

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION

JUL 19 1 22 PM '98

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (in full)  
*The Committee for Working Families*

ADDRESS (number and street)  Check if different than previously reported  
*94 Green St., Suite 103B*

CITY, STATE and ZIP CODE  
*Woodbridge, NJ 07095*

2. FEC IDENTIFICATION NUMBER  
*C00333591*

3.  This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

4. TYPE OF REPORT

- (a)  April 15 Quarterly Report  
 July 15 Quarterly Report  
 October 15 Quarterly Report  
 January 31 Year End Report  
 July 31 Mid Year Report (Non-election Year Only)  
 Termination Report

- Monthly Report Due On:
- |                                      |                                       |                                      |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20      | <input type="checkbox"/> October 20  |
| <input type="checkbox"/> March 20    | <input type="checkbox"/> July 20      | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20    | <input type="checkbox"/> August 20    | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20      | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31  |
- 12-Day Pre-Election Report for the \_\_\_\_\_  
(Type of Election)  
election on \_\_\_\_\_ in the State of \_\_\_\_\_
- 30-Day Post-Election Report following the General Election  
on \_\_\_\_\_ in the State of \_\_\_\_\_

(b) Is this Report an Amendment?  YES  NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <i>5/16/98</i> through <i>7/13/98</i>		
6. (a) Cash on Hand January 1, 19 <i>98</i>		\$ <i>0</i>
(b) Cash on Hand at Beginning of Reporting Period	\$ <i>219,578.66</i>	
(c) Total Receipts (from Line 19)	\$ <i>27,550.00</i>	\$ <i>304,050.00</i>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ <i>247,128.66</i>	\$ <i>304,050.00</i>
7. Total Disbursements (from Line 50)	\$ <i>30,804.25</i>	\$ <i>87,725.59</i>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ <i>216,324.41</i>	\$ <i>216,324.41</i>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ <i>0</i>	For further information contact: Federal Election Commission 888 E Street, NW Washington, DC 20469 Toll Free 800-424-9630 Local 202-218-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ <i>0</i>	

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 *Paul Levinson*

Signature of Treasurer *Paul Levinson* Date *7/15/98*

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 3X  
(revised 8/93)

**DETAILED SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS  
PAGE 2, FEC FORM 3X**

(revised 1/1/91)

NAME OF COMMITTEE		REPORT COVERING PERIOD		
<i>The Committee for Working Families</i>		FROM	TO	
		COLUMN A	COLUMN B	
		Total This Period	Calendar Year	
<b>Receipts</b>				
11. Contributions (other than loans) From:				
a. Individual/Persons Other Than Political Committees				
i. Itemized (use Schedule A)	22,050.00	285,550.00	11000	
ii. Unitemized	0	0	11000	
iii. Total (add i and ii) >	22,050.00	285,550.00	11000	
b. Political Party Committees	0	5,000.00	1100	
c. Other Political Committees (such as PACs)	5,500.00	14,000.00	1100	
d. Total Contributions (add a iii, b and c) >	27,550.00	304,050.00	1100	
12. Transfers From Affiliated/Other Party Committees	0	0	0	
13. All Loans Received	0	0	0	
14. Loan Repayments Received	0	0	0	
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0	0	0	
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0	0	0	
17. Other Federal Receipts (Dividends, Interest, etc.)	0	0	0	
18. Transfers from Nonfederal Account for Joint Activity	0	0	0	
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	27,550.00	304,050.00	0	
20. Total Federal Receipts (subtract line 18 from line 19) >	27,550.00	304,050.00	0	
<b>Disbursements</b>				
21. Operating Expenditures:				
a. Shared Federal/Non-Federal Activity (from Schedule H4)				
i. Federal Share	0	0	21000	
ii. Non-Federal Share	0	0	21000	
b. Other Federal Operating Expenditures	18,724.52	66,325.86	2100	
c. Total Operating Expenditures (add a i, ii, and b) >	18,724.52	66,325.86	2100	
22. Transfers to Affiliated/Other Party Committees	0	0	0	
23. Contributions to Federal Candidates/Committees and Other Political Committees	10,500.00	16,620.00	0	
24. Independent Expenditures (use Schedule E)	0	0	0	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0	0	0	
26. Loan Repayments Made	0	0	0	
27. Loans Made	0	0	0	
28. Refunds of Contributions To:				
a. Individual/Persons Other Than Political Committees	0	3,500.00	0	
b. Political Party Committees	0	0	0	
c. Other Political Committees (such as PACs)	0	0	0	
d. Total Contribution Refunds (add a, b and c) >	0	3,500.00	0	
29. Other Disbursements	1,580.00	1,580.00	0	
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	30,804.25	87,725.59	0	
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	30,804.25	87,725.59	0	
<b>Final Contributions/Operating Expenditures</b>				
32. Total Contributions (other than loans)(from line 11d)	27,550.00	304,050.00	0	
33. Total Contribution Refunds (from line 28d)	0	3,500.00	0	
34. Net Contributions (other than loans)(subtract line 33 from 32)	27,550.00	300,550.00	0	
35. Total Federal Operating Expenditures (add 21 a) and 21 b) >	18,724.52	66,325.86	0	
36. Offsets to Operating Expenditures (from line 15)	0	0	0	
37. Net Operating Expenditures (subtract line 36 from 35) >	18,724.52	66,325.86	0	

**SCHEDULE A**

**ITEMIZED RECEIPTS**  
Individual Contributions

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

PAGE 1 OF 3  
FOR LINE NUMBER  
11

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

NAME OF COMMITTEE (In Full)

The Committee for Working Families

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Nancy McManus 924 Marie Rochelle Drive West Chester, PA 19382	North Amer. Ins.	5/26/98	\$ 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date >	\$ 500.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Deborah Morrison 816 Seaman Avenue Beachwood, NJ 08722		5/26/98	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date >	\$ 500.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Lewis Katz, Esq. 905 North Kings Highway Cherry Hill, NJ 08034	Self-Employed	6/4/98	5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Attorney		
	Aggregate Year-to-Date >	\$ 5000.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Zygmunt Wilf 500 Ashwood Road Springfield, NJ 07081	Pineview Gardens	6/16/98	5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Developer		
	Aggregate Year-to-Date >	\$ 5000.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
John Azzaro 165 Vreeland Avenue Bergenfield, NJ 07621	Frederic R. Harris	6/22/98	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Prof. Engineer		
	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
Glen Kartalis 74 Drake Avenue Staten Island, NY 10314	Frederic R. Harris	6/22/98	750.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Prof. Engineer		
	Aggregate Year-to-Date >	\$ 750.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Joseph Sirianni, Jr. 19 Werah Place Oceanport, NJ 07757	Frederic R. Harris	6/22/98	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Prof. Engineer		
	Aggregate Year-to-Date >	\$ 500.00	

SUBTOTAL of Receipts This Page (optional)

\$12,500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A**

**ITEMIZED RECEIPTS**  
Individual Contributions

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

PAGE 2 OF 3

FOR LINE NUMBER  
11

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**NAME OF COMMITTEE (In Full)**

The Committee for Working Families

A. Full Name, Mailing Address and ZIP Code James Lester 217 Madison Avenue Dunellen, NJ 08812  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Frederic R. Harris  Occupation Civil Engineer  Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 6/22/98	Amount of Each Receipt this Period \$ 500.00
B. Full Name, Mailing Address and ZIP Code Edward Schmeltz 1 Linwood Avenue Riverside, CT 06878  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Frederic R. Harris  Occupation Engin./Execu.  Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 6/22/98	Amount of Each Receipt this Period 1,000.00
C. Full Name, Mailing Address and ZIP Code Frederick Werner 64 Ironia Road Mendham, NJ 07945  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Frederic R. Harris  Occupation Engin./Exec.  Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 6/22/98	Amount of Each Receipt this Period 1,000.00
D. Full Name, Mailing Address and ZIP Code Robert Innocenzi 58 Hollyknoll Drive Mercerville, NJ 08619  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Frederic R. Harris  Occupation Engineer  Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 6/22/98	Amount of Each Receipt this Period 500.00
E. Full Name, Mailing Address and ZIP Code William Thomas 365 Main Street East Orange, NJ 07018  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer County of Essex --Citizen Services  Occupation Tenant Rel. Ass.  Aggregate Year-to-Date > \$1,000.00	Date (month, day, year) 6/25/98	Amount of Each Receipt this Period 1,000.00
F. Full Name, Mailing Address and ZIP Code Laurel Trice 604 Oldershaw Avenue Moorestown, NJ 08057  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer   Occupation   Aggregate Year-to-Date > \$2,500.00	Date (month, day, year) 7/10/98	Amount of Each Receipt this Period 2,500.00
G. Full Name, Mailing Address and ZIP Code Joan Powell  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer   Occupation   Aggregate Year-to-Date > \$ 350.00	Date (month, day, year) 5/26/98	Amount of Each Receipt this Period 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	\$ 6,750.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A**

**ITEMIZED RECEIPTS**  
Individual Contributions

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

PAGE 3 OF 3  
FOR LINE NUMBER 11

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**NAME OF COMMITTEE (In Full)**

The Committee for Working Families

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Michael Miller		7/10/98	\$ 2,500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 2,500.00	
B. Full Name, Mailing Address and ZIP Code Cahill & Branciforte 24 Kirkpatrick St. - P.O.Box 632 New Brunswick, NJ 08903	Partnership	6/17/98	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation (see attribution below)	Aggregate Year-to-Date > \$ 300.00	
C. Full Name, Mailing Address and ZIP Code James Cahill 24 Kirkpatrick St. P.O. Box 632 New Brunswick, NJ 08903	Cahill & Branciforte	6/17/98	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

**SUBTOTAL** of Receipts This Page (optional) ..... \$ 2,500.00

**TOTAL** This Period (last page this line number only) ..... \$22,050.00

**SCHEDULE A** **ITEMIZED RECEIPTS**  
Other Political Committees

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

PAGE 1 OF 1

FOR LINE NUMBER  
11(c)

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NAME OF COMMITTEE (In Full)

The Committee for Working Families

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Inter. Brotherhood of Teamsters 25 Louisiana Avenue Washington, D.C. 20001		7/10/98	\$ 5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 5,000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Blue Pac P.O. Box 60710 Harrisburg, PA 17106-1710		5/26/98	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

\$ 5,500.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 5  
FOR LINE NUMBER 21(b)

**Other Federal Operating Expenditures**

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NAME OF COMMITTEE (In Full)

The Committee for Working Families

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
University of Maryland Foundation 1054 31st. N.W. - Suite 110 Washington, DC 20007	Conf. Regis. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/18 1998	\$150.00
Atlantic County Clerk's Office 5901 Main Street Mays Landing, NJ 08330	Candidate List Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/19 1998	4.50
Monmouth County Clerk's Office 300 Halls Mill Road Freehold, NJ 07728	Candidate List Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/19 1998	3.00
Staples 801 Route 1 & Green Street Iselin, NJ 08830	Accounting Soft. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/21 1998	13.77
Gateway Security (GSI) 111 Gateway Center Newark, NJ 07102	Check Security - Fundraiser Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/22 1998	187.50
AT&T P.O. Box 371430 Pittsburgh, PA 15250-7430	Monthly Calls - Phone/Fax Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/22 1998	395.61
Laura Matos 80 Nantucket Trail Melford Lakes, NJ 08055	Staff Salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/22 1998	260.04
Angie Bowen-Placa 275 W. Clay Avenue Roselle Park, NJ 07204	Staff Salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/22 1998	568.57
First Union Bank Main Street Woodbridge, NJ 07095	Payroll Taxes Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/22 1998	4,279.67

SUBTOTAL of Disbursements This Page (optional)

\$ 5,862.66

TOTAL This Period (last page this line number only)

**SCHEDULE B** **ITEMIZED DISBURSEMENTS**  
**Other Federal Operating Expenditures**

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**NAME OF COMMITTEE (in Full)**  
 The Committee for Working Families

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Lori Sapienza 26 S. Plainfield Avenue, Apt. 3 S. Plainfield, NJ 07080	Staff Salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	5/28 1998	\$ 110.00
Laura Matos 80 Nantucket Trail Mesford Lakes, NJ 08055	Staff Salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	6/1 1998	260.04
Angie Bown-Placa 275 W. Clay Avenue Roselle Park, NJ 07204	Staff Salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	6/1 1998	568.57
Bell Atlantic Mobile 302 Woodbridge Center Drive Woodbridge, NJ 07095	Cellular Phone - Staff Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	6/2 1998	865.71
94 Green, LLC 94 Green Street, Suite 102 Woodbridge, NJ 07095	Office Rent - April/May/June Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	6/2 1998	900.00
Bell Atlantic - NJ P.O. Box 4833 Trenton, NJ 08650	Phone/Fax - Monthly Calls Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	6/2 1998	160.28
NJ Business & Industry Assoc. 102 W. State Street Trenton, NJ 08608	Leg. Directories - Office Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	6/4 1998	12.72
Message & Media 65 Church Street New Brunswick, NJ 08901	Business Cards Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	6/5 1998	187.49

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	\$ 3,064.81
<b>TOTAL</b> This Period (last page this line number only) .....	



**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

**Other Federal Operating Expenditures**

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

PAGE 3 OF 5  
FOR LINE NUMBER 21(b)

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**NAME OF COMMITTEE (in Full)**

The Committee for Working Families

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Angie Bowen-Placa 275 W. Clay Avenue Roselle Park, NJ 07204	Staff Salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/5 1998	\$ 568.57
Laura Matos 80 Nantucket Trail Mesford Lakes, NJ 08055	Staff Salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/5 1998	260.04
Gary Taffet 19 Mocchi Court Fords, NJ 08863	Staff Expense Reimbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/8 1998	428.00
Staples 801 Route 1 & Green Street Iselin, NJ 08830	Office Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/9 1998	52.99
Message & Media 65 Church Street New Brunswick, NJ 8901	Office Supplies - Letterhead Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/10 1998	310.95
Angie Bowen-Placa 275 W. Clay Avenue Roselle Park, NJ 07204	Staff Salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/12 1998	568.57
Laura Matos 80 Nantucket Trail Mesford Lakes, NJ 08055	Staff Salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/12 1998	260.04
AT&T P.O. Box 371430 Pittsburgh, PA 15250-7430	Phone/Fax - Monthly Calls Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/16 1998	9.18
Robert Cumins P.O. Box 43624 Upper Montclair, NJ 07043	Photography bill for event Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/16 1998	650.00

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

\$ 3,108.34

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

**Other Federal Operating Expenditures**

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

PAGE 4 OF 5  
FOR LINE NUMBER  
21 (b)

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)**  
The Committee for Working Families

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Kata Lewandowski 20 Judith Place Edison, NJ 08837	Staff Salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/16 1998	\$ 200.00
B. Full Name, Mailing Address and ZIP Code Paul Levinsohn 309 Trinity Court #5 Princeton, NJ 08540	Staff Expense - Reimbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/16 1998	611.00
C. Full Name, Mailing Address and ZIP Code Paul Levinsohn 309 Trinity Court #5 Princeton, NJ 08540	Staff Expense - Reimbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/16 1998	529.62
D. Full Name, Mailing Address and ZIP Code University of Maryland Foundation 1054 31st., N.W. - Suite 110 Washington, D.C. 20007	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Void Ck #156	(240.00)
E. Full Name, Mailing Address and ZIP Code WebGeneral.Com, Inc. P.O. Box 1096 Voorhees, NJ 08043	Internet Charges Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/17 1998	243.49
F. Full Name, Mailing Address and ZIP Code Laura Matos 80 Nantucket Trail Mesford Lakes, NJ 08055	Staff Salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/19 1998	260.04
G. Full Name, Mailing Address and ZIP Code Staples 801 Route 1 & Green Street Iselin, NJ 08830	Office Supplies - Furniture Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/24 1998	47.98
H. Full Name, Mailing Address and ZIP Code Bell Atlantic - NJ P.O. Box 4833 Trenton, NJ 08650	Phone/Fax - Monthly Calls Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/24 1998	111.88
I. Full Name, Mailing Address and ZIP Code Jim McGreevey 323 Gill Lane Iselin, NJ 08830	Staff Expense- Trip Ireland w/ Torricelli Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	today, year 6/24 1998	1,993.39

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

\$ 3,757.40

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 5 OF 5

FOR LINE NUMBER 21(b)

**Other Federal Operating Expenditures**

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NAME OF COMMITTEE (in Full)

The Committee of Working Families

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Paul Levinsohn 309 Trinity court #5 Princeton, NJ 08540	Staff Expense - Reimbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/24 1998	\$ 55.12
Paul levinsohn 309 Trinity Court #5 Princeton, NJ 08540	Staff Expense - Reimbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/24 1998	148.45
Laura Matos 80 Nantucket Trail Mesford Lakes, NJ 08055	Staff Salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/26 1998	260.04
Bell Atlantic Mobile 302 Woodbridge Center Drive Woodbridge, NJ 07095	Staff Expense - Cellular Phone Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/1 1998	881.09
KVI Township of Woodbridge 1 Main Street Woodbridge, NJ 07095	Health Benefits for Gary Taffet Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/1 1998	631.72
Laura Matos 80 Nantucket Trail Mesford Lakes, NJ 08055	Staff Salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/2 1998	260.04
Postmaster General Main Street Woodbridge, NJ 07095	Stamps Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/2 1998	96.00
Alongo Reeves 14050 Rutherford Street Detroit, MI 48227	Consulting Services Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/7 1998	500.00
First Union Bank Main Street Woodbridge, NJ 07095	Bank Fees Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/30 1998	98.85

SUBTOTAL of Disbursements This Page (optional)

\$ 2931.31

TOTAL This Period (last page this line number only)

\$18,724.52

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Contributions to Federal Candidates & Other Com.

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

PAGE 1 OF 1  
FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

The Committee for Working Families

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Pascrell for Congress 63 Quartz Lane Paterson, NJ 07501	Bill Pascrell, House Cand., 8th Dis., NJ Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/22/98	\$ 1,000.00
B. Full Name, Mailing Address and ZIP Code Leadership '98 P.O. Box 9787 Alexandria, VA 22304	Purpose of Disbursement Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 5/22/98	Amount of Each Disbursement This Period 1,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code Gephardt in Congress Committee 7435 Watson Rd #107 St. Louis, MO 63119	Purpose of Disbursement Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 5/27/98	Amount of Each Disbursement This Period 1,000.00
E. Full Name, Mailing Address and ZIP Code Holt for Congress P.O. Box 782 Pennington, NJ 08534	Purpose of Disbursement Rush Holt, House Cand 12th Dis., NJ Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 6/2/98	Amount of Each Disbursement This Period 1,000.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code Democratic Congress. Camp. Comm. 430 S. Capital Street, S.E. Washington, D.C. 22203	Purpose of Disbursement Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 6/15/98	Amount of Each Disbursement This Period 1,000.00
H. Full Name, Mailing Address and ZIP Code Holt for Congress P.O. Box 782 Pennington, NJ 08534	Purpose of Disbursement Rush Holt, House Cand 12th District, NJ Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 6/30/98	Amount of Each Disbursement This Period 500.00
I. Full Name, Mailing Address and ZIP Code Victory '98 - Federal 150 W. State Street Trenton, NJ 08608	Purpose of Disbursement Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 6/30/98	Amount of Each Disbursement This Period 5,000.00

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

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

\$10,500.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**  
Other Disbursements

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

PAGE 1 OF 1  
FOR LINE NUMBER 29

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**NAME OF COMMITTEE (in Full)**

The Committee for Working Families

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Women's Fund of NJ, Inc. 355 Chestnut Street Union, NJ 07083	Org. Contrib. - Non-Political Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/4/98	\$ 80.00
B. Full Name, Mailing Address and ZIP Code Anti-Defamation League (ADL) 743 Northfield Avenue West Orange, NJ 07052	Purpose of Disbursement Org. Contrib. - Non-Political Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/17/98	250.00
C. Full Name, Mailing Address and ZIP Code Mercer County Labor Union Council 900 Brunswick Avenue Trenton, NJ 08638	Purpose of Disbursement Advertisement Jour. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/4/98	100.00
D. Full Name, Mailing Address and ZIP Code Triette Lipsey Reeves 14050 Rutherford Detroit, MI 48227	Purpose of Disbursement State Representative Michigan, House Can. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/27/98	250.00
E. Full Name, Mailing Address and ZIP Code Weinberg for County Executive 14 S. State Street Hackensack, NJ 07601	Purpose of Disbursement Contr. to Loretta Weinberg, Bergen Exe. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/5/98	900.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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


\$ 1,580.00

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

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

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

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 7-15-98
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other ( Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
 PREPARER	7-18-98 DATE PREPARED