

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee  
(Summary Page)

**RECEIVED**  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (In full) MATHRWS FOR CONGRESS		2000 JAN 2 2000 IDENTIFICATION NUMBER C00259374
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported. 555 South Flower Street #4510		
CITY, STATE and ZIP CODE Los Angeles, CA 90071	STATE/DISTRICT CA/38	3. IS THIS REPORT AN AMENDMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

### 4. TYPE OF REPORT

<input type="checkbox"/> April 15 Quarterly Report	<input type="checkbox"/> Twelfth day report preceding _____ (Type of Election)
<input type="checkbox"/> July 15 Quarterly Report	election on _____ in the State of _____
<input type="checkbox"/> October 15 Quarterly Report	<input type="checkbox"/> Thirtieth day report following the General Election on _____ in the State of _____
<input checked="" type="checkbox"/> January 31 Year End Report	
<input type="checkbox"/> July 31 Mid-Year Report (Non-election Year Only)	<input type="checkbox"/> Termination Report

This report contains activity for 1999, 1998, 1997, 1996, 1995, 1994, 1993, 1992, 1991, 1990

<input checked="" type="checkbox"/> Primary Election	<input checked="" type="checkbox"/> General Election	<input type="checkbox"/> Special Election	<input type="checkbox"/> Runoff Election
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### SUMMARY

5. Covering Period <u>07/01/1999</u> through <u>12/31/1999</u>	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)) . . . . .	10,648.00	20,561.00
(b) Total Contribution Refunds (from Line 20(d)) . . . . .	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a)) . . . . .	10,648.00	20,561.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) . . . . .	12,303.32	26,405.58
(b) Total Offsets to Operating Expenditures (from Line 14) . . . . .	500.00	500.00
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a)) . . . . .	11,803.32	25,905.58
8. Cash on Hand at Close of Reporting Period (from Line 27) . . . . .	1,327.10	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) . . . . .	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) . . . . .	67,239.47	

For further information contact:  
Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
Toll Free 800-424-9630  
Local 202-376-3120

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  David L. Gould	
Signature of Treasurer 	Date 1-21-00

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

# DETAILED SUMMARY PAGE

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

Name of Committee (in full) MATHEWS FOR CONGRESS	Report Covering the Period:	
	From:	To:
	07/01/1999	12/31/1999
<b>I. RECEIPTS</b>	<b>COLUMN A</b>	<b>COLUMN B</b>
	<b>Total This Period</b>	<b>Calendar Year-To-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	4,290.00	
(ii) Unitemized	6,358.00	
(iii) Total of contributions from individuals	10,648.00	20,561.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) The Candidate	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans)(add 11(a)(iii), (b), (c) and (d))	10,648.00	20,561.00
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate	750.00	7,950.00
(b) All Other Loans	0.00	0.00
(c) TOTAL LOANS (add 13(a) and (b))	750.00	7,950.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)</b>	500.00	500.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.)</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)</b>	11,898.00	29,011.00
<b>II. DISBURSEMENTS</b>		
<b>17. OPERATING EXPENDITURES</b>	12,303.32	26,405.58
<b>18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES</b>	0.00	0.00
<b>19. LOAN REPAYMENTS:</b>		
(a) Of Loans Made or Guaranteed by the Candidate	0.00	650.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))	0.00	650.00
<b>20. REFUNDS OF CONTRIBUTIONS TO:</b>		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))	0.00	0.00
<b>21. OTHER DISBURSEMENTS</b>	1,306.85	1,306.85
<b>22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)</b>	13,610.17	28,362.43
<b>III. CASH SUMMARY</b>		
<b>23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD</b>	\$	3,039.27
<b>24. TOTAL RECEIPTS THIS PERIOD (from Line 16)</b>	\$	11,898.00
<b>25. SUBTOTAL (add Line 23 and Line 24)</b>	\$	14,937.27
<b>26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)</b>	\$	13,610.17
<b>27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)</b>	\$	1,327.10

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

Use separate schedule(s) for each category of the Detailed Summary Page (07/01/1999 - 12/31/1999)

PAGE 1 OF 2  
FOR LINE NUMBER 11(a)(1)

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

NAME OF COMMITTEE (in Full)

MATHEWS FOR CONGRESS C00259374

<b>A. Full Name, Mailing Address and ZIP Code</b> Joseph P. Alenghat 6736 N. Post Oak Rd. Peoria, IL 61615  <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Self-Employed	<b>Date (month, day, year)</b> 11/29/1999	<b>Amount of Each Receipt this Period</b> 250.00
	<b>Occupation</b> Physician  <b>Aggregate Year-to-Date</b> > \$ 250.00		
<b>B. Full Name, Mailing Address and ZIP Code</b> Shailly Arora 6 Edward Avenue Syosset, NY 11791  <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Key Management Group Inc.	<b>Date (month, day, year)</b> 09/27/1999	<b>Amount of Each Receipt this Period</b> 600.00
	<b>Occupation</b> Business Executive  <b>Aggregate Year-to-Date</b> > \$ 600.00		
<b>C. Full Name, Mailing Address and ZIP Code</b> Shirley Demarco 623 Terrina Avenue Long Beach, CA 90814  <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> 	<b>Date (month, day, year)</b> 07/16/1999 08/16/1999 09/22/1999 10/28/1999 11/29/1999	<b>Amount of Each Receipt this Period</b> 30.00 30.00 30.00 30.00 30.00
	<b>Occupation</b> Information Requested  <b>Aggregate Year-to-Date</b> > \$ 310.00		
<b>D. Full Name, Mailing Address and ZIP Code</b> Baldev Singh Grewal 1516 E. Villa Rita Dr. Phoenix, AZ 85022  <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Taste Of India	<b>Date (month, day, year)</b> 07/29/1999	<b>Amount of Each Receipt this Period</b> 250.00
	<b>Occupation</b> Restaurant Owner  <b>Aggregate Year-to-Date</b> > \$ 250.00		
<b>E. Full Name, Mailing Address and ZIP Code</b> Sudhir Khanna 3800 Red Deer Crossing Edmond, OK 73034  <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Self Employed	<b>Date (month, day, year)</b> 12/16/1999	<b>Amount of Each Receipt this Period</b> 250.00
	<b>Occupation</b> M.D.  <b>Aggregate Year-to-Date</b> > \$ 250.00		
<b>F. Full Name, Mailing Address and ZIP Code</b> Subroto Kundu 7370 Hillsdale Dr. Pleasanton, CA 94388  <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Self-Employed	<b>Date (month, day, year)</b> 10/25/1999	<b>Amount of Each Receipt this Period</b> 500.00
	<b>Occupation</b> Physician  <b>Aggregate Year-to-Date</b> > \$ 500.00		
<b>G. Full Name, Mailing Address and ZIP Code</b> Dr. B.K. Kurianose 30 The Pines Old Westbury, NY 11568  <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Self-Employed	<b>Date (month, day, year)</b> 09/17/1999	<b>Amount of Each Receipt this Period</b> 500.00
	<b>Occupation</b> Physician  <b>Aggregate Year-to-Date</b> > \$ 500.00		

SUBTOTAL of Receipts This Page (optional)

2,500.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page  
(07/01/1999 - 12/31/1999)

PAGE 2 OF 2  
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)

MATHEWS FOR CONGRESS C00259374

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Chithra Lakshmanan 1400 El Mazero Dr. Davis, CA 95616	Jack & Jill Preschool & Daycare	08/24/1999 08/24/1999	250.00 40.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation	Aggregate Year-to-Date > \$ 290.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Vimala Lodha 403 Sward Court Santa Maria, CA 93454	Self-Employed	07/26/1999	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation Physician	Aggregate Year-to-Date > \$ 1,000.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Shubho Sen 40 Arrowhead Rd. Wrentham, MA 02093	Cojpur Cafe	11/11/1999	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation OWNER	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
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)

1,790.00

TOTAL This Period (last page this line number only)

4,290.00

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Loans Made or Guaranteed by the Candidate

Use separate schedule(s) for each category of the Detailed Summary Page (07/01/1990 - 12/31/1999)

PAGE 1 OF 1  
FOR LINE NUMBER 13 (a)

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NAME OF COMMITTEE (In Full)

MATHEWS FOR CONGRESS C00259374

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
R. Peter Mathews 3701 Vermont Street Long Beach, CA 90814-2753		12/09/1999	750.00 (Personal funds)
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation	Aggregate Year-to-Date > \$ 7,950.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):			
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):			
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):			
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):			
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):			
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):			

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

750.00

**SCHEDULE A** **ITEMIZED RECEIPTS**  
**Offsets to Operating Expenditures**

Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page  
 (07/01/1990 - 12/31/1992)

PAGE 1 OF 1  
 FOR LINE NUMBER 14

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NAME OF COMMITTEE (In Full)

MATHEWS FOR CONGRESS C00259374

<b>A. Full Name, Mailing Address and ZIP Code</b> Patricia Webb 352 Panama Avenue Long Beach, CA 90814	Name of Employer	Date(month, day, year)	Amount of Each Receipt this Period 500.00 Lost Check
	Occupation		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
		Aggregate Year-to-Date >	\$ 500.00
<b>B. Full Name, Mailing Address and ZIP Code</b>	Name of Employer	Date(month, day, year)	Amount of Each Receipt this Period
	Occupation		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
		Aggregate Year-to-Date >	\$
<b>C. Full Name, Mailing Address and ZIP Code</b>	Name of Employer	Date(month, day, year)	Amount of Each Receipt this Period
	Occupation		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
		Aggregate Year-to-Date >	\$
<b>D. Full Name, Mailing Address and ZIP Code</b>	Name of Employer	Date(month, day, year)	Amount of Each Receipt this Period
	Occupation		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
		Aggregate Year-to-Date >	\$
<b>E. Full Name, Mailing Address and ZIP Code</b>	Name of Employer	Date(month, day, year)	Amount of Each Receipt this Period
	Occupation		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
		Aggregate Year-to-Date >	\$
<b>F. Full Name, Mailing Address and ZIP Code</b>	Name of Employer	Date(month, day, year)	Amount of Each Receipt this Period
	Occupation		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
		Aggregate Year-to-Date >	\$
<b>G. Full Name, Mailing Address and ZIP Code</b>	Name of Employer	Date(month, day, year)	Amount of Each Receipt this Period
	Occupation		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
		Aggregate Year-to-Date >	\$

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

500.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Operating Expenses

Use separate schedule(s)  
for each category of the  
Detailed Summary Page  
(07/01/1999 - 12/31/1999)

PAGE 1 OF 3  
FOR LINE NUMBER 17

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**NAME OF COMMITTEE (In Full)**

MATTHEWS FOR CONGRESS C00259374

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
1st Impressions 104 Belmont Avenue Belmont Shore, CA 90803	Calendar Magnets Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	07/06/1999	1,179.16
B. Full Name, Mailing Address and ZIP Code AT&T P. O. Box 78225 Phoenix, AZ 85062-8225	Purpose of Disbursement Phone Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	12/16/1999 11/29/1999 10/20/1999 09/17/1999	25.97 86.64 12.13 12.13
C. Full Name, Mailing Address and ZIP Code same as above	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	08/17/1999 08/06/1999	15.57 40.00
D. Full Name, Mailing Address and ZIP Code Bank of America VISA P.O. Box 53132 Phoenix, AZ 85072-3132	Purpose of Disbursement Credit Card Payment (See Below) Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	12/16/1999 11/29/1999 10/20/1999 09/17/1999	50.00 50.00 50.00 50.00
E. Full Name, Mailing Address and ZIP Code same as above	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	08/06/1999 07/16/1999	50.00 50.00
F. Full Name, Mailing Address and ZIP Code CTC Auto Repair	Purpose of Disbursement Bus Repair Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	07/20/1999	300.00
G. Full Name, Mailing Address and ZIP Code David L. Gould Company 555 S. Flower, Suite 4510 Los Angeles, CA 90071	Purpose of Disbursement Office Expenses Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/29/1999 08/17/1999	23.49 68.02
H. Full Name, Mailing Address and ZIP Code same as above	Purpose of Disbursement Political Reporting Services Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	12/16/1999 09/17/1999 08/17/1999 08/06/1999	269.00 200.00 381.25 537.50
I. Full Name, Mailing Address and ZIP Code same as above	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	07/05/1999	500.00

SUBTOTAL of Disbursements This Page (optional)

3,991.06

TOTAL This Period (last page this line number only)

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Operating Expenses

Use separate schedule(s)  
for each category of the  
Detailed Summary Page  
(07/01/1989 - 12/31/1990)

PAGE	OF
2	3
FOR LINE NUMBER	
17	

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**NAME OF COMMITTEE (in Full)**

MATHEWS FOR CONGRESS C00259374

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
E. Peter Mathews 3701 Vermont Street Long Beach, CA 90814-2753	Office Expense Reimbursements Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	12/24/1999	200.00
B. Full Name, Mailing Address and ZIP Code same as above	Office Expenses Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	12/29/1999 09/17/1999 08/23/1999	100.00 200.00 1,000.00
C. Full Name, Mailing Address and ZIP Code Flynn Signs 3315 E. Anaheim Street Long Beach, CA 90804	sign printing Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	07/19/1999	177.50 MEMO
D. Full Name, Mailing Address and ZIP Code Flynn Signs 3315 E. Anaheim Street Long Beach, CA 90804	sign printing Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	09/07/1999	54.13 MEMO
E. Full Name, Mailing Address and ZIP Code Enterprise Rent-A-Car Building 826, Naval Air Station Lemoore, CA 93245	Car Rental Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	08/31/1999	594.39 MEMO
F. Full Name, Mailing Address and ZIP Code ETC Auto Repair	Bus Repair Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/09/1999	342.95 MEMO
G. Full Name, Mailing Address and ZIP Code Promax Photo Lab 5277 East 2nd Street Long Beach, CA 90803	Photography Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	09/17/1999	46.99
H. Full Name, Mailing Address and ZIP Code same as above	Photos Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/29/1999 10/28/1999 12/16/1999 08/06/1999	30.73 46.02 56.06 150.00
I. Full Name, Mailing Address and ZIP Code GTE Payment Processing Center Inglewood, CA 90313-0001	Phone Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	12/16/1999 07/10/1999 11/20/1999 10/25/1999	51.38 632.18 390.92 380.60

SUBTOTAL of Disbursements This Page (optional)

3,285.13

TOTAL This Period (last page this line number only)



**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Operating Expenses

Use separate schedule(s) for each category of the Detailed Summary Page (07/01/1999 - 12/31/1999)

PAGE 3 OF 3  
FOR LINE NUMBER 17

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 any other purpose, other than using the name and address of any political committee to solicit contributions from such committee.

**NAME OF COMMITTEE (in Full)**

MATTHEWS FOR CONGRESS C00259374

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
same as above	Phone	10/20/1999	38.31
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General	09/17/1999	35.65
	<input type="checkbox"/> Other (specify):	08/17/1999	37.07
		08/17/1999	507.49
B. Full Name, Mailing Address and ZIP Code same as above	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
	Phone	08/06/1999	363.15
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General	08/06/1999	51.59
	<input type="checkbox"/> Other (specify):		
C. Full Name, Mailing Address and ZIP Code Seaside Printing Company Inc. 1220 East Fourth Street Long Beach, CA 90802	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
	Printing	09/29/1999	344.24
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify):		
D. Full Name, Mailing Address and ZIP Code Patricia Webb 352 Panama Avenue Long Beach, CA 90814	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
	Rent	12/09/1999	500.00
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General	11/03/1999	500.00
	<input type="checkbox"/> Other (specify):	09/29/1999	500.00
09/17/1999		500.00	
E. Full Name, Mailing Address and ZIP Code same as above	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
	Rent	09/07/1999	500.00
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General	08/06/1999	500.00
	<input type="checkbox"/> Other (specify):		
F. Full Name, Mailing Address and ZIP Code Unitemized operating expenses (less than \$200) This Period: 07/01/1999 - 12/31/1999	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
			647.63
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify):		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify):		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify):		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify):		

SUBTOTAL of Disbursements This Page (optional)

5,027.13

TOTAL This Period (last page this line number only)

12,303.32

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Other Disbursements

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)  
 MATHEWS FOR CONGRESS C00259374

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Secretary of State P.O. Box 1457 Sacramento, CA 95812	Filing Fee Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/29/1999	1,306.85
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year)	Amount of Each Disbursement this Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year)	Amount of Each Disbursement this Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year)	Amount of Each Disbursement this Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year)	Amount of Each Disbursement this Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year)	Amount of Each Disbursement this Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year)	Amount of Each Disbursement this Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year)	Amount of Each Disbursement this Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year)	Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)	1,306.85
TOTAL This Period (last page this line number only)	1,306.85

**LOANS**

Loans Received by the Committee

Name of Committee (In Full) <b>MATHEWS FOR CONGRESS</b>			
A. Full Name, Mailing Address and ZIP Code of Loan Source E. Peter Mathews 3701 Vermont Street Long Beach, CA 90814-2753	Original Amount of Loan 750.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 750.00
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Terms: Date Incurred <u>12/09/1999</u> Date Due <u>12/09/2000</u> Interest Rate <u>0.0000</u> %(apr) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item A			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
(07/01/1999 - 12/31/1999)			
B. Full Name, Mailing Address and ZIP Code of Loan Source R. Peter Mathews 3701 Vermont Street Long Beach, CA 90814-2753	Original Amount of Loan 1,800.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 1,800.00
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Terms: Date Incurred <u>05/05/1999</u> Date Due <u>05/04/2000</u> Interest Rate <u>0.0000</u> %(apr) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item B			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
SUBTOTALS This Period This Page (optional) .....			2,550.00
TOTALS This Period (last page in this line only) .....			
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.			

**LOANS**

Loans Received by the Committee

Name of Committee (in Full) MATHEWS FOR CONGRESS			
A. Full Name, Mailing Address and ZIP Code of Loan Source E. Peter Mathews 3701 Vermont Street Long Beach, CA 90814-2753	Original Amount of Loan 4,050.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 4,050.00
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Terms: Date Incurred <u>04/28/1999</u> Date Due <u>04/27/2000</u> Interest Rate <u>0.0000</u> %(apr) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to item A			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
(07/01/1999 - 12/31/1999)			
B. Full Name, Mailing Address and ZIP Code of Loan Source E. Peter Mathews 3701 Vermont Street Long Beach, CA 90814-2753	Original Amount of Loan 750.00	Cumulative Payment To Date 650.00	Balance Outstanding at Close of This Period 100.00
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Terms: Date Incurred <u>03/16/1999</u> Date Due <u>03/15/2000</u> Interest Rate <u>0.0000</u> %(apr) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to item B			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
SUBTOTALS This Period This Page (optional) .....			4,150.00
TOTALS This Period (last page in this line only) .....			
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.			

**SCHEDULE C**  
(Revised 3/80)

**LOANS**

Loans Received by the Committee

Name of Committee (In Full) MATHEWS FOR CONGRESS			
A. Full Name, Mailing Address and ZIP Code of Loan Source E. Peter Mathews 3701 Vermont Street Long Beach, CA 90814-2753	Original Amount of Loan 600.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 600.00
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Terms: Date Incurred <u>02/05/1999</u> Date Due <u>02/05/2000</u> Interest Rate <u>0.0000</u> %(apr) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item A			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
(07/01/1999 - 12/31/1999)			
B. Full Name, Mailing Address and ZIP Code of Loan Source E. Peter Mathews 3701 Vermont Street Long Beach, CA 90814 2753	Original Amount of Loan 150.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 150.00
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Terms: Date Incurred <u>06/30/1998</u> Date Due <u>06/30/2000</u> Interest Rate <u>0.0000</u> %(apr) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item B			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
SUBTOTALS This Period This Page (optional) .....			750.00
TOTALS This Period (last page in this line only) .....			
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.			

**LOANS**

Loans Received by the Committee

Name of Committee (in Full) MATHEWS FOR CONGRESS			
A. Full Name, Mailing Address and ZIP Code of Loan Source R. Peter Mathews 3701 Vermont Street Long Beach, CA 90814-2753	Original Amount of Loan 240.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 240.00
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Terms: Date Incurred <u>06/30/1998</u> Date Due <u>06/30/2000</u> Interest Rate <u>0.0000</u> %(apr) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item A			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
(07/01/1999 - 12/31/1999)			
B. Full Name, Mailing Address and ZIP Code of Loan Source E. Peter Mathews 3701 Vermont Street Long Beach, CA 90814-2753	Original Amount of Loan 500.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 500.00
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Terms: Date Incurred <u>06/29/1998</u> Date Due <u>06/29/2000</u> Interest Rate <u>0.0000</u> %(apr) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item B			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
SUBTOTALS This Period This Page (optional) .....			740.00
TOTALS This Period (last page in this line only) .....			
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.			

**SCHEDULE C**  
(Revised 3/80)

**LOANS**

Loans Received by the Committee

Name of Committee (In Full) MATHEWS FOR CONGRESS			
A. Full Name, Mailing Address and ZIP Code of Loan Source B. Peter Mathews 3701 Vermont Street Long Beach, CA 90814-2753	Original Amount of Loan 10,000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 10,000.00
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Terms: Date Incurred <u>05/15/1998</u> Date Due <u>05/15/2000</u> Interest Rate <u>0.0000</u> %(apr) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item A			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
(07/01/1998 - 12/31/1998)			
B. Full Name, Mailing Address and ZIP Code of Loan Source	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Terms: Date Incurred _____ Date Due _____ Interest Rate _____ %(apr) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item B			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
SUBTOTALS This Period This Page (optional) .....			10,000.00
TOTALS This Period (next page in this line only) .....			18,190.00
Carry outstanding balance only to LINE 8, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.			

**SCHEDULE D**  
(Revised 3/80)

**DEBTS AND OBLIGATIONS**  
**Excluding Loans**  
Debts Owed By the Committee

Name of Committee (In Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
MATHENS FOR CONGRESS				
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Airtouch Cellular-LA Dept 6080 Los Angeles, CA 90088	380.72	0.00	0.00	380.72
Nature of Debt (Purpose): Cellular phone charges				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Amara E. Mathews 2025 S. Holt Avenue #5 Los Angeles, CA 90034	500.00	0.00	0.00	500.00
Nature of Debt (Purpose): Expenses				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Bank of America 6351 East Spring Street Long Beach, CA 90808	240.75	89.26	89.26	240.75
Nature of Debt (Purpose): Interest payable on loan				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Bank of America VISA P.O.Box 53132 Phoenix, AZ 85072-3132	1,945.97	230.36	300.00	1,876.33
Nature of Debt (Purpose):				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Bobbie Singh 2401 Donner Way Sacramento, CA 95818	400.00	0.00	0.00	400.00
Nature of Debt (Purpose): Commission & expenses				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor COGS 11343 Steward Street El Monte, CA 91731	5,000.00	0.00	0.00	5,000.00
Nature of Debt (Purpose): Signs				
1) SUBTOTALS This Period This Page (optional) .....				8,397.80
2) TOTAL This Period (last page this line only) .....				
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) .....				
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) .....				



**SCHEDULE D**

(Revised 3/80)

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

Debts Owed By the Committee

Page 2 of 5 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
MATHEWS FOR CONGRESS				
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Call America 2530 E. Lacadena Drive Riverside, CA 92507	2,010.97	0.00	0.00	2,010.97
Nature of Debt (Purpose): Long distance phone charges				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Corporate Computer Rental 222 W. Florence Avenue Inglewood, CA 90301	413.78	0.00	0.00	413.78
Nature of Debt (Purpose): Computer rentals				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor David L. Gould Company 555 S. Flower, Suite 4510 Los Angeles, CA 90071	8,805.75	4,700.01	1,999.26	11,506.50
Nature of Debt (Purpose): Political reporting services				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Dick O'Dell 12750 Centralia Street Lakewood, CA 90715	163.25	0.00	0.00	163.25
Nature of Debt (Purpose):				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor E. Peter Mathews 3701 Vermont Street Long Beach, CA 90814-2753	8,906.05	2,354.46	1,500.00	9,760.51
Nature of Debt (Purpose): Phone, Travel, & Supplies, Expenses for				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Federal Express P.O. Box 1140 Memphis, TN 38101-1140	38.00	0.00	0.00	38.00
Nature of Debt (Purpose): Overnight mail delivery				
1) SUBTOTALS This Period This Page (optional) .....				23,893.01
2) TOTAL This Period (last page this line only) .....				
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) .....				
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) .....				

**DEBTS AND OBLIGATIONS**  
**Excluding Loans**  
Debts Owed By the Committee

Name of Committee (In Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
MATHEWS FOR CONGRESS				
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor First U.S.A. VISA P.O.Box 740085 Atlanta, GA 30374	1,469.13	0.00	0.00	1,469.13
Nature of Debt (Purpose):				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Promax Photo Lab 5277 East 2nd Street Long Beach, CA 90803	0.00	460.05	330.05	130.00
Nature of Debt (Purpose): Photos				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor GTB California Payment Processing Center Inglewood, CA 90313	4,814.13	0.00	0.00	4,814.13
Nature of Debt (Purpose): Telephone Charges, Telephone Services,				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Leading Edge P.O. Box 6008 Stockton, CA 95206	258.00	0.00	0.00	258.00
Nature of Debt (Purpose): Computer data service				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Long Beach Press-Telegram P. O. Box 93106 Long Beach, CA 90809-3106	10.15	0.00	0.00	10.15
Nature of Debt (Purpose): Subscription				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor MCI P.O. Box 85053 Louisville, KY 40285	211.86	0.00	0.00	211.86
Nature of Debt (Purpose): Phone charges				
1) SUBTOTALS This Period This Page (optional) .....				6,893.27
2) TOTAL This Period (last page this line only) .....				
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) .....				
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) .....				

**DEBTS AND OBLIGATIONS**  
**Excluding Loans**  
Debts Owed By the Committee

Name of Committee (In Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
MATHEWS FOR CONGRESS				
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor MWB Business Systems 14397 Amargosa Road Victorville, CA 92392	333.54	0.00	0.00	333.54
Nature of Debt (Purpose):				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Metrocall 444 E. Huntington Drive #150 Arcadia, CA 91006	177.16	0.00	0.00	177.16
Nature of Debt (Purpose):				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Mohammed Atiqullah 8092 Ainsworth Lane La Palma, CA 90623	534.81	0.00	0.00	534.81
Nature of Debt (Purpose): Events				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Norwalk Printing 12014 East Rosecrans Avenue Norwalk, CA 90650	1,301.35	0.00	0.00	1,301.35
Nature of Debt (Purpose): Printing				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Pitney Bowes P.O. Box 85390 Louisville, KY 40285	7.83	0.00	0.00	7.83
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Preston Fletcher 6824 Via Media Circle Buena Park, CA 90620	1,000.00	0.00	0.00	1,000.00
Nature of Debt (Purpose): Consulting Services				
1) SUBTOTALS This Period This Page (optional) .....				3,354.69
2) TOTAL This Period (last page this line only) .....				
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) .....				
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) .....				

**DEBTS AND OBLIGATIONS**  
**Excluding Loans**  
Debts Owed By the Committee

Name of Committee (in Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
MATHEWS FOR CONGRESS				
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Print Well 30030 Mission Boulevard Hayward, CA 94544	77.32	0.00	0.00	77.32
Nature of Debt (Purpose): Printing				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor SAAB Travel & Tours 17134 Devonshire Street Suite #201 Northridge, CA 91325	2,278.00	0.00	0.00	2,278.00
Nature of Debt (Purpose): Travel Expenses				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Southern CA Edison 127 Elm Avenue Long Beach, CA 90802	167.80	0.00	0.00	167.80
Nature of Debt (Purpose): Utilities				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Sprint PCS P.O. Box 79270 City of Industry, CA 91716-9270	1,029.07	0.00	0.00	1,029.07
Nature of Debt (Purpose): Cellular Phones				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Staples 4600 Pacific Coast Highway Long Beach, CA 90804	2,008.51	0.00	0.00	2,008.51
Nature of Debt (Purpose): Office supplies				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Stationery Place 1327 W. 12th Place Los Angeles, CA 90015	950.00	0.00	0.00	950.00
Nature of Debt (Purpose): Printing				
1) SUBTOTALS This Period This Page (optional) .....				6,510.70
2) TOTAL This Period (last page this line only) .....				49,049.47
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) .....				18,190.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) .....				67,239.47

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

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

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