

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

FEDERAL ELECTION COMMISSION MAIL ROOM

Aug 3 11 44 AM

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
SVORNICH FOR CONGRESS COMMITTEE

ADDRESS (number and street) Check if different than previously reported.
P.O. Box 1904

CITY, STATE and ZIP CODE STATE/DISTRICT
San Pedro, CA 90733 CA/36

2. FEC IDENTIFICATION NUMBER
C00333716

3. IS THIS REPORT AN AMENDMENT?
 YES NO

4. TYPE OF REPORT

April 15 Quarterly Report Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____

July 15 Quarterly Report

October 15 Quarterly Report Thirtieth day report following the General Election on _____ in the State of _____

January 31 Year End Report

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

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

SUMMARY

5. Covering Period	COLUMN A This Period	COLUMN B Calendar Year-to-Date
01/01/99 through 06/30/99		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	21,450.00	21,450.00
(b) Total Contribution Refunds (from Line 20(d))	1,000.00	1,000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	20,450.00	20,450.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	0.00	0.00
(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	0.00	0.00
8. Cash on Hand at Close of Reporting Period (from Line 27)	1,575.49	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	31,580.56	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20468
Toll Free 800-424-9630
Local 202-376-3420

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

Type or Print Name of Treasurer
Renita L. Smith, Asst. Treasurer

Signature of Treasurer *Renita L. Smith* Date 7/30/99

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U. S. C. p437c

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FEC FORM
(revised 4-99)

DETAILED SUMMARY PAGE

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

Name of Committee (in full) SVORNICH FOR CONGRESS COMMITTEE	Report Covering the Period:	
	From: 01/01/99	To: 06/30/99
I. RECEIPTS	COLUMN A Total This Period	COLUMN B Calendar Year-To-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	17,400.00	
(ii) Unitemized	3,800.00	
(iii) Total of contributions from individuals	21,200.00	21,200.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	250.00	250.00
(d) The Candidate	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d))	21,450.00	21,450.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate	0.00	0.00
(b) All Other Loans	0.00	0.00
(c) TOTAL LOANS (add 13(a) and (b))	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)	21,450.00	21,450.00
II. DISBURSEMENTS		
17. OPERATING EXPENDITURES	0.00	0.00
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate	19,500.00	19,500.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))	19,500.00	19,500.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	1,000.00	1,000.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))	1,000.00	1,000.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)	20,500.00	20,500.00
III. CASH SUMMARY		
23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	\$	625.49
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)	\$	21,450.00
25. SUBTOTAL (add Line 23 and Line 24)	\$	22,075.49
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	\$	20,500.00
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)	\$	1,575.49

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page (010199-060299)

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

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

NAME OF COMMITTEE (In Full)

SVORNICH FOR CONGRESS COMMITTEE C00333716

A. Full Name, Mailing Address and ZIP Code Taffere W. Abera 772 W. Ventura Street Altadena, CA 91001	Name of Employer	Date(month, day, year) 05/10/99	Amount of Each Receipt this Period 300.00
	Occupation		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Aggregate Year-to-Date > \$ 300.00		
B. Full Name, Mailing Address and ZIP Code Mary C. Alexander 1472 W. Artesia Boulevard Gardena, CA 90248	Name of Employer	Date(month, day, year) 06/08/99	Amount of Each Receipt this Period 1,000.00
	Occupation		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		
C. Full Name, Mailing Address and ZIP Code Joyce Ann Armijo 14724 Corvise Avenue Hawthorne, CA 90250	Name of Employer	Date(month, day, year) 06/08/99	Amount of Each Receipt this Period 1,000.00
	Occupation		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		
D. Full Name, Mailing Address and ZIP Code Jeffrey M. Axtell 4429 Via Pavilion Palos Verdes Estates, CA 90274	Name of Employer Vestair Development	Date(month, day, year) 03/24/99 03/24/99	Amount of Each Receipt this Period 250.00 250.00
	Occupation Project Director		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Aggregate Year-to-Date > \$ 500.00		
E. Full Name, Mailing Address and ZIP Code Gill A. Barnett 30692 Via Conquista San Juan Capistrano, CA 92675	Name of Employer Parking Concepts	Date(month, day, year) 03/24/99	Amount of Each Receipt this Period 250.00
	Occupation Executive		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Aggregate Year-to-Date > \$ 250.00		
F. Full Name, Mailing Address and ZIP Code Sarkis P. Darbinyan 4411 Melbourne Avenue #B Los Angeles, CA 90027	Name of Employer	Date(month, day, year) 05/10/99	Amount of Each Receipt this Period 300.00
	Occupation		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Aggregate Year-to-Date > \$ 300.00		
G. Full Name, Mailing Address and ZIP Code Donald A. Davis 22903 Cabrillo Avenue Torrance, CA 90501	Name of Employer	Date(month, day, year) 06/17/99	Amount of Each Receipt this Period 1,000.00
	Occupation		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		
SUBTOTAL of Receipts This Page (optional)			4,350.00
TOTAL This Period (last page this line number only)			

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page (pt. 11100 - 111000)	PAGE	OF
	2	4
FOR LINE NUMBER		11(a) (i)

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

NAME OF COMMITTEE (In Full)
 SWORNICH FOR CONGRESS COMMITTEE C00333715

A. Full Name, Mailing Address and ZIP Code Louise Davis 22903 Cabrillo Avenue Torrance, CA 90501 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer	Date (month, day, year) 06/17/99	Amount of Each Receipt this Period 1,000.00
	Occupation	Aggregate Year-to-Date > \$ 1,000.00	
B. Full Name, Mailing Address and ZIP Code Steven K. Davis 1204 W. Adams Boulevard #4 Los Angeles, CA 90007 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer	Date (month, day, year) 06/17/99	Amount of Each Receipt this Period 1,000.00
	Occupation	Aggregate Year-to-Date > \$ 1,000.00	
C. Full Name, Mailing Address and ZIP Code Jo-Ann Grace 492 S. Mansfield Avenue Los Angeles, CA 90012 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer	Date (month, day, year) 03/24/99	Amount of Each Receipt this Period 250.00
	Occupation	Aggregate Year-to-Date > \$ 250.00	
D. Full Name, Mailing Address and ZIP Code Roger Grace 438 S. Mansfield Los Angeles, CA 90012 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer	Date (month, day, year) 03/24/99	Amount of Each Receipt this Period 250.00
	Occupation	Aggregate Year-to-Date > \$ 250.00	
E. Full Name, Mailing Address and ZIP Code Koji Kuwada 841 Monterey Boulevard #A Hermosa Beach, CA 90254 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer	Date (month, day, year) 06/08/99	Amount of Each Receipt this Period 1,000.00
	Occupation	Aggregate Year-to-Date > \$ 1,000.00	
F. Full Name, Mailing Address and ZIP Code Susan C. Mercer 2615 Plaza Del Amo #616 Torrance, CA 90503 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer	Date (month, day, year) 06/09/99	Amount of Each Receipt this Period 1,000.00
	Occupation	Aggregate Year-to-Date > \$ 1,000.00	
G. Full Name, Mailing Address and ZIP Code Brian Mosich 2709 S. Walker Avenue San Pedro, CA 90731 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer	Date (month, day, year) 06/08/99	Amount of Each Receipt this Period 1,000.00
	Occupation Executive Director	Aggregate Year-to-Date > \$ 1,000.00	
SUBTOTAL of Receipts This Page (optional)			5,500.00
TOTAL This Period (last page the line number only)			

SCHEDULE A **ITEMIZED RECEIPTS**
Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page (010-090 - 003000)

PAGE 3 OF 4
FOR LINE NUMBER 11(a) (i)

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

NAME OF COMMITTEE (in Full)

SVORNICH FOR CONGRESS COMMITTEE C00333716

A. Full Name, Mailing Address and ZIP Code Sheryl L. Mosich 2709 S. Walker Avenue San Pedro, CA 90731 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer	Date (month, day, year) 06/08/99	Amount of Each Receipt this Period 1,000.00
	Occupation	Aggregate Year-to-Date > \$ 1,000.00	
B. Full Name, Mailing Address and ZIP Code Priscilla Moynier 1923 Neptune Drive Perris, CA 92571 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer	Date (month, day, year) 06/08/99	Amount of Each Receipt this Period 1,000.00
	Occupation	Aggregate Year-to-Date > \$ 1,000.00	
C. Full Name, Mailing Address and ZIP Code Patricia R. Nix 16742 Oleander Circle Mountain Valley, CA 92708 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Name of Employer None	Date (month, day, year) 03/24/99	Amount of Each Receipt this Period 250.00
	Occupation Homemaker	Aggregate Year-to-Date > \$ 250.00	
D. Full Name, Mailing Address and ZIP Code Cathy M. Polkila 120 Maryland #2 El Segundo, CA 90245 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer N/A	Date (month, day, year) 06/08/99	Amount of Each Receipt this Period 1,000.00
	Occupation Homemaker	Aggregate Year-to-Date > \$ 1,000.00	
E. Full Name, Mailing Address and ZIP Code Jeanne Romantier 8733 Yorkshire Avenue Garden Grove, CA 92841 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer	Date (month, day, year) 06/08/99	Amount of Each Receipt this Period 1,000.00
	Occupation	Aggregate Year-to-Date > \$ 1,000.00	
F. Full Name, Mailing Address and ZIP Code Susan B. Sikes 17701 S. Avalon #138 Carson, CA 90746 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer	Date (month, day, year) 06/08/99	Amount of Each Receipt this Period 1,000.00
	Occupation	Aggregate Year-to-Date > \$ 1,000.00	
G. Full Name, Mailing Address and ZIP Code Ronald A. Simms 10100 Santa Monica Boulevard #920 Los Angeles, CA 90067 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer RASCOT Inc.	Date (month, day, year) 03/24/99	Amount of Each Receipt this Period 250.00
	Occupation Owner	Aggregate Year-to-Date > \$ 250.00	

SUBTOTAL of Receipts This Page (optional)

5,500.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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NAME OF COMMITTEE (In Full)
 SVORNICH FOR CONGRESS COMMITTEE C00333716

A. Full Name, Mailing Address and ZIP Code Kenneth G. Spiker 3756 Amesbury Road Los Angeles, CA 90027 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer Ken Spiker & Associates Date (month, day, year) 03/04/99	Amount of Each Receipt this Period 1,000.00
	Occupation Consultant Aggregate Year-to-Date > \$ 1,000.00	
B. Full Name, Mailing Address and ZIP Code S. Mario Stavale P.O. Box 9482 Fountain Valley, CA 92727 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer Boeing Realty Corp. Date (month, day, year) 03/24/99	Amount of Each Receipt this Period 250.00
	Occupation Project Manager Aggregate Year-to-Date > \$ 250.00	
C. Full Name, Mailing Address and ZIP Code Lois L. Thompson 1015 W. 170th Street Gardena, CA 90247 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer Date (month, day, year) 05/10/99	Amount of Each Receipt this Period 300.00
	Occupation Aggregate Year-to-Date > \$ 300.00	
D. Full Name, Mailing Address and ZIP Code Jack Valenti 1600 Bya Street NW Washington, DC 20006 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer Date (month, day, year) 04/02/99	Amount of Each Receipt this Period 500.00
	Occupation Aggregate Year-to-Date > \$ 500.00	
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)	2,050.00
TOTAL This Period (last page this line number only)	17,400.00

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Other Political Committees

Use separate schedule(s) for each category of the Detailed Summary Page (1147099 - 06/30/98)

PAGE OF
1 1
FOR LINE NUMBER
11 (c)

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NAME OF COMMITTEE (In Full)

SVORNICH FOR CONGRESS COMMITTEE C00333716

A. Full Name, Mailing Address and ZIP Code ARCD PNC 515 S. Flower Street, 46th Floor Los Angeles, CA 90071	Name of Employer	Date (month, day, year) 03/24/99	Amount of Each Receipt this Period 250.00
	Occupation		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Aggregate Year-to-Date > \$ 250.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Aggregate Year-to-Date > \$		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Aggregate Year-to-Date > \$		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Aggregate Year-to-Date > \$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

250.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

Repayments of Loans Made/Guaranteed by Candidate

Use separate schedule(s) for each category of the Detailed Summary Page (NYS 1102 - 06/01/98)	PAGE	OF
	1	1
FOR LINE NUMBER		
19 (a)		

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of raising 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)

SVORNICH FOR CONGRESS COMMITTEE C00333716

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Rudy Svornich P.O. Box 1904 San Pedro, CA 90733	Loan Payment (Principal)	06/17/99	2,000.00
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	06/08/99	(MEMO) 10,000.00
same as above	Purpose of Disbursement	Date (month, day, year) 05/10/99	Amount of Each Disbursement This Period 2,500.00
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	04/05/99	(MEMO) 500.00
same as above	Purpose of Disbursement	Date (month, day, year) 03/24/99	Amount of Each Disbursement This Period 3,500.00
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	03/04/99	(MEMO) 1,000.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

0.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

Refunds of Contributions to Individuals/Persons

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

NAME OF COMMITTEE (In Full)
 SVORNICH FOR CONGRESS COMMITTEE C00333716

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Refund of Contribution	Date (month, day, year)	Amount of Each Disbursement This Period
Christopher Hammond 854 N. Adams Boulevard Los Angeles, CA 90039	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	02/10/99	1,000.00
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)			1,000.00
TOTAL This Period (last page this line number only)			1,000.00

SCHEDULE C
(Revised 3/80)

LOANS

Loans Received by the Committee

Page 1 of 3 for
LINE NUMBER 10
(Use separate schedules
for each numbered line)

Name of Committee (in Full) SVORNICH FOR CONGRESS COMMITTEE			
A. Full Name, Mailing Address and ZIP Code of Loan Source Rudy Svornich P.O. Box 1904 San Pedro, CA 90733	Original Amount of Loan 22,000.00	Cumulative Payment To Date 10,000.00	Balance Outstanding at Close of This Period 12,000.00
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Terms: Date Incurred <u>06/27/98</u> Date Due <u>06/27/99</u> Interest Rate <u>0.0000</u> %(per) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to item A			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
(Use 1/99 - 08/30/99)			
B. Full Name, Mailing Address and ZIP Code of Loan Source Rudy Svornich P.O. Box 1904 San Pedro, CA 90733	Original Amount of Loan 9,000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 9,000.00
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Terms: Date Incurred <u>06/18/98</u> Date Due <u>06/18/99</u> Interest Rate <u>0.0000</u> %(per) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to item B			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
SUBTOTALS This Period This Page (optional)			21,000.00
TOTALS This Period (last page in this line only)			
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.			

SCHEDULE C
(Revised 3/90)

LOANS

Loans Received by the Committee

Page 2 of 3 for
LINE NUMBER 10
(Use separate schedules
for each numbered line)

Name of Committee (in Full) SVORNICH FOR CONGRESS COMMITTEE			
A. Full Name, Mailing Address and ZIP Code of Loan Source Rudy Svornich P.O. Box 1904 San Pedro, CA 90733	Original Amount of Loan 9,500.00	Cumulative Payment To Date 4,500.00	Balance Outstanding at Close of This Period 5,000.00
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Terms: Date Incurred <u>06/02/98</u> Date Due <u>06/02/99</u> Interest Rate <u>0.0000</u> % (apr) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to item A			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
(01/01/88 - 06/30/89)			
B. Full Name, Mailing Address and ZIP Code of Loan Source Rudy Svornich P.O. Box 1904 San Pedro, CA 90733	Original Amount of Loan 5,000.00	Cumulative Payment To Date 3,500.00	Balance Outstanding at Close of This Period 1,500.00
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Terms: Date Incurred <u>05/29/98</u> Date Due <u>05/29/99</u> Interest Rate <u>0.0000</u> % (apr) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to item B			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
SUBTOTALS This Period This Page (optional)			6,500.00
TOTALS This Period (last page in this line only)			
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.			

SCHEDULE C
(Revised 3/80)

LOANS

Loans Received by the Committee

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

Name of Committee (in Full) SVORNICH FOR CONGRESS COMMITTEE			
A. Full Name, Mailing Address and ZIP Code of Loan Source Rudy Svornich P.O. Box 1904 San Pedro, CA 90733	Original Amount of Loan 20,000.00	Cumulative Payment To Date 15,000.00	Balance Outstanding at Close of This Period 4,000.00
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Terms: Date Incurred <u>05/28/98</u> Date Due <u>05/28/99</u> Interest Rate <u>0.0000</u> % (APR) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to item A			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
(01/01/98 - 05/30/99)			
B. Full Name, Mailing Address and ZIP Code of Loan Source	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Terms: Date Incurred _____ Date Due _____ Interest Rate _____ % (APR) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to item B			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
SUBTOTALS This Period This Page (optional)			4,000.00
TOTALS This Period (last page in this line only)			31,500.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.			

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans
Debts Owed By the Committee

Page 1 of 1
LINE NUMBER _____
(Use separate schedule for each numbered line)

Name of Committee (in Full) SVORNICH FOR CONGRESS COMMITTEE	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Shell Mastercard P.O. Box 29249 Phoenix, AZ 85038	80.56	0.00	0.00	80.56
Nature of Debt (Purpose):				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
1) SUBTOTALS This Period This Page (optional)				80.
2) TOTAL This Period (last page this line only)				80.
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				31,500.
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				31,580.

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 7/30/99
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked _____ and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>SEM</i> PREPARER	8/3/99 DATE PREPARED