	Purpose of Disbursement Production expense Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/2/00	Amount of Each Disbursement This Period \$500.00
D. Full Name, Mailing Address and ZIP Code Mr. Jeffrey Garcia 401 SW 125 Ave Miami, FL 33184	Purpose of Disbursement Payroll Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/15/00	Amount of Each Disbursement This Period \$1,736.75
E. Full Name, Mailing Address and ZIP Code Mr. Jeffrey Garcia 401 SW 125 Ave Miami, FL 33184	Purpose of Disbursement Reimbursable expense Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/15/00	Amount of Each Disbursement This Period \$265.00
F. Full Name, Mailing Address and ZIP Code Mr. Jeffrey Garcia 401 SW 125 Ave Miami, FL 33184	Purpose of Disbursement Reimbursable expense Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/4/00	Amount of Each Disbursement This Period \$287.00
G. Full Name, Mailing Address and ZIP Code Mr. Jeffrey Garcia 401 SW 125 Ave Miami, FL 33184	Purpose of Disbursement Payroll Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/1/00	Amount of Each Disbursement This Period \$1,736.75
H. Full Name, Mailing Address and ZIP Code Mr. Joel Rosenthal Courthouse Express Couriers, Inc. 19 West Flagler Street Miami, FL 33130	Purpose of Disbursement Courier Services Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/3/00	Amount of Each Disbursement This Period \$112.00 * * in-kind received
I. Full Name, Mailing Address and ZIP Code Mr. Jon Hutchins Media Strategies and Research 445 Union Blvd. Lakewood, CO 80228	Purpose of Disbursement Media Buy Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/11/00	Amount of Each Disbursement This Period \$50,000.00
SUBTOTAL of Disbursements This Page (optional)			\$58,886.12
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 Expenditures

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)			
Elaine Bloom for Congress C00345405			
A. Full Name, Mailing Address and ZIP Code Mr. Jon Hutchins Media Strategies and Research 445 Union Blvd. Lakewood, CO 80228	Purpose of Disbursement Media Buy Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/16/00	Amount of Each Disbursement This Period \$75,000.00
B. Full Name, Mailing Address and ZIP Code Mr. Jon Hutchins Media Strategies and Research 445 Union Blvd. Lakewood, CO 80228	Purpose of Disbursement Media Buy Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/10/00	Amount of Each Disbursement This Period \$75,000.00
C. Full Name, Mailing Address and ZIP Code Mr. Jon Hutchins Media Strategies and Research 445 Union Blvd. Lakewood, CO 80228	Purpose of Disbursement Media Buy Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/4/00	Amount of Each Disbursement This Period \$150,000.00
D. Full Name, Mailing Address and ZIP Code Mr. Pete Monella Information Requested	Purpose of Disbursement Production expense Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/2/00	Amount of Each Disbursement This Period \$450.00
E. Full Name, Mailing Address and ZIP Code Ms. Amy Andryszak 5680 Pine Tree Drive Miami Beach, FL 33140	Purpose of Disbursement Payroll Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/1/00	Amount of Each Disbursement This Period \$592.50
F. Full Name, Mailing Address and ZIP Code Ms. Amy Andryszak 5680 Pine Tree Drive Miami Beach, FL 33140	Purpose of Disbursement Payroll Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/15/00	Amount of Each Disbursement This Period \$592.50
G. Full Name, Mailing Address and ZIP Code Ms. Amy Andryszak 5680 Pine Tree Drive Miami Beach, FL 33140	Purpose of Disbursement Reimbursable expense Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/8/00	Amount of Each Disbursement This Period \$191.32
H. Full Name, Mailing Address and ZIP Code Ms. Amy Andryszak 5680 Pine Tree Drive Miami Beach, FL 33140	Purpose of Disbursement Reimbursable Expense Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/1/00	Amount of Each Disbursement This Period \$332.00
I. Full Name, Mailing Address and ZIP Code Ms. Amy Andryszak 5680 Pine Tree Drive Miami Beach, FL 33140	Purpose of Disbursement Reimbursable expense Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/15/00	Amount of Each Disbursement This Period \$265.00
SUBTOTAL of Disbursements This Page (optional)			\$302,423.32
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 Expenditures

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)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Ms. Angeles Bellon 9760 SW 74th Street Miami, FL 33173	Data Services Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/16/00	\$500.00
Ms. Angeles Bellon 9760 SW 74th Street Miami, FL 33173	Data services Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/16/00	\$456.00
Ms. Crystal Woodman 1820 N. 48th Avenue Hollywood, FL 33021	Production expense Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/2/00	\$400.00
Murphy Putnam Media 901 North Washington Street, Suite 500 Alexandria, VA 22314	Media Services Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/15/00	\$8,500.00
Participation 2000 236 Massachusetts Ave., NE Suite 206 Washington, DC 20002-	Volunteer Expense Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/16/00	\$750.00 * * in-kind received
Unique Producers Service Inc. 13815 NW 19th Avenue Opa Locka, FL 33054	Production expense Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/15/00	\$805.25
United Parcel Service P.O. Box 505820 The Lakes, NV 88905-5820	Shipping services Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/15/00	\$34.93
United Parcel Service P.O. Box 505820 The Lakes, NV 88905-5820	Shipping services Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/15/00	\$32.40
United States Postal Service Hollywood Branch Hollywood, FL 33020	Postage expense Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/11/00	\$500.00

SUBTOTAL of Disbursements This Page (optional)

\$10,078.58

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 6 OF 7
FOR LINE NUMBER 17

Operating Expenditures

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)

Elaine Bloom for Congress C003454D5

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
United States Postal Service Hollywood Branch Hollywood, FL 33020	Postage expenses Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/12/00	\$308.44
United States Postal Service Hollywood Branch Hollywood, FL 33020	Postage expense Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/10/00	\$72.92
United States Postal Service Hollywood Branch Hollywood, FL 33020	Postage expense Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/5/00	\$495.00
United States Postal Service Hollywood Branch Hollywood, FL 33020	Postage expense Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/2/00	\$198.00
United States Postal Service Hollywood Branch Hollywood, FL 33020	Postage expense Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/18/00	\$370.00
Video Monitoring Services 2125 Biscayne Blvd., Suite 540 Miami, FL 33137	News Monitoring Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/15/00	\$178.93
Video Monitoring Services 2125 Biscayne Blvd., Suite 540 Miami, FL 33137	News Monitoring Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/15/00	\$196.10
Video Monitoring Services 2125 Biscayne Blvd., Suite 540 Miami, FL 33137	News Monitoring Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/15/00	\$72.08
Wilson Atkinson 1946 Tyler Street Hollywood, FL 33021	Rent Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/1/00	\$1,060.00

SUBTOTAL of Disbursements This Page (optional)

\$2,952.47

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 7 OF 7
FOR LINE NUMBER 17

Operating Expenditures

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)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Write Ideas Communications, Inc 1740 NE 1st Street Fort Lauderdale, FL 33301	Photography services Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/1/00	\$371.04
B. 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
C. 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
D. 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
E. 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
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)	\$371.04
TOTAL This Period (last page this line number only)	\$386,113.29

SCHEDULE C
(Revised 3/80)

LOANS

Page 1 of 2 for
LINE NUMBER 10
(Use separate schedules
for each numbered line)

Loans owed by the Committee

Name of Committee (in Full) Elaine Bloom for Congress C00345405			
A. Full Name, Mailing Address and ZIP Code of Loan Source Rep. Elaine Bloom 5255 Collins Avenue Miami Beach, FL 33140	Original Amount of Loan \$160,000.00	Cumulative Payment To Date \$0.00	Balance Outstanding at Close of This Period \$160,000.00
Elections: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Terms: Date Incurred <u>8/15/00</u> Date Due <u>1/1/01</u> Interest Rate <u>0</u> % (apr) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item A			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
B. Full Name, Mailing Address and ZIP Code of Loan Source Rep. Elaine Bloom 5255 Collins Avenue Miami Beach, FL 33140	Original Amount of Loan \$5,100.00	Cumulative Payment To Date \$0.00	Balance Outstanding at Close of This Period \$5,100.00
Elections: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Terms: Date Incurred <u>8/30/99</u> Date Due <u>1/1/01</u> Interest Rate <u>0</u> % (apr) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item B			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
SUBTOTALS This Period This Page (optional)			
TOTALS This Period (last page in this line only)			
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.			

SCHEDULE C
(Revised 3/90)

LOANS

Loans owed by the Committee

Name of Committee (in Full)

Elaine Bloom for Congress CDD345405

A. Full Name, Mailing Address and ZIP Code of Loan Source Rep. Elaine Bloom 5255 Collins Avenue Miami Beach, FL 33140	Original Amount of Loan \$96,000.00	Cumulative Payment To Date \$0.00	Balance Outstanding at Close of This Period \$96,000.00
--	--	--------------------------------------	--

Election: Primary General Other (specify):

Term: Date Incurred 6/30/89 Date Due 1/1/01 Interest Rate 0 % (apr) Secured

List All Endorsees or Guarantors (if any) to Item A

1. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: \$	(Hatched area)	(Hatched area)
2. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: \$		

B. Full Name, Mailing Address and ZIP Code of Loan Source Rep. Elaine Bloom 5255 Collins Avenue Miami Beach, FL 33140	Original Amount of Loan \$4,000.00	Cumulative Payment To Date \$0.00	Balance Outstanding at Close of This Period \$4,000.00
--	---------------------------------------	--------------------------------------	---

Election: Primary General Other (specify):

Term: Date Incurred 5/4/99 Date Due 1/1/01 Interest Rate 0 % (apr) Secured

List All Endorsees or Guarantors (if any) to Item B

1. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: \$	(Hatched area)	(Hatched area)
2. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: \$		

SUBTOTALS This Period This Page (optional)

TOTALS This Period (last page in this line only)

\$266,100.00

Carry outstanding balances only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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 checked="" type="checkbox"/> Hand Delivered	Date of Receipt <i>10/26/00</i>
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
<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	

AR
PREPARER

10/26/00
DATE PREPARED