

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee  
(Summary Page)

RECEIVED  
FEC MAIL ROOM

2000 OCT 16 A 3:44

USE FEC MARKING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) <b>Don Payne for Congress</b>		2. FEC IDENTIFICATION NUMBER <b>126811</b>
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported. <b>P.O. Box 2406</b>		
CITY, STATE and ZIP CODE <b>Newark, NJ 07114</b>	STATE/DISTRICT	
3. IS THIS REPORT AN AMENDMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		

## 4. TYPE OF REPORT

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

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

## SUMMARY

5. Covering Period <u>7/1/00</u> through <u>9/30/00</u>	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	\$ 15,055.00	\$ 145,415.00
(b) Total Contribution Refunds (from Line 20(d))	\$ .00	\$ 1,200.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	\$ 15,055.00	\$ 144,215.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	\$ 39,075.61	\$ 112,866.35
(b) Total Offsets to Operating Expenditures (from Line 14)	\$ .00	\$ .00
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	\$ 39,075.61	\$ 112,866.35
8. Cash on Hand at Close of Reporting Period (from Line 27)	\$300,284.44	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 15,000.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ .00	

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

Type or Print Name of Treasurer <b>Craig A. Stanley</b>		Date
Signature of Treasurer 		10/13/00

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) Don Payne for Congress	Report Covering the Period:	
	From: 7/1/00	To: 9/30/00
I. RECEIPTS	COLUMN A Total This Period	COLUMN B Calendar Year-To-Date
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (see Schedule A)	\$ 4,895.00	
(ii) Unitemized	\$ 360.00	
(iii) Total of contributions from individuals	\$ 5,255.00	\$ 71,310.00
(b) Political Party Committees	\$ .00	\$ 6,285.00
(c) Other Political Committees (such as PACs)	\$ 9,800.00	\$ 67,820.00
(d) The Candidate	\$ .00	\$ .00
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d))	\$ 15,055.00	\$ 145,415.00
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES</b>	\$ .00	\$ .00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate	\$ .00	\$ .00
(b) All Other Loans	\$ .00	\$ .00
(c) TOTAL LOANS (add 13(a) and (b))	\$ .00	\$ .00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)</b>	\$ .00	\$ .00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.)</b>	\$ .00	\$ .00
<b>16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)</b>	\$ 15,055.00	\$ 145,415.00
<b>II. DISBURSEMENTS</b>		
<b>17. OPERATING EXPENDITURES</b>	\$ 39,075.61	\$ 112,866.35
<b>18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES</b>	\$ .00	\$ .00
<b>19. LOAN REPAYMENTS:</b>		
(a) Of Loans Made or Guaranteed by the Candidate	\$ .00	\$ .00
(b) Of All Other Loans	\$ .00	\$ .00
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))	\$ .00	\$ .00
<b>20. REFUNDS OF CONTRIBUTIONS TO:</b>		
(a) Individuals/Persons Other Than Political Committees	\$ .00	\$ 1,200.00
(b) Political Party Committees	\$ .00	\$ .00
(c) Other Political Committees (such as PACs)	\$ .00	\$ .00
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))	\$ .00	\$ 1,200.00
<b>21. OTHER DISBURSEMENTS</b>	\$ 16,800.00	\$ 51,388.93
<b>22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)</b>	\$ 55,875.61	\$ 165,455.28

### III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	\$ 302,029.44
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)	\$ 15,055.00
25. SUBTOTAL (add Line 23 and Line 24)	\$ 317,084.44
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	\$ 16,800.00
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)	\$ 300,284.44

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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)**

Don Payne for Congress

<b>A. Full Name, Mailing Address and ZIP Code</b> Cornell L. Adams 130 Legion Place Hilldale, NJ 07642-1502	Name of Employer Accurate Set	Date (month, day, year) 9/28/2000	Amount of Each Receipt this Period \$ 200.00
	Occupation President	Aggregate Year-to-Date > \$ 200.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
<b>B. Full Name, Mailing Address and ZIP Code</b> Emmanuel S. Bailey 112 Kinsman View Circle Silver Spring, MD 20901	Name of Employer Fannie Mae	Date (month, day, year) 9/20/2000	Amount of Each Receipt this Period \$ 1000.00
	Occupation Executive Assistant	Aggregate Year-to-Date > \$ 1000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
<b>C. Full Name, Mailing Address and ZIP Code</b> Americo Caracitas 719 Bergen Street Harrison, NJ 07029	Name of Employer Employer Info Requested	Date (month, day, year) 8/30/2000	Amount of Each Receipt this Period \$ 195.00
	Occupation	Aggregate Year-to-Date > \$ 370.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
<b>D. Full Name, Mailing Address and ZIP Code</b> James Cavanaugh 25 Route 46 West Fairfield, NJ 07004	Name of Employer Phoenix Contractors	Date (month, day, year) 8/7/2000	Amount of Each Receipt this Period \$ 500.00
	Occupation Proprietor	Aggregate Year-to-Date > \$ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
<b>E. Full Name, Mailing Address and ZIP Code</b> Evelyn Dubrow 149 D Street, SE Washington, DC	Name of Employer Retired	Date (month, day, year) 9/20/2000	Amount of Each Receipt this Period \$ 500.00
	Occupation	Aggregate Year-to-Date > \$ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
<b>F. Full Name, Mailing Address and ZIP Code</b> Constance Milstein 29 West 46th Street New York, New York 10036	Name of Employer MUIS Asset Management	Date (month, day, year) 7/01/2000	Amount of Each Receipt this Period \$ 1000.00
	Occupation Executive Assistant	Aggregate Year-to-Date > \$ 1000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
<b>G. Full Name, Mailing Address and ZIP Code</b> Ormond Skeete 72 Adams Drive Cresskill, NJ 07626	Name of Employer McDonalds Franchise	Date (month, day, year) 7/5/2000	Amount of Each Receipt this Period \$ 1000.00
	Occupation Proprietor	Aggregate Year-to-Date > \$ 1250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

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

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 2 OF 2

FOR LINE NUMBER 11 (a) (1)

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**NAME OF COMMITTEE (In Full)**

Don Payne for Congress

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Keith Wright 13400 Bissel Lane Rotomac, MD 20854	Panna Mae	9/20/2000	\$ 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Director Tech. Sales	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
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	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
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) .....

\$ 4895.00

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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)**

Don Payne for Congress

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
20th District Florida Federal PAC P.O. Box 816621 Hollywood, FL 33081		8/2/2000	\$ 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
BTE Energy Company PAC Federal "EDPAC" 2000 Second Avenue Detroit, MI 48226		8/4/2000	\$ 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
Drive Political Fund International Brotherhood of Teamsters 25 Louisiana Avenue, NW Washington, DC 20001		8/2/2000	\$ 5000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	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
Investment Management PAC of the Investment Company Institute 1730 K Street, NW - Suite 304 Washington, DC 20006		8/2/2000	\$ 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Laborers Political League 905 16th Street, NW Washington, DC 20006		7/8/2000	\$ 1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 3000.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
McDonalds Political Action Committee One McDonalds Plaza Oak Brook, IL 60521		7/1/2000	\$ 1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1000.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
SEIU, Cope US Division 1313 L Street, NW Washington DC 20005		7/1/2000	\$1300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 2700.00	

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

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

\$9800.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 11 OF 10  
FOR LINE NUMBER 17

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**NAME OF COMMITTEE (In Full)**

Don Payne for Congress

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A T & T P.O. Box 2971 Omaha, NE 68103	Telephone Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/18/00	\$ 39.16
A T & T P.O. Box 2971 Omaha, NE 68103	Telephone Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/28/2000	\$ 38.94
American Cancer Society 468 Parish Drive - Suite 6 Wayne, NJ 07470	T-Shirts for Walkathon Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/28/00	\$ 168.00
American Express P.O. Box 114 Newark, New Jersey 07101	See Below Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/1/00	\$ 2014.41
Anna Marias 1737 Connecticut Avenue, NW Washington, DC	Food & Beverage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/4/00	\$ 65.00 (MEMO)
Budget Rent-A-Car 9775 Airport Boulevard Los Angeles, CA 90045	Transportation Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/15/00	\$ 233.96 (MEMO)
Bukon Cafe 2442 18th Street, NW Washington, DC 20009	Food & Beverage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/8/00	\$ 52.52 (MEMO)
GTE Airfone Continental Airlines P.O. Box 4607 Houston, Texas	Telephone Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/15/2000	\$ 139.21 (MEMO)
Hawk N Dove 329 Pennsylvania Ave. SE Washington, DC 20003	Food & Beverage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/9/00	\$ 21.64 (MEMO)

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

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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PAGE 2 OF 10  
FOR LINE NUMBER 17

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**NAME OF COMMITTEE (In Full)**

Don Payne for Congress

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Hotel Expense 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 \$ 1325.83 (MEMO)
Hilton Hotel 100 West Glen Oaks Blvd Glendale, CA 91202	Hotel Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/15/2000	\$ 1325.83 (MEMO)
B. Full Name, Mailing Address and ZIP Code House Members Dining Hall Capitol Building Room 130 Washington, DC 20015	Purpose of Disbursement Food & Beverage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/31/00	Amount of Each Disbursement This Period \$ 60.25 (MEMO)
C. Full Name, Mailing Address and ZIP Code New Jersey Sports & Expo Authority Pegasus Restaurant 50 State Route 120 East Rutherford, New Jersey 07073	Purpose of Disbursement Food & Beverage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/11/00	Amount of Each Disbursement This Period \$ 116.00 (MEMO)
D. Full Name, Mailing Address and ZIP Code American Express P.O. Box 114 Newark, New Jersey 07101	Purpose of Disbursement See Below Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/25/00	Amount of Each Disbursement This Period \$ 342.10
E. Full Name, Mailing Address and ZIP Code Chateau of Spain 9 Franklin Street Newark, New Jersey 07102	Purpose of Disbursement Food & Beverage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/3/00	Amount of Each Disbursement This Period \$ 44.96 (MEMO)
F. Full Name, Mailing Address and ZIP Code GTE Airfone Continental Airlines P.O. Box 4607 Houston, Texas	Purpose of Disbursement Telephone Services Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/10/00	Amount of Each Disbursement This Period \$ 21.15 (MEMO)
G. Full Name, Mailing Address and ZIP Code GET Airfone Continental Airlines P.O. Box 4607 Houston, Texas	Purpose of Disbursement Telephone Services Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/10/00	Amount of Each Disbursement This Period \$ 14.82 (MEMO)
H. Full Name, Mailing Address and ZIP Code GTE Airfone Continental Airlines P.O. Box 4607 Houston, Texas	Purpose of Disbursement Telephone Services Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/10/00	Amount of Each Disbursement This Period \$ 11.02 (MEMO)
I. Full Name, Mailing Address and ZIP Code International House of Pancakes 100 Bergen Street Newark, New Jersey	Purpose of Disbursement Food & Beverage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/14/00	Amount of Each Disbursement This Period \$ 75.78 (MEMO)

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

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 3 OF 10  
FOR LINE NUMBER 17

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**NAME OF COMMITTEE (In Full)**

Don Payne for Congress

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
GTE Airfone Continental Airlines P.O. Box 4607 Houston, Texas	Telephone Services Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/10/00	\$ 31.88 (MEMO)
B. Full Name, Mailing Address and ZIP Code Murphy Restaurant 2609 24th Street, NW Washington, DC 20008	Food & Beverage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/13/00	\$ 41.64 (MEMO)
C. Full Name, Mailing Address and ZIP Code House Members Dining Hall Capitol Building Room 130 Washington, DC 20015	Food & Beverage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/18/00	\$ 38.40 (MEMO)
D. Full Name, Mailing Address and ZIP Code Phillips Flagship 900 Water Street, SW Washington, DC 20024	Food & Beverage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/07/00	\$ 62.45 (MEMO)
E. Full Name, Mailing Address and ZIP Code Bell Atlantic P.O. Box 4833 Trenton, NJ 08650	Telephone Services Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/18/00	\$ 56.19
F. Full Name, Mailing Address and ZIP Code Bergen Street Merchant Assoc. P.O. Box 8211 Newark, NJ 07112	Refund Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/21/00	\$ 175.00 (MEMO)
G. Full Name, Mailing Address and ZIP Code Bethany Baptist Church 275 W. Market Street Newark, New Jersey 07103	Journal Advertisement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/30/00	\$ 300.00
H. Full Name, Mailing Address and ZIP Code Bistic Press 1310 Clinton Avenue Irvington, NJ 07111	Stationary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/29/00	\$ 127.70
I. Full Name, Mailing Address and ZIP Code Bistic Press 1310 Clinton Avenue Irvington, NJ 07111	Stationary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/30/00	\$ 137.80

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

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



**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 4 OF 10  
FOR LINE NUMBER 17

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**NAME OF COMMITTEE (in full)**  
Don Payne for Congress

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
CHS Construction Co. 40 Clinton Street Newark, New Jersey 07102	Refund of Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/21/2000	\$ 175.00 (MEMO)
CNT Jackson Liquors 1073 Bergen Street Newark, New Jersey 07112	Entertainment Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/18/00	\$ 79.50
Central Presbyterian Church Fire Restoration Fund Committee 377 Clinton Avenue Newark, New Jersey 07108	Journal Advertisement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/30/00	\$ 125.00
Congressional Black Caucus Foundation 1004 Pennsylvania Avenue, S.E. Washington, DC	Legislative Conference Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/18/00	\$ 5000.00
Continental Quik Pac P.O. Box 4607 Houston, Texas	Mailing Services Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/21/00	\$ 60.03
David Andrikitis 50 E Street S.E. Washington, DC 20003	Printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/30/00	\$454.73
David Andrikitis 50 E Street, S.E. Washington, DC 20003	Printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/30/00	\$ 603.83
Elizabeth Branch of NAACP 55 W. Grand Avenue Elizabeth, NJ 07202	Refund of Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/21/00	\$ 175.00 (MEMO)
Evening of Elegance P.O. Box 292 Roselle, NJ 07068	Tickets for Event Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/30/00	\$ 175.00

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

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FOR LINE NUMBER 17

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**NAME OF COMMITTEE (In Full)**

Don Payne for Congress

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Page
Federal Express P.O. Box 1140 Memphis TN 38101	Mailing Services Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/7/00	\$ 39.26
Federal Express P.O. Box 1140 Memphis, TN 38101	Mailing Services Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/24/00	\$ 18.00
Federal Express P.O. Box 1140 Memphis TN 38101	Mailing Services Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/30/00	\$ 14.30
Federal Express P.O. Box 1140 Memphis, TN 38101	Mailing Services Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/12/00	\$ 13.26
Federal Express P.O. Box 1140 Memphis TN 38101	Mailing Services Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/25/00	\$ 13.75
Federal Express P.O. Box 1140 Memphis, TN 38101	Mailing Services Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/28/00	\$ 13.75
Federal Express P.O. Box 1140 Memphis, TN 38101	Mailing Services Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/30/00	\$ 17.16
Golonda Court No. 16 1201 Thornton Avenue Plainfield, NJ 07060	Journal Advertisement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/19/00	\$ 165.00
Golonda Court No. 16 1201 Thornton Avenue Plainfield, NJ 07060	Tickets to event Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/19/00	\$ 60.00

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

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedules for each category of the Detailed Summary Page

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**NAME OF COMMITTEE (in Full)**

Don Payne for Congress

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Page
Grace Reformed Baptist Church 125 Avon Avenue Newark, New Jersey 07108	Journal Advertisement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/19/00	\$ 125.00
B. Full Name, Mailing Address and ZIP Code Grace Reformed Baptist Church 125 Avon Avenue Newark, New Jersey 07108	Purpose of Disbursement Tickets for event Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/30/00	\$ 375.00
C. Full Name, Mailing Address and ZIP Code Grand Travel 10 Lyons Avenue Newark, New Jersey 07112	Purpose of Disbursement Refund of Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/21/00	\$ 75.00 (MEMO)
D. Full Name, Mailing Address and ZIP Code Ironbound Trophies 289 Lafayette Street Newark, New Jersey 07105	Purpose of Disbursement Contributions for event Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/1/00	\$ 280.00
E. Full Name, Mailing Address and ZIP Code NJ BIC Official Program P.O. Box 1843 Newark, New Jersey 07101	Purpose of Disbursement Journal Advertisement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/30/00	\$ 200.00
F. Full Name, Mailing Address and ZIP Code Newark Branch of NAACP 30 Clinton Street Newark, New Jersey 07102	Purpose of Disbursement Journal Advertisement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/19/00	\$ 200.00
G. Full Name, Mailing Address and ZIP Code Newark Transitional Supervised Living 212 Peshine Avenue Newark, New Jersey 07108	Purpose of Disbursement Refund of Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/21/00	\$ 175.00 (MEMO)
H. Full Name, Mailing Address and ZIP Code Newsweek P.O. Box 59925 Boulder, CO 80323	Purpose of Disbursement Periodical Subscription Renewal Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/6/00	\$ 73.00
I. Full Name, Mailing Address and ZIP Code North Jersey NAKBPW 311 Raritan Avenue Middlesex, New Jersey 08846	Purpose of Disbursement Journal Advertisement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/30/00	\$ 250.00

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

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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**NAME OF COMMITTEE (in Full)**  
 Don Payne for Congress

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
North Jersey NANBPW 311 Raritan Avenue Middlesex, New Jersey 08846	Tickets for event Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/30/00	\$ 450.00
B. Full Name, Mailing Address and ZIP Code National Action Network c/o Rev. Tuffs 51 Clifton Avenue - Suite C2110 Newark, New Jersey 07104	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/30/00	\$ 500.00
C. Full Name, Mailing Address and ZIP Code National Council on Alcoholism & Drug Dependency 60 S. Fullerton Avenue Montclair, New Jersey 07042	Journal Advertisement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/28/00	\$ 115.00
D. Full Name, Mailing Address and ZIP Code National Democratic Club 30 Ivy Street, SE Washington, DC 20003	Fundraiser expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/30/00	\$ 2484.31
E. Full Name, Mailing Address and ZIP Code National Democratic Club 30 Ivy Street, SE Washington, DC 20003	Fundraiser Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/30/00	\$ 3683.49
F. Full Name, Mailing Address and ZIP Code National Democratic Club 30 Ivy Street, SE Washington, DC 20003	Fundraiser Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/8/00	\$ 2141.95
G. Full Name, Mailing Address and ZIP Code National Democratic Club 30 Ivy Street, SE Washington, DC 20003	Food & Beverage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/6/00	\$ 30.41
H. Full Name, Mailing Address and ZIP Code PSEG P.O. Box 14105 New Brunswick, NJ 08906	Utilities Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/21/00	\$ 12.96
I. Full Name, Mailing Address and ZIP Code Postmaster Newark Federal Square Newark, New Jersey 07012	 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/6/00	\$ 22.00

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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**NAME OF COMMITTEE (in Full)**

Don Payne for Congress

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Postmaster Newark Federal Square Newark, New Jersey 07102	Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/2/00	\$ 99.00
B. Full Name, Mailing Address and ZIP Code Postmaster Newark Federal Square Newark, New Jersey 07102	Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/10/00	\$ 33.00
C. Full Name, Mailing Address and ZIP Code Postmaster Newark Federal Square Newark, New Jersey 07102	Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/8/00	\$ 330.00
D. Full Name, Mailing Address and ZIP Code Postmaster Newark Federal Square Newark, New Jersey 07102	Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/8/00	\$ 132.00
E. Full Name, Mailing Address and ZIP Code Postmaster Newark Federal Square Newark, New Jersey 07102	P.O. Box Fee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/8/00	\$ 22.00
F. Full Name, Mailing Address and ZIP Code Postmaster Newark Federal Square Newark, New Jersey	Mailing Services Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/20/00	\$ 11.75
G. Full Name, Mailing Address and ZIP Code Postmaster Newark Federal Square Newark, New Jersey 07102	Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/30/00	\$ 231.00
H. Full Name, Mailing Address and ZIP Code Robert Treat Hotel 50 Park Place Newark, New Jersey 07102	Event Expense (Luncheon) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/8/00	\$ 6756.48
I. Full Name, Mailing Address and ZIP Code Roche & Carter 134 Evergreen Place East Orange, New Jersey 07018	Refund of Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/21/00	\$ 175.00 MEMO)

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

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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**NAME OF COMMITTEE (In Full)**  
 Don Payne for Congress

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
SEIU - Local 617 51 Central Avenue Newark, New Jersey 07102	Journal Advertisement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/19/00	\$ 200.00
B. Full Name, Mailing Address and ZIP Code SAMDOB Group, LTD 8604 2nd Avenue Silver Spring, MD 20910	Consultant fee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/30/00	\$ 250.00
C. Full Name, Mailing Address and ZIP Code Joseph Simpson Harrison & Assoc Security Co., P.O. Box 1359 Sykesville, MD 21784	Security fees Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/20/00	\$ 350.00
D. Full Name, Mailing Address and ZIP Code St. Allen Realty Co. 338 Bloomfield Avenue Montclair, NJ 07042	Refund of Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/21/00	\$ 175.00 (MEMO)
E. Full Name, Mailing Address and ZIP Code St. Matthew N.I.D.A. 617-A Central Avenue East Orange, NJ 07018	Journal Advertisement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/30/00	\$ 350.00
F. Full Name, Mailing Address and ZIP Code Stop Shop & Save Meat Market 239 Park Avenue East Orange, NJ 07107	Refund of Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/21/2000	\$ 75.00 (MEMO)
G. Full Name, Mailing Address and ZIP Code Urban Initiatives 111 Mulberry Street Newark, New Jersey 07102	Consultant Fees Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/6/00	\$ 2000.00
H. Full Name, Mailing Address and ZIP Code Urban Initiatives 111 Mulberry Street Newark, New Jersey	Consultant fee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/7/00	\$ 2000.00
I. Full Name, Mailing Address and ZIP Code Urban Initiatives 111 Mulberry Street Newark, New Jersey 07102	Consultant fees Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/8/00	\$ 2000.00

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

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**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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**NAME OF COMMITTEE (In Full)**

Don Payne for Congress

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Verizon Wireless P.O. Box 4833 Trenton, New Jersey 08650	Telephone Services Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/18/00	\$ 279.09
Verizon Wireless Services P.O. Box 4833 Trenton, New Jersey 08650	Telephone Services Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/09/00	\$ 113.30
Verizon Wireless P.O. Box 4833 Trenton, New Jersey 08650	Telephone Services Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/21/00	\$ 168.00
WISOMMM, Inc. 53 Lincoln Place Newark, New Jersey 07102	Journal Advertisement & Tickets to event Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/28/00	\$ 330.00
Zevel Properties 47 West 34th Street - Suite 452 New York, New York, 10001	Rent Headquarters Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/18/00	\$ 1000.00
Zevel Properties Elite Management LLC 185 Bridge Plaza North Fort Lee, NJ 07024	Headquarters Rent Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/28/00	\$ 1000.00
8th Annual Labor Day Festival Newark Alumni Inc. 17 Academy Street - Suite 309 Newark, New Jersey 07102	Donation Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/30/00	\$ 150.00
New Jersey Democratic State Committee 150 West State Street Trenton, New Jersey 08608	Journal Advertisement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/6/00	\$ 250.00
L. 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)

TOTAL This Period (last page this line number only)

\$ 39,075.61

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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**NAME OF COMMITTEE (In Full)**

Don Payne for Congress

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Contribution	Date (month, day, year)	Amount of Each Disbursement This P
Carson for Congress 7001 W. 56th Street Indianapolis, IN 46204	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/30/00	\$ 1000.00
B. Full Name, Mailing Address and ZIP Code Connelly for Congress P.O. Box 280 Fanwood, New Jersey 07023	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/30/00	\$ 1000.00
C. Full Name, Mailing Address and ZIP Code C. Brown for Congress (Friends of) 5278 Norwood Avenue - Suite 13 Jacksonville, FL 32202	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/30/00	\$ 1000.00
D. Full Name, Mailing Address and ZIP Code Committee to Re-Elect Assembly Clarence Norman Jr. 71 Sterling Street Brooklyn, NY 11225	Contribution - tickets Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/6/00	\$ 125.00
E. Full Name, Mailing Address and ZIP Code Committee to Elect Darryl Townes 917 Cleveland Street Brooklyn, New York 11208	Contribution: Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/9/00	\$ 500.00
F. Full Name, Mailing Address and ZIP Code DCCC 430 S. Capitol Street Washington, DC 20003	Dues Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/30/00	\$ 5000.00
G. Full Name, Mailing Address and ZIP Code Essex County Democratic Committee 50 Park Place - Suite 1430 Newark, New Jersey 07102	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/18/00	\$ 250.00
H. Full Name, Mailing Address and ZIP Code Essex County Democratic Committee 50 Park Place - Suite 1430 Newark, New Jersey 07102	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/30/00	\$ 3500.00
I. Full Name, Mailing Address and ZIP Code Election Fund for Craig Stauley P.O. Box 28293 Newark, New Jersey 07101	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/20/00	\$ 500.00

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

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



**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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**NAME OF COMMITTEE (in Full)**

Don Payne for Congress

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Election Fund for Craig Stanley P.O. Box 28293 Newark, New Jersey 07101	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/30/00	\$ 500.00
Election fund for William D. Payne P.O. Box 200143 1 Riverfront Plaza Newark, New Jersey 07102	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/30/00	\$ 500.00
Friends of Major Owens 1125 Eastern Parkway Brooklyn, New York 11213	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/00	\$ 1000.00
Irvington Democratic County Committee 608 Chancellor Avenue Irvington, New Jersey 07110	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/28/00	\$ 150.00
New Jersey State Democratic Committee 150 West State Street Trenton, New Jersey 08608	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/8/00	\$ 250.00
Ryan & DeLuca Campaign for Maplewood Township Committee 154 Lexington Avenue Maplewood, New Jersey 07040	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/6/00	\$ 100.00
Townes for Congress Committee 438 Lewis Avenue Brooklyn, New York, 11233	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/8/00	\$ 1000.00
Trenton 2000 36 N. Eastfield Avenue Trenton, New Jersey 08618	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/6/00	\$ 125.00
Third Ward Democratic Club 4814 Corniak Drive Parlin, New Jersey 08859	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/6/00	\$ 50.00

SUBTOTAL of Disbursements This Page (optional)

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**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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**NAME OF COMMITTEE (in Full)**

Don Payne for Congress

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Contribution 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 \$ 250.00
Union County Democratic Committee 65 King Street Hillside, New Jersey 07205		7/6/00	
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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

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

\$ 16,800.00

Name of Guarantor (if Full)

**Don Payne for Congress**

A. Full Name, Mailing Address and ZIP Code of Loan Source <b>Fund to Assist Youth &amp; Noteworthy Endeavors</b> 1065 Bergen Street Newark, NJ 07112  Elector: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Original Amount of Loan <b>\$10,000.00</b>	Cumulative Payment To Date .00	Balance Outstanding at Close of This Period <b>\$10,000.00</b>
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Terms: Date Incurred 5/10/2000 Date Due 5/10/2001 Interest Rate 1 % (per)  Secured

List All Employers 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   Elector: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
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Terms: Date Incurred \_\_\_\_\_ Date Due \_\_\_\_\_ Interest Rate \_\_\_\_\_ % (per)  Secured

List All Employers 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) .....	\$ 10,000.00
TOTALS This Period (last page in this line only) .....	\$ 10,000.00

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

LOANS -- MADE

Name of Committee (in Full)

Don Payne for Congress

A. Full Name, Mailing Address and ZIP Code of Loan Source Fund to Assist Youth & Noteworthy Endvra 1065 Bergen Street Newark, New Jersey 07112 Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Original Amount of Loan \$ 5,000.00	Cumulative Payment To Date .00	Balance Outstanding at Close of This Period \$ 5,000.00
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Term: Date Incurred 9/14/2000 Date Due 3/14/2001 Interest Rate 1 % (apr)  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  Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
--	-------------------------	----------------------------	---

Term: Date Incurred \_\_\_\_\_ Date Due \_\_\_\_\_ Interest Rate \_\_\_\_\_ % (apr)  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) .....	\$ 5,000.00
TOTALS This Period (last page in this line only) .....	\$ 5,000.00

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

# Don **PAYNE** FOR CONGRESS

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September 30, 2000

Americo Caritas  
719 Bergen Street  
Harrison, New Jersey 07029

Dear Americo Caritas:

I would like to thank you for your contribution to the Don Payne for Congress campaign fund.

The Federal Election Commission requires us to provide the name of employer and occupation of all individuals who donate \$200.00 or more to the campaign over an election cycle. Would you please complete the information below, fax a copy to (973) 645-5902 and mail the original to our campaign headquarters in the self-addressed stamped envelope provided.

We appreciate your cooperation in this matter and thank you for your generosity.

Sincerely,

Craig Stanley  
Treasurer

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Please return completed forms to:

DON PAYNE FOR CONGRESS  
P.O. BOX 2406  
NEWARK, NEW JERSEY 07114

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/ST/ZIP: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

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

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt 10-16-00
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other ( Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
J.G. PREPARER	10-16-00 DATE PREPARED