

Federal Election Commission
ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS

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DATE OF RECEIPT

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JMN

PREPARER

8/30/96

DATE PREPARED

For An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELEC
COMMISSION
MAIL ROOM

1. NAME OF COMMITTEE (in full) RICHARD KLEIN FOR CONGRESS		2. FEC IDENTIFICATION NUMBER C00309757	
ADDRESS (number and street) 2080 ALLAN AVENUE		3. IS THIS REPORT AN AMENDMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
CITY, STATE and ZIP CODE YORKTOWN HEIGHTS NY 10598		STATE/DISTRICT	

☐ April 15 Quarterly Report

☒ Twelfth day report preceding _____ (Type of Election)

☐ July 15 Quarterly Report

election on 09/06/96 in the State of NY

☐ October 15 Quarterly Report

☐ Thirtieth day report following the General Election on _____

☐ January 31 Year End Report

_____ In the State of _____

☐ July 31 Mid-Year Report (Non-election Year Only)

☐ Termination Report

This report contains activity for

☒ Primary Election

☐ General Election

☐ Special Election

☐ Runoff Election

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period	<u>07/01/96</u> through <u>08/21/96</u>		
6. Net Contributions (other than loans)			
(a) Total Contributions (other than loans) (from Line 11(a))		39156.00	115123.00
(b) Total Contribution Refunds (from Line 20(d))			
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))		39156.00	115123.00
7. Net Operating Expenditures			
(a) Total Operating Expenditures (from Line 17)		61536.54	196487.50
(b) Total Offsets to Operating Expenditures (from Line 14)			114.53
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))		61536.54	196372.97
8. Cash on Hand at Close of Reporting Period (from Line 27)		200363.94	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)			
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		220100.00	

For further information
 contact:
 Federal Election Commission
 999 E. Street, NW
 Washington, DC 20463
 Toll Free 800-424-9530
 Local 202-219-3420

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

Type or Print Name of Treasurer

STUART WADLER, CPA

Signature of Treasurer

Sharon Wadler

Date _____

8/26/90

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 437g.

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FEC FORM 3

(revised 4/87)

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

Name of Committee (in full) RICHARD KLEIN FOR CONGRESS		Report Covering the Period: From: 07/01/96 To: 08/21/96	
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)	20800.00		11(e)(i)
(ii) Unitemized	18356.00		11(e)(ii)
(iii) Total of contributions from individuals	39156.00	115123.00	11(e)(iii)
(b) Political Party Committees			11(f)
(c) Other Political Committees (such as PACs)			11(g)
(d) The Candidate			11(h)
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d))		39156.00	115123.00 11(i)
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES			12
13. LOANS:			
(a) Made or Guaranteed by the Candidate		20000.00	100000.00 13(a)
(b) All Other Loans			13(b)
(c) TOTAL LOANS (add 13(a) and (b))		20000.00	100000.00 13(c)
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)			114.53 14
15. OTHER RECEIPTS (Dividends, Interest, etc.)		497.31	998.63 15
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		59653.31	216236.16 16
II. DISBURSEMENTS			
17. OPERATING EXPENDITURES		61536.54	196487.50 17
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES			18
19. LOAN REPAYMENTS:			
(a) Of Loans Made or Guaranteed by the Candidate			19(a)
(b) Of All Other Loans			19(b)
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))			19(c)
20. REFUNDS OF CONTRIBUTIONS TO:			
(a) Individuals/Persons Other than Political Committees			20(a)
(b) Political Party Committees			20(b)
(c) Other Political Committees (such as PACs)			20(c)
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))			20(d)
21. OTHER DISBURSEMENTS			21
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)		61536.54	196487.50 22
III. CASH SUMMARY			
23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD		\$	202247.17 23
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)		\$	59653.31 24
25. SUBTOTAL (add Line 23 and Line 24)		\$	261900.48 25
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)		\$	61536.54 26
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)		\$	200363.94 27

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
	1	9
	FOR LINE NUMBER	
11ai		

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)
RICHARD KLEIN FOR CONGRESS

FEC ID No. C00309757

A. Full Name, Mailing Address and ZIP Code Joan Arnow 14 Butler Road Scarsdale, NY 10583 Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period 500.00
	Occupation		
	Aggregate Year-To-Date	\$ 500.00	
B. Full Name, Mailing Address and ZIP Code Robert H. Arnow 14 Butler Road Scarsdale, NY 10583 Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period 500.00
	Occupation		
	Aggregate Year-To-Date	\$ 500.00	
C. Full Name, Mailing Address and ZIP Code Barbara Aronson 25 Annandale Dr. Chappaqua, NY 10514 Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer N/A	Date (month, day, year)	Amount of Each Receipt this Period 100.00
	Occupation		
	Aggregate Year-To-Date	\$ 600.00	
D. Full Name, Mailing Address and ZIP Code Ronald S. Aronson 33 Stuyvesant Avenue Larchmont, NY 10538 Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period 250.00
	Occupation		
	Aggregate Year-To-Date	\$ 250.00	
E. Full Name, Mailing Address and ZIP Code Dr. Norman Becker 241 Weaver Street Greenwich, CT 06831 Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer SELF EMPLOYED	Date (month, day, year)	Amount of Each Receipt this Period 250.00
	Occupation		
	Aggregate Year-To-Date	\$ 250.00	
F. Full Name, Mailing Address and ZIP Code Andrew R. Benerofe Cottage Ave. Purchase, NY 10577 Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer SELF EMPLOYED	Date (month, day, year)	Amount of Each Receipt this Period 125.00
	Occupation		
	Aggregate Year-To-Date	\$ 375.00	
G. Full Name, Mailing Address and ZIP Code Froma B. Benerofe Cottage Ave. Purchase, NY 10577 Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer JEWISH CHILD CARE	Date (month, day, year)	Amount of Each Receipt this Period 125.00
	Occupation		
	Aggregate Year-To-Date	\$ 375.00	

SUBTOTAL of Receipts This Page (optional)	1850.00
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	OF
	3	9
FOR LINE NUMBER		
11ai		

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NAME OF COMMITTEE (in Full)
RICHARD KLEIN FOR CONGRESS

FEC ID No. C00309757

A. Full Name, Mailing Address and ZIP Code Matthew Bronfman 30 W. 26th Street New York, NY 10010 Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer PERFUMES ISABEL	Date (month, day, year) 07/11/96	Amount of Each Receipt this Period 1000.00
	Occupation CEO Aggregate Year-To-Date \$ 1000.00		
B. Full Name, Mailing Address and ZIP Code David Cannold 525 S. Flagler Drive W. Palm Beach, FL 33401 Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer N/A	Date (month, day, year) 07/22/96	Amount of Each Receipt this Period 250.00
	Occupation RETIRED Aggregate Year-To-Date \$ 250.00		
C. Full Name, Mailing Address and ZIP Code John Chase 1520 Front St. Yorktown Heights, NY 10598 Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer PENNYSaver INC	Date (month, day, year) 07/05/96	Amount of Each Receipt this Period 500.00
	Occupation PRESIDENT Aggregate Year-To-Date \$ 500.00		
D. Full Name, Mailing Address and ZIP Code Judy Darsky 4 Briar Del Larchmont, NY 10538 Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer N/A	Date (month, day, year) 08/12/96	Amount of Each Receipt this Period 500.00
	Occupation HOMEMAKER Aggregate Year-To-Date \$ 500.00		
E. Full Name, Mailing Address and ZIP Code Alfred DelBello Make Peace Hill Waccabuc, NY 10597 Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer SELF EMPLOYED	Date (month, day, year) 07/30/96	Amount of Each Receipt this Period 100.00
	Occupation LAWYER Aggregate Year-To-Date \$ 350.00		
F. Full Name, Mailing Address and ZIP Code Dolores DelBello Make Peace Hill Waccabuc, NY 10597 Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer WEST/FAIR BUS JRL	Date (month, day, year) 07/30/96	Amount of Each Receipt this Period 100.00
	Occupation OWNER Aggregate Year-To-Date \$ 350.00		
G. Full Name, Mailing Address and ZIP Code Jerome I. Feldman 9 West 57 Street, Suite 4170 New York, NY 10019 Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer NATIONAL PATENT DEV CORP	Date (month, day, year) 07/25/96	Amount of Each Receipt this Period 500.00
	Occupation PRESIDENT&CEO Aggregate Year-To-Date \$ 500.00		

SUBTOTAL of Receipts This Page (optional)	2950.00
TOTAL This Period (last page this line number only)	

96-01-620-3011

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
	4	9
	FOR LINE NUMBER 11a1	

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)
RICHARD KLEIN FOR CONGRESS

FEC ID No. C00309757

A. Full Name, Mailing Address and ZIP Code Samuel Ginsburg 70 Law Road Briarcliff Manor, NY 10510 Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer GDC-PROPERTY Occupation ARCHITECT	Date (month, day, year) 07/22/96	Amount of Each Receipt this Period 200.00
	Aggregate Year-To-Date \$ 200.00		
B. Full Name, Mailing Address and ZIP Code David Goldberg 58 Walworth Avenue Scarsdale, NY 10583 Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation	Date (month, day, year) 07/30/96	Amount of Each Receipt this Period 250.00
	Aggregate Year-To-Date \$ 250.00		
C. Full Name, Mailing Address and ZIP Code Gary S. Goldstein 161 Buxton Road Bedford Hills, NY 10507 Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer THE WITNEY GROUP Occupation PRES. EXEC. SEARCH	Date (month, day, year) 07/15/96	Amount of Each Receipt this Period 250.00
	Aggregate Year-To-Date \$ 250.00		
D. Full Name, Mailing Address and ZIP Code Martin Goldstein 130 Horseshoe Hill Road Pound Ridge, NY 10576 Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer SELF EMPLOYED Occupation PHYSICIAN	Date (month, day, year) 07/05/96	Amount of Each Receipt this Period 250.00
	Aggregate Year-To-Date \$ 250.00		
E. Full Name, Mailing Address and ZIP Code Susan P Goldstein 130 Horseshoe Hill Road Pound Ridge, NY 10576 Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer MARTIN GOLDSTEIN MD Occupation ADMINISTRATOR	Date (month, day, year) 07/05/96	Amount of Each Receipt this Period 250.00
	Aggregate Year-To-Date \$ 250.00		
F. Full Name, Mailing Address and ZIP Code Wendy K. Goldberg 58 Walworth Avenue Scarsdale, NY 10583 Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation	Date (month, day, year) 07/30/96	Amount of Each Receipt this Period 250.00
	Aggregate Year-To-Date \$ 250.00		
G. Full Name, Mailing Address and ZIP Code Dr. Lou Grecco 1984 Redmond Road Staten Island, NY 10306 Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation	Date (month, day, year) 07/15/96	Amount of Each Receipt this Period 250.00
	Aggregate Year-To-Date \$ 250.00		

SUBTOTAL of Receipts This Page (optional) 1700.00

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	OF
	5	9
FOR LINE NUMBER		
11ai		

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NAME OF COMMITTEE (In Full)
RICHARD KLEIN FOR CONGRESS

FEC ID No. C00309757

A. Full Name, Mailing Address and ZIP Code Mr. Kamran Hakim 425 E. 61st Street New York, NY 10021	Name of Employer BUCKINGHAM TRADING	Date (month, day, year) 07/15/96	Amount of Each Receipt this Period 500.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PRESIDENT	Aggregate Year-To-Date \$ 500.00	
B. Full Name, Mailing Address and ZIP Code Barbara E. Hobbs PO Box 204 Shrub Oak, NY 10588	Name of Employer N/A	Date (month, day, year) 08/21/96	Amount of Each Receipt this Period 200.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation RETIRED	Aggregate Year-To-Date \$ 200.00	
C. Full Name, Mailing Address and ZIP Code James Immediato 24 cypress Ln, Box 216 Shenorock, NY 10587	Name of Employer SELF EMPLOYED	Date (month, day, year) 08/21/96	Amount of Each Receipt this Period 1000.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ARCHITECTURE DEVELOP	Aggregate Year-To-Date \$ 1000.00	
D. Full Name, Mailing Address and ZIP Code Manju P. Katari 7 Apple Hill Ct. South Salem, NY 10590	Name of Employer	Date (month, day, year) 08/19/96	Amount of Each Receipt this Period 250.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-To-Date \$ 250.00	
E. Full Name, Mailing Address and ZIP Code Venkata S. Katari 7 Apple Hill Ct. South Salem, NY 10590	Name of Employer	Date (month, day, year) 08/19/96	Amount of Each Receipt this Period 250.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-To-Date \$ 250.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-To-Date \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-To-Date \$ -0-	

SUBTOTAL of Receipts This Page (optional)	2200.00
TOTAL This Period (last page this line number only)	

45 "01" "620" "3016"

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
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11ai		

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NAME OF COMMITTEE (In Full)
RICHARD KLEIN FOR CONGRESS

FEC ID No. C00309757

A. Full Name, Mailing Address and ZIP Code Leonard Kesten 183 Hook Road Bedford, NY 10506 Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer LK SALES ASSOC., INC Occupation EXECUTIVE	Date (month, day, year) 07/30/96	Amount of Each Receipt this Period 500.00
	Aggregate Year-To-Date \$ 500.00		
B. Full Name, Mailing Address and ZIP Code Brian S. Klein 2109 Broadway Apt16-14 New York, NY 10023 Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer GMI Occupation AD SALES	Date (month, day, year) 07/09/96	Amount of Each Receipt this Period 250.00
	Aggregate Year-To-Date \$ 250.00		
C. Full Name, Mailing Address and ZIP Code Donald Landis 14 Colonial Rd. White Plains, NY 10605 Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation	Date (month, day, year) 08/02/96	Amount of Each Receipt this Period 500.00
	Aggregate Year-To-Date \$ 500.00		
D. Full Name, Mailing Address and ZIP Code Mitchell P. Lieberman 345 Kear Street Yorktown Heights, NY 10598 Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer SELF EMPLOYED Occupation LAWYER	Date (month, day, year) 07/25/96	Amount of Each Receipt this Period 250.00
	Aggregate Year-To-Date \$ 250.00		
E. Full Name, Mailing Address and ZIP Code Lawrence Mandelker 206 Todd Rd. Katonah, NY 10536 Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer KANTOR DAVIDOFFET.AL Occupation ATTORNEY	Date (month, day, year) 07/09/96	Amount of Each Receipt this Period 250.00
	Aggregate Year-To-Date \$ 250.00		
F. Full Name, Mailing Address and ZIP Code Ronald Mann 73 Fancher Rd Pound Ridge, NY 10576 Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer SELF EMPLOYED Occupation PHYSICIAN	Date (month, day, year) 08/02/96	Amount of Each Receipt this Period 250.00
	Aggregate Year-To-Date \$ 250.00		
G. Full Name, Mailing Address and ZIP Code Stephanie R Mann 73 Fancher Road Pound Ridge, NY 10576 Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer SELF EMPLOYED Occupation PHYSICIAN	Date (month, day, year) 08/02/96	Amount of Each Receipt this Period 250.00
	Aggregate Year-To-Date \$ 250.00		

SUBTOTAL of Receipts This Page (optional)	2250.00
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	OF
	8	9
	FOR LINE NUMBER	
11ai		

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NAME OF COMMITTEE (In Full)
RICHARD KLEIN FOR CONGRESS

FEC ID No. C00309757

A. Full Name, Mailing Address and ZIP Code Renata Manasse Schebel 10 Dogwood Hills Pound Ridge, NY 10576 Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period 250.00
	Occupation	07/25/96	
	Aggregate Year-To-Date	\$ 250.00	
B. Full Name, Mailing Address and ZIP Code Dr. Timothy J. Siglock 35 Sunset Drive Croton on Hudson, NY 10520 Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period 250.00
	SELF	07/15/96	
	PHYSICIAN	Aggregate Year-To-Date \$ 250.00	
C. Full Name, Mailing Address and ZIP Code Busein S. Sonara, M.D. 53 Peekskill Hollow Road Putnam Valley, NY 10579 Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period 250.00
	Occupation	08/05/96	
	Aggregate Year-To-Date	\$ 250.00	
D. Full Name, Mailing Address and ZIP Code Harvey Stabinsky M.D. 15 Boulder Trail Armonk, NY 10504 Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period 500.00
	ST VINCENTS HOSP	07/30/96	
	PHYSICIAN	Aggregate Year-To-Date \$ 500.00	
E. Full Name, Mailing Address and ZIP Code Susan Stabinsky M.D. 15 Boulder Trail Armonk, NY 10504 Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period 500.00
	ST. BARNBAS HOSP	07/30/96	
	PHYSICIAN	Aggregate Year-To-Date \$ 500.00	
F. Full Name, Mailing Address and ZIP Code Eleanor M. Ste. Marie 17-5 Steven Dr. Ossining, NY 10562 Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period 250.00
	N/A	07/11/96	
	RETIRED	Aggregate Year-To-Date \$ 250.00	
G. Full Name, Mailing Address and ZIP Code Jean Stern 4 Cradle Rock Pound Ridge Road, NY 10576 Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period 250.00
	N/A	07/18/96	
	RETIRED	Aggregate Year-To-Date \$ 250.00	

SUBTOTAL of Receipts This Page (optional)	2250.00
TOTAL This Period (last page this line number only)	

96 "01" 620 "3318

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule (a) for each category of the Detailed Summary Page	PAGE	OF
	9	9
FOR LINE NUMBER		
11a1		

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NAME OF COMMITTEE (In Full)
RICHARD KLEIN FOR CONGRESS

FEC ID No. C00309757

A. Full Name, Mailing Address and ZIP Code Robert Stern 4 Cradle Rock Road Pound Ridge, NY 10576 Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer N/A	Date (month, day, year) 07/18/96	Amount of Each Receipt this Period 250.00
	Occupation RETIRED		
	Aggregate Year-To-Date \$ 250.00		
B. Full Name, Mailing Address and ZIP Code Alan G. Weiler 1114 Avenue of the Americas New York, NY 10036 Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer SWEIG WEILER ARNOW	Date (month, day, year) 08/12/96	Amount of Each Receipt this Period 1000.00
	Occupation ASSOC. GEN. MANAGER		
	Aggregate Year-To-Date \$ 1000.00		
C. Full Name, Mailing Address and ZIP Code Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
	Aggregate Year-To-Date \$		
D. Full Name, Mailing Address and ZIP Code Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
	Aggregate Year-To-Date \$		
E. Full Name, Mailing Address and ZIP Code Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
	Aggregate Year-To-Date \$		
F. Full Name, Mailing Address and ZIP Code Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
	Aggregate Year-To-Date \$		
G. Full Name, Mailing Address and ZIP Code Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
	Aggregate Year-To-Date \$		

SUBTOTAL of Receipts This Page (optional) 1250.00

TOTAL This Period (last page this line number only) 20800.00

75016203

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
	1	1
	FOR LINE NUMBER 13a	

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NAME OF COMMITTEE (In Full)
RICHARD KLEIN FOR CONGRESS

FEC ID No. C00309757

A. Full Name, Mailing Address and ZIP Code Richard S Klein 46 Annandale Chappaqua, NY 10514	Name of Employer SELF EMPLOYED	Date (month, day, year) 08/21/96	Amount of Each Receipt this Period 20000.00
	Occupation PHYSICIAN		
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): LOAN	Aggregate Year-To-Date \$ 100000.00		PERSONAL FUND
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
	Occupation		
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-To-Date \$		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
	Occupation		
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-To-Date \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-To-Date \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-To-Date \$		

SUBTOTAL of Receipts This Page (optional)	20000.00
TOTAL This Period (last page this line number only)	20000.00

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
	1	1
	FOR LINE NUMBER	
15		

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NAME OF COMMITTEE (In Full)
RICHARD KLEIN FOR CONGRESS

FEC ID No. C00309757

A. Full Name, Mailing Address and ZIP Code FLEET BANK TRIANGLE CENTER YORKTOWN HEIGHTS, NY 10598 Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period 244.37
	Occupation	07/01/96	
	Aggregate Year-To-Date	\$ 745.69	
B. Full Name, Mailing Address and ZIP Code FLEET BANK TRIANGLE CENTER YORKTOWN HEIGHTS, NY 10598 Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period 252.94
	Occupation	08/01/96	
	Aggregate Year-To-Date	\$ 998.63	
C. Full Name, Mailing Address and ZIP Code Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
	Aggregate Year-To-Date	\$	
D. Full Name, Mailing Address and ZIP Code Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
	Aggregate Year-To-Date	\$	
E. Full Name, Mailing Address and ZIP Code Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
	Aggregate Year-To-Date	\$	
F. Full Name, Mailing Address and ZIP Code Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
	Aggregate Year-To-Date	\$	
G. Full Name, Mailing Address and ZIP Code Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
	Aggregate Year-To-Date	\$	

SUBTOTAL of Receipts This Page (optional)	497.31
TOTAL This Period (last page this line number only)	497.31

15-01-96-333

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1	OF 13
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NAME OF COMMITTEE (In Full)

RICHARD KLEIN FOR CONGRESS

FEC ID No. C00309757

A. Full Name, Mailing Address and ZIP Code Affiliated Photo Services Inc. P.O. Box 61-B Scarsdale, NY 10583	Purpose of Disbursement EARNED MEDIA:PRESS KITS Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 07/31/96	Amount of Each Disbursement This Period 274.76
B. Full Name, Mailing Address and ZIP Code AT&T Wireless Po Box 35005 Newark, NJ 07193	Purpose of Disbursement ADMIN:TELEPHONE Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 07/09/96	Amount of Each Disbursement This Period 24.75
C. Full Name, Mailing Address and ZIP Code AT&T Wireless Po Box 35005 Newark, NJ 07193	Purpose of Disbursement ADMIN:TELEPHONE Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 07/31/96	Amount of Each Disbursement This Period 356.47
D. Full Name, Mailing Address and ZIP Code AT&T Wireless Po Box 35005 Newark, NJ 07193	Purpose of Disbursement ADMIN:TELEPHONE Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 08/20/96	Amount of Each Disbursement This Period 126.17
E. Full Name, Mailing Address and ZIP Code Bannon Researc c/o PM /Associates 2 Cabot Place Stoughton, MA 02072	Purpose of Disbursement RESEARCH CONS:POLL TRACK Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 08/15/96	Amount of Each Disbursement This Period 4400.00
F. Full Name, Mailing Address and ZIP Code Bell Office Equipment 222 Washington Street Peekskill, NY 10566	Purpose of Disbursement ADMIN:OFF SUPP Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 07/31/96	Amount of Each Disbursement This Period 298.55
G. Full Name, Mailing Address and ZIP Code Best Mailing Lists 888 South Craycroft Road Tucson, AZ 85711	Purpose of Disbursement FUNDRAIS:DIR MAIL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 07/25/96	Amount of Each Disbursement This Period 1167.00
H. Full Name, Mailing Address and ZIP Code Brendan Tully 1914 Glenrock St. Yorktown Heights, NY 10598	Purpose of Disbursement FUNDRAIS:TELEFUNDRAIS Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 07/31/96	Amount of Each Disbursement This Period 477.50
I. Full Name, Mailing Address and ZIP Code Campaign on Line 219 Westchester Avenue Suite 5 Portchester, NY 10573	Purpose of Disbursement RESEARCH CONS:POLLING BENCH Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 07/31/96	Amount of Each Disbursement This Period 7500.00

SUBTOTAL of Disbursements This Page (optional).

14625.20

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	OF
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		17

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NAME OF COMMITTEE (in Full)

RICHARD KLEIN FOR CONGRESS

FEC ID No. C00309757

A. Full Name, Mailing Address and ZIP Code Citibank Advantage PO Box 6706 Sioux Falls, SD 57188	Purpose of Disbursement FUNDRAIS:TRAVEL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 07/02/96	Amount of Each Disbursement This Period 456.00
B. Full Name, Mailing Address and ZIP Code Citibank Advantage PO Box 6706 Sioux Falls, SD 57188	Purpose of Disbursement ADMIN:TELEPHONE Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 07/02/96	Amount of Each Disbursement This Period 43.29
C. Full Name, Mailing Address and ZIP Code Citibank Advantage PO Box 6706 Sioux Falls, SD 57188	Purpose of Disbursement EARNED MEDIA:PRESS KITS Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 07/02/96	Amount of Each Disbursement This Period 12.00
D. Full Name, Mailing Address and ZIP Code Citibank Advantage PO Box 6706 Sioux Falls, SD 57188	Purpose of Disbursement FUNDRAIS:TRAVEL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 08/02/96	Amount of Each Disbursement This Period 363.62
E. Full Name, Mailing Address and ZIP Code Citibank Advantage PO Box 6706 Sioux Falls, SD 57188	Purpose of Disbursement ADMIN:TELEPHONE Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 08/02/96	Amount of Each Disbursement This Period 85.35
F. Full Name, Mailing Address and ZIP Code Citibank Advantage PO Box 6706 Sioux Falls, SD 57188	Purpose of Disbursement EARNED MEDIA:PRESS KITS Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 08/02/96	Amount of Each Disbursement This Period 75.26
G. Full Name, Mailing Address and ZIP Code Citibank Advantage PO Box 6706 Sioux Falls, SD 57188	Purpose of Disbursement FIELD OPER:VOLUNTEER EXP Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 08/02/96	Amount of Each Disbursement This Period 120.09
H. Full Name, Mailing Address and ZIP Code City of Poughkeepsie Main Street Poughkeepsie, NY 12601	Purpose of Disbursement FINDRAIS;EVENTS;RECEPTION Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 08/09/96	Amount of Each Disbursement This Period 50.00
I. Full Name, Mailing Address and ZIP Code Con Edison JAF Station P. O. Box 1702 New York, NY 10116	Purpose of Disbursement ADMIN:UTILITIES Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 07/02/96	Amount of Each Disbursement This Period 13.41

SUBTOTAL of Disbursements This Page (optional). 1219.02

TOTAL This Period (last page this line number only)

2025-09-01 09:00:00

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 3	OF 13
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NAME OF COMMITTEE (In Full)

RICHARD KLEIN FOR CONGRESS

FEC ID No. C00309757

A. Full Name, Mailing Address and ZIP Code Con Edison JAF Station P. O. Box 1702 New York, NY 10116	Purpose of Disbursement ADMIN:UTILITIES Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 07/31/96	Amount of Each Disbursement This Period 14.21
B. Full Name, Mailing Address and ZIP Code Daniel Zhang 23-30 33rd Avenue Astoria, NY 11106	Purpose of Disbursement ADMIN:SOFTWARE Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 07/31/96	Amount of Each Disbursement This Period 150.00
C. Full Name, Mailing Address and ZIP Code Dawn Manwaring 251-3 Underhill Ave. Yorktown Heights, NY 10598	Purpose of Disbursement FIELD OPER:VOLUNTEER EXP Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 08/20/96	Amount of Each Disbursement This Period 10.80
D. Full Name, Mailing Address and ZIP Code Fernando Venegas Terry Hill Road Carmel, NY 10512	Purpose of Disbursement ADMIN:CLEANING Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 07/02/96	Amount of Each Disbursement This Period 120.00
E. Full Name, Mailing Address and ZIP Code Fernando Venegas Terry Hill Road Carmel, NY 10512	Purpose of Disbursement ADMIN:CLEANING Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 07/31/96	Amount of Each Disbursement This Period 120.00
F. Full Name, Mailing Address and ZIP Code Foley's 60 Triangle Center Yorktown Heights, NY 10598	Purpose of Disbursement FUNDRAIS:DIR MAIL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 07/31/96	Amount of Each Disbursement This Period 87.53
G. Full Name, Mailing Address and ZIP Code Frontier Communications Location 1276 cincinnati, OH 45274	Purpose of Disbursement ADMIN:TELEPHONE Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 08/02/96	Amount of Each Disbursement This Period 238.70
H. Full Name, Mailing Address and ZIP Code Gateway Papers PO Drawer H Mahopac, NY 10541	Purpose of Disbursement RESEARCH CONS:NEWSPAPERS Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 07/31/96	Amount of Each Disbursement This Period 20.00
I. Full Name, Mailing Address and ZIP Code Gazette PO Box 890 Croton on Hudson, NY 10520	Purpose of Disbursement RESEARCH CONS:NEWSPAPERS Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 08/12/96	Amount of Each Disbursement This Period 25.00

SUBTOTAL of Disbursements This Page (optional).

786.24

TOTAL This Period (last page this line number only)

2025-02-29 10:56

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 4	OF 13
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NAME OF COMMITTEE (In Full)

RICHARD KLEIN FOR CONGRESS

FEC ID No. C00309757

A. Full Name, Mailing Address and ZIP Code Hanover Square Inc. 251-3 Underhill Ave Yorktown Heights, NY 10598	Purpose of Disbursement <u>ADMIN:RENT</u> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 07/09/96	Amount of Each Disbursement This Period 1200.00
B. Full Name, Mailing Address and ZIP Code Hanover Square Inc. 251-3 Underhill Ave Yorktown Heights, NY 10598	Purpose of Disbursement <u>ADMIN:RENT</u> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 08/20/96	Amount of Each Disbursement This Period 1200.00
C. Full Name, Mailing Address and ZIP Code Housatonic Valley Publishing Co. PO Box 1139 New Milford, CT 06776	Purpose of Disbursement <u>RESEARCH CONS:NEWSPAPERS</u> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 07/31/96	Amount of Each Disbursement This Period 15.00
D. Full Name, Mailing Address and ZIP Code Hudson Valley bank Main Street Mt. Kisco, NY 10549	Purpose of Disbursement <u>ADMIN:BANK CHARGE</u> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 08/21/96	Amount of Each Disbursement This Period 29.74
E. Full Name, Mailing Address and ZIP Code Hudson Valley Newspapers PO Box 458 Highland, NY 12528	Purpose of Disbursement <u>RESEARCH CONS:NEWSPAPERS</u> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 07/11/96	Amount of Each Disbursement This Period 14.50
F. Full Name, Mailing Address and ZIP Code J. M. Lawlor 3378 Nutly circle Yorktown Hts., NY 10598	Purpose of Disbursement <u>ADMIN:OFF SUPP</u> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 07/02/96	Amount of Each Disbursement This Period 41.60
G. Full Name, Mailing Address and ZIP Code J. M. Lawlor 3378 Nutly circle Yorktown Hts., NY 10598	Purpose of Disbursement <u>ADMIN:POSTAGE</u> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 07/15/96	Amount of Each Disbursement This Period 4.86
H. Full Name, Mailing Address and ZIP Code Jack Cook 251-3 Underhill Ave. Yorktown Heights, NY 10598	Purpose of Disbursement <u>ADMIN:POSTAGE</u> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 07/02/96	Amount of Each Disbursement This Period 3.90
I. Full Name, Mailing Address and ZIP Code Jack Cook 251-3 Underhill Ave. Yorktown Heights, NY 10598	Purpose of Disbursement <u>ADMIN:OFF SUPP</u> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 07/02/96	Amount of Each Disbursement This Period 240.64

SUBTOTAL of Disbursements This Page (optional).

2750.24

TOTAL This Period (last page this line number only)

96016203025

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 5	OF 13
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NAME OF COMMITTEE (In Full)

RICHARD KLEIN FOR CONGRESS

FEC ID No. C00309757

A. Full Name, Mailing Address and ZIP Code Jack Cook 251-3 Underhill Ave. Yorktown Heights, NY 10598	Purpose of Disbursement FIELD OPER:VOLUNTEER EXP Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 07/02/96	Amount of Each Disbursement This Period 170.90
B. Full Name, Mailing Address and ZIP Code Jack Cook 251-3 Underhill Ave. Yorktown Heights, NY 10598	Purpose of Disbursement STAFF:OFF MGR/VOL COR Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 07/02/96	Amount of Each Disbursement This Period 800.00
C. Full Name, Mailing Address and ZIP Code Jack Cook 251-3 Underhill Ave. Yorktown Heights, NY 10598	Purpose of Disbursement FIELD OPER:VOLUNTEER EXP Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 07/11/96	Amount of Each Disbursement This Period 5.00
D. Full Name, Mailing Address and ZIP Code Jack Cook 251-3 Underhill Ave. Yorktown Heights, NY 10598	Purpose of Disbursement FIELD OPER:VOLUNTEER EXP Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 07/11/96	Amount of Each Disbursement This Period 5.00
E. Full Name, Mailing Address and ZIP Code Jack Cook 251-3 Underhill Ave. Yorktown Heights, NY 10598	Purpose of Disbursement FIELD OPER:VOLUNTEER EXP Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 07/31/96	Amount of Each Disbursement This Period 137.70
F. Full Name, Mailing Address and ZIP Code Jack Cook 251-3 Underhill Ave. Yorktown Heights, NY 10598	Purpose of Disbursement ADMIN:OFF SUPP Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 07/31/96	Amount of Each Disbursement This Period 140.32
G. Full Name, Mailing Address and ZIP Code Jack Cook 251-3 Underhill Ave. Yorktown Heights, NY 10598	Purpose of Disbursement STAFF:OFF MGR/VOL COR Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 07/31/96	Amount of Each Disbursement This Period 800.00
H. Full Name, Mailing Address and ZIP Code Jack Cook 251-3 Underhill Ave. Yorktown Heights, NY 10598	Purpose of Disbursement ADMIN:OFF SUPP Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 08/15/96	Amount of Each Disbursement This Period 4.55
I. Full Name, Mailing Address and ZIP Code Jam Printing 3179 Arbour Lane Yorktown, NY 10598	Purpose of Disbursement FUNDRAIS:DIR MAIL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 07/02/96	Amount of Each Disbursement This Period 65.00

SUBTOTAL of Disbursements This Page (optional).

2128.47

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 6	OF 13
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NAME OF COMMITTEE (In Full)

RICHARD KLEIN FOR CONGRESS

FEC ID No. C00309757

A. Full Name, Mailing Address and ZIP Code Jam Printing 3179 Arbour Lane Yorktown, NY 10598	Purpose of Disbursement ADMIN:OFF SUPP Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 07/31/96	Amount of Each Disbursement This Period 150.00
B. Full Name, Mailing Address and ZIP Code Jamal Epps 251-3 Underhill Avenue Yorktown Heights, NY 10598	Purpose of Disbursement FIELD OPER:VOLUNTEER EXP Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 07/24/96	Amount of Each Disbursement This Period 5.00
C. Full Name, Mailing Address and ZIP Code Jamal Epps 251-3 Underhill Avenue Yorktown Heights, NY 10598	Purpose of Disbursement FIELD OPER:VOLUNTEER EXP Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 08/02/96	Amount of Each Disbursement This Period 5.00
D. Full Name, Mailing Address and ZIP Code James Kelly 340 E. 93rd Street New York, NY 10128	Purpose of Disbursement STAFF:PRESS SEC'Y Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 07/02/96	Amount of Each Disbursement This Period 1729.17
E. Full Name, Mailing Address and ZIP Code James Kelly 340 E. 93rd Street New York, NY 10128	Purpose of Disbursement STAFF:PRESS SEC'Y Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 07/31/96	Amount of Each Disbursement This Period 1736.00
F. Full Name, Mailing Address and ZIP Code James Kelly 340 E. 93rd Street New York, NY 10128	Purpose of Disbursement FIELD OPER:VOLUNTEER EXP Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 08/19/96	Amount of Each Disbursement This Period 14.00
G. Full Name, Mailing Address and ZIP Code James Kelly 340 E. 93rd Street New York, NY 10128	Purpose of Disbursement FIELD OPER:VOLUNTEER EXP Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 08/19/96	Amount of Each Disbursement This Period 14.00
H. Full Name, Mailing Address and ZIP Code Jeffrey Barrett 3324 Lake Shore Drive Mohegan Lake, NY 10547	Purpose of Disbursement RESEARCH CONS:RES CONS Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 07/03/96	Amount of Each Disbursement This Period 4200.00
I. Full Name, Mailing Address and ZIP Code Jeffrey Barrett 3324 Lake Shore Drive Mohegan Lake, NY 10547	Purpose of Disbursement RESEARCH CONS:RES CONS Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 07/31/96	Amount of Each Disbursement This Period 4200.00

SUBTOTAL of Disbursements This Page (optional) 12053.17

TOTAL This Period (last page this line number only)

76 "01" 620 "3027

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 7	OF 13
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NAME OF COMMITTEE (In Full)

RICHARD KLEIN FOR CONGRESS

FEC ID No. C00309757

A. Full Name, Mailing Address and ZIP Code Katharine McLoughlin 180 Locust Avenue Cortlandt Manor, NY 10566	Purpose of Disbursement STAFF: CAMPAIGN MANAGER Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 07/02/96	Amount of Each Disbursement This Period 3500.00
B. Full Name, Mailing Address and ZIP Code Katharine McLoughlin 180 Locust Avenue Cortlandt Manor, NY 10566	Purpose of Disbursement FIELD OPER: VOLUNTEER EXP Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 07/12/96	Amount of Each Disbursement This Period 20.00
C. Full Name, Mailing Address and ZIP Code Katharine McLoughlin 180 Locust Avenue Cortlandt Manor, NY 10566	Purpose of Disbursement STAFF: CAMPAIGN MANAGER Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 07/31/96	Amount of Each Disbursement This Period 3500.00
D. Full Name, Mailing Address and ZIP Code Katonah Chamber of Commerce PO Box 389 Katonah, NY 10536	Purpose of Disbursement FUNDRAIS: EVENTS Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 07/31/96	Amount of Each Disbursement This Period 150.00
E. Full Name, Mailing Address and ZIP Code Kevin Lawlor 251-3 Underhill Avenue Yorktown Heights, NY 10598	Purpose of Disbursement FIELD OPER: VOLUNTEER EXP Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 08/02/96	Amount of Each Disbursement This Period 12.00
F. Full Name, Mailing Address and ZIP Code Kristi Watson 2929 Bainbridge Ave. Apt 4E Bronx, NY 10458	Purpose of Disbursement FIELD OPER: VOLUNTEER EXP Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 07/02/96	Amount of Each Disbursement This Period 24.00
G. Full Name, Mailing Address and ZIP Code Kristi Watson 2929 Bainbridge Ave. Apt 4E Bronx, NY 10458	Purpose of Disbursement STAFF: SECY SCHEDULER Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 07/31/96	Amount of Each Disbursement This Period 1000.00
H. Full Name, Mailing Address and ZIP Code Land Communications 3612 West Road Mohegan Lake, NY 10547	Purpose of Disbursement ADMIN: TELEPHONE Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 07/25/96	Amount of Each Disbursement This Period 980.00
I. Full Name, Mailing Address and ZIP Code Lucy's 1937 Commerce St. Yorktown Heights, NY 10598	Purpose of Disbursement FIELD OPER: VOLUNTEER EXP Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 08/20/96	Amount of Each Disbursement This Period 59.27

SUBTOTAL of Disbursements This Page (optional).

9245.27

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)

RICHARD KLEIN FOR CONGRESS

FEC ID No. C00309757

A. Full Name, Mailing Address and ZIP Code Mail Boxes 1992 Commerce St. Yorktown Heights, NY 10598	Purpose of Disbursement ADMIN:OFF SUPP Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 08/20/96	Amount of Each Disbursement This Period 52.13
B. Full Name, Mailing Address and ZIP Code Marc Koret 1835 Brookdale Sy Yorktown Heights, NY 10598	Purpose of Disbursement FIELD OPER:VOLUNTEER EXP Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 07/02/96	Amount of Each Disbursement This Period 9.00
C. Full Name, Mailing Address and ZIP Code Marc Koret 1835 Brookdale Sy Yorktown Heights, NY 10598	Purpose of Disbursement ADMIN:POSTAGE Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 07/11/96	Amount of Each Disbursement This Period 8.06
D. Full Name, Mailing Address and ZIP Code Marc Koret 1835 Brookdale Sy Yorktown Heights, NY 10598	Purpose of Disbursement RESEARCH CONS:NEWSPAPERS Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 07/12/96	Amount of Each Disbursement This Period 2.00
E. Full Name, Mailing Address and ZIP Code Marc Koret 1835 Brookdale Sy Yorktown Heights, NY 10598	Purpose of Disbursement ADMIN:OFF SUPP Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 07/15/96	Amount of Each Disbursement This Period 6.72
F. Full Name, Mailing Address and ZIP Code Marc Koret 1835 Brookdale Sy Yorktown Heights, NY 10598	Purpose of Disbursement ADMIN:POSTAGE Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 07/24/96	Amount of Each Disbursement This Period 10.75
G. Full Name, Mailing Address and ZIP Code Marc Koret 1835 Brookdale Sy Yorktown Heights, NY 10598	Purpose of Disbursement ADMIN:POSTAGE Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 07/24/96	Amount of Each Disbursement This Period 27.80
H. Full Name, Mailing Address and ZIP Code Marc Koret 1835 Brookdale Sy Yorktown Heights, NY 10598	Purpose of Disbursement ADMIN:POSTAGE Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 08/06/96	Amount of Each Disbursement This Period 7.80
I. Full Name, Mailing Address and ZIP Code Marc Koret 1835 Brookdale Sy Yorktown Heights, NY 10598	Purpose of Disbursement ADMIN:OFF SUPP Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 08/08/96	Amount of Each Disbursement This Period 10.66

SUBTOTAL of Disbursements This Page (optional) 134.92

TOTAL This Period (last page this line number only)

96016203023

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)

RICHARD KLEIN FOR CONGRESS

FEC ID No. C00309757

A. Full Name, Mailing Address and ZIP Code Marc Koret 1835 Brookdale Sy Yorktown Heights, NY 10598	Purpose of Disbursement ADMIN: POSTAGE Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 08/15/96	Amount of Each Disbursement This Period 3.00
B. Full Name, Mailing Address and ZIP Code Marc Koret 1835 Brookdale Sy Yorktown Heights, NY 10598	Purpose of Disbursement FIELD OPER: VOLUNTEER EXP Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 08/20/96	Amount of Each Disbursement This Period 28.80
C. Full Name, Mailing Address and ZIP Code Margaret Goode 28 Quincy Court PO Box 225 Goldens Bridge, NY 10526	Purpose of Disbursement FIELD OPER: VOTER REGISTRATIO N Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 07/10/96	Amount of Each Disbursement This Period 250.00
D. Full Name, Mailing Address and ZIP Code Michael Robinson 45 Maryton Rd. North White Plains, NY 10603	Purpose of Disbursement STAFF: FUNDRAIS DIRECTOR Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 07/02/96	Amount of Each Disbursement This Period 1600.00
E. Full Name, Mailing Address and ZIP Code Michael Robinson 45 Maryton Rd. North White Plains, NY 10603	Purpose of Disbursement STAFF: FUNDRAIS DIRECTOR Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 07/23/96	Amount of Each Disbursement This Period 2000.00
F. Full Name, Mailing Address and ZIP Code Michael Sheehan 2837 Hyatt Street Yorktown Heights, NY 10598	Purpose of Disbursement FUNDRAIS: TELEFUNDRAIS Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 07/31/96	Amount of Each Disbursement This Period 375.00
G. Full Name, Mailing Address and ZIP Code Mitchell Hardware Front Street Yorktown Heights, NY 10598	Purpose of Disbursement ADMIN: OFF SUPP Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 08/06/96	Amount of Each Disbursement This Period 16.59
H. Full Name, Mailing Address and ZIP Code News Of the Highlands PO Box 278 Highland Falls, NY 10928	Purpose of Disbursement RESEARCH CONS: NEWSPAPERS Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 08/12/96	Amount of Each Disbursement This Period 21.00
I. Full Name, Mailing Address and ZIP Code Nita Lowey for Congress PO Box 271 White Plains, NY 10605	Purpose of Disbursement FUNDRAIS: EVENT; RECEPTION Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 07/22/96	Amount of Each Disbursement This Period 35.00

SUBTOTAL of Disbursements This Page (optional).

4329.39

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)

RICHARD KLEIN FOR CONGRESS

FEC ID No. C00309757

A. Full Name, Mailing Address and ZIP Code Norris A. Weiss PO Box 15416 Washington, DC 20003	Purpose of Disbursement <u>STAFF:FUNDRAIS DIR</u> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 07/22/96	Amount of Each Disbursement This Period 2000.00
B. Full Name, Mailing Address and ZIP Code Norris A. Weiss PO Box 15416 Washington, DC 20003	Purpose of Disbursement <u>STAFF:FUNDRAIS DIR</u> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 08/01/96	Amount of Each Disbursement This Period 2000.00
C. Full Name, Mailing Address and ZIP Code NWHC Auxiliary 400 East Main Street Mt. Kisco, NY 10549	Purpose of Disbursement <u>FUNDRAIS:EVENT:RECEPTION</u> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 07/22/96	Amount of Each Disbursement This Period 30.00
D. Full Name, Mailing Address and ZIP Code NWHC Auxiliary 400 East Main Street Mt. Kisco, NY 10549	Purpose of Disbursement <u>FUNDRAIS:EVENT/DINNER</u> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 07/31/96	Amount of Each Disbursement This Period 500.00
E. Full Name, Mailing Address and ZIP Code NYNEX P.O. Box 1100 Albany, NY 12250	Purpose of Disbursement <u>ADMIN:TELEPHONE</u> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 07/12/96	Amount of Each Disbursement This Period 275.20
F. Full Name, Mailing Address and ZIP Code NYNEX P.O. Box 1100 Albany, NY 12250	Purpose of Disbursement <u>ADMIN:TELEPHONE</u> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 07/12/96	Amount of Each Disbursement This Period 761.72
G. Full Name, Mailing Address and ZIP Code NYNEX P.O. Box 1100 Albany, NY 12250	Purpose of Disbursement <u>ADMIN:TELEPHONE</u> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 08/20/96	Amount of Each Disbursement This Period 1734.67
H. Full Name, Mailing Address and ZIP Code NYS Electric & Gas P. O. Box 5550 Ithaca, NY 14852	Purpose of Disbursement <u>ADMIN:UTILITIES</u> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 07/12/96	Amount of Each Disbursement This Period 367.00
I. Full Name, Mailing Address and ZIP Code Printing Design Group 90 Washington Valley Rd. Bedminster, NJ 07921	Purpose of Disbursement <u>FUNDRAIS:DIR MAIL</u> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 08/20/96	Amount of Each Disbursement This Period 1395.00

SUBTOTAL of Disbursements This Page (optional). 9063.59

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)

RICHARD KLEIN FOR CONGRESS

FEC ID No. C00309757

A. Full Name, Mailing Address and ZIP Code PRO CD 222 Rosewood Drive Danvers, MA 01923	Purpose of Disbursement <u>ADMIN: SOFTWARE</u> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 07/31/96	Amount of Each Disbursement This Period 108.00
B. Full Name, Mailing Address and ZIP Code Putnam Cty Dem Comm PO Box 51 Patterson, NY 12563	Purpose of Disbursement <u>FUNDRAIS; EVENT/DINNER</u> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 07/02/96	Amount of Each Disbursement This Period 40.00
C. Full Name, Mailing Address and ZIP Code Quill Corp Po Box 94081 Palantine, IL 60094	Purpose of Disbursement <u>ADMIN: OFF SUPP</u> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 07/02/96	Amount of Each Disbursement This Period 282.93
D. Full Name, Mailing Address and ZIP Code Quill Corp Po Box 94081 Palantine, IL 60094	Purpose of Disbursement <u>ADMIN: OFF SUPP</u> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 07/15/96	Amount of Each Disbursement This Period 122.56
E. Full Name, Mailing Address and ZIP Code Quill Corp Po Box 94081 Palantine, IL 60094	Purpose of Disbursement <u>ADMIN: OFF SUPP</u> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 07/31/96	Amount of Each Disbursement This Period 518.40
F. Full Name, Mailing Address and ZIP Code Record Review Box 455 Bedford Hills, NY 10507	Purpose of Disbursement <u>RESEARCH CONS: NEWSPAPERS</u> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 07/31/96	Amount of Each Disbursement This Period 12.00
G. Full Name, Mailing Address and ZIP Code Robert McClary 1943 Baldwin Road Yorktown Heights, NY 10598	Purpose of Disbursement <u>FIELD OPER: VOLUNTEER EXP</u> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 07/11/96	Amount of Each Disbursement This Period 10.00
H. Full Name, Mailing Address and ZIP Code Robert McClary 1943 Baldwin Road Yorktown Heights, NY 10598	Purpose of Disbursement <u>ADMIN: OFF SUPP</u> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 07/31/96	Amount of Each Disbursement This Period 33.60
I. Full Name, Mailing Address and ZIP Code The Sentinel PO Box 406 Vails Gate, NY 12584	Purpose of Disbursement <u>RESEARCH CONS</u> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 07/31/96	Amount of Each Disbursement This Period 12.00

SUBTOTAL of Disbursements This Page (optional).

1139.49

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)

RICHARD KLEIN FOR CONGRESS

FEC ID No. C00309757

A. Full Name, Mailing Address and ZIP Code Sheila Hamilton RD #2 Box 232A Patterson, NY 12563	Purpose of Disbursement <u>STAFF:ADVANCE PERSON</u> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 07/02/96	Amount of Each Disbursement This Period 800.00
B. Full Name, Mailing Address and ZIP Code Sheila Hamilton RD #2 Box 232A Patterson, NY 12563	Purpose of Disbursement <u>STAFF:ADVANCE PERSON</u> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 07/31/96	Amount of Each Disbursement This Period 1200.00
C. Full Name, Mailing Address and ZIP Code Southern Dutchess News 84 East Main Street Wappinger Falls, NY 12590	Purpose of Disbursement <u>RESEARCH CONS:NEWSPAPERS</u> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 08/12/96	Amount of Each Disbursement This Period 23.00
D. Full Name, Mailing Address and ZIP Code Spartan Printing 55 Webster Avenue New Rochelle, NY 10801	Purpose of Disbursement <u>EARNED MEDIA:PRESS KITS</u> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 08/09/96	Amount of Each Disbursement This Period 58.71
E. Full Name, Mailing Address and ZIP Code Spartan Printing 55 Webster Avenue New Rochelle, NY 10801	Purpose of Disbursement <u>EARNED MEDIA:PRESS KITS</u> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 08/20/96	Amount of Each Disbursement This Period 58.71
F. Full Name, Mailing Address and ZIP Code U. S. Post Office Veteran's Road Yorktown Heights, NY 10598	Purpose of Disbursement <u>ADMIN:POSTAGE</u> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 07/09/96	Amount of Each Disbursement This Period 500.00
G. Full Name, Mailing Address and ZIP Code U. S. Post Office Veteran's Road Yorktown Heights, NY 10598	Purpose of Disbursement <u>ADMIN:POSTAGE</u> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 07/31/96	Amount of Each Disbursement This Period 500.00
H. Full Name, Mailing Address and ZIP Code U. S. Post Office Veteran's Road Yorktown Heights, NY 10598	Purpose of Disbursement <u>ADMIN:POSTAGE</u> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 08/19/96	Amount of Each Disbursement This Period 500.00
I. Full Name, Mailing Address and ZIP Code USA Unishippers PO Box 1751-99 Stamford, CT 06920	Purpose of Disbursement <u>ADMIN:POSTAGE</u> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 07/09/96	Amount of Each Disbursement This Period 16.95

SUBTOTAL of Disbursements This Page (optional).	3657.37
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SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)

RICHARD KLEIN FOR CONGRESS

FEC ID No. C00309757

A. Full Name, Mailing Address and ZIP Code USA Unishippers PO Box 1751-99 Stamford, CT 06920	Purpose of Disbursement <u>ADMIN: POSTAGE</u> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 07/31/96	Amount of Each Disbursement This Period 72.75
B. Full Name, Mailing Address and ZIP Code USA Unishippers PO Box 1751-99 Stamford, CT 06920	Purpose of Disbursement <u>ADMIN: POSTAGE</u> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 08/20/96	Amount of Each Disbursement This Period 49.85
C. Full Name, Mailing Address and ZIP Code Weekly News Arts & Entertainment 1 Dock Street Stamford, CT 06902	Purpose of Disbursement <u>RESEARCH CON: NEWSPAPERS</u> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 08/18/96	Amount of Each Disbursement This Period 80.00
D. Full Name, Mailing Address and ZIP Code Yorktown Democratic Club P.O. Box 405 Yorktown Heights, NY 10598	Purpose of Disbursement <u>FUNDRAIS: EVENT/RECEPTION</u> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 07/02/96	Amount of Each Disbursement This Period 75.00
E. Full Name, Mailing Address and ZIP Code Yorktown Observer PO Box 637 Shrub Oak, NY 10588	Purpose of Disbursement <u>RESEARCH CONS: NEWSPAPERS</u> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 08/19/96	Amount of Each Disbursement This Period 10.00
F. Full Name, Mailing Address and ZIP Code Yorktown Photo 345 Kear Street Yorktown Heights, NY 10598	Purpose of Disbursement <u>EARNED MEDIA: PRESS KITS</u> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 07/15/96	Amount of Each Disbursement This Period 42.41
G. Full Name, Mailing Address and ZIP Code Yorktown Photo 345 Kear Street Yorktown Heights, NY 10598	Purpose of Disbursement <u>EARNED MEDIA: PRESS KITS</u> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 08/02/96	Amount of Each Disbursement This Period 74.16
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)

404.17

TOTAL This Period (last page this line number only)

61536.54

96-01-620-3034

SCHEDULE C
(Revised 3/80)

LOANS

Page 1 of 4 for
LINE NUMBER 10
(Use separate schedules
for each numbered line)

Name of Committee (in Full)		FEC ID No C00309757	
RICHARD KLEIN FOR CONGRESS			
A. Full Name, Mailing Address and ZIP Code of Loan Source		Original Amount of Loan	Cumulative Payment To Date
RICHARD S. KLEIN (FROM PERSONAL FUNDS)			
46 ANNANDALE DRIVE			
CHAPPAQUA NY 10514		100.00	100.00
Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Terms: Date Incurred <u>04/19/95</u> Date Due _____ Interest Rate _____ % (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		Original Amount of Loan	Cumulative Payment To Date
RICHARD S. KLEIN (FROM PERSONAL FUNDS)			
46 ANNANDALE DRIVE			
CHAPPAQUA NY 10514		20000.00	20000.00
Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Terms: Date Incurred <u>06/06/95</u> Date Due _____ Interest Rate _____ % (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)			20100.00
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.			

95-01-620-333

SCHEDULE C
(Revised 3/80)

LOANS

Page 2 of 4 for
LINE NUMBER 10
(Use separate schedules
for each numbered line)

Name of Committee (in Full) RICHARD KLEIN FOR CONGRESS		FEC ID No C00309757	
A. Full Name, Mailing Address and ZIP Code of Loan Source RICHARD S. KLEIN (FROM PERSONAL FUNDS) 46 ANNANDALE DRIVE CHAPPAQUA NY 10514		Original Amount of Loan 10000.00	Cumulative Payment To Date 10000.00
Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Interest Rate _____ % (apr) <input type="checkbox"/> Secured	
Terms: Date Incurred <u>12/22/95</u> Date Due _____			
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 RICHARD S. KLEIN (FROM PERSONAL FUNDS) 46 ANNANDALE DRIVE CHAPPAQUA NY 10514		Original Amount of Loan 90000.00	Cumulative Payment To Date 90000.00
Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Interest Rate _____ % (apr) <input type="checkbox"/> Secured	
Terms: Date Incurred <u>12/22/95</u> Date Due _____			
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)		100000.00	
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.			

96-01-620-3336

SCHEDULE C
(Revised 3/80)

LOANS

Page 3 of 4 for
LINE NUMBER 10
(Use separate schedules
for each numbered line)

Name of Committee (in Full) RICHARD KLEIN FOR CONGRESS		FEC ID No C00309757			
A. Full Name, Mailing Address and ZIP Code of Loan Source RICHARD S. KLEIN (FROM PERSONAL FUNDS) 46 ANNANDALE DRIVE CHAPPAQUA NY 10514 Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Original Amount of Loan 10000.00	Cumulative Payment To Date Balance Outstanding at Close of This Period 10000.00		
Terms: Date Incurred <u>04/01/96</u> Date Due _____ Interest Rate _____ % (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 RICHARD S. KLEIN (FROM PERSONAL FUNDS) 46 ANNANDALE DRIVE CHAPPAQUA NY 10514 Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):				Original Amount of Loan 70000.00	Cumulative Payment To Date Balance Outstanding at Close of This Period 70000.00
Terms: Date Incurred <u>06/30/96</u> Date Due _____ Interest Rate _____ % (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)		80000.00			
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.					

SEE PAGE 10

SCHEDULE C
(Revised 3/80)

LOANS

Page 4 of 4 for
LINE NUMBER 10
(Use separate schedules
for each numbered line)

Name of Committee (In Full) RICHARD KLEIN FOR CONGRESS		FEC ID No C00309757	
A. Full Name, Mailing Address and ZIP Code of Loan Source RICHARD S. KLEIN (FROM PERSONAL FUNDS) 46 ANNANDALE DRIVE CHAPPAQUA NY 10514		Original Amount of Loan 20000.00	Cumulative Payment To Date 20000.00
Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Interest Rate _____ % (apr) <input type="checkbox"/> Secured	
Terms: Date Incurred 08/21/96 Date Due _____			
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		Original Amount of Loan	Cumulative Payment To Date
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Interest Rate _____ % (apr) <input type="checkbox"/> Secured	
Terms: Date Incurred _____ Date Due _____			
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)		20000.00	
TOTALS This Period (last page in this line only)		220100.00	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.			

96-01-620-2230

RICHARD KLEIN FOR CONGRESS

251-3 Underhill Avenue
Yorktown Heights, NY 10598



Voice: (914) 962-6996

Fax: (914) 962-5989

E-Mail: klein96@westnet.com

To Whom It May Concern:

The enclosed FEC Form 3 for the Richard Klein For Congress Committee for the period ended August 21, 1996 does not contain all the necessary Employer and Occupation information for each contributor. We have sent a letter to each contributor requesting such information and have enclosed copies of such letters along with the respective card. We will use our best efforts to obtain the necessary information.

Sincerely,

Stuart Wadler, CPA
Treasurer

96 "01" 620 "3533

RICHARD KLEIN FOR CONGRESS

3 Underhill Avenue
Yorktown Heights, NY 10598



Voice: (914) 962-6996

Fax: (914) 962-5989

E-Mail: klein96@westnet.com

July 29, 1996

Mr. and Mrs. Robert and Joan H. Arnow
14 Butler Road
Scarsdale, NY 10583

Dear Robert and Joan:

Thank you for your recent contribution to my campaign for Congress. It is estimated that a successful campaign in the 19th Congressional District will cost over one million dollars. It's a tremendous amount of money and your generous contribution helps us to fulfill our fundraising goal.

The campaign is going well. Our headquarters in Yorktown is staffed daily with volunteers and I have been speaking before two or three groups of voters every day. If you have any questions or suggestions for the campaign, please don't hesitate to call us at (914) 962-6996 (or send us a fax or E-mail message as listed above).

I sincerely appreciate your confidence in and support of my candidacy. Your contribution makes it possible for us to run a credible campaign, and, with your help, we will win on November fifth. Again, Robert and Joan, thank you very much for your help.

Very truly yours,

Richard Klein, M.D.

P.S. Dear friend: Unfortunately, the Federal Election Commission (FEC) rules require certain information regarding attribution of joint contributions, employer and occupation as listed in the enclosed card(s). Could you please complete the card(s) and return them in the enclosed envelope at your earliest opportunity? I appreciate your patience and cooperation.

RICHARD KLEIN FOR CONGRESS

251-3 Underhill Avenue
Yorktown Heights, NY 10598



Voice: (914) 962-6996

Fax: (914) 962-5989

E-Mail: klein96@westnet.com

July 29, 1996

DR. RONALD ARONSON
110 LOCKWOOD AVE # 402
NEW ROCHELLE, NY 10801 5013

Dear RONALD:

Thank you for your recent contribution to my campaign for Congress. It is estimated that a successful campaign in the 19th Congressional District will cost over one million dollars. It's a tremendous amount of money and your generous contribution helps us to fulfill our fundraising goal.

The campaign is going well. Our headquarters in Yorktown is staffed daily with volunteers and I have been speaking before two or three groups of voters every day. If you have any questions or suggestions for the campaign, please don't hesitate to call us at (914) 962-6996 (or send us a fax or E-mail message as listed above).

I sincerely appreciate your confidence in and support of my candidacy. Your contribution makes it possible for us to run a credible campaign, and, with your help, we will win on November fifth. Again, RONALD, thank you very much for your help.

Very truly yours,

Richard Klein, M.D.

96-01-620-3371

RICHARD KLEIN FOR CONGRESS

251-3 Underhill Avenue
Yorktown Heights, NY 10598



Voice: (914) 962-6996

Fax: (914) 962-5989

E-Mail: klein96@westnet.com

July 31, 1996

Marc S. Berenzweig M.D.
405 River W.
Greenwich CT 06831

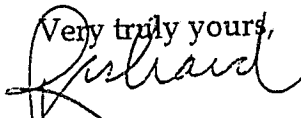
Dear Marc,

Thank you for your recent contribution to my campaign for Congress. It is estimated that a successful campaign in the 19th Congressional District will cost over \$1 million dollars. It's a tremendous amount of money, and your contribution helps us fulfill our fundraising goal.

The campaign is going well. Our headquarters in Yorktown is staffed daily with volunteers, and I have been speaking before two or three groups of voters every day. If you have any questions or suggestions for the campaign, please don't hesitate to call us at (914) 962-6996.

I truly appreciate your confidence and your support of my candidacy. Your contribution makes it possible for us to run a credible campaign, and with your help, we will win in November

Very truly yours,



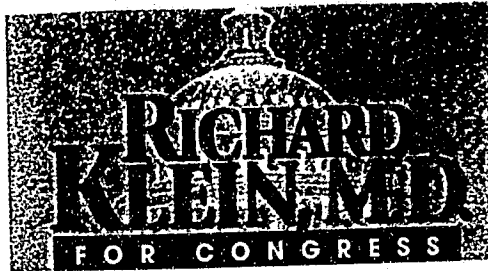
Dr. Richard Klein

P. S. Dear Friend, Unfortunately, the Federal Election Commission(FEC) rules require certain information regarding attribution of joint contributions, employer and occupation as described on the enclosed card(s). Please return the card(s) in the enclosed envelope. I appreciate your patience and cooperation.

96 "01" 699 "3042"

RICHARD KLEIN FOR CONGRESS

251-3 Underhill Avenue
Yorktown Heights, NY 10598



Voice: (914) 962-6996

Fax: (914) 962-5989

E-Mail: klein96@westnet.com

July 11, 1996

Ralph E. Binder
One Pondfield Rd.
Bronxville, NY 10708

Dear Ralph,

Thank you for your recent contribution to my campaign for Congress. It is estimated that a successful campaign in the 19th Congressional District will cost over \$1 million dollars. It's a tremendous amount of money, and your contribution helps us fulfill our fundraising goal.

The campaign is going well. Our headquarters in Yorktown is staffed daily with volunteers, and I have been speaking before two or three groups of voters every day. If you have any questions or suggestions for the campaign, please don't hesitate to call us at (914) 962-6996.

I truly appreciate your confidence and your support of my candidacy. Your contribution makes it possible for us to run a credible campaign, and with your help, we will win in November

Very truly yours,

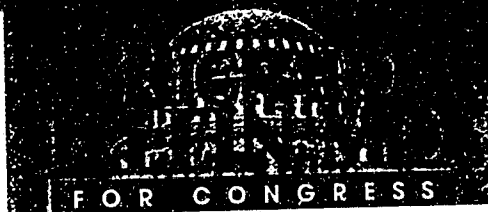
A handwritten signature in cursive script, appearing to read 'Richard Klein'. Below the signature is the printed name 'Dr. Richard Klein'.

Dr. Richard Klein

P. S. Dear Friend, Unfortunately, the Federal Election Commission(FEC) rules require certain information regarding attribution of joint contributions, employer and occupation as described on the enclosed card(s). Please return the card(s) in the enclosed envelope. I appreciate your patience and cooperation.

RICHARD KLEIN FOR CONGRESS

251-3 Underhill Avenue
Yonkers, NY 10598



Voice: (914) 962-6996

Fax: (914) 962-5989

E-Mail: klein96@westnet.com

July 27, 1996

Mr. & Mrs. David Goldberg
58 Walworth Avenue
Scarsdale, NY 10583

Dear Wendy & David :

Thank you for your recent contribution to my campaign for Congress. It is estimated that a successful campaign in the 19th Congressional District will cost over one million dollars. It's a tremendous amount of money and your generous contribution helps us to fulfill our fundraising goal.

The campaign is going well. Our headquarters in Yorktown is staffed daily with volunteers and I have been speaking before two or three groups of voters every day. If you have any questions or suggestions for the campaign, please don't hesitate to call us at (914) 962-6996 (or send us a fax or E-mail message as listed above).

I sincerely appreciate your confidence in and support of my candidacy. Your contribution makes it possible for us to run a credible campaign, and, with your help, we will win on November fifth. Again, Wendy & David, thank you very much for your help.

Very truly yours,

Richard

Richard Klein, M.D.

P.S. Dear friend: Unfortunately, the Federal Election Commission (FEC) rules require certain information regarding attribution of joint contributions, employer and occupation as listed in the enclosed card(s). Could you please complete the card(s) and return them in the enclosed envelope at your earliest opportunity? I appreciate your patience and cooperation.

SA

RICHARD KLEIN FOR CONGRESS

251-3 Underhill Avenue
Yorktown Heights, NY 10598



Voice: (914) 962-6996

Fax: (914) 962-5989

E-Mail: klein96@westnet.com

July 31, 1996

Louis A. Grecco
1984 Redmond Road
Staten Island, NY 10306

Dear Louis,

Thank you for your recent contribution to my campaign for Congress. It is estimated that a successful campaign in the 19th Congressional District will cost over \$1 million dollars. It's a tremendous amount of money, and your contribution helps us fulfill our fundraising goal.

The campaign is going well. Our headquarters in Yorktown is staffed daily with volunteers, and I have been speaking before two or three groups of voters every day. If you have any questions or suggestions for the campaign, please don't hesitate to call us at (914) 962-6996.

I truly appreciate your confidence and your support of my candidacy. Your contribution makes it possible for us to run a credible campaign, and with your help, we will win in November

Very truly yours,

A handwritten signature of Richard Klein in cursive script.
Dr. Richard Klein

P. S. Dear Friend, Unfortunately, the Federal Election Commission(FEC) rules require certain information regarding attribution of joint contributions, employer and occupation as described on the enclosed card(s). Please return the card(s) in the enclosed envelope. I appreciate your patience and cooperation.

ARD KLEIN FOR CONGRESS

1-3 Underhill Avenue
Yorktown Heights, NY 10598



Voice: (914) 962-6996

Fax: (914) 962-5989

E-Mail: klein96@westnet.com

August 14, 1996

Venkata & Manju Katari
7 Apple Hill Ct.
South Salem, NY 10590

Dear Venkata & Manju :

Thank you for your recent and generous contribution to my campaign for Congress. I am so very grateful for your friendship and support. Your contribution means so much. It is estimated that a successful campaign in the 19th Congressional District will cost over one million dollars! It's a tremendous amount of money and your contribution helps us to fulfill our fundraising goal.

The campaign is going well. Our headquarters in Yorktown is staffed daily with volunteers and I have been speaking before two or three groups of voters every day. If you have any questions or suggestions for the campaign, please don't hesitate to call us at (914) 962-6996 (or send us a fax or E-mail message as listed above).

I sincerely appreciate your confidence in me and your support of my candidacy. Your contribution makes it possible for us to run a credible campaign, and, with your help and the help of others like you in our community, we will all win on Tuesday, November the fifth. Again, Venkata & Manju, thank you very much for your help.

Very truly yours,

Richard Klein, M.D.

P.S. Dear friend: Unfortunately, the Federal Election Commission (FEC) rules require certain information regarding attribution of joint contributions, employer and occupation as listed in the enclosed card(s). Could you please complete the card(s) and return them in the enclosed envelope at your earliest opportunity? I appreciate your patience and cooperation.

RICHARD KLEIN FOR CONGRESS

251-3 Underhill Avenue
Yorktown Heights, NY 10598



Voice: (914) 962-6996

Fax: (914) 962-5989

E-Mail: klein96@westnet.com

August 01, 1996

Donald M. Landis
14 Colonial RD
White Plains, NY 10605

Dear Donald :

Thank you for your recent and generous contribution to my campaign for Congress. We are so very grateful for your friendship and support. It is estimated that a successful campaign in the 19th Congressional District will cost over one million dollars. It's a tremendous amount of money and your contribution helps us to fulfill our fundraising goal.

The campaign is going well. Our headquarters in Yorktown is staffed daily with volunteers and I have been speaking before two or three groups of voters every day. If you have any questions or suggestions for the campaign, please don't hesitate to call us at (914) 962-6996 (or send us a fax or E-mail message as listed above).

I sincerely appreciate your confidence in and support of my candidacy. Your contribution makes it possible for us to run a credible campaign, and, with your help, we will win on November fifth. Again, Donald, thank you very much for your help.

Very truly yours,

Richard Klein, M.D.

P.S. Dear friend: Unfortunately, the Federal Election Commission (FEC) rules require certain information regarding attribution of joint contributions, employer and occupation as listed in the enclosed card(s). Could you please complete the card(s) and return them in the enclosed envelope at your earliest opportunity? I appreciate your patience and cooperation.

RESS

10598



Voice: (914) 962-6996

Fax: (914) 962-5989

E-Mail: klein96@westnet.com

August 15, 1996

Lawrence & Kathleen Pedowitz
72 Cottonwood Ln
Briarcliff Manor, NY 10510

Dear Lawrence & Kathleen :

Thank you for your recent and generous contribution to my campaign for Congress. I am so very grateful for your friendship and support. Your contribution means so much. It is estimated that a successful campaign in the 19th Congressional District will cost over one million dollars! It's a tremendous amount of money and your contribution helps us to fulfill our fundraising goal.

The campaign is going well. Our headquarters in Yorktown is staffed daily with volunteers and I have been speaking before two or three groups of voters every day. If you have any questions or suggestions for the campaign, please don't hesitate to call us at (914) 962-6996 (or send us a fax or E-mail message as listed above).

I sincerely appreciate your confidence in me and your support of my candidacy. Your contribution makes it possible for us to run a credible campaign, and, with your help and the help of others like you in our community, we will all win on Tuesday, November the fifth. Again, Lawrence & Kathleen, thank you very much for your help.

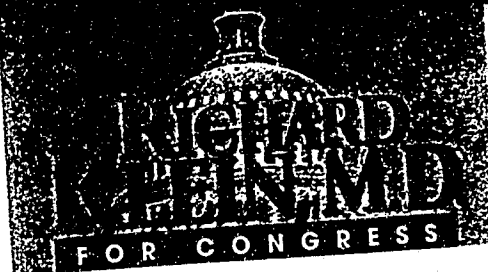
Very truly yours,

Richard Klein, M.D.

P.S. Dear friend: Unfortunately, the Federal Election Commission (FEC) rules require certain information regarding attribution of joint contributions, employer and occupation as listed in the enclosed card(s). Could you please complete the card(s) and return them in the enclosed envelope at your earliest opportunity? I appreciate your patience and cooperation.

RICHARD KLEIN FOR CONGRESS

251-3 Underhill Avenue
Ktown Heights, NY 10598



Voice: (914) 962-6996

Fax: (914) 962-5989

E-Mail: klein96@westnet.com

August 05, 1996

Husein S. Sonara, M.D.
53 Peekskill Hollow Road
Putnam Valley, NY 10579-3200

Dear Husein :

Thank you for your recent and generous contribution to my campaign for Congress. We are so very grateful for your friendship and support. It is estimated that a successful campaign in the 19th Congressional District will cost over one million dollars. It's a tremendous amount of money and your contribution helps us to fulfill our fundraising goal.

The campaign is going well. Our headquarters in Yorktown is staffed daily with volunteers and I have been speaking before two or three groups of voters every day. If you have any questions or suggestions for the campaign, please don't hesitate to call us at (914) 962-6996 (or send us a fax or E-mail message as listed above).

I sincerely appreciate your confidence in and support of my candidacy. Your contribution makes it possible for us to run a credible campaign, and, with your help, we will win on November fifth. Again, Husein, thank you very much for your help.

Very truly yours,

Richard Klein, M.D.

P.S. Dear friend: Unfortunately, the Federal Election Commission (FEC) rules require certain information regarding attribution of joint contributions, employer and occupation as listed in the enclosed card(s). Could you please complete the card(s) and return them in the enclosed envelope at your earliest opportunity? I appreciate your patience and cooperation.

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED EXCEPT WHERE SHOWN OTHERWISE