

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

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1. NAME OF COMMITTEE
C00269340 121499
ANDREW J MCCROSSON JR
LEGISLATOR FOR CONGRESS
PO BOX 773
MARMORA NJ 08223

2. FEC IDENTIFICATION NUMBER
C00269340

3. IS THIS REPORT AN AMENDMENT?
 YES NO

4. TYPE OF REPORT

- April 15 Quarterly Report 12-Day Pre-Election Report for the _____ (Type of Election)
election on _____ in the State of _____
- July 15 Quarterly Report
- October 15 Quarterly Report 30-Day Post-Election 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

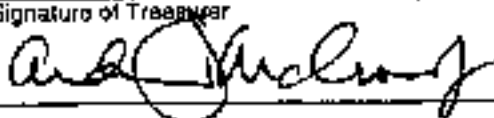
SUMMARY

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>07/01/99</u> through <u>12/31/99</u>		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	112,644.05	274,181.05
(b) Total Contribution Refunds (from Line 20(d))	-0-	-0-
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	112,644.05	274,181.05
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	62,920.43	119,696.08
(b) Total Offsets to Operating Expenditures (from Line 14)	-0-	-0-
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	62,920.43	119,696.08
8. Cash on Hand at Close of Reporting Period (from Line 27)	831,135.41	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	-0-	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	-0-	

For further information contact:
Federal Election Commission
899 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

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
Andrew J. McCrosson, Jr.

Signature of Treasurer  Date 1/29/00

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)	Report Covering the Period:	
LoBiondo for Congress	From: 07/01/99	To: 12/31/99
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)	37,350.00	
(ii) Unitemized	4,267.00	
(iii) Total of contributions from individuals	41,617.00	139,154.00
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)	71,027.05	135,027.05
(d) The Candidate		
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d))	112,644.05	274,181.05
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
(b) All Other Loans		
(c) TOTAL LOANS (add 13(a) and (b))		
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)		
15. OTHER RECEIPTS (Dividends, Interest, etc.)	13,661.60	25,885.98
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)	126,305.65	300,067.03
II. DISBURSEMENTS		
17. OPERATING EXPENDITURES	62,920.43	119,696.08
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES		
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate		
(b) Of All Other Loans		
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))		
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))		
21. OTHER DISBURSEMENTS	46,100.00	48,900.00
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)	109,020.43	168,596.08

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	\$ 813,850.19	23
24. TOTAL RECEIPTS THIS PERIOD (From Line 16)	\$ 126,305.65	24
25. SUBTOTAL (add Line 23 and Line 24)	\$ 940,155.84	25
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	\$ 109,202.43	26
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)	\$ 831,135.41	27

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 12

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) **LoBiondo for Congress**

<p>A. Full Name, Mailing Address and ZIP Code Charles W. Kramer 2 Mill Lane Linwood, NJ 08221</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Kramer Beverage Co.</p> <p>Occupation Beer Distributor</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) Jul 2, 1999</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Lynn P. Kramer 2 Mill Lane Linwood, NJ 08221</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Kramer Beverage Co.</p> <p>Occupation Beer Distributor</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) Jul 2, 1999</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>C. Full Name, Mailing Address and ZIP Code C. Courtney Seabrook 111 N. Main Street Woodstown, NJ 08098</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer N/A</p> <p>Occupation Retired</p> <p>Aggregate Year-to-Date > \$ 1,000.00</p>	<p>Date (month, day, year) Jul 6, 1999</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Thomas H. Heist, III 501 Waverly Blvd. Ocean City, NJ 08226</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Thomas H. Heist Insurance Agency, Inc.</p> <p>Occupation Insurance Broker</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) Jul 7, 1999</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Rosalee M. Baker 108 Irene Avenue Buena, NJ 08310</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Delsea Regional High School</p> <p>Occupation Librarian</p> <p>Aggregate Year-to-Date > \$ 600.00</p>	<p>Date (month, day, year) Jul 15, 1999</p>	<p>Amount of Each Receipt this Period \$200.00</p>
<p>F. Full Name, Mailing Address and ZIP Code George Patras 807 W. New York Avenue Somers Point, NJ 08244</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Self</p> <p>Occupation Motel Owner (Owl Motel)</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) Jul 21, 1999</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>G. Full Name, Mailing Address and ZIP Code Georgia Patras 807 W. New York Avenue Somers Point, NJ 08244</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Self</p> <p>Occupation Motel Owner (Owl Motel)</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) Jul 21, 1999</p>	<p>Amount of Each Receipt this Period \$500.00</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>\$2,700.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p></p>

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 12

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full) **LoBiondo for Congress**

A. Full Name, Mailing Address and ZIP Code Peter Boynton 50 Innisbrook Avenue Las Vegas, NV 89112 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Caesar's World	Date (month, day, year) Aug 30, 1999	Amount of Each Receipt this Period \$1,000.00
	Occupation Chairman/CEO	Aggregate Year-to-Date \$ 1,000.00	
B. Full Name, Mailing Address and ZIP Code John M. Barrett 7503 Weymouth Road Hammonton, NJ 08037 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Amtrak Paving Co.	Date (month, day, year) Aug 31, 1999	Amount of Each Receipt this Period \$250.00
	Occupation Self-employed	Aggregate Year-to-Date \$ 250.00	
C. Full Name, Mailing Address and ZIP Code Joseph J. Arena 220 Broadway Hammonton, NJ 08037 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Arena Olds Pontiac	Date (month, day, year) Sep 3, 1999	Amount of Each Receipt this Period \$500.00
	Occupation Owner (Auto Dealership)	Aggregate Year-to-Date \$ 500.00	
D. Full Name, Mailing Address and ZIP Code James M. Dwyer 1401 Ocean Avenue Ocean City, NJ 08226 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self	Date (month, day, year) Sep 7, 1999	Amount of Each Receipt this Period \$250.00
	Occupation Real Estate Broker / Developer	Aggregate Year-to-Date \$ 1,250.00	
E. Full Name, Mailing Address and ZIP Code Charles A. Teubert, KOC 213 Stechanville Road Egg Harbor Township, NJ 08234-7801 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Galaxy Scientific Corporation	Date (month, day, year) Sep 7, 1999	Amount of Each Receipt this Period \$500.00
	Occupation Vice President	Aggregate Year-to-Date \$ 500.00	
F. Full Name, Mailing Address and ZIP Code David J. Thompson 1045 Palms Airport Drive Las Vegas, NV 89119 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Mikohn Gaming	Date (month, day, year) Sep 8, 1999	Amount of Each Receipt this Period \$500.00
	Occupation CFO	Aggregate Year-to-Date \$ 500.00	
G. Full Name, Mailing Address and ZIP Code William P. Weidner 9136 Golden Eagle Drive Las Vegas, NV 89134-6134 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer The Venetian Resort Hotel Casino	Date (month, day, year) Sep 8, 1999	Amount of Each Receipt this Period \$1,000.00
	Occupation President & COO	Aggregate Year-to-Date \$ 2,000.00	

SUBTOTAL of Receipts This Page (optional) \$4,000.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

FOR LINE NUMBER 11(a) (i)

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NAME OF COMMITTEE (in Full) **LoBiondo for Congress**

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Cashin J. Cashin Cashin & Co. One White Horse Centre, P. O. Box 436 Hammonton, NJ 08037	Cashin & Co.	Sep 9, 1999	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	Aggregate Year-to-Date \$ 250.00	
B. Full Name, Mailing Address and ZIP Code Nicholas Cashin, III Cashin & Co. One White Horse Centre P.O. Box 436 Hammonton, NJ 08037	Cashin & Co.	Sep 9, 1999	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO	Aggregate Year-to-Date \$ 250.00	
C. Full Name, Mailing Address and ZIP Code Arthur J. Galletta 978 S. Second Road Hammonton, NJ 08037	Atlantic Blueberry Co., Inc.	Sep 9, 1999	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Farmer	Aggregate Year-to-Date \$ 250.00	
D. Full Name, Mailing Address and ZIP Code Albert O'Brien 317 Willow Grove Road Pittsgrove, NJ 08318-2046	United Resins, Inc.	Sep 9, 1999	\$200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	Aggregate Year-to-Date \$ 400.00	
E. Full Name, Mailing Address and ZIP Code Robert G. Fryling 334 South 3rd Street Philadelphia, PA 19106	Blank, Rome, Cominsky & McCauley	Sep 10, 1999	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date \$ 1,000.00	
F. Full Name, Mailing Address and ZIP Code Johnano Johnson 410 Grape Street Hammonton, NJ 08037	Northfield School District	Sep 14, 1999	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Curriculum Coordinator	Aggregate Year-to-Date \$ 250.00	
G. Full Name, Mailing Address and ZIP Code Nelson C. Johnson 410 Grape Street Hammonton, NJ 08037	Self (Nelson C. Johnson, P.C.)	Sep 10, 1999	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date \$ 250.00	

SUBTOTAL of Receipts This Page (optional) \$2,450.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 4 OF 12

FOR LINE NUMBER 11(a) (i)

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NAME OF COMMITTEE (in Full) **LoBiando for Congress**

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Constantino Kuzmokolias 4 Pheasant Road Doylestown, PA 18901	Galaxy Scientific	Sep 10, 1999	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation COO	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
Martin A. Ackley 767 Alco Avenue Alco, NJ 08004	Martin A. Ackley Associates, Inc.	Sep 14, 1999	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	Aggregate Year-to-Date > \$	\$250.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Andrea C. Ralliate 107 S. Dennis Road Cape May Court House, NJ 08210	Self	Sep 14, 1999	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$	\$250.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Angela L. Donio 101 Tilton Street Hammonton, NJ 08037	N/A	Sep 14, 1999	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Homemaker / Real Estate Investor	Aggregate Year-to-Date > \$	\$250.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James J. Lafferty 243 Crestmont Terrace Cullingswood, NJ 08108	Galaxy Scientific Corp	Sep 14, 1999	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Director of Contracts	Aggregate Year-to-Date > \$	\$1,000.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Nandita Singh 5 Gravel Bend Road Egg Harbor Township, NJ 08234	Hi-Tech Systems, Inc.	Sep 14, 1999	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Office Manager	Aggregate Year-to-Date > \$	\$250.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Tribhuvan Singh 5 Gravel Bend Road Egg Harbor Township, NJ 08234	Hi-Tech Systems, Inc.	Sep 14, 1999	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President & CEO	Aggregate Year-to-Date > \$	\$250.00

SUBTOTAL of Receipts This Page (optional) \$2,750.00

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (in Full) **LoBiondo for Congress**

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robin T. Taber 1875 Backingham Drive Jamison, PA 18929	Galaxy Scientific Corp.	Sep 14, 1999	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Vice President 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
Rudolph Terruso 220 - 44th Street Sea Isle City, NJ 08243	N/A	Sep 14, 1999	\$200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Retired Aggregate Year-to-Date: \$ 300.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Diane A. Wilson 912 Harbour Cove Condo 550 Bay Avenue Somers Point, NJ 08244-2552	Northwest Mortgage Corp.	Sep 14, 1999	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Mortgage Underwriter Aggregate Year-to-Date: \$ 500.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Harry J. Wilson 912 Harbour Cove Condo 550 Bay Avenue Somers Point, NJ 08244-2552	Galaxy Scientific Corporation	Sep 14, 1999	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CEO 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
Justin H. Livingston 6 Oak Drive Bridgeton, NJ 08302	N/A	Sep 16, 1999	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Retired Aggregate Year-to-Date: \$ 500.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David C. Wong 9 Waverly Road Marlton, NJ 08053	Nicom Systems, Inc.	Sep 16, 1999	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: C.E.O. Aggregate Year-to-Date: \$ 1,000.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lewis B. April 4 Essex Court Marlton, NJ 08402	Cooper, Periskie, April, Niederhain, et. al.	Sep 17, 1999	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Attorney Aggregate Year-to-Date: \$ 1,000.00		

SUBTOTAL of Receipts This Page (optional)	\$3,950.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 6 OF 12

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full) **LoBiondo for Congress**

<p>A. Full Name, Mailing Address and ZIP Code Andrew G. Becenato, Jr 870-B Central Avenue Hammonton, NJ 08037</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer M. L. Ruberton Construction Co., Inc.</p> <p>Occupation General Contractor</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) Sep 17, 1999</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Dale J. Florio 87 High Ridge Road Skillman, NJ 08558-2375</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Princeton Public Affairs Group, Inc.</p> <p>Occupation Public & Government Affairs Counsel</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) Sep 17, 1999</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Leslie S. Florio 87 High Ridge Road Skillman, NJ 08558</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer N/A</p> <p>Occupation Homemaker</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) Sep 17, 1999</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Lynne A. Luoca 774 Woodlawn Avenue Hammonton, NJ 08037</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer N/A</p> <p>Occupation Housewife</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) Sep 17, 1999</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Anthony Morellite Bellevue Properties Group, LLC 300 Bellevue Avenue Hammonton, NJ 08037</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Bellevue Properties Group</p> <p>Occupation Member</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) Sep 17, 1999</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>F. Full Name, Mailing Address and ZIP Code George Morellite Bellevue Properties Group, LLC 300 Bellevue Avenue Hammonton, NJ 08037</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Bellevue Properties Group</p> <p>Occupation Managing Member</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) Sep 17, 1999</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>G. Full Name, Mailing Address and ZIP Code Paul Pullia, Jr. 136 Brynmaur Ave. Hammonton, NJ 08037</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer M. L. Ruberton Agency</p> <p>Occupation Insurance - Real Estate Development</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) Sep 17, 1999</p>	<p>Amount of Each Receipt this Period \$250.00</p>

SUBTOTAL of Receipts This Page (optional) \$2,000.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 7 OF 12

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full) **LoBiondo for Congress**

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kenneth F. Pustizzi 366 20th Avenue Millway, NJ 08340	Trico Credit, Inc.	Sep 17, 1999	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive	Aggregate Year-to-Date > \$	\$1,500.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Edward H. Bersoff 8322 Woodlea Mill Road McLean, VA 22102-2321	BTG, Inc. (Galaxy Scientific)	Sep 22, 1999	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive	Aggregate Year-to-Date > \$	\$250.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dennis M. Donio 366 Old Forks Road Hampton, NJ 08037	Donio Farms, Inc.	Sep 22, 1999	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Farmer (President)	Aggregate Year-to-Date > \$	\$1,250.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Nancy Donio 366 Old Forks Road Hampton, NJ 08037	Donio Farms	Sep 22, 1999	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Farmer	Aggregate Year-to-Date > \$	\$250.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stephen P. DePalma 200 Route 9 N. Manalapan, NJ 07226-3072	Schoor DePalma Inc.	Sep 24, 1999	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO / President	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
Brian C. Soule 113 Delmar Avenue Linwood, NJ 08221	Calvi Electric Company	Sep 24, 1999	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive Vice President	Aggregate Year-to-Date > \$	\$250.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Caesar Calafa 331 West Quail Drive Mammoth, NJ 08223	AES, Inc.	Sep 25, 1999	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Engineer / Program Director	Aggregate Year-to-Date > \$	\$250.00

SUBTOTAL of Receipts This Page (optional) \$2,000.00

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (in Full) **LoBiondo for Congress**

A. Full Name, Mailing Address and ZIP Code Geraldine Calafa 331 West Quail Drive Marmora, NJ 08223	Name of Employer AES, Inc.	Date (month, day, year) Sep 25, 1999	Amount of Each Receipt this Period \$250.00
	Occupation Engineer / Program Director		
	Aggregate Year-to-Date > \$ 250.00		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
B. Full Name, Mailing Address and ZIP Code Nancy L. Azeez 810 Saturn Street Suite 16 Jupiter, FL 33477	Name of Employer N/A	Date (month, day, year) Sep 28, 1999	Amount of Each Receipt this Period \$500.00
	Occupation Home maker		
	Aggregate Year-to-Date > \$ 500.00		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code Sidney Azeez 810 Saturn Street Suite 16 Jupiter, FL 33477	Name of Employer Self	Date (month, day, year) Sep 28, 1999	Amount of Each Receipt this Period \$500.00
	Occupation Private Investor		
	Aggregate Year-to-Date > \$ 500.00		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code Richard J. DeSoux 3726 Windy Brush Road New Hope, PA 18938-9308	Name of Employer Litsa Ventures	Date (month, day, year) Sep 28, 1999	Amount of Each Receipt this Period \$250.00
	Occupation Venture Capital		
	Aggregate Year-to-Date > \$ 250.00		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code Robert Solad 303 Beech Avenue Litwood, NJ 08221-1401	Name of Employer Cooper, Perkie, et al	Date (month, day, year) Sep 28, 1999	Amount of Each Receipt this Period \$1,000.00
	Occupation Attorney		
	Aggregate Year-to-Date > \$ 1,000.00		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code Teresa Iaconelli 1410 Minton Avenue Absecon, NJ 08201-9708	Name of Employer Iaconelli Contracting Co	Date (month, day, year) Sep 30, 1999	Amount of Each Receipt this Period \$250.00
	Occupation Officer		
	Aggregate Year-to-Date > \$ 250.00		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code Clarence A. Lawry 107 Wessex Place Marlton, NJ 08053-3805	Name of Employer Ricomm Systems, Inc.	Date (month, day, year) Sep 30, 1999	Amount of Each Receipt this Period \$1,000.00
	Occupation Information Technology		
	Aggregate Year-to-Date > \$ 1,000.00		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

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

TOTAL This Period (last page this line number only)

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) **LoBiondo for Congress**

<p>A. Full Name, Mailing Address and ZIP Code Bradley S. Brewster 148 Harbourton-Woodville Rd. Harbourton, NJ 08530</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Princeton Public Affairs Group, Inc.</p> <p>Occupation Public & Government Affairs Counsel</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) Oct 4, 1999</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Dante Guzzi Dante Guzzi Engineering Associates, L.L.C. 10 Tidswell Avenue P. O. Box 1625 Medford, NJ 08055</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Dante Guzzi Engineering Associates, L.L.C.</p> <p>Occupation Engineer</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) Oct 5, 1999</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>C. Full Name, Mailing Address and ZIP Code William L. Hasler, Jr. 4201 Karen Court Mays Landing, NJ 08331</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Galaxy Scientific Corporation</p> <p>Occupation Vice President</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) Oct 7, 1999</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Kathleen Azzaz P. O. Box 1000 Pleasantville, NJ 08232</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Homemaker</p> <p>Occupation N/A</p> <p>Aggregate Year-to-Date > \$ 1,000.00</p>	<p>Date (month, day, year) Oct 8, 1999</p>	<p>Amount of Each Receipt this Period \$1,000.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Anne H. Carson 2448 Lahn Lane Mays Landing, NJ 08330</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Richland Glass Co., Inc.</p> <p>Occupation Treasurer</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) Oct 8, 1999</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>F. Full Name, Mailing Address and ZIP Code John Carson 2448 Lahn Lane Mays Landing, NJ 08330</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Richland Glass Co., Inc.</p> <p>Occupation President</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) Oct 8, 1999</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>G. Full Name, Mailing Address and ZIP Code Leo M. Garonski 2700 E. Butler Street Philadelphia, PA 19137-1404</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Leo M. Garonsky & Assoc.</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) Oct 8, 1999</p>	<p>Amount of Each Receipt this Period \$250.00</p>

SUBTOTAL of Receipts This Page (optional) \$3,000.00

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (in Full) **LoBiondo for Congress**

A. Full Name, Mailing Address and ZIP Code John McGrath 22 Green Acre Way Glassboro, NJ 08028 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Galaxy Scientific Corp.	Oct 8, 1999	
	Occupation Vice President	Aggregate Year-to-Date \$ 5500.00	
B. Full Name, Mailing Address and ZIP Code Michael A. Toner, Jr. 101 Yardley Court Egg Harbor Township, NJ 08234 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Galaxy Scientific Corporation	Oct 8, 1999	
	Occupation Comptroller	Aggregate Year-to-Date \$ 250.00	
C. Full Name, Mailing Address and ZIP Code Raymond K. Wu 1121 N. Joleynview Road Virginia Beach, VA 23454 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Eastern Virginia Medical School	Oct 8, 1999	
	Occupation Professor	Aggregate Year-to-Date \$ 250.00	
D. Full Name, Mailing Address and ZIP Code James W. Yob 52 Bortons Road Medford, NJ 08055-8126 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Galaxy Scientific Corp.	Oct 8, 1999	
	Occupation President	Aggregate Year-to-Date \$ 1,000.00	
E. Full Name, Mailing Address and ZIP Code Jean-Max Decqjen 14 Indian Run Road Princeton Junction, NJ 08550 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Ricochit Systems	Oct 13, 1999	
	Occupation Systems Programmer	Aggregate Year-to-Date \$ 1,000.00	
F. Full Name, Mailing Address and ZIP Code Richard O. Erdner 248 Moore Lane Haddonfield, NJ 08033 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Erdner Brothers, Inc.	Oct 13, 1999	
	Occupation Trucking & Warehousing	Aggregate Year-to-Date \$ 300.00	
G. Full Name, Mailing Address and ZIP Code George Tzafets Routes 30 and 206 Hamminton, NJ 08037 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Silver Coin Diner	Oct 18, 1999	
	Occupation Diner	Aggregate Year-to-Date \$ 1,000.00	

SUBTOTAL of Receipts This Page (optional)	\$4,300.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

FOR LINE NUMBER

11(a) (1)

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NAME OF COMMITTEE (in Full) LoBiondo for Congress

<p>A. Full Name, Mailing Address and ZIP Code Drew Dingler 222 Hand Avenue Cape May Court House, NJ 08210</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer The Design Collaborative</p> <p>Occupation Architect</p> <p>Aggregate Year-to-Date > \$ \$500.00</p>	<p>Date (month, day, year) Oct 19, 1999</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Sheldon G. Adelson 3355 Las Vegas Blvd., S. Las Vegas, NV 89109</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer The Venetian Resort Hotel Casino</p> <p>Occupation Owner</p> <p>Aggregate Year-to-Date > \$ \$1,000.00</p>	<p>Date (month, day, year) Nov 1, 1999</p>	<p>Amount of Each Receipt this Period \$1,000.00</p>
<p>C. Full Name, Mailing Address and ZIP Code David C. Maxwell 1 Sea Island Ct. Skillman, NJ 08558</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer The R.C. Maxwell Company</p> <p>Occupation President</p> <p>Aggregate Year-to-Date > \$ \$500.00</p>	<p>Date (month, day, year) Nov 1, 1999</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Richard J. Wood Al's Car Wash 90 N. White Horse Pike Hammonton, NJ 08037</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Al's Car Wash</p> <p>Occupation Owner / Partner</p> <p>Aggregate Year-to-Date > \$ \$300.00</p>	<p>Date (month, day, year) Nov 3, 1999</p>	<p>Amount of Each Receipt this Period \$300.00</p>
<p>E. Full Name, Mailing Address and ZIP Code William I. Kozak 7230 Fulton Avenue North Hollywood, CA 91605</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Aviation Equipment, Inc.</p> <p>Occupation Management</p> <p>Aggregate Year-to-Date > \$ \$1,000.00</p>	<p>Date (month, day, year) Nov 9, 1999</p>	<p>Amount of Each Receipt this Period \$1,000.00</p>
<p>F. Full Name, Mailing Address and ZIP Code William J. Kindle 525 Stone Harbor Blvd., Box 7 Cape May Court House, NJ 08210</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Kindle Ford</p> <p>Occupation President / General Manager</p> <p>Aggregate Year-to-Date > \$ \$1,000.00</p>	<p>Date (month, day, year) Nov 22, 1999</p>	<p>Amount of Each Receipt this Period \$1,000.00</p>
<p>G. Full Name, Mailing Address and ZIP Code Michele A. Engelhart 531 County Road 579 Blagoes, NJ 08551-2013</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Galaxy Scientific Corp.</p> <p>Occupation Vice President</p> <p>Aggregate Year-to-Date > \$ \$250.00</p>	<p>Date (month, day, year) Nov 24, 1999</p>	<p>Amount of Each Receipt this Period \$250.00</p>

SUBTOTAL of Receipts This Page (optional) \$4,550.00

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (In Full) **LoBiondo for Congress**

<p>A. Full Name, Mailing Address and ZIP Code Charles E. Passagno P. O. Box 477 Cape May, NJ 08204</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer National Associates</p> <p>Occupation Insurance Broker / President</p> <p>Aggregate Year-to-Date > \$ 1,000.00</p>	<p>Date (month, day, year) Dec 3, 1999</p>	<p>Amount of Each Receipt this Period \$1,000.00</p>
<p>B. Full Name, Mailing Address and ZIP Code John W. Fowler, Jr. 220 106th Street Stone Harbor, NJ 08247-1227</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Blank, Rome, Cominsky & McCauley LLP</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date > \$ 800.00</p>	<p>Date (month, day, year) Dec 6, 1999</p>	<p>Amount of Each Receipt this Period \$800.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Albert C. Deardon, M.D. t/a Oak Tree Pediatrics 1601 Tilton Road Northfield, NJ 08225</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Self (Oak Tree Pediatrics)</p> <p>Occupation Doctor (Pediatrician)</p> <p>Aggregate Year-to-Date > \$ 350.00</p>	<p>Date (month, day, year) Dec 27, 1999</p>	<p>Amount of Each Receipt this Period \$100.00</p>
<p>D. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>E. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>F. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>G. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>\$1,900.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p>\$37,350.00</p>

SCHEDULE A

ITEMIZED RECEIPTS

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

Other Political Committees

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NAME OF COMMITTEE (in Full) **LoBiondo For Congress**

<p>A. Full Name, Mailing Address and ZIP Code Laborers' Political League 905 Sixteenth St., N.W. Washington, DC 20006</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer N/A</p> <p>Occupation N/A</p> <p>Aggregate Year-to-Date > \$ \$2,500.00</p>	<p>Date (month, day, year) Jul 8, 1999</p>	<p>Amount of Each Receipt this Period \$2,500.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Americans for Free International Trade PAC (AFFT PAC) 112 South West Street Suite 310 Alexandria, VA 22314</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer N/A</p> <p>Occupation N/A</p> <p>Aggregate Year-to-Date > \$ \$5,000.00</p>	<p>Date (month, day, year) Jul 13, 1999</p>	<p>Amount of Each Receipt this Period \$5,000.00</p>
<p>C. Full Name, Mailing Address and ZIP Code CIPSPAC 35 Glenlake Parkway, N.E. Atlanta, GA 30328</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer N/A</p> <p>Occupation N/A</p> <p>Aggregate Year-to-Date > \$ \$3,850.00</p>	<p>Date (month, day, year) Jul 22, 1999</p>	<p>Amount of Each Receipt this Period \$850.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Connecticut Employee Political Action Committee 5100 Harding Highway Mays Landing, NJ 08330</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer N/A</p> <p>Occupation N/A</p> <p>Aggregate Year-to-Date > \$ \$500.00</p>	<p>Date (month, day, year) Sep 7, 1999</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Park Place Entertainment Federal PAC 3930 Howard Hughes Parkway Fourth Floor Las Vegas, NV 89109</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer N/A</p> <p>Occupation N/A</p> <p>Aggregate Year-to-Date > \$ \$1,000.00</p>	<p>Date (month, day, year) Sep 7, 1999</p>	<p>Amount of Each Receipt this Period \$1,000.00</p>
<p>F. Full Name, Mailing Address and ZIP Code MGM Grand, Inc. PAC 777 S. Figueroa Street Suite 3700 Los Angeles, CA 90017</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer N/A</p> <p>Occupation N/A</p> <p>Aggregate Year-to-Date > \$ \$2,500.00</p>	<p>Date (month, day, year) Sep 8, 1999</p>	<p>Amount of Each Receipt this Period \$2,500.00</p>
<p>G. Full Name, Mailing Address and ZIP Code Boyd Gaming Political Action Committee 2950 S. Industrial Road Las Vegas, NV 89109</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer N/A</p> <p>Occupation N/A</p> <p>Aggregate Year-to-Date > \$ \$5,000.00</p>	<p>Date (month, day, year) Sep 8, 1999</p>	<p>Amount of Each Receipt this Period \$5,000.00</p>

SUBTOTAL of Receipts This Page (optional) \$17,350.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

Other Political Committees

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

NAME OF COMMITTEE (In Full) **LoBiondo For Congress**

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
International Game Technology (IGT - PAC) P. O. Box 10580 Reno, NV 89510-0580	N/A	Sep 8, 1999	\$2,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: N/A	Aggregate Year-to-Date > \$	\$2,000.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Hotel Emp. & Restaurant Emp. International Union (HEREIU-TTP) 1219 28th Street, N.W. Washington, DC 20007	N/A	Sep 8, 1999	\$1,500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: N/A	Aggregate Year-to-Date > \$	\$4,000.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mirage Resorts Political Action Committee 3400 Las Vegas Blvd. South Las Vegas, NV 89109	N/A	Sep 8, 1999	\$5,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: N/A	Aggregate Year-to-Date > \$	\$5,000.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
National Utility Contractors Assoc. Legis. Info. & Action Committee 4301 N. Fairfax Drive Suite 360 Arlington, VA 22203-1627	N/A	Sep 17, 1999	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: N/A	Aggregate Year-to-Date > \$	\$1,000.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Nabisco, Inc. Political Action Committee (NABPAC) c/o Nabisco, Inc. 7 Campus Drive Parsippany, NJ 07054-0311	N/A	Sep 28, 1999	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: N/A	Aggregate Year-to-Date > \$	\$500.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
KOCBPAC 1450 G Street, N.W. Suite 443 Washington, DC 20005-2001	N/A	Oct 12, 1999	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: N/A	Aggregate Year-to-Date > \$	\$250.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Hannah's Entertainment, Inc. Employee's PAC 1023 Cherry Road Memphis, TN 38117-3423	N/A	Oct 22, 1999	\$2,500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: N/A	Aggregate Year-to-Date > \$	\$2,500.00

SUBTOTAL of Receipts This Page (optional) \$12,750.00

TOTAL This Period (last page this line number only)

Other Political Committees

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NAME OF COMMITTEE (In Full) **LoBiondo For Congress**

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Schering-Plough Better Government Fund 1850 K Street, N.W. Suite 1195 Washington, DC 20006	N/A	Oct 22, 1999	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: N/A	Aggregate Year-to-Date > \$	\$1,000.00
B. Full Name, Mailing Address and ZIP Code PricewaterhouseCoopers Political Action Committee 1900 K Street, N.W. Washington, DC 20006	N/A	Oct 27, 1999	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: N/A	Aggregate Year-to-Date > \$	\$1,000.00
C. Full Name, Mailing Address and ZIP Code American Medical Political Action Committee (AMPAC) 1101 Vermont Avenue, N.W. Washington, DC 20005	N/A	Oct 29, 1999	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: N/A	Aggregate Year-to-Date > \$	\$500.00
D. Full Name, Mailing Address and ZIP Code American Medical Political Action Committee (AMPAC) 1101 Vermont Avenue, N.W. Washington, DC 20005	N/A	Oct 29, 1999	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: N/A	Aggregate Year-to-Date > \$	\$1,000.00
E. Full Name, Mailing Address and ZIP Code Brown-Foreman Corporation Non-Partisan Committee P. O. Box 1080 Louisville, KY 40201	N/A	Oct 29, 1999	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: N/A	Aggregate Year-to-Date > \$	\$1,000.00
F. Full Name, Mailing Address and ZIP Code American Maritime Officers Voluntary Political Action Fund 650 4th Avenue Brooklyn, NY 11232	N/A	Oct 29, 1999	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: N/A	Aggregate Year-to-Date > \$	\$3,500.00
G. Full Name, Mailing Address and ZIP Code American Society of Anesthesiologists PAC (ASAPAC) 520 N. Northwest Highway Park Ridge, N. J. 07658-2573	N/A	Oct 29, 1999	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: N/A	Aggregate Year-to-Date > \$	\$1,500.00

SUBTOTAL of Receipts This Page (optional) \$6,000.00

TOTAL This Period (last page this line number only)

Other Political Committees

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NAME OF COMMITTEE (in Full) LoBiondo For Congress

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sea-Land Associates Good Government Fund 1331 Pennsylvania Avenue Suite 560 Washington, DC 20004-1703	N/A	Oct 29, 1999	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: N/A	Aggregate Year-to-Date > \$	\$1,500.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bell Atlantic Corp. Political Action Committee 1717 Arch Street Philadelphia, PA 19103	N/A	Oct 29, 1999	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: N/A	Aggregate Year-to-Date > \$	\$2,000.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Safari Club International Political Action Committee P. O. Box 159 Wapato, WA 98951	N/A	Oct 29, 1999	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: N/A	Aggregate Year-to-Date > \$	\$1,000.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
American Nurses Assoc. Political Action Committee (ANA-PAC) 600 Maryland Avenue, S.W. Suite 100 West Washington, DC 20024-2571	N/A	Oct 29, 1999	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: N/A	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
Association of Trial Lawyers of America - (ATLA-PAC) 1050 31st Street, N.W. Washington, DC 20007-4499	N/A	Oct 29, 1999	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: N/A	Aggregate Year-to-Date > \$	\$2,500.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
American Medical Political Action Committee (AMPAC) 1101 Vermont Avenue, N.W. Washington, DC 20005	N/A	Nov 5, 1999	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: N/A	Aggregate Year-to-Date > \$	\$1,500.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
American Chiropractic Association Political Action Committee (ACA) 1701 Clarendon Blvd. Arlington, VA 22209	N/A	Nov 5, 1999	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: N/A	Aggregate Year-to-Date > \$	\$2,000.00

SUBTOTAL of Receipts This Page (optional) \$6,000.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

FOR LINE NUMBER 11(c)

Other Political Committees

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NAME OF COMMITTEE (in Full) **LoBiondo For Congress**

<p>A. Full Name, Mailing Address and ZIP Code Physical Therapy Political Action Committee (PT-PAC) 1111 N. Fairfax Street Alexandria, VA 22314-1488</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer N/A</p> <p>Occupation N/A</p> <p>Aggregate Year-to-Date > \$ \$500.00</p>	<p>Date (month, day, year) Nov 6, 1999</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>B. Full Name, Mailing Address and ZIP Code American Podiatric Medical Association (PPAC) 9312 Old Georgetown Road Bethesda, MD 20814-1698</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer N/A</p> <p>Occupation N/A</p> <p>Aggregate Year-to-Date > \$ \$500.00</p>	<p>Date (month, day, year) Nov 6, 1999</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>C. Full Name, Mailing Address and ZIP Code U. S. Telephone Assoc. Political Action Committee (USTAPAC) 1401 H Street, N.W. Suite 600 Washington, DC 20005-2164</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer N/A</p> <p>Occupation N/A</p> <p>Aggregate Year-to-Date > \$ \$500.00</p>	<p>Date (month, day, year) Nov 6, 1999</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>D. Full Name, Mailing Address and ZIP Code American Dental Political Action Committee (ADPAC) 1111-14th Street, N.W. Suite 1100 Washington, DC 20005</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer N/A</p> <p>Occupation N/A</p> <p>Aggregate Year-to-Date > \$ \$3,000.00</p>	<p>Date (month, day, year) Nov 6, 1999</p>	<p>Amount of Each Receipt this Period \$3,000.00</p>
<p>E. Full Name, Mailing Address and ZIP Code CLIC, Carpenter's Legislative Improvement Committee 101 Constitution Ave., N.W. Washington, DC 20001</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer N/A</p> <p>Occupation N/A</p> <p>Aggregate Year-to-Date > \$ \$4,000.00</p>	<p>Date (month, day, year) Nov 8, 1999</p>	<p>Amount of Each Receipt this Period \$2,000.00</p>
<p>F. Full Name, Mailing Address and ZIP Code National Community Pharmacists Association (NCPA) PAC 205 Driingerfield Road Alexandria, VA 22314-2885</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer N/A</p> <p>Occupation N/A</p> <p>Aggregate Year-to-Date > \$ \$1,000.00</p>	<p>Date (month, day, year) Nov 8, 1999</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>G. Full Name, Mailing Address and ZIP Code American Optometric Association PAC (AOA-PAC) 1505 Prince Street Suite 300 Alexandria, VA 22314-2845</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer N/A</p> <p>Occupation N/A</p> <p>Aggregate Year-to-Date > \$ \$500.00</p>	<p>Date (month, day, year) Nov 9, 1999</p>	<p>Amount of Each Receipt this Period \$500.00</p>

SUBTOTAL of Receipts This Page (optional) **\$7,500.00**

TOTAL This Period (last page this line number only)

Other Political Committees

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NAME OF COMMITTEE (in Full) **LoBiondo for Congress**

A. Full Name, Mailing Address and ZIP Code Manufactured Housing Inst. Political Action Committee (MHI-PAC) 2101 Wilson Blvd. Suite 610 Arlington, VA 22201-3062 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	N/A	Nov 12, 1999	
	Occupation N/A	Aggregate Year-to-Date > \$ 500.00	
B. Full Name, Mailing Address and ZIP Code Amer. Hotel & Motel Assoc. Political Action Committee (AHMPAC) 1201 New York Avenue, N.W. Suite 600 Washington, DC 20005-3931 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	N/A	Nov 12, 1999	
	Occupation N/A	Aggregate Year-to-Date > \$ 1,000.00	
C. Full Name, Mailing Address and ZIP Code National Assoc. of Insur. & Financial Advisors PAC (NAIFAPAC) 1922 F Street, N.W. Washington, DC 20006 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	N/A	Nov 12, 1999	
	Occupation N/A	Aggregate Year-to-Date > \$ 1,000.00	
D. Full Name, Mailing Address and ZIP Code Proxim Inc. Political Action Committee (PraxPAC) P. O. Box 2958 Danbury, CT 06813-2958 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	N/A	Nov 12, 1999	
	Occupation N/A	Aggregate Year-to-Date > \$ 500.00	
E. Full Name, Mailing Address and ZIP Code Public Service Electric & Gas, Co. (PEGPAC) 80 Park Plaza, 11-4A Newark, NJ 07101 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	N/A	Nov 20, 1999	
	Occupation N/A	Aggregate Year-to-Date > \$ 3,000.00	
F. Full Name, Mailing Address and ZIP Code American Optometric Association PAC (AOA-PAC) 1505 Prince Street Suite 300 Alexandria, VA 22314-2845 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	N/A	Nov 23, 1999	
	Occupation N/A	Aggregate Year-to-Date > \$ 2,000.00	
G. Full Name, Mailing Address and ZIP Code Political Action Fund of the Building and Construction Trades Dept. Room 603 815 14th Street, N.W. Washington, DC 20006 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	N/A	Nov 29, 1999	
	Occupation N/A	Aggregate Year-to-Date > \$ 2,000.00	

SUBTOTAL of Receipts This Page (optional) \$6,000.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

FOR LINE NUMBER 11 (c)

Other Political Committees

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NAME OF COMMITTEE (in Full) **LoBiondo for Congress**

<p>A. Full Name, Mailing Address and ZIP Code Auction Markets PAC of the Chicago Bd. of Trade (AMPAC/CBOT) 141 W. Jackson Blvd. Chicago, IL 60604-2994</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer N/A</p> <p>Occupation N/A</p> <p>Aggregate Year-to-Date > \$ \$1,000.00</p>	<p>Date (month, day, year) Dec 7, 1999</p>	<p>Amount of Each Receipt this Period \$1,000.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Dealers Election Action Committee - NADA (DEAC) 8400 Westpark Drive McLean, VA 22102</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer N/A</p> <p>Occupation N/A</p> <p>Aggregate Year-to-Date > \$ \$2,500.00</p>	<p>Date (month, day, year) Dec 7, 1999</p>	<p>Amount of Each Receipt this Period \$1,000.00</p>
<p>C. Full Name, Mailing Address and ZIP Code SBC EmpAC 175 E. Houston Street Room 4-J-01 San Antonio, TX 78205</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer N/A</p> <p>Occupation N/A</p> <p>Aggregate Year-to-Date > \$ \$1,000.00</p>	<p>Date (month, day, year) Dec 7, 1999</p>	<p>Amount of Each Receipt this Period \$1,000.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Assoc. for the Advancement of Psychology / Psychologists for Legis. Action Now (AAP/PLAN) P. O. Box 38129 Colorado Springs, CO 80937-8129</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer N/A</p> <p>Occupation N/A</p> <p>Aggregate Year-to-Date > \$ \$500.00</p>	<p>Date (month, day, year) Dec 7, 1999</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Realtors Political Action Committee - RPAC 430 N. Michigan Avenue Chicago, IL 60611</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer N/A</p> <p>Occupation N/A</p> <p>Aggregate Year-to-Date > \$ \$4,000.00</p>	<p>Date (month, day, year) Dec 14, 1999</p>	<p>Amount of Each Receipt this Period \$3,000.00</p>
<p>F. Full Name, Mailing Address and ZIP Code American Medical Political Action Committee (AMPAC) 1101 Vermont Avenue, N.W. Washington, DC 20005</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer N/A</p> <p>Occupation N/A</p> <p>Aggregate Year-to-Date > \$ \$5,000.00</p>	<p>Date (month, day, year) Dec 17, 1999</p>	<p>Amount of Each Receipt this Period \$3,500.00</p>
<p>G. Full Name, Mailing Address and ZIP Code National Beer Wholesale Association - NBWA PAC 1100 S. Washington Street Alexandria, VA 22314-4404</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer N/A</p> <p>Occupation N/A</p> <p>Aggregate Year-to-Date > \$ \$1,000.00</p>	<p>Date (month, day, year) Dec 17, 1999</p>	<p>Amount of Each Receipt this Period \$500.00</p>

SUBTOTAL of Receipts This Page (optional) **\$10,500.00**

TOTAL This Period (last page this line number only)

ITEMIZED RECEIPTS

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

Other Political Committees

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NAME OF COMMITTEE (in Full) **LoBiondo For Congress**

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Associated Builders & Contractors Political Action Committee (ABC) 1300 North Seventeenth Street Rosslyn, VA 22209	N/A	Dec 31, 1999	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: N/A	Aggregate Year-to-Date > \$	\$1,500.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Association of Trial Lawyers of America - (ATLA-PAC) 1050 31st Street, N.W. Washington, DC 20007-4499	N/A	Dec 31, 1999	\$2,500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: N/A	Aggregate Year-to-Date > \$	\$5,000.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dyer, Ellis & Joseph, P.C. Political Action Committee 600 New Hampshire Avenue Washington, DC 20037	N/A	Dec 31, 1999	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: N/A	Aggregate Year-to-Date > \$	\$750.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Service Employees International Union (SEIU COPE) 1313 L Street, N.W. Washington, DC 20005	N/A	Dec 31, 1999	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: N/A	Aggregate Year-to-Date > \$	\$1,000.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
National Republican Congressional Committee 320 S. First Street, S.E. Washington, D.C. 20215	N/A	09-23-99	98.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: N/A	Aggregate Year-to-Date > \$	98.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
American Renewal PAC P.O. Box 20210 Alexandria, VA 22320-1210	N/A	08-05-99	79.05
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: N/A	Aggregate Year-to-Date > \$	79.05
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)	4,927.05
TOTAL This Period (last page this line number only)	71,027.05

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE **1** OF **1**
FOR LINE NUMBER **15**

OTHER 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 committees.

NAME OF COMMITTEE (in Full)

LoBLONDO FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Farmers & Merchants National Bank P. O. Box 676 Bridgeton, NJ 08302	N/A	19-Jul-99	2,105.66
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Interest <input type="checkbox"/> Other (specify):	Occupation: N/A	Aggregate Year-to-Date > \$ 14,330.04	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Farmers & Merchants National Bank P. O. Box 676 Bridgeton, NJ 08302	N/A	6-Aug-99	1,625.37
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Interest <input type="checkbox"/> Other (specify):	Occupation: N/A	Aggregate Year-to-Date > \$ 18,955.41	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Farmers & Merchants National Bank P. O. Box 676 Bridgeton, NJ 08302	N/A	20-Sep-99	1,918.47
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Interest <input type="checkbox"/> Other (specify):	Occupation: N/A	Aggregate Year-to-Date > \$ 17,873.88	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Farmers & Merchants National Bank P. O. Box 676 Bridgeton, NJ 08302	N/A	18-Oct-99	1,553.71
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Interest <input type="checkbox"/> Other (specify):	Occupation: N/A	Aggregate Year-to-Date > \$ 19,427.59	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Farmers & Merchants National Bank P. O. Box 676 Bridgeton, NJ 08302	N/A	5-Nov-99	1,527.93
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Interest <input type="checkbox"/> Other (specify):	Occupation: N/A	Aggregate Year-to-Date > \$ 20,955.52	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Farmers & Merchants National Bank P. O. Box 676 Bridgeton, NJ 08302	N/A	20-Dec-99	1,930.46
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Interest <input type="checkbox"/> Other (specify):	Occupation: N/A	Aggregate Year-to-Date > \$ 22,885.98	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Bob Franks for U.S. Senate P. O. Box 497 New Providence, NJ 07974	N/A	31-Dec-99	3,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Interest <input type="checkbox"/> Other (specify): Contribution refund	Occupation: N/A	Aggregate Year-to-Date > \$ 3,000.00	

SUBTOTAL of Receipts This Page (optional) 13,661.60

TOTAL This Period (last page this line number only) 13,661.60

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 8

FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

LABIONDO FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Preci Advertising & Design 813 S. First Road Hammonton, NJ 08037	Campaign consultant Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	15-Jul-99	3,401.10
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Farmers & Merchants National Bank P. O. Box 676 Bridgeport, NJ 08302	Credit card fees Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	15-Jul-99	5.54
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Raritan Associates, Inc. 16 Woodcrest Drive Morristown, NJ 07960	Campaign consultant Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	30-Jul-99	1,500.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Postmaster-Marmora 120 Tuckahoe Road Marmora, NJ 08223	Postage Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	31-Jul-99	36.79
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Preci Advertising & Design 813 S. First Road Hammonton, NJ 08037	Campaign consultant Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	04-Aug-99	1,509.72
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Raritan Associates, Inc. 16 Woodcrest Drive Morristown, NJ 07960	Campaign consultant Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04-Aug-99	1,500.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bell Atlantic - NJ P.O. Box 4833 Trenton, NJ 08650-4833	Telephone Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04-Aug-99	102.82
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bell Atlantic Mobile P.O. Box 41556 Philadelphia, PA 19101-1556	Mobile telephone Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04-Aug-99	132.14
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bell Atlantic - NJ P.O. Box 4833 Trenton, NJ 08650-4833	Telephone Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04-Aug-99	99.83

SUBTOTAL of Disbursements This Page (optional)

8,287.94

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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NAME OF COMMITTEE (in Full)

LO LONDO FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
MCI P. O. Box 85053 Louisville, KY 40285-5053	Telephone Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04-Aug-99	19.01
B. Full Name, Mailing Address and ZIP Code Apple Printing Company, Inc. 5 Weymouth Road, PO Box 574 Hammonkton, NJ 08037-0574	Printing Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04-Aug-99	255.85
C. Full Name, Mailing Address and ZIP Code Bell Atlantic Mobile P.O. Box 41556 Philadelphia, PA 19101-1556	Mobile telephone Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04-Aug-99	35.99
D. Full Name, Mailing Address and ZIP Code American Renewal PAC P.O. Box 20210 Alexandria, VA 22320-1210	In-kind videotape Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05-Aug-99	79.05
E. Full Name, Mailing Address and ZIP Code VISA P.O. Box 30131 Tampa, FL 33630-3131	Internet, meal charges Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	10-Aug-99	165.06
F. Full Name, Mailing Address and ZIP Code A T & T P.O. Box 2971 Omaha, NE 68103-2971	Telephone Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12-Aug-99	11.63
G. Full Name, Mailing Address and ZIP Code Keelen Communications P.O. Box 2776 Arlington, VA 22202	Fundraising consultant Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12-Aug-99	6,456.49
H. Full Name, Mailing Address and ZIP Code The Philadelphia Inquirer P.O. Box 8799 Philadelphia, PA 19101-8799	Subscription Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12-Aug-99	83.20
I. Full Name, Mailing Address and ZIP Code Farmers & Merchants National Bank P. O. Box 676 Bridgeton, NJ 08302	Credit card fees Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	15-Aug-99	10.38

SUBTOTAL of Disbursements This Page (optional)

7,114.66

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 8
FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

LABONDO FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
NJ State Industrial Union Council AFL-CIO 106 W. State Street Trenton, NJ 08608	Program book ad Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	19-Aug-99	100.00
B. Full Name, Mailing Address and ZIP Code Preci Advertising & Design 813 S. First Road Hammononton, NJ 08037	Campaign consultant Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07-Sep-99	9,099.44
C. Full Name, Mailing Address and ZIP Code Kurlan Associates, Inc. 16 Woodcrest Drive Morristown, NJ 07960	Campaign consultant Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07-Sep-99	1,500.00
D. Full Name, Mailing Address and ZIP Code Postmaster-Bellmawr P. O. Box 9001 Bellmawr, NJ 08099-9651	Bulk permit fee Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07-Sep-99	100.00
E. Full Name, Mailing Address and ZIP Code VISA P.O. Box 38131 Tampa, FL 33630-3131	Internet, telephone, air fare, postage supplies Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	16-Sep-99	4,030.44
F. Full Name, Mailing Address and ZIP Code Bell Atlantic Mobile P.O. Box 41556 Philadelphia, PA 19101-1556	Mobile telephone Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	16-Sep-99	98.63
G. Full Name, Mailing Address and ZIP Code Bell Atlantic - NJ P.O. Box 4833 Trenton, NJ 08658-4833	Telephone Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	16-Sep-99	36.77
H. Full Name, Mailing Address and ZIP Code Bell Atlantic Mobile P.O. Box 41556 Philadelphia, PA 19101-1556	Mobile telephone Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	16-Sep-99	150.14
I. Full Name, Mailing Address and ZIP Code Bell Atlantic - NJ P.O. Box 4833 Trenton, NJ 08658-4833	Telephone Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	16-Sep-99	35.20

SUBTOTAL of Disbursements This Page (optional)

15,150.62

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 8
FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

LABONDO FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bell Atlantic Mobile P.O. Box 41556 Philadelphia, PA 19101-1556	Mobile telephone Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	16-Sep-99	66.07
B. Full Name, Mailing Address and ZIP Code A T & T P.O. Box 2971 Omaha, NE 68103-2971	Telephone Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	16-Sep-99	11.72
C. Full Name, Mailing Address and ZIP Code Barvon Printing 207 S. Second Street Vineland, NJ 08630	Printing Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	16-Sep-99	155.82
D. Full Name, Mailing Address and ZIP Code Apple Printing Company, Inc. 5 Weymouth Road, PO Box 574 Hammononton, NJ 08037-0574	Printing Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	16-Sep-99	267.41
E. Full Name, Mailing Address and ZIP Code Bell Atlantic - NJ P.O. Box 4833 Trenton, NJ 08650-4833	Telephone Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	16-Sep-99	66.62
F. Full Name, Mailing Address and ZIP Code MCI P. O. Box 85053 Louisville, KY 40285-5053	Telephone Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	16-Sep-99	16.76
G. Full Name, Mailing Address and ZIP Code MCLL COPE 900 Brunswick Avenue Trenton, NJ 08638	Program book wsl Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	24-Sep-99	50.00
H. Full Name, Mailing Address and ZIP Code MCI P. O. Box 85053 Louisville, KY 40285-5053	Telephone Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	16-Sep-99	9.46
I. Full Name, Mailing Address and ZIP Code National Republican Congressional Committee 320 First Street, S.E. Washington, D.C. 20001	In-kind satellite feed Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	23-Sep-99	98.00

SUBTOTAL of Disbursements This Page (optional)

741.86

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 8

FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

LABONDO FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Print ad Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
Jewish Times of South Jersey Seashore LLC 21 W. Delilah Road Pleasantville, NJ 08232	Credit card fees Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	27-Sep-99	84.34
Farmers & Merchants National Bank P. O. Box 676 Bridgeton, NJ 08302	Campaign consultant Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08-Oct-99	2,388.22
Raritan Associates, Inc. 16 Woodcrest Drive Morristown, NJ 07960	Campaign consultant Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08-Oct-99	1,500.00
Metropolitan Business & Citizens Association 159 S. Westminster Avenue Atlantic City, NJ 08401-7003	Program book ad Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-Oct-99	50.00
VISA P.O. Box 30131 Tampa, FL 33630-3131	Internet, parking, air fare, meals, finance charge Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	14-Oct-99	2,549.16
Bell Atlantic - NJ P.O. Box 4833 Trenton, NJ 08650-4833	Telephone Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	20-Oct-99	84.47
Bell Atlantic Mobile P.O. Box 41556 Philadelphia, PA 19101-1556	Mobile telephone Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	20-Oct-99	49.67
MCI P. O. Box 85053 Louisville, KY 40285-5053	Telephone Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	27-Oct-99	17.61

SUBTOTAL of Disbursements This Page (optional)

6,728.47

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE **6** OF **8**
FOR LINE NUMBER
17

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NAME OF COMMITTEE (In Full)

LoBiondo 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 68103-2971	Telephone Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	27-Oct-99	23.14
B. Full Name, Mailing Address and ZIP Code Frank A. LoBiondo 1754 Wynnewood Drive Vineland, NJ 08360	Purpose of Disbursement Reimburse travel costs Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	27-Oct-99	1,929.65
C. Full Name, Mailing Address and ZIP Code Farmers & Merchants National Bank P. O. Box 676 Bridgeton, NJ 08302	Purpose of Disbursement Credit card fees Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	31-Oct-99	13.50
D. Full Name, Mailing Address and ZIP Code Preci Advertising & Design 813 S. First Road Hammonton, NJ 08057	Purpose of Disbursement Campaign consultant Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03-Nov-99	1,543.45
E. Full Name, Mailing Address and ZIP Code Ruritan Associates, Inc. 16 Woodcrest Drive Morristown, NJ 07960	Purpose of Disbursement Campaign consultant Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	03-Nov-99	1,500.00
F. Full Name, Mailing Address and ZIP Code VISA P.O. Box 30131 Tampa, FL 33630-3131	Purpose of Disbursement Internet, telephone, air fare, miscellaneous Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	30-Nov-99	836.25
G. Full Name, Mailing Address and ZIP Code Bell Atlantic - NJ P.O. Box 4833 Trenton, NJ 08650-4833	Purpose of Disbursement Telephone Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	30-Nov-99	50.85
H. Full Name, Mailing Address and ZIP Code A T & T P.O. Box 2971 Omaha, NE 68103-2971	Purpose of Disbursement Telephone Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	30-Nov-99	11.72
I. Full Name, Mailing Address and ZIP Code U.S. Capital Historical Society 200 Maryland Avenue, N.E. Washington, D.C. 20002	Purpose of Disbursement Calendars Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	30-Nov-99	5,894.50

SUBTOTAL of Disbursements This Page (optional)

11,803.06

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)

LOHIONDO FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Farmers & Merchants National Bank P. O. Box 676 Bridgeton, NJ 08302	Credit card fees Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	30-Nov-99	13.50
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
The Daily Journal 891 E. Oak Road Vineland, NJ 08360	Subscription Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	30-Nov-99	39.45
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
The Press 1000 W. Washington Avenue Pleasantville, NJ 08232	Subscription Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	30-Nov-99	67.67
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Campaigns & Elections P.O. Box 3000 Denville, NJ 07834	Subscription Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	30-Nov-99	99.95
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bell Atlantic Mobile P.O. Box 41556 Philadelphia, PA 19101-1556	Mobile telephone Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	06-Dec-99	67.67
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bell Atlantic - NJ P.O. Box 4833 Trenton, NJ 08650-4833	Telephone Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06-Dec-99	184.28
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
MCI P. O. Box 85053 Louisville, KY 40285-5053	Telephone Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	06-Dec-99	15.43
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Preci Advertising & Design 813 S. First Road Hammonton, NJ 08037	Campaign consultant Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06-Dec-99	1,352.61
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Raritan Associates, Inc. 16 Woodcrest Drive Morristown, NJ 07960	Campaign consultant Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	06-Dec-99	1,500.00

SUBTOTAL of Disbursements This Page (optional)

3,340.56

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 8 OF 8

FOR LINE NUMBER
17

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NAME OF COMMITTEE (in Full)

LABONDO FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
A + D Decorating, Inc. 16 Woodcrest Drive Vineland, NJ 08360	Glassware	08-Dec-99	6,817.92
B. Full Name, Mailing Address and ZIP Code Andrew J. McCrosson, Jr., CPA P.O. Box 775 Mannora, NJ 08223-0775	Financial consultant	10-Dec-99	2,750.00
C. Full Name, Mailing Address and ZIP Code Farmers & Merchants National Bank P. O. Box 676 Bridgeton, NJ 08302	Credit card fees	13-Dec-99	5.00
D. Full Name, Mailing Address and ZIP Code Bell Atlantic Mobile P.O. Box 41556 Philadelphia, PA 19101-1556	Mobile telephone	15-Dec-99	66.89
E. Full Name, Mailing Address and ZIP Code Bell Atlantic - NJ P.O. Box 4833 Trenton, NJ 08650-4833	Telephone	15-Dec-99	101.02
F. Full Name, Mailing Address and ZIP Code A T & T P.O. Box 2971 Omaha, NE 68103-2971	Telephone	17-Dec-99	12.43
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)

9,753.26

TOTAL This Period (last page this line number only)

62,920.43

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 3
FOR LINE NUMBER Memo

MEMO: CREDIT CARD EXPENDITURES

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NAME OF COMMITTEE (in Full)

LABIONDO FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mindspring Enterprises, Inc. P.O. Box 7645 Atlanta, GA 30357-0645	Internet services Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-Aug-99	89.90
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Ye Olde Midway Inn Routes 40 & 54 Buena, NJ 08310	Luncheon meeting Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-Aug-99	41.92
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Chet's Restaurant Route 40 Mays Landing, NJ 08330	Luncheon meeting Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-Aug-99	33.24
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mindspring Enterprises, Inc. P.O. Box 7645 Atlanta, GA 30357-0645	Internet services Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	16-Sep-99	89.90
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
United States Postal Service Longworth House Office Building Washington, D.C. 20515	Postage Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	16-Sep-99	77.20
F. 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 68103-2971	Telephone Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	16-Sep-99	29.55
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Amerwest Air Phoenix, AZ	Air Fare Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	16-Sep-99	3,806.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Staple's Cumberland Crossing, Route 47 Millville, NJ 08332	Office supplies Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	16-Sep-99	21.79
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mindspring Enterprises, Inc. P.O. Box 7645 Atlanta, GA 30357-0645	Internet services Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	14-Sep-99	89.90

SUBTOTAL of Disbursements This Page (optional)

4,185.40

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 2 OF 3
FOR LINE NUMBER Memo

MEMO: CREDIT CARD EXPENDITURES

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NAME OF COMMITTEE (in Full)

LABRONDO FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Café Centro Landis Avenue Vineland, NJ 08360	Luncheon meeting Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	14-Oct-99	39.29
B. Full Name, Mailing Address and ZIP Code Hard Rock Restaurant Las Vegas, NV	Luncheon meeting Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	14-Oct-99	53.60
C. Full Name, Mailing Address and ZIP Code Philadelphia Parking Authority Philadelphia Airport Philadelphia, PA	Parking Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	14-Oct-99	42.00
D. Full Name, Mailing Address and ZIP Code The Desert Inn Las Vegas, NV	Lodging Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	14-Oct-99	493.23
E. Full Name, Mailing Address and ZIP Code American Air Washington, D.C.	Air fare Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	14-Oct-99	1,771.00
F. Full Name, Mailing Address and ZIP Code VISA P.O. Box 30131 Tampa, FL 33630-3131	Finance charge Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	14-Oct-99	60.14
G. Full Name, Mailing Address and ZIP Code Mindspring Enterprises, Inc. P.O. Box 7645 Atlanta, GA 30357-0645	Internet services Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	30-Nov-99	89.90
H. Full Name, Mailing Address and ZIP Code United States Postal Service Longworth House Office Building Washington, D.C. 20515	Postage Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	30-Nov-99	70.50
I. Full Name, Mailing Address and ZIP Code Bell Atlantic Mobile P.O. Box 41536 Philadelphia, PA 19101-1536	Mobile telephone Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	30-Nov-99	19.82

SUBTOTAL of Disbursements This Page (optional)

2,639.48

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 3

FOR LINE NUMBER Memo

MEMO: CREDIT CARD EXPENDITURES

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NAME OF COMMITTEE (in Full)

LABONDO FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Capital Grille Washington, D.C.	Fundraiser costs Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	30-Nov-99	2,358.89
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Amerwest Air Phoenix, AZ	Air fare credit Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	30-Nov-99	(2,038.00)
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
United States Postal Service Longworth House Office Building Washington, D.C. 20515	Postage Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	30-Nov-99	99.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Torcilla Coast Washington, D.C.	Lunchroom meeting Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	30-Nov-99	61.84
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bell Atlantic Mobile P.O. Box 41556 Philadelphia, PA 19101-1556	Mobile telephone Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	30-Nov-99	43.58
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
VISA P.O. Box 30131 Tampa, FL 33630-3131	Finance charge Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	30-Nov-99	40.82
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mindspring Enterprises, Inc. P.O. Box 7645 Atlanta, GA 30357-0645	Internet services Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	30-Nov-99	89.90
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)

656.03

TOTAL This Period (last page this line number only)

7,560.91

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 21

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NAME OF COMMITTEE (in Full)

LABONDO FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Campaign contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
NRCC - Incumbent Support Fund 310 First Street, S.E. Washington, D.C. 20003	Campaign contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	30-Jul-99	15,000.00
B. Full Name, Mailing Address and ZIP Code Cumberland County Republican Organization 817 E. Landis Avenue Vineland, NJ 08360	Purpose of Disbursement Campaign contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	05-Oct-99	20,000.00
C. Full Name, Mailing Address and ZIP Code Gloucester County G.O.P. '99 45 Cooper Street Woodbury, NJ 08096	Purpose of Disbursement Campaign contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	13-Oct-99	5,000.00
D. Full Name, Mailing Address and ZIP Code Committee to Re-Elect Geist P.O. Box 22 Glendora, NJ 08029	Purpose of Disbursement Campaign contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	14-Oct-99	1,000.00
E. Full Name, Mailing Address and ZIP Code Penns Grove Reagan Republican Club P.O. Box 743 Penns Grove, NJ 08069	Purpose of Disbursement Campaign contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	14-Oct-99	100.00
F. Full Name, Mailing Address and ZIP Code Bob Franks for U.S. Senate P.O. Box 497 New Providence, NJ 07974	Purpose of Disbursement Campaign contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	10-Dec-99	5,000.00
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)

46,100.00

TOTAL This Period (last page this line number only)

46,100.00

LOANS

Name of Committee (in Full) LoBiondo for Congress			
A. Full Name, Mailing Address and ZIP Code of Loan Source N/A	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period - 0 -
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 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):			
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)			- 0 -
TOTALS This Period (last page in this line only)			- 0 -
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

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

Name of Committee (in Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
LoBiondo for Congress				
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
N/A				-0-
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)				-0-
2) TOTALS This Period (last page in this una only)				-0-
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				-0-
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				-0-

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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

Hand Delivered Date of Receipt

First Class Mail POSTMARKED
1/31/00

Registered/Certified Mail POSTMARKED

No Postmark

Postmark Illegible

Received from the House office of Records and Registration Date of Receipt

Received from the Senate Office of Public Records Date of Receipt

Other (Specify): Postmarked

and/or Date of Receipt

Electronic Filing

OPD
PREPARER

2/1/00
DATE PREPARED