

# JOAN JOHNSON *for Congress*

SUFFOLK COUNTY • 2nd CONGRESSIONAL DISTRICT

August 30, 2000

Federal Election Commission  
999 E. Street, NW  
Washington, D.C. 20463

RECEIVED  
FEC MAIL ROOM  
2000 AUG 31 P 2 05

Dear Sir/Madam:

Enclosed, please find the Pre-Primary report for the Johnson for Congress 2000 Committee

Thank you.

Sincerely,

  
Gloria Goode  
Treasurer

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee  
(Summary Page)

RECEIVED  
FEC MAIL ROOM

2000 AUG 31 P 2:05

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) <b>Johnson For Congress C00359158</b>		2. FEC IDENTIFICATION NUMBER <b>C00359158</b>
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported. <b>126 E. Main St.</b>		
CITY, STATE and ZIP CODE <b>Bay Shore, NY 11706</b>	STATE/DISTRICT <b>NY 2nd</b>	3. IS THIS REPORT AN AMENDMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

## 4. TYPE OF REPORT

April 15 Quarterly Report       12-Day Pre-Election Report for the Primary (Type of Election)  
election on 9/12/00 in the State of New York

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

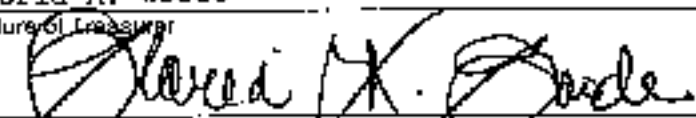
This report contains activity for:       Primary Election       General Election       Special Election       Runoff Election

## SUMMARY

5. Covering Period <u>7/1/00</u> through <u>8/23/00</u>	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	152,589.99	207,994.99
(b) Total Contribution Refunds (from Line 20(d))	400.00	400.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	152,189.99	207,594.99
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	69,614.15	74,402.82
(b) Total Offsets to Operating Expenditures (from Line 14)	.00	.00
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	69,614.15	74,402.82
8. Cash on Hand at Close of Reporting Period (from Line 27)	133,192.17	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	.00	

For further information contact:  
Federal Election Commission  
998 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 <b>Gloria M. Goode</b>		Date
Signature of Treasurer 		<b>8/30/00</b>

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) Johnson For Congress 2000 C00359158	Report Covering the Period: From: 7/1/00 To: 8/23/00	
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		
(ii) Itemized (use Schedule A) -----	90,104.99	
(iii) Unitemized -----	35,615.00	
(iii) Total of contributions from individuals -----	125,719.99	150,174.99
(b) Political Party Committees -----	1,200.00	12,150.00
(c) Other Political Committees (such as PACs) -----	25,400.00	45,400.00
(d) The Candidate -----	270.00	270.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(ii), (b), (c) and (d)) -----	152,589.99	207,994.99
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES -----	.00	.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate -----	.00	.00
(b) All Other Loans -----	.00	.00
(c) TOTAL LOANS (add 13(a) and (b)) -----	.00	.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) -----	.00	.00
15. OTHER RECEIPTS (Dividends, Interest, etc.) -----	.00	.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15) -----	152,589.99	207,994.99
<b>II. DISBURSEMENTS</b>		
17. OPERATING EXPENDITURES -----	69,614.15	74,402.82
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES -----	.00	.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate -----	.00	.00
(b) Of All Other Loans -----	.00	.00
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b)) -----	.00	.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees -----	400.00	400.00
(b) Political Party Committees -----	.00	.00
(c) Other Political Committees (such as PACs) -----	.00	.00
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c)) -----	400.00	400.00
21. OTHER DISBURSEMENTS -----	.00	.00
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21) -----	70,014.15	74,802.82
<b>III. CASH SUMMARY</b>		
23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD -----	\$	50,616.33
24. TOTAL RECEIPTS THIS PERIOD (from Line 16) -----	\$	152,589.99
25. SUBTOTAL (add Line 23 and Line 24) -----	\$	203,206.32
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22) -----	\$	70,014.15
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25) -----	\$	133,192.17

SCHEDULE A

ITEMIZED RECEIPTS

OMB No. 1545-0047	Page 1 of 18
Use only if reporting for the	OMB No. 1545-0047
OMB No. 1545-0047	111

All information copied from both Reports and Statements may not be added used by any person for the purpose of soliciting contributions to the Committee (as defined) other than using the name and address of a political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in full)

JOHNSON FOR CONGRESS 2000

000359158

A. Full Name, Mailing Address and Zip Code	Name of Employee	Date (month, day, year)	Amount of Each Receipt for Period
Bernadette DiStasio 66 Forest Ave. Loudon Valley, NY 11562	State of New York Occupation Police General	7/20/00	\$ 250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Aggregate Year-to-Date	\$ 250.00	
A. Full Name, Mailing Address and Zip Code Dined N. Bank 115 Old Farm Rd Pleasanton, NY 10573	Name of Employee None Occupation Retired	Date (month, day, year) 7/27/00	Amount of Each Receipt for Period \$ 250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Aggregate Year-to-Date	\$ 250.00	
A. Full Name, Mailing Address and Zip Code Claire Casper 14944 La Cumbre Pacific Palisades, CA 90272	Name of Employee Requested Occupation N/A	Date (month, day, year) 7/27/00	Amount of Each Receipt for Period \$ 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Aggregate Year-to-Date	\$ 500.00	
A. Full Name, Mailing Address and Zip Code Sally W. Pillsbury 1300 Biscayne Point Rd Miami, FL 33131	Name of Employee Self Occupation Financial Advisor - Retired	Date (month, day, year) 7/27/00	Amount of Each Receipt for Period \$ 250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Aggregate Year-to-Date	\$ 250.00	
A. Full Name, Mailing Address and Zip Code Caroline L. Wright 318 E. Franklin Ave Bloomfield, NJ 07003-6910	Name of Employee Self Occupation Private Investigator	Date (month, day, year) 7/20/00	Amount of Each Receipt for Period \$ 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Aggregate Year-to-Date	\$ 500.00	
A. Full Name, Mailing Address and Zip Code Dorothy C. Gault 618 Pleasant Ave Bloomfield, NJ 07003-6912	Name of Employee None Occupation Retired	Date (month, day, year) 7/27/00	Amount of Each Receipt for Period \$ 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Aggregate Year-to-Date	\$ 500.00	
A. Full Name, Mailing Address and Zip Code Charles H. Wilms 1 Beaman Pl., Apt 7A New York, NY 10012-8057	Name of Employee Self Occupation Office Manager	Date (month, day, year) 7/27/00	Amount of Each Receipt for Period \$ 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Aggregate Year-to-Date	\$ 1,000.00	
A. Full Name, Mailing Address and Zip Code Myriam J. Galore 14 Gorman St. Colum, NY 11937	Name of Employee Requested Occupation Occupation	Date (month, day, year) 7/27/00	Amount of Each Receipt for Period \$ 250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Aggregate Year-to-Date	\$ 250.00	
SUBTOTAL of Receipts This Page			\$ 7,500.00
TOTAL This Period (see page three line number only)			\$

All information reported here, including signatures and dates, may not be used by any person for the purpose of issuing a subpoena or for any other purpose.  
 Any person who knowingly provides false information on this form may be subject to criminal penalties for such conduct.  
 UNDER NO CIRCUMSTANCES SHALL THIS FORM BE USED FOR ANY OTHER PURPOSE.

JOHNSON FOR CONGRESS 2000 C00359158

A. Full Name, Mailing Address and Zip Code	Name Of Employee Requested	Date (month, day, year)	Amount of Each Receipt This Period
Thomas P. August 300 Bessie Way Lawrence, NY 11558-2108	Requestor Occupation Requested	7/21/00	\$ 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Aggregate Year-to-Date:	\$ 500.00	
A. Full Name, Mailing Address and Zip Code Edmund P. Henneley 84 Sequoia Ln. West Islip, NY 11793	Name Of Employee Requested Self Occupation Requested	Date (month, day, year) 7/27/00	Amount of Each Receipt This Period \$ 150.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Aggregate Year-to-Date:	\$ 450.00	
A. Full Name, Mailing Address and Zip Code Franko Rose P.O. Box 151 Great River, NY 11734-0151	Name Of Employee Requested Glen Rose, Inc. Occupation Requested	Date (month, day, year) 7/27/00	Amount of Each Receipt This Period \$ 2,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Aggregate Year-to-Date:	\$ 2,000.00	
A. Full Name, Mailing Address and Zip Code Richard W. DiStasio 833 South Dakota East Patchogue, NY 11772	Name Of Employee Requested Requestor Occupation Requested	Date (month, day, year) 7/27/00	Amount of Each Receipt This Period \$ 250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Aggregate Year-to-Date:	\$ 250.00	
A. Full Name, Mailing Address and Zip Code Adam Fessor 275 Brian Lake Dr. Patchogue, NY 11772	Name Of Employee Requested Requestor Occupation Requested	Date (month, day, year) 7/27/00	Amount of Each Receipt This Period \$ 100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Aggregate Year-to-Date:	\$ 500.00	
A. Full Name, Mailing Address and Zip Code James L. DiStasio, Jr. 30 Stony Hill Path Smithtown, NY 11787	Name Of Employee Requested Requestor Occupation Requested	Date (month, day, year) 7/27/00	Amount of Each Receipt This Period \$ 450.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Aggregate Year-to-Date:	\$ 400.00	
A. Full Name, Mailing Address and Zip Code Richard McAuley 185 Grand Ave. Patchogue, NY 11772	Name Of Employee Requested Requestor Occupation Requested	Date (month, day, year) 7/27/00	Amount of Each Receipt This Period \$ 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Aggregate Year-to-Date:	\$ 1,000.00	
A. Full Name, Mailing Address and Zip Code Carol Stewart 63 Three Mile Harbor Dr. East Hampton, NY 11937	Name Of Employee Requested Requestor Occupation Requested	Date (month, day, year) 7/27/00	Amount of Each Receipt This Period \$ 1,500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Aggregate Year-to-Date:	\$ 1,000.00	
SUBTOTAL, of Receipts This Page			\$ 5,700.00
TOTAL This Period (last page used and all pages only)			\$

Redesignation Requested

SCHEDULE C

ITEMIZED RECEIPTS

Use separate schedule for each category of the Detailed Schedule Page  
 Page 3 of 18  
 FORM NUMBER  
 111

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

NAME OF COMMITTEE (in Full)

JOHNSON FOR CONGRESS 2000 000359158

A. Full Name, Mailing Address and Zip Code	Name Of Employee Requested	Date (month, day, year)	Amount of Each Receipt This Period
Esmet Walker 1370 Wilson Ave. Bay Shore, NY 11708	Occupation Requested Redesignation Requested	12/00	\$ 1,500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Aggregate Year-to-Date:	\$ 1,500.00	
A. Full Name, Mailing Address and Zip Code Harold J. Boering 91 Ferris Rd Massapequa, NY 11758	Name Of Employee Requested Boering Bros Occupation Requested Beer Wholesaler	Date (month, day, year) 8/1/00	Amount of Each Receipt This Period \$ 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Aggregate Year-to-Date:	\$ 500.00	
A. Full Name, Mailing Address and Zip Code Dayton T. Brown, Jr North Ridge Rd. Oxford Branch, NY 11733	Name Of Employee Requested Dayton Brown, Inc Occupation Requested Crimson	Date (month, day, year) 8/1/00	Amount of Each Receipt This Period \$ 800.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Aggregate Year-to-Date:	\$ 800.00	
A. Full Name, Mailing Address and Zip Code Walter McCortan 22 Archibald Way Sag Harbor, NY 11963	Name Of Employee Requested Walter McCortan Occupation Requested	Date (month, day, year) 8/1/00	Amount of Each Receipt This Period \$ 250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Aggregate Year-to-Date:	\$ 250.00	
A. Full Name, Mailing Address and Zip Code Philip T. Giandomenico 33 Parkack Dr. Fort Salonga, NY 11763	Name Of Employee Requested Suffolk Transportation Occupation Requested Principal	Date (month, day, year) 8/1/00	Amount of Each Receipt This Period \$ 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Aggregate Year-to-Date:	\$ 1,000.00	
A. Full Name, Mailing Address and Zip Code Marie Figliora 104 Drive Ct West Islip, NY 11795	Name Of Employee Requested South Bay Equities Occupation Requested	Date (month, day, year) 8/1/00	Amount of Each Receipt This Period \$ 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Aggregate Year-to-Date:	\$ 500.00	
A. Full Name, Mailing Address and Zip Code Robert L. Folke 77 Conklin St. Farmingdale, NY 11735	Name Of Employee Requested Robert L. Folke & Associates Occupation Requested Attorney	Date (month, day, year) 8/1/00	Amount of Each Receipt This Period \$ 400.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Aggregate Year-to-Date:	\$ 400.00	
A. Full Name, Mailing Address and Zip Code Janis R. Garvey 1801 House, Acgyle Square Deluxa, NY 11702	Name Of Employee Requested Self Occupation Requested Attorney	Date (month, day, year) 8/1/00	Amount of Each Receipt This Period \$ 400.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Aggregate Year-to-Date:	\$ 400.00	
SUBTOTAL of Receipts This Page			\$ 5,150.00
TOTAL This Period (last page this line number only)			\$

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each receipt of the following category:  
 Page 4 of 18  
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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 copying the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

JOHNSON FOR CONGRESS 2000 C00359158

A. Full Name, Mailing Address and Zip Code	Name Of Employee (Using Sign Co.)	Date (month, day, year)	Amount of Each Receipt This Period
Kenneth R. Galing, Sr. 3 Heiko Ct Northport, NY	Redesignation Requested President	05/00	\$ 2,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Aggregate Year-to-Date	\$ 2,000.00	
R. Full Name, Mailing Address and Zip Code Alphonse R. GAZDAR 123 S. Northham Ave. Amherst, NY 11701-3519	Name Of Employee Gwr Recycling Corp. Occupation Truckee	Date (month, day, year) 01/00	Amount of Each Receipt This Period \$ 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Aggregate Year-to-Date	\$ 1,000.00	
A. Full Name, Mailing Address and Zip Code Gerald W. Hall 400 Terry St Hempstead NY 11766	Name Of Employee The Firm Occupation Requested	Date (month, day, year) 01/00	Amount of Each Receipt This Period \$ 400.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Aggregate Year-to-Date	\$ 400.00	
A. Full Name, Mailing Address and Zip Code Dorothy G. Patrick 1737 Veterans Hwy. Islandia, NY 11749	Name Of Employee Weatherwood Musical Goods LLC Occupation Requested	Date (month, day, year) 01/00	Amount of Each Receipt This Period \$ 600.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Aggregate Year-to-Date	\$ 600.00	
A. Full Name, Mailing Address and Zip Code Shirley A. LaSpina 117 Boulder Ave. Northport, NY 11768 0600	Name Of Employee TSL (LA) ID Occupation Aggravated	Date (month, day, year) 01/00	Amount of Each Receipt This Period \$ 400.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Aggregate Year-to-Date	\$ 400.00	
A. Full Name, Mailing Address and Zip Code Mary T. Paulina 167 Bonwood Dr. Kings Park, NY 11754	Name Of Employee Official Green Corp Occupation Commercial Printer	Date (month, day, year) 01/00	Amount of Each Receipt This Period \$ 200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Aggregate Year-to-Date	\$ 200.00	
A. Full Name, Mailing Address and Zip Code Douglas Engel 17 Birchwood Dr Port Jefferson, NY 11776	Name Of Employee Equinix Occupation Sales	Date (month, day, year) 01/00	Amount of Each Receipt This Period \$ 600.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Aggregate Year-to-Date	\$ 600.00	
A. Full Name, Mailing Address and Zip Code Terry Townsend 300 S. Caurney Rd., P.O. Box 915 Bellport, NY 11713	Name Of Employee Kane Occupation Retail	Date (month, day, year) 01/00	Amount of Each Receipt This Period \$ 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Aggregate Year-to-Date	\$ 500.00	
BUDGETIAL of Receipts This Page			\$ 5,950.00
TOTAL This Period (do not use this line number only)			\$ -

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule if  
 for more than one of the  
 calendar January Page  
 Page 5 of 18  
 POLYGRAPH NO. 111

Any information appearing 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)  
 JOHNSON FOR CONGRESS 2000 000359158

A. Full Name, Mailing Address and Zip Code	Name Of Employee Requested	Date (month, day, year)	Amount of Each Receipt This Period
Adelle C. Smithers Estates P.O. Box 67 Salt Neck, NY 11755-0067	Reattribution Requested Occupation Requested	8/1/00	\$ 3,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Aggregate Year-to-Date:	\$ 3,000.00	
A. Full Name, Mailing Address and Zip Code Michael Sarnack 290 Grant Ave Islip, NY 11751	Name Of Employee MCS Floor Covering Occupation Owner	Date (month, day, year) 8/1/00	Amount of Each Receipt This Period \$ 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Aggregate Year-to-Date:	\$ 1,000.00	
A. Full Name, Mailing Address and Zip Code Frank M. Votr, Jr. 823 Townline Rd. Hempstead, NY 11788	Name Of Employee Jrc. Votr & Arnala Occupation Business Pathologist	Date (month, day, year) 8/1/00	Amount of Each Receipt This Period \$ 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Aggregate Year-to-Date:	\$ 1,100.00	
A. Full Name, Mailing Address and Zip Code Jeanne Fontana Wilcox 5 Snowmass Ct. W. Simi, NY 11766	Name Of Employee Trophie Occupation CEO	Date (month, day, year) 6/22/00	Amount of Each Receipt This Period \$ 200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Aggregate Year-to-Date:	\$ 200.00	
A. Full Name, Mailing Address and Zip Code Robert W. Dhan Trenwood Ln Sea Cliff, NY 11075	Name Of Employee Self Occupation Financial Consultant	Date (month, day, year) 8/1/00	Amount of Each Receipt This Period \$ 250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Aggregate Year-to-Date:	\$ 250.00	
A. Full Name, Mailing Address and Zip Code Myrtila M. Eshelrain 75 E. 80th St. New York, NY 10022	Name Of Employee Self Occupation Advisory	Date (month, day, year) 8/5/00	Amount of Each Receipt This Period \$ 300.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Aggregate Year-to-Date:	\$ 300.00	
A. Full Name, Mailing Address and Zip Code Michael Luciani 70 The Woods Comstock, NY 11725-4457	Name Of Employee Long Island Automotive Occupation Auto Dealer	Date (month, day, year) 8/3/00	Amount of Each Receipt This Period \$ 2,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Aggregate Year-to-Date:	\$ 2,000.00	
SUBTOTAL of Receipts This Page			\$ 7,750.00
TOTAL This Period (last page this line number only)			\$



ITEMIZED RECEIPTS

Form 6 18  
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Any information copied from such Returns and Statements may not be used by any person for the purpose of ascertaining contributions or for non-receipt purposes, other than to verify the name and address of any person committed to pay a contribution from such committee.

NAME OF COMMITTEE (in full)

JOHNSON FOR CONGRESS 2000 000359158

A. Full Name, Mailing Address and Zip Code	Name Of Employee	Date (month, day, year)	Amount of Each Receipt (in Period)
Debra M. Sarpa 36-51 Bell Blvd. Bayside NY 11361	Jopu Associates, Inc. Account Developer	12/00 <b>Resignation Requested</b>	\$ 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Aggregate Year-to-Date	\$ 1,000.00	
Franc Saunders 38 E. Canal St. Huntington, NY 11743-3941	None	10/00	\$ 950.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Aggregate Year-to-Date	\$ 950.00	
Rosanna D. Morgan 12750 La Gracia Dr. Los Altos Hills, CA 94022-4513	None	8/00	\$ 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Aggregate Year-to-Date	\$ 1,000.00	
Harry & Helen Guellet 211 Woodford Ave. Northport, NY 11768	None	5/00	\$ 400.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Aggregate Year-to-Date	\$ 400.00	
Aileen Corbett 33 S. Pennington Ave. Bay Shore NY 11706	Requested	8/00 <b>Requested</b>	\$ 400.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Aggregate Year-to-Date	\$ 400.00	
Robert J. Harack 39 Mainway Ave. Bay Shore, NY 11706	Century 21 Realty	8/00	\$ 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Aggregate Year-to-Date	\$ 500.00	
Douglas J. Hynd 51 Hobbwell Dr. Stony Brook, NY 11790-2542	Requested	8/00 <b>Requested</b>	\$ 600.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Aggregate Year-to-Date	\$ 600.00	
Jason Kalk P.O. Box 256408 Great Neck, NY 11021-0408	Requested	8/00 <b>Requested</b>	\$ 1,300.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Aggregate Year-to-Date	\$ 1,300.00	
SUBTOTAL of Receipts This Page			\$ 5,300.00
TOTAL This Period (last page this line number only)			\$ -

SCHEDULE A

ITEMIZED RECEIPTS

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

NAME OF COMMITTEE (or Full)

JOHNSON FOR CONGRESS 2000

C00359158

A. Full Name, Mailing Address and Zip Code	Name Of Employee	Date (month, day, year)	Amount of Each Receipt This Period
Geanni Leone 2 Trade Zone Dr Ramboskon, NY 11779-9200	LYN E and Occupation Insurance	8/6/00	\$ 400.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Aggregate Year-to-Date:	\$ 400.00	
A. Full Name, Mailing Address and Zip Code Jack L. LOFT 377 Oak St. Garden City, NY 11530-6503	Name Of Employee Sof Occupation Attorney	Date (month, day, year) 8/6/00	Amount of Each Receipt This Period \$ 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Aggregate Year-to-Date:	\$ 500.00	
A. Full Name, Mailing Address and Zip Code Brian Madden 47 Shear Ln. Greentown, NY 11740	Name Of Employee National and Remur Occupation Parabure	Date (month, day, year) 8/6/00	Amount of Each Receipt This Period \$ 2,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Aggregate Year-to-Date:	\$ 2,000.00	
A. Full Name, Mailing Address and Zip Code C.J. McCarthy 35 Hemlock Ln Bay Shore, NY 11706	Name Of Employee Sea Selection Advisory Group, Inc. Occupation Real Estate Developer	Date (month, day, year) 8/6/00	Amount of Each Receipt This Period \$ 400.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Aggregate Year-to-Date:	\$ 400.00	
A. Full Name, Mailing Address and Zip Code Barbara S. Neuberger 10 E. 70th St. New York, NY 10021	Name Of Employee SBF Occupation Investments	Date (month, day, year) 8/2/00	Amount of Each Receipt This Period \$ 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Aggregate Year-to-Date:	\$ 500.00	
A. Full Name, Mailing Address and Zip Code Eric Russo P.O. Box 44 Ballport, NY 11713	Name Of Employee Requested Occupation Requested	Date (month, day, year) 8/6/00	Amount of Each Receipt This Period \$ 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Aggregate Year-to-Date:	\$ 500.00	
A. Full Name, Mailing Address and Zip Code Phyllis Hill Spier 14 Royal Street Ste 410 Great Neck, NY 11021-3535	Name Of Employee Hill Spier Inc Occupation Owner	Date (month, day, year) 8/6/00	Amount of Each Receipt This Period \$ 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Aggregate Year-to-Date:	\$ 500.00	
A. Full Name, Mailing Address and Zip Code David P. Seeding 45 Hillside Rd. Broxville, NY 10708-1814	Name Of Employee Requested Occupation Requested	Date (month, day, year) 8/6/00	Amount of Each Receipt This Period \$ 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Aggregate Year-to-Date:	\$ 1,000.00	
SUBTOTAL of Receipts This Page			\$ 6,200.00
TOTAL This Period (add page this line number only)			\$ -

Resignation Requested

ITEMIZED RECEIPTS

Any information copied from each Receipt and Statement may not be used or used by any person for the purposes 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 (or Fund)  
**JOHNSON FOR CONGRESS 2000**      **C00359158**

A. Full Name, Mailing Address and Zip Code	Name Of Employee	Date (month, day, year)	Amount of Each Receipt This Period
670th County National Bank of Riverhead Route 80 Riverhead, NY 11951	Requested Occupation: Requested Resignation: Requested Applicable Year-to-Date: 2000 no	12/00	\$ 2,500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):			
A. Full Name, Mailing Address and Zip Code Jynal Walsh Half Moon Ln. Saugerties, NY 11000	Name Of Employee: WJ Trading Occupation: Wall Street Applicable Year-to-Date:	Date (month, day, year): 8/00 \$ 1,000.00	Amount of Each Receipt This Period \$ 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):			
A. Full Name, Mailing Address and Zip Code Diane Dominguez War P.O. Box 1157 Warwick, NY 11873	Name Of Employee: Requested Occupation: Recycled Applicable Year-to-Date:	Date (month, day, year): 8/00 \$ 500.00	Amount of Each Receipt This Period \$ 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):			
A. Full Name, Mailing Address and Zip Code Michael F. White 10 B Southview Dr., Apt. C10 Holbrook, NY 11742	Name Of Employee: L'Argon Funding Consultants Ltd Occupation: Mortgage Banker Applicable Year-to-Date:	Date (month, day, year): 8/00 \$ 300.00	Amount of Each Receipt This Period \$ 300.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):			
A. Full Name, Mailing Address and Zip Code Robert T. White, Jr. 43 Maplewood Dr. Northport, NY 11768	Name Of Employee: Clifford, Chance, Rogers & Wells, LLP Occupation: Attorney Applicable Year-to-Date:	Date (month, day, year): 8/00 \$ 350.00	Amount of Each Receipt This Period \$ 350.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):			
A. Full Name, Mailing Address and Zip Code Robert T. Fuchs 295 E. Cannon Dr. P.O. Box 323 Binghamton, NY 11718	Name Of Employee: Self Occupation: Accountant Applicable Year-to-Date:	Date (month, day, year): 8/00 \$ 250.00	Amount of Each Receipt This Period \$ 250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):			
A. Full Name, Mailing Address and Zip Code Sue Katz Requested	Name Of Employee: Requested Occupation: Requested Applicable Year-to-Date:	Date (month, day, year): 8/00 \$ 500.00	Amount of Each Receipt This Period \$ 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):			
A. Full Name, Mailing Address and Zip Code Robert Lee White Jr 4380 Brampton Ct. Accordville, VA 22024-3599	Name Of Employee: Requested Occupation: Requested Applicable Year-to-Date:	Date (month, day, year): 8/00 \$ 500.00	Amount of Each Receipt This Period \$ 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):			
SUBTOTAL of Receipts This Page			\$ 6,000.00
TOTAL This Period (See page the last number of page)			\$

ITEMIZED RECEIPTS

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

NAME OF COMMITTEE (in Full) JOHNSON FOR CONGRESS 2000 C00359158

A. Full Name, Mailing Address and Zip Code	Name Of Employee	Date (month, day, year)	Amount of Each Receipt This Period
Stuart G. Bunting 180 Howell Rd. Boy Shinn, NY 11708	Self Occupation Attorney	6/28/00	\$ 400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Aggregate Year-to-Date:	\$ 600.00	
A. Full Name, Mailing Address and Zip Code Alan J. Koford 880 Grand Blvd Dean Park, NY 11728	Name Of Employee Commercial Employee Occupation Requestor	Date (month, day, year) 6/28/00	Amount of Each Receipt This Period \$ 300.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Aggregate Year-to-Date:	\$ 600.00	
A. Full Name, Mailing Address and Zip Code William Howard Jennings 7 Enfield Ln Hempstead, NY 11748	Name Of Employee Requestor Occupation Requestor	Date (month, day, year) 6/28/00	Amount of Each Receipt This Period \$ 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Aggregate Year-to-Date:	\$ 1,000.00	
A. Full Name, Mailing Address and Zip Code Margaret D. Ruzick 225 N. Howell Ave Marick, NY 11608	Name Of Employee Hyperion Partner Occupation Programs Advisor	Date (month, day, year) 6/11/00	Amount of Each Receipt This Period \$ 2,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	Aggregate Year-to-Date:	\$ 2,000.00	
A. Full Name, Mailing Address and Zip Code Lance B. Ruzick 225 N. Howell Ave. Marick, NY 11656	Name Of Employee Hyperion Partner Occupation Investment Advisor	Date (month, day, year) 6/11/00	Amount of Each Receipt This Period \$ 2,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	Aggregate Year-to-Date:	\$ 3,000.00	
A. Full Name, Mailing Address and Zip Code David S. Taub 845 Underhill Blvd. Syosset, NY 11791	Name Of Employee Retail Wine & Spirits Occupation Employer	Date (month, day, year) 6/11/00	Amount of Each Receipt This Period \$ 250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Aggregate Year-to-Date:	\$ 250.00	
A. Full Name, Mailing Address and Zip Code Mauri Reilly Associates 215 Glen St. Ossining, NY 10542	Name Of Employee W/for Hourly Associates Occupation Realty	Date (month, day, year) 6/11/00	Amount of Each Receipt This Period \$ 250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Aggregate Year-to-Date:	\$ 250.00	
A. Full Name, Mailing Address and Zip Code Ernest B. Crow 6400 St. Johns Dallas, TX 75206	Name Of Employee Requestor Occupation Requestor	Date (month, day, year) 6/11/00	Amount of Each Receipt This Period \$ 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Aggregate Year-to-Date:	\$ 500.00	
SUBTOTAL of Receipts This Period			\$ 6,350.00
TOTAL This Period (use zero on 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 under section 501(c)(3).

NAME OF COMMITTEE (in full)

JOHNSON FOR CONGRESS 2000 C00359158

A. Full Name, Mailing Address and Zip Code	Name Of Employee Requested	Date (month, day, year)	Amount of Each Receiptable Period
Family Help Services, Inc. 275 North Dixon Ave. Hempstead, NY 11555	Occupation Registered Nurse	8/1/00	\$ 400.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Aggregate Year-to-Date:	\$ 400.00	
A. Full Name, Mailing Address and Zip Code Susan B. Noyes 1148 Michigan Ave. Winnetka, IL 60091-1934	Name Of Employee Requested	Date (month, day, year)	Amount of Each Receiptable Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Aggregate Year-to-Date:	\$ 1,000.00	
A. Full Name, Mailing Address and Zip Code Ludie Evans Hahn 2222 44th Ln Minneapolis, MN 55414-4917	Name Of Employee Requested State of MN Office of Gov.	Date (month, day, year)	Amount of Each Receiptable Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Aggregate Year-to-Date:	\$ 250.00	
A. Full Name, Mailing Address and Zip Code Alice M. Kahl 110 Carlton Rd Waynesville, CA 92095-8405	Name Of Employee Requested Self	Date (month, day, year)	Amount of Each Receiptable Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Aggregate Year-to-Date:	\$ 250.00	
A. Full Name, Mailing Address and Zip Code Tammy Snyder Muechy Hilencule Farm, 50 Sleepy Hollow Rd. Hood River, OR 97111	Name Of Employee Requested Self	Date (month, day, year)	Amount of Each Receiptable Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Aggregate Year-to-Date:	\$ 1,000.00	
A. Full Name, Mailing Address and Zip Code Jannelle D. Nester 557 Bolton Pl. Houston, TX 77024	Name Of Employee Requested Self	Date (month, day, year)	Amount of Each Receiptable Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Aggregate Year-to-Date:	\$ 250.00	
A. Full Name, Mailing Address and Zip Code Francis B. Felton 5695 Woodloch Way San Marcos, CA 94403-3407	Name Of Employee Requested Behavior Development Company Executive	Date (month, day, year)	Amount of Each Receiptable Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Aggregate Year-to-Date:	\$ 500.00	
A. Full Name, Mailing Address and Zip Code Janice Tomlin 4384 Thacker View Ct. Coopersburg, PA 18038	Name Of Employee Requested None	Date (month, day, year)	Amount of Each Receiptable Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Aggregate Year-to-Date:	\$ 500.00	
SUBTOTAL of Receipts This Page			\$ 4,150.00
TOTAL, This Period (see page the line number only)			\$

Line 20(A) Refunded  
See Sched. B

ITEMIZED RECEIPTS

Use separate receipts for each category of the Detailed Summary Page	Page 11 of 18
	FOR LINE NUMBER
	111

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

NAME OF COMMITTEE (in full)

JOHNSON FOR CONGRESS 2000 C00359158

A. Full Name, Mailing Address and Zip Code	Name Of Employee Requested	Date (month, day, year)	Amount of Each Receipt This Period
Jane L. Ransom, Declaration of Trust 10730 Col. inle Pike Silver Springs, MD 20801	Occupation Requested	8/10/00	\$ 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Aggregate Year-to-Date:	\$ 1,000.00	
A. Full Name, Mailing Address and Zip Code Lacord Lwin 1200 Union Tpk New Hyde Park, NY 11040	Name Of Employee Requested	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation Requested	8/15/00	\$ 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Aggregate Year-to-Date:	\$ 1,000.00	
A. Full Name, Mailing Address and Zip Code Saul S. Cohen 670 United Nations Pl. New York, NY 10017	Name Of Employee Requested	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation Requested	8/15/00	\$ 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Aggregate Year-to-Date:	\$ 1,000.00	
A. Full Name, Mailing Address and Zip Code Bernard H. Mendik 300 Madison Ave. New York, NY 10017-6001	Name Of Employee Requested	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation Requested	8/15/00	\$ 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Aggregate Year-to-Date:	\$ 1,000.00	
A. Full Name, Mailing Address and Zip Code Dwight A. Anthony 143 Old Post Rd. North Crotton On Hudson, NY 10520	Name Of Employee Requested	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation Requested	8/18/00	\$ 400.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Aggregate Year-to-Date:	\$ 400.00	
A. Full Name, Mailing Address and Zip Code Honorable Robert J. Dine 700 New Hampshire Ave. NW Washington, DC 20007	Name Of Employee Requested Vernie L. Spahr, Bernard McPherson & Hand	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation Requested	8/15/00	\$ 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Aggregate Year-to-Date:	\$ 500.00	
A. Full Name, Mailing Address and Zip Code Andrew M. Blum 10 E. 50th St. New York, NY 10022	Name Of Employee Requested Harris Bank	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation Requested	8/18/00	\$ 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Aggregate Year-to-Date:	\$ 1,000.00	
A. Full Name, Mailing Address and Zip Code Thomas Kampner 61 Broadway New York, NY 10006	Name Of Employee Requested Loeb Partners	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation Requested	8/18/00	\$ 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Aggregate Year-to-Date:	\$ 1,000.00	
SUBTOTAL of Receipts This Page			\$ 8,900.00
TOTAL This Period (last page this line number only)			\$

SCHEDULE A

FINANCED RECEIPTS

Use separate schedule for each category of the subject's income. Page 12 of 18 FOR LINE NUMBER 111

Any information copied from such Reports and Statements may not be used by any person for the purpose of soliciting contributions or for commercial purposes, other than paying the name and address of any person identified as a contributor from such reports.

NAME OF COMMITTEE (in Full)  
**JOHNSON FOR CONGRESS 2000 C00359158**

A. Full Name, Mailing Address and Zip Code	Name Of Employee	Date (month, day, year)	Amount of Each Receipt This Period
Elizabeth A. Finnegan 33 Wave Crest Dr. Islip, NY 11731	Requested Occupation Requested	8/23/00	\$ 300.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Aggregate Year-to-Date:	\$ 300.00	
A. Full Name, Mailing Address and Zip Code Bryham Walker 12 Doris Lane Bay Shore, NY 11706	Name Of Employee Bill Occupation Attorney	Date (month, day, year) 8/23/00	Amount of Each Receipt This Period \$ 75.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Aggregate Year-to-Date:	\$ 1,570.00	
A. Full Name, Mailing Address and Zip Code Robert A. Pace 14 Chaumont Farms Ln Woodbury, NY 11797-1244	Name Of Employee National Land Tenure Occupation Executive	Date (month, day, year) 8/23/00	Amount of Each Receipt This Period \$ 200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Aggregate Year-to-Date:	\$ 200.00	
A. Full Name, Mailing Address and Zip Code Stephen Rush 1120 Northern Blvd Great Neck, NY 11020	Name Of Employee L. Radiation Therapy Occupation Doctor	Date (month, day, year) 8/23/00	Amount of Each Receipt This Period \$ 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Aggregate Year-to-Date:	\$ 1,000.00	
A. Full Name, Mailing Address and Zip Code James M. Weisz 400 E 62nd St New York, NY 10021-7331	Name Of Employee Requested Occupation Requested	Date (month, day, year) 8/23/00	Amount of Each Receipt This Period \$ 400.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Aggregate Year-to-Date:	\$ 400.00	
A. Full Name, Mailing Address and Zip Code John M. Czypel, Jr. 214 Roanoke Ave. PO Box 449 Riverton, NY 11801-0449	Name Of Employee Bill Occupation Attorney	Date (month, day, year) 8/23/00	Amount of Each Receipt This Period \$ 200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Aggregate Year-to-Date:	\$ 200.00	
A. Full Name, Mailing Address and Zip Code Richard C. Inbar 60 S. Seaton Ave Bay Shore, NY 11706	Name Of Employee American Professional Agency Occupation Requested	Date (month, day, year) 8/23/00	Amount of Each Receipt This Period \$ 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Aggregate Year-to-Date:	\$ 1,000.00	
SUBTOTAL of Receipts This Page			\$ 3,275.00
TOTAL This Period (for page line number only)			\$

SCHEDULE A

ITEMIZED RECEIPTS

Any information copied from such reports and statements may not be sold or used in any manner for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any person covered by such information in such connection, in any such committee.

NAME OF COMMITTEE IN FULL  
 JOHNSON FOR CONGRESS 2000  
 C00359158

A. Full Name, Mailing Address and Zip Code	Name Of Employee Requested	Date (month, day, year)	Amount of Each Receipt This Period
Ronald Pan 2100 Southtown Ave. Smithtown, NY 11787	Occupation: CEO <b>Redesignation Requested</b>	8/27/00	\$ 2,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Applicable Year-to-Date:	\$ 2,000.00	
Bruce A. Blakeman 403 S. Franklin Ave Mills Station, NY 11980	Name Of Employee Requested	Date (month, day, year) 8/22/00	\$ 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Applicable Year-to-Date:	\$ 1,000.00	
A. Full Name, Mailing Address and Zip Code Gerald W. Hart 505 Tarry Rd Hempstead, NY 11548	Name Of Employee Requested The Firm	Date (month, day, year) 8/22/00	\$ 1,500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Applicable Year-to-Date:	\$ 1,500.00	
A. Full Name, Mailing Address and Zip Code Justin F. Palma Valente 6 Sutherland Ct Mt Sinai, NY 11788	Name Of Employee Requested T-Mobile	Date (month, day, year) 8/1/00	\$ 2,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Applicable Year-to-Date:	\$ 2,000.00	
A. Full Name, Mailing Address and Zip Code Gregory J. Sora 2 Trade Zone Ct. Rensselaerville, NY 11778	Name Of Employee Requested LNY Bank	Date (month, day, year) 8/22/00	\$ 600.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Applicable Year-to-Date:	\$ 600.00	
A. Full Name, Mailing Address and Zip Code Nancy Pomeroy 508 Prospect Ave. Central Islip, NY 11722	Name Of Employee Requested	Date (month, day, year) 8/1/00	\$ 35.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Applicable Year-to-Date:	\$ 35.00	
A. Full Name, Mailing Address and Zip Code L. Alex Romano 3 Oak Circle Ox-Ford, NY 11740	Name Of Employee Requested Reuter/BBDO	Date (month, day, year) 8/4/00	\$ 200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Applicable Year-to-Date:	\$ 200.00	
SUBTOTAL of Receipts This Page			\$ 4,750.00
TOTAL This Period (last page this line number only)			\$



REGOULC A

ITEMIZED RECEIPTS

(Use separate committee for each category of the Donor Summary Page) Page 14 of 18 FOR LINE NUMBER 111

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

NAME OF COMMITTEE (in Full)  
**JOHNSON FOR CONGRESS 2000**      **000359158**

A. Full Name, Mailing Address and Zip Code	Name Of Employee Requested	Date (month, day, year)	Amount of Each Receipt This Period
Suzanne Imkon 66 S. Bazen Ave. Bay Shore, NY 11706	American Professional Agency Occupation Requested	8/23/00	\$ 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Aggregate Year-to-Date:	\$ 1,000.00	
Thomas C. Mottolo 275 Kilburn Rd. S Oswego City, NY 11550-6205	Occupation Requested	8/23/00	\$ 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Aggregate Year-to-Date:	\$ 500.00	
Giovanni Vanna 2 Trade Zone Pl Northampton, NY 11776-8250	Occupation Requested	8/23/00	\$ 2,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Aggregate Year-to-Date:	\$ 2,000.00	
Jonathan Shinnich 56 Bergen Lane Oran Park, NY 11716	Occupation Requested	8/25/00	\$ 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Aggregate Year-to-Date:	\$ 500.00	
Rosen R. M C Miller 154 Tullamore Rd Garden City, NY 11530	Occupation Requested	8/25/00	\$ 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Aggregate Year-to-Date:	\$ 500.00	
Kenneth R. Golio 5 Helio Court Northport, NY 11768	Occupation Requested	8/23/00	\$ 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Aggregate Year-to-Date:	\$ 500.00	
Rosa Hopper 372 ML Surf Coast Rd Mt. Sinai, NY 11788	Occupation Requested	8/23/00	\$ 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Aggregate Year-to-Date:	\$ 500.00	
Randolph C. Nash 11 Oak Field Lane Mt. Sinai, NY 11788	Occupation Requested	8/23/00	\$ 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Aggregate Year-to-Date:	\$ 500.00	
SUBTOTAL of Receipts This Page			\$ 5,000.00
TOTAL This Period (Just page this line number only)			\$ -

Reattribution Requested

SCHEDULE A

ITEMIZED RECEIPTS

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

Name Of COMMITTEE (in full)

JOHNSON FOR CONGRESS 2000 000359158

A. Full Name, Mailing Address and Zip Code	Name Of Employee Requested	Date (month, day, year)	Amount of Each Receipt This Period
Robert H. Cole 534 Ridgeholme Rd. Malville, NY 11747	Lomb & Berninsky, LLP Occupation Attorney	07/00	\$ 250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Aggregate Year-to-Date:	\$ 250.00	
A. Full Name, Mailing Address and Zip Code Leslie B. Anderson 64 Feller Dr. Central Islip, NY 11722	Suffolk County District Attorney Occupation Attorney	7/7/00	\$ 300.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Aggregate Year-to-Date:	\$ 300.00	
A. Full Name, Mailing Address and Zip Code Allene Rozelle 6 Northold Ln. Bay Shore, NY 11708	Name Of Employee Requested Occupation Requested	Date (month, day, year) 7/7/00	Amount of Each Receipt This Period \$ 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Aggregate Year-to-Date:	\$ 500.00	
A. Full Name, Mailing Address and Zip Code Robert E. Dator, Jr. 31 Bayview Dr. Huntington, NY 11743	Name Of Employee Requested Occupation Requested	Date (month, day, year) 7/7/00	Amount of Each Receipt This Period \$ 250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Aggregate Year-to-Date:	\$ 250.00	
A. Full Name, Mailing Address and Zip Code M. Lloyd Redus 31 Canterbury Dr. Sayville, NY 11782	Name Of Employee Requested Occupation Requested	Date (month, day, year) 7/13/00	Amount of Each Receipt This Period \$ 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Aggregate Year-to-Date:	\$ 500.00	
A. Full Name, Mailing Address and Zip Code Russell R. Corrado 217 Grano Ave. Sayville, NY 11782	Name Of Employee Requested Occupation Requested	Date (month, day, year) 7/25/00	Amount of Each Receipt This Period \$ 2,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Aggregate Year-to-Date:	\$ 2,000.00	
A. Full Name, Mailing Address and Zip Code Steven Kizalel 800 Grant Blvd., Deer Park, NY 11729	Name Of Employee Requested Occupation Requested	Date (month, day, year) 7/28/00	Amount of Each Receipt This Period \$ 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Aggregate Year-to-Date:	\$ 500.00	
A. Full Name, Mailing Address and Zip Code Peter Tsantus 178 Sycamore Ave Islandia, NY 11742	Name Of Employee Requested Occupation Requested	Date (month, day, year) 7/28/00	Amount of Each Receipt This Period \$ 200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Aggregate Year-to-Date:	\$ 200.00	
SUBTOTAL of Receipts This Page			\$ 4,950.00
TOTAL This Period (last page this line number only)			\$ -

Resignation Requested

ITEMIZED RECEIPTS

Use separate statement for each category of fee or charge.  
 Date: 16, 1988  
 FOLIO NUMBER: 111

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 Payment of this fee does not constitute an admission of any political connection, and no contribution is made by payment of this fee.

NAME OF CONTRIBUTOR (Print Full Name)  
 JOHNSON FOR CONGRESS 2000 000359158

A. Full Name, Mailing Address and Zip Code	Name Of Employee	Date (month, day, year)	Amount of Each Receipt For Period
Robert Shery 268 Sunrise Ave Beverly, NY 11702	Household Occupation Required	07/20/88	\$ 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Aggregate Years-to-Date	\$ 500.00	
A. Full Name, Mailing Address and Zip Code Robert C. Reiber 114 Reiber Park Rd White Island, NY 11859-1219	Name Of Employee Professional Occupation Required	Date (month, day, year) 02/20/88	Amount of Each Receipt For Period \$ 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Aggregate Years-to-Date	\$ 500.00	
A. Full Name, Mailing Address and Zip Code Charles Marchi 5218 Elym Rd. So Rochester, NY 11773	Name Of Employee Required Occupation Required	Date (month, day, year) 03/20/88	Amount of Each Receipt For Period \$ 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Aggregate Years-to-Date	500.00	
A. Full Name, Mailing Address and Zip Code Mrs. Kate Triss 1201 F Street, NW Ste 200 Washington, DC 20004	Name Of Employee Household Occupation Required	Date (month, day, year) 08/20/88	Amount of Each Receipt For Period \$ 3,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Aggregate Years-to-Date	\$ 3,000.00	
A. Full Name, Mailing Address and Zip Code Linda B. Anderson 94 Keller Dr. Central Islip, NY 11722	Name Of Employee Suffolk County District Attorney Occupation Attorney	Date (month, day, year) 11/20/88	Amount of Each Receipt For Period \$ 100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Aggregate Years-to-Date	\$ 100.00	
A. Full Name, Mailing Address and Zip Code M. Lynn Reiber 221 Canterbury Dr. Bayside, NY 11702	Name Of Employee Required Unemployed Household Required	Date (month, day, year) 09/20/88	Amount of Each Receipt For Period \$ 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Aggregate Years-to-Date	\$ 1,000.00	
A. Full Name, Mailing Address and Zip Code M. Lloyd Reiber 221 Canterbury Dr. Bayside, NY 11702	Name Of Employee Required Occupation Required	Date (month, day, year) 02/20/88	Amount of Each Receipt For Period \$ 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Aggregate Years-to-Date	\$ 1,500.00	
A. Full Name, Mailing Address and Zip Code Jane R. Conroy 1861 Housa, Argyle Square Bayside, NY 11702	Name Of Employee Self Occupation Attorney	Date (month, day, year) 02/20/88	Amount of Each Receipt For Period \$ 50.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Aggregate Years-to-Date	\$ 260.00	
SUBTOTAL of Receipts This Page			\$ 5,460.00
TOTAL This Period (All pages this and surrounding)			\$

Redesignation  
 Requested Below

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
	17	118
FOR LINE NUMBER		111

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NAME OF COMMITTEE (in Full) <b>Johnson For Congress 2000</b> C00359158			
A. Full Name, Mailing Address and ZIP Code Carol Smith 1411 Lombardy Blvd. Bay Shore, NY 11706	Name of Employer Town of Islip Occupation Deputy Town Clerk	Date (month, day, year) 8/23/00	Amount of Each Receipt This Period \$ 105.00
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input type="checkbox"/> General	Aggregate Year-to-Date > \$ 305.00		
B. Full Name, Mailing Address and ZIP Code Carol Smith 1411 Lombardy Blvd. Bay Shore, NY 11706	Name of Employer Town of Islip Occupation Deputy Town Clerk	Date (month, day, year) 8/23/00	Amount of Each Receipt This Period \$ 25.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 335.00		
C. Full Name, Mailing Address and ZIP Code Marie E. Knapp 509 Old Bridge Rd. Fort Salonga, NY	Name of Employer OTB Occupation President	Date (month, day, year) 8/1/00	Amount of Each Receipt This Period \$ 200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 400.00		
D. Full Name, Mailing Address and ZIP Code Marie E. Knapp 509 Old Bridge Rd Fort Salonga, NY	Name of Employer OTB Occupation President	Date (month, day, year) 8/18/00	Amount of Each Receipt This Period \$ 20.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 420.00		
E. Full Name, Mailing Address and ZIP Code Miriam Garcia 159 Riddle St. Brentwood, NY 11717	Name of Employer Requested Occupation Requested	Date (month, day, year) 7/26/00	Amount of Each Receipt This Period \$ 70.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 770.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
SUBTOTAL of Receipts This Page (optional) .....			\$ 420.00
TOTAL This Period (last page this line number only) .....			

## Contribution In-Kind

SCHEDULE A

ITEMIZED RECEIPTS

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

Page **18** of **18**  
FORM NO. 1040-OR  
**111**

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NAME OF COMMITTEE (or Filer) **CD0359158**  
JO-BIRTH FOR CONGRESS STATE

B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month, day, year)	Amount of Each Receipt in Period
1601 Pringle 550 14th Avenue Islip, NY 11751	Occupation	02/00	400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Aggregate Year-to-Date:		
A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month, day, year)	Amount of Each Receipt in Period
The WSH Inc. 400 E Capital St. Bldg 403 Washington, DC 20003	Occupation	11/00	129.99
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Aggregate Year-to-Date:		
A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month, day, year)	Amount of Each Receipt in Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Aggregate Year-to-Date:		
A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month, day, year)	Amount of Each Receipt in Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Aggregate Year-to-Date:		
A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month, day, year)	Amount of Each Receipt in Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Aggregate Year-to-Date:		
A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month, day, year)	Amount of Each Receipt in Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Aggregate Year-to-Date:		
A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month, day, year)	Amount of Each Receipt in Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Aggregate Year-to-Date:		
A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month, day, year)	Amount of Each Receipt in Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Aggregate Year-to-Date:		
A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month, day, year)	Amount of Each Receipt in Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Aggregate Year-to-Date:		
SUBTOTAL of Receipts This Page			1,219.88
TOTAL this Period (on page the line number only)			<b>90,104.99</b>

**Committee Contributions**

SCHEDULE A

**ITEMIZED RECEIPTS**

Use separate sheets for each category of the General Summary Page  
 Page 1 of 1  
 FORM NUMBER 11B

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NAME OF COMMITTEE (A-F-1)

**JOHNSON FOR CONGRESS 2000 C00359158**

A. Full Name, Mailing Address and Zip Code	Name Of Employee	Date (month, day, year)	Amount of Each Receipt This Period
Huntington Republican Committee 738A Park Ave Huntington, NY 11746	Occupation	7/20/00	\$ 200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Aggregate Year-to-Date:	\$ 200.00	
A. Full Name, Mailing Address and Zip Code Friends of John Cochran 68 N. State St. Manorville, NY 11949	Name Of Employee Occupation	Date (month, day, year) 8/25/00	Amount of Each Receipt This Period \$ 400.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Aggregate Year-to-Date:	\$ 400.00	
A. Full Name, Mailing Address and Zip Code Women's Republican Club Town of Babylon 375 S. 1st St. Laguardia, NY 11757	Name Of Employee Occupation	Date (month, day, year) 8/9/00	Amount of Each Receipt This Period \$ 100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Aggregate Year-to-Date:	\$ 100.00	
A. Full Name, Mailing Address and Zip Code Babylon Democratic Club 378 Great Neck Rd W. Babylon, NY 11704	Name Of Employee Occupation	Date (month, day, year) 8/22/00	Amount of Each Receipt This Period \$ 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Aggregate Year-to-Date:	\$ 500.00	
A. Full Name, Mailing Address and Zip Code	Name Of Employee Occupation	Date (month, day, year)	Amount of Each Receipt This Period \$
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Aggregate Year-to-Date:	\$	
A. Full Name, Mailing Address and Zip Code	Name Of Employee Occupation	Date (month, day, year)	Amount of Each Receipt This Period \$
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Aggregate Year-to-Date:	\$	
A. Full Name, Mailing Address and Zip Code	Name Of Employee Occupation	Date (month, day, year)	Amount of Each Receipt This Period \$
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Aggregate Year-to-Date:	\$	
A. Full Name, Mailing Address and Zip Code	Name Of Employee Occupation	Date (month, day, year)	Amount of Each Receipt This Period \$
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Aggregate Year-to-Date:	\$	
SUBTOTAL of Receipts This Page			\$ 1,200.00
TOTAL This Page (last page this line number only)			\$ 1,200.00

PAC Contributions

SCHEDULE A

ITEMIZED RECEIPTS

Use occurrence date for each category of the Canceled Summary Page Page 1 of 2 FOR LONGHORN PAC

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NAME OF COMMITTEE (in Full)

JOHNSON FOR CONGRESS 2000 000359158

A. Full Name, Mailing Address and Zip Code	Name Of Employee	Date (month, day, year)	Amount of Each Receipt (in Period)
Linda Olson (Welcome) National Action Committee One North Drive Research Triangle Park, NC 27709	Occupational	11/19/00	\$ 2,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Aggregate Year-to-Date:	\$ 2,000.00	
A. Full Name, Mailing Address and Zip Code Keep Our Majority PAC A Multi-Candidate Committee PO Box 884 Washington, DC 20044-0884	Occupation	7/15/00	\$ 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Aggregate Year-to-Date:	\$ 1,000.00	
A. Full Name, Mailing Address and Zip Code American Dream PAC P.O. Box 88-947 San Antonio, TX 78208-1927	Occupation	7/28/00	\$ 2,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Aggregate Year-to-Date:	\$ 2,000.00	
A. Full Name, Mailing Address and Zip Code Trainers PAC 200 W Main Street, Ste 101 Babylon, NY 11702	Occupation	7/26/00	\$ 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Aggregate Year-to-Date:	\$ 1,000.00	
A. Full Name, Mailing Address and Zip Code Citizens PAC 200 W Main Street, Ste 101 Babylon, NY 11702	Occupation	7/28/00	\$ 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Aggregate Year-to-Date:	\$ 1,000.00	
A. Full Name, Mailing Address and Zip Code Meyer, Bruce, English & Klein, P.C. Federal PAC 1505 Halfum Pl Mineola, NY 11501	Occupation	7/28/00	\$ 400.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Aggregate Year-to-Date:	\$ 400.00	
A. Full Name, Mailing Address and Zip Code Boys Leader PAC 621 R. Williams Hwy Alexandria, VA 22304	Occupation	04/00	\$ 3,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Aggregate Year-to-Date:	\$ 3,000.00	
A. Full Name, Mailing Address and Zip Code EDU Corporation PAC 40 E. 42nd Street, Ste 3110 New York, NY 10163	Occupation Requested	01/00	\$ 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Aggregate Year-to-Date:	\$ 1,000.00	
SUBTOTAL (of this page) (in Full)			\$ 15,400.00
TOTAL (This Period) (all pages) (in Full)			\$

PAC Contributions

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule for each category of the Schedule 3 primary Page Page 2 of 2 FOR USE OF THE FILER

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NAME OF COMMITTEE (If PAC)

C00359158

CONTRIBUTOR INFORMATION

A. Full Name, Mailing Address and Zip Code	Name Of Employee	Date (month, day, year)	Amount of Each Receipt This Period
Old Man Institute Federal Pac 901 Veterans Memorial Hwy Hauppauge, NY 11788	Occupation	8/1/00	\$ 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Aggregate Year-to-Date:	\$ 500.00	
A. Full Name, Mailing Address and Zip Code PAC ad PO Box 15003 Washington, DC 20005	Name Of Employee	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation	8/1/00	\$ 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Aggregate Year-to-Date:	\$ 1,000.00	
A. Full Name, Mailing Address and Zip Code American Trucking PAC American Trucking Association, Inc 430 First St. S.E. Washington, DC 20003	Name Of Employee	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation	8/1/00	\$ 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Aggregate Year-to-Date:	\$ 500.00	
A. Full Name, Mailing Address and Zip Code New American Century PAC 1105 21st St. N.W. Box 905 Washington, DC 20036	Name Of Employee	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation	8/1/00	\$ 2,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Aggregate Year-to-Date:	\$ 2,000.00	
A. Full Name, Mailing Address and Zip Code View PAC 1100 21st St. N.W. Box 900 Washington, DC 20036	Name Of Employee	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation	8/1/00	\$ 3,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Aggregate Year-to-Date:	\$ 3,000.00	
A. Full Name, Mailing Address and Zip Code Dealers Election Admin Committee of the National Automobile Dealers Association 8400 Westpark Drive McLean, VA 22102	Name Of Employee	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation	8/23/00	\$ 2,500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Aggregate Year-to-Date:	\$ 2,500.00	
A. Full Name, Mailing Address and Zip Code Building Our Future PAC 228 B. Washington St Alexandria VA 22314	Name Of Employee	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation	8/24/00	\$ 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Aggregate Year-to-Date:	\$ 500.00	
A. Full Name, Mailing Address and Zip Code	Name Of Employee	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation		\$ -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Aggregate Year-to-Date:	\$ -	
SUBTOTAL of Receipts This Page			\$ 10,000.00
TOTAL This Filed Form (page this file number only)			\$ 25,400.00



## Candidate Contributions

SCHEDULE A Candidate ITEMIZED RECEIPTS

Use separate schedule if  
the exact category of the  
contribution is not  
shown Summary Page

Page 1 of 1  
FORM NO. 100-10000  
1-1-00

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NAME OF COMMITTEE (in full)

**JOHNSON FOR CONGRESS 2000**    C00359158

A. Full Name, Mailing Address and Zip Code	Name of Employer Town Of Job	Date (month, day, year)	Amount of Each Receipt This Period
Joan B. Johnson 47 Dorset Lane Ray Shore, NY 11708	Occupation: Town Clerk/Candidate	4/23/00	\$ 270.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General	Aggregate Year-to-Date		\$ 270.00
Other (specify):			
Name Of Employer	Date (month, day, year)	Amount of Each Receipt This Period	
Occupation		\$ -	
Aggregate Year-to-Date			
Name Of Employer	Date (month, day, year)	Amount of Each Receipt This Period	
Occupation		\$ -	
Aggregate Year-to-Date			
Name Of Employer	Date (month, day, year)	Amount of Each Receipt This Period	
Occupation		\$ -	
Aggregate Year-to-Date			
GRAND TOTAL of Receipts This Page			\$ 270.00
TOTAL This Period (last page this line number only)			\$ 270.00

## Office Expenses

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 17  
 FOOTLINE NUMBER

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NAME OF COMMITTEE (In Full)

**Johnson For Congress 2000 C 003591.5g**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Standard Funding Corp 335 Crossways Park Drive Woodbury, New York 11797	Liability Insurance Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/19/00	\$ 113.88
Mod Printing 280 Islip Avenue Islip, New York 11751	Letterhead, Envelopes Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/19/00	\$ 177.53
LIPA 1650 Islip Avenue Brentwood, New York 11717	Utilities Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/19/00	\$ 10.62
Bay Shore Postmaster Bay Shore Avenue Bay Shore, New York 11706	Office Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/19/00	\$ 33.00
Bay Shore Postmaster Bay Shore Avenue Bay Shore, New York 11706	Fundraiser Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/20/00	\$ 495.00
Petty Cash Campaign Headquarters Bay Shore, New York 11706	Office Petty Cash Drawer Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/21/00	\$ 300.00
Costco Wholesaler Crooked Hill Road Commack, New York 11772	Upgrade to Business Membership Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/26/00	\$ 33.47
Costco Crooked Hill Road Commack, New York 11772	Computers Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/26/00	2,555.94
Staples 2650 Sunrise Highway East Islip, New York 11730	Copier Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/26/00	\$ 333.93

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

**\$ 4,053.37**

TOTAL This Period (SEE page 116c line number only) -----

FE830123

Office Expenses-cont'd

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 17  
FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

Johnson For Congress 2000 C 0035915

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Comp USA 526 Route 111 Hauppauge, New York 11787	Printer/Network Equip. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/30/00	\$ 1,594.28
B. Full Name, Mailing Address and ZIP Code Sterling Business System P.O. Box 10 Shirley, New York 11967	Copier Rental Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/3/00	\$ 600.00
C. Full Name, Mailing Address and ZIP Code Bay Shore Postmaster Bay Shore Avenue Bay Shore, New York 11706	Fundraiser Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/7/00	\$ 330.00
D. Full Name, Mailing Address and ZIP Code Mod Printing 280 Islip Avenue Islip, New York 11751	Business Cards Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/28/00	\$ 38.97
E. Full Name, Mailing Address and ZIP Code Flowers by Chazz P.O. Box 340 Islip Terrace, New York 11752	Balloons for HQ Opening Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/8/00	\$ 43.40
F. Full Name, Mailing Address and ZIP Code Bell Atlantic Albany, New York	Telephonic Expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/8/00	\$ 1,823.15
G. Full Name, Mailing Address and ZIP Code Sterling Business Systems P.O. Box 10 Shirley, NY 11967	Toner for Copier Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/8/00	\$ 125.90
H. Full Name, Mailing Address and ZIP Code Brian DellaRocca Carpet Cleaning 27 Terry Road Mastic, New York 11950	Carpet Cleaning Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/8/00	\$ 270.63
I. Full Name, Mailing Address and ZIP Code Standard Funding Corp. 335 Crossways Park Drive Woodbury New York 11797	Liability Insurance Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/8/00	\$ 113.88

SUBTOTAL of Disbursements This Page (optional) .....	\$ 4,940.21
TOTAL This Period (see page this line number only) .....	

Office Expenses-cont'd

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 3 OF 17  
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 commercial purposes, other than stating the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

Johnson For Congress 2000 C 0035915A

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
First Impressions 25 Adams Court Plainview, New York 11803	Postage for Fundraiser Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/14/00	\$ 1,350.00
U.S. Postmaster Manhattan Branch New York, New York	Bulk Mailing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/15/00	\$ 28,516.34
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)	\$ 29,866.34
TOTAL This Period (last page fix line number only)	

## Campaign Materials

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 4 OF 17  
FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)			
Johnson For Congress 2000 C 00359158			
A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mr. Sign 57 Park Avenue Bay Shore, New York 11706	Campaign HQ Sign Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/19/00	\$ 572.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Suffolk Printing 26 W. Main Street Bay Shore, New York 11706	Invitations for Fund Raiser Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/28/00	\$ 910.39
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Suffolk Printing 26 W. Main Street Bay Shore, New York 11706	Printing-Hand/Pole Signs Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/28/00	\$ 1,867.32
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mr. Sign 57 Park Avenue Bay Shore, New York 11706	Campaign Office Sign Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/28/00	\$ 150.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Suffolk Printing 26 W. Main Street Bay Shore, New York 11706	Printing of Palm Cards Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/8/00	\$ 165.63
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Suffolk Printing 26 W. Main Street Bay Shore, New York 11706	Printing of Invitations Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/8/00	\$ 516.36
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Paragon 65 Park Avenue Bay Shore, New York 11706	Campaign Palm Cards Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/8/00	\$ 1,140.71
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)		
<b>SUBTOTAL of Disbursements This Page (optional) .....</b>			<b>\$ 5,322.41</b>
<b>TOTAL This Period (see page one line number only) .....</b>			

## Advertising Expenses

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 5 OF 17  
FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

Johnson For Congress 2000 C-00359158

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Paragon Advertising Park Professional Center 65 Park Avenue Bay Shore, New York 11706	Campaign Bumper Stickers and Label Stickers Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/28/00	\$ 1,152.86
POV Advertising P.O. Box 1685 Wyandanch, New York 11798	Fund Raiser Invitations Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/28/00	\$ 185.00
Madison Photo Shop 124 East Jericho Tpke Huntington Station, New York 11746	Photo Shoot for Fund Raiser Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/4/00	\$ 200.00
Unforgettable Entertainment 6 Glow Lane Hicksville, New York 11801	Entertainment 8/4/00 Fundraiser Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/4/00	\$ 200.00
Photos by Gerard P.O. Box 1244 Bay Shore, New York 11706	Photos of Candidate Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/8/00	\$ 200.00
Islip Republican Committee Third Avenue Bay Shore, New York 11706	Advertising Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/8/00	\$ 125.00
Top Line Advertising 111 Gray Way Ronkonkoma, New York 11779	TV Production for Fundraiser of 8/4/00 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/14/00	\$ 3,700.00
Lighting One Internet Service 421 New Karner Rd., Suite 10 Albany, NY 12205	Web Page & Hosting Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/22/00	\$ 750.00
Top Line Advertising 111 Gray Way Ronkonkoma, New York 11779	Photo Shoot Deposit Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/22/00	\$ 883.00

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

\$ 7,395.86

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

**Advertising Expenses**

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 6 OF 17  
FOOLINE NUMBER

Any information copied from such Reports and Statements may not be 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): **Johnson For Congress 2000**      ID: **00359158**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Long Island Association 50 Hauppauge Rd. Commack, NY	Advertising Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/28/00	\$ 50.00
Rotary Club of Sayville Sayville, NY 11782	Advertising Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/8/00	\$ 60.00
Northport Village Park Northport, NY	Advertising Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/22/00	\$ 50.00
Islip Chapter of Long Island Council of Afro American Republicans (Islip, New York 11751)	Advertising Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/22/00	\$ 175.00

SUBTOTAL of Disbursements This Page (optional)	<b>\$ 335.00</b>
TOTAL This Period (sum page line numbers only)	

SPAWNS

Catering

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 7 OF 17  
FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

Johnson For Congress 2000 C: 00359158

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Hilton Huntington 598 Broadhollow Road Melville, New York 11747	Deposit 8/4 Fundraiser Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/19/00	\$ 500.00
JD Greency 183 W. Main Street Sayville, New York 11782	Catering 7/24 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/28/00	\$ 1,450.00
New Huntington Townhouse 124 E. Jericho Turnpike Huntington Station, NY 11746	Catering 7/28/00 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/28/00	\$ 2,530.59
Hilton Huntington 598 Broadhollow Road Melville, New York 11747	Catering 8/4/00 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/28/00	\$ 8,101.07
The Village Green Cafe Lindenhurst, New York	Catering 8/18/00 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/22/00	\$ 1,000.00

SUBTOTAL of Disbursements This Page (optional) .....	\$ 13,581.66
TOTAL This Period (see page this line number only) .....	



SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full) Johnson For Congress 2000 C00359158

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Ed Smith 1411 Lombardy Blvd. Bay Shore, NY 11706	Reimbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/8/00	\$ 106.65
B. Full Name, Mailing Address and ZIP Code Home Depot 1881 Sunrise Hwy. Bay Shore, NY 11706	Purpose of Disbursement Supplies for Campaign Headquarters Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/8/00	\$ 106.65 Memo
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)	\$ 106.65
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Johnson For Congress 2000

C00359158

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Joan Johnson 47 Doral Lane Bay Shore, New York 11706	Reimbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/28/00	\$ 165.00
B. Full Name, Mailing Address and ZIP Code Islip Postmaster Montauk Hwy Islip, New York 11751	Purpose of Disbursement Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 6/20/00	Amount of Each Disbursement This Period \$ 66.00 Memo
C. Full Name, Mailing Address and ZIP Code Islip Postmaster Montauk Hwy Islip, New York 11751	Purpose of Disbursement Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/5/00	Amount of Each Disbursement This Period \$ 66.00 Memo
D. Full Name, Mailing Address and ZIP Code Islip Postmaster Montauk Hwy Islip, New York 1175	Purpose of Disbursement Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 6/28/00	Amount of Each Disbursement This Period \$ 33.00 Memo
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) .....

\$ 165.00

TOTAL This Period (Use page Rtn. No. 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)

Johnson For Congress 2000 000359158

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Joan Johnson 47 Doral Lane Bay Shore, New York 11706	Reimbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/28/00	\$ 348.04
B. Full Name, Mailing Address and ZIP Code Bell Atlantic Albany, New York	Purpose of Disbursement Phone Installation Deposit Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/28/00	\$ 348.04 Memo
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) .....

\$ 348.04

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 11 OF 17  
FOR LINE NUMBER

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NAME OF COMMITTEE (in full)

Johnson For Congress 2000 C00359158

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Joan Johnson 47 Doral Lane Bay Shore, New York 11706	Reimbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/28/00	\$ 146.85
B. Full Name, Mailing Address and ZIP Code Antrak New York, NY	Purpose of Disbursement Travel-Train Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/7/00	\$ 10.00 Memo
C. Full Name, Mailing Address and ZIP Code Guest Services, Inc. Capital Carry Out Unit 3200	Purpose of Disbursement Dinner Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/7/00	\$ 6.10 Memo
D. Full Name, Mailing Address and ZIP Code Southwest Airline Long Island McArthur Airport Ronkonkoma, NY 11779	Purpose of Disbursement Travel-Air Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/7/00	\$ 70.50 Memo
E. Full Name, Mailing Address and ZIP Code Southwest Airline Long Island McArthur Airport Ronkonkoma, NY 11779	Purpose of Disbursement Travel-Air Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/10/00	\$ 48.50 Memo
F. Full Name, Mailing Address and ZIP Code Antrak New York, NY	Purpose of Disbursement Travel-Train Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/7/00	\$ 11.75 Memo
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) .....	\$ 146.85
TOTAL This Period (see 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)

Johnson For Congress 2000 C00359158

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Joan Johnson 47 Doral Lane Bay Shore, New York 11706	Reimbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/28/00	\$ 213.36
B. Full Name, Mailing Address and ZIP Code Staples 2650 Sunrise Hwy East Islip, New York 11730	Office Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/2/00	\$ 4.19 Memo
C. Full Name, Mailing Address and ZIP Code Salvation Army 150 Wheeler Road Central Islip, New York 11722	Office Furniture Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/28/00	\$ 110.42 Memo
D. Full Name, Mailing Address and ZIP Code Home Depot 1881 Sunrise Hwy Bay Shore, New York 11706	Supplies for Campaign Headquarters Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/1/00	\$ 59.94 Memo
E. Full Name, Mailing Address and ZIP Code Home Depot 1881 Sunrise Hwy Bay Shore, New York 11706	Supplies for Campaign Headquarters Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/1/00	\$ 58.17 Memo
F. Full Name, Mailing Address and ZIP Code Home Depot 1881 Sunrise Hwy Bay Shore, New York 11706	Return of Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/1/00	(\$ 19.36) Memo
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) .....

\$213.36

TOTAL This Period (last page) (No line number only) .....

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use spaces to schedule (X) for each category of the Detailed Summary Page  
 PAGE 13 OF 17  
 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 commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full) **Johnson for Congress 2000** C00359158

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Jeff LaCourse 1618 Angus Ct Crofton, Maryland 21114	Reimbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/28/00	\$ 76.47
B. Full Name, Mailing Address and ZIP Code Staples 2650 Sunrise Hwy East Islip, New York 11730	Purpose of Disbursement Office Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/28/00	Amount of Each Disbursement This Period \$ 76.47 Memo
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) .....	\$ 76.47
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 1 OF 17  
FOR LINE NUMBER 17

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NAME OF COMMITTEE (in full)

Johnson For Congress 2000 C00359158

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mark Voegl 1297 Boston Ave. Bay Shore, NY 11706	Reimbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/28/00	\$ 224.05
B. Full Name, Mailing Address and ZIP Code Staples 2650 Sunrise Hwy East Islip, New York 11730	Purpose of Disbursement Printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/28/00	\$ 224.05 Memo
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) .....	\$ 224.05
TOTAL This Period (last page this line number only) .....	

REQUIRE

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 15 OF 17  
FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

Johnson For Congress 2000 000359158

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Gloria Good 1450 Ferndale Blvd Central Islip, New York 11722	Reimbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/28/00	\$ 980.20
B. Full Name, Mailing Address and ZIP Code Bay Shore Postmaster Bay Shore Avenue Bay Shore, New York 11706	Postage for Fundraiser Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/28/00	\$ 495.00 Memo
C. Full Name, Mailing Address and ZIP Code Bay Shore Postmaster Bay Shore Avenue Bay Shore, New York 11706	Postage for Fundraiser Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/21/00	\$ 396.00 Memo
D. Full Name, Mailing Address and ZIP Code Staples 2650 Sunrise Highway East Islip, New York 11730	Office Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/18/00	\$ 17.42 Memo
E. Full Name, Mailing Address and ZIP Code Party City of Islip 2396 Sunrise Hwy Islip, New York 11751	Supplies for Campaign Headquarters Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/5/00	\$ 71.78 Memo
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 (option M) .....

\$ 980.20

TOTAL This Period (Use page 99a line number only) .....



REG. OF HOUSE CHIEF OF STAFF  
SCHEDULE B

ITEMIZED DISBURSEMENTS

Use number 16 or 17 for the majority of the Disbursement Date  
16 17  
FORM NO. 17

This information should be reported to the Federal Election Commission for the purpose of making certain items of the information available to the public. It is not to be used for any other purpose.

NAME OF COMMITTEE: JOHNSON FOR CONGRESS 2000 C00359158

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
The WSH List 400 S. Capitol St Suite 406 Washington, DC 20001	Printing & Postage for Candidates Direct Mailing Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/19/00 Disbursement by Check	\$ 229.99
Mark Printing 385 Hill Avenue Syracuse, NY 13211	Purpose of Disbursement: Inquiries, response cards, envelopes and disbursements for multiple mail out Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/29/00 Disbursement by Mail	\$ 488.00
	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
	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
	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
	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
	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
	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
	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
<b>TOTAL This Period (Can page be continued on other page?)</b>			\$ 718.99
<b>TOTAL This Period (and page if other number exist)</b>			\$

SCHEDULE B

ITEMIZED DISBURSEMENTS

17 Dec 17 17  
 17

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NAME OF COMMITTEE (P-NUM)  
**JOHNSON FOR CONGRESS 2010**      **C00359158**

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Maxwell Johnson, Jr. 47 Gore Lane Ray Brook, NY 11706	Reimbursed  Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	8/23/09	536.00
Stapen 2550 Sunrise Hwy Caldw, NY 11730	Purpose of Disbursement Campaign Office Supplies  Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	7/18/09 None	150.00
None Dept 1881 Sunrise Hwy Bay Shore, NY 11708	Purpose of Disbursement Campaign Supplies  Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	8 Jul 09 None	57.47
Devin Bitt 499 Main St Bay Shore, NY 11708	Purpose of Disbursement Campaign Supplies  Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	7/26/09 None	12.93
None Cape Long DC Trip July 10 - 18 2009	Purpose of Disbursement Fuel, tolls and meals  Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	7/15/09 None	10.75
RHC Connector Philadelphia, PA	Purpose of Disbursement Food, ink and meals  Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	7/14/09 None None	157.6
SUBTOTAL of Disbursements This Period (optional)			\$ 636.65
TOTAL Tax-Exempt Disbursements This Period (optional)			\$ 69,614.15

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

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

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt 8-31-00
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other ( Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>See</i> PREPARER	8-31-00 DATE PREPARED