

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

FEDERAL
ELECTION COMMISSION
COMMISSION MAIL BOX

APR 15 1 22 PM '99

1. NAME OF COMMITTEE (in full)
The WISH List

ADDRESS (number and street) Check if different than previously reported
3205 K Street, NW

CITY, STATE and ZIP CODE
Washington, DC 20007

2. FEC IDENTIFICATION NUMBER
C00258277

3. This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid Year Report (Non-election Year Only)
- Termination Report

Monthly Report Due On:

- February 20 June 20 October 20
- March 20 July 20 November 20
- April 20 August 20 December 20
- May 20 September 20 January 31

- Twelfth day report preceding _____ (Type of Election)
election on _____ in the State of _____
- Thirtieth day report following the General Election on _____
in the State of _____


(b) Is this Report an Amendment? YES NO

SUMMARY	03/01/99	through	03/31/99	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period	03/01/99	through	03/31/99		
6. (a) Cash on Hand January 1, 19 99					\$ 57,007.99
(b) Cash on Hand at Beginning of Reporting Period				\$ 106,711.29	
(c) Total Receipts (from line 19)				\$ 98,635.77	\$ 202,616.62
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)				\$ 205,347.06	\$ 259,624.61
7. Total Disbursements (from Line 30)				\$ 37,746.95	\$ 92,024.50
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))				\$ 167,600.11	\$ 167,600.11
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)				\$ 0.00	
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)				\$ 0.00	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

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

Type or Print Name of Treasurer
Kimberly R. Coupouas

Signature of Treasurer


Date
April 14, 1999

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

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X**

(revised 1/1/97)

NAME OF COMMITTEE The NTAB List	REPORT COVERING PERIOD	
	FROM: 03/01/99	TO: 03/31/99
	COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts		
11. Contributions (other than loans) From:		
a. Individuals/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	64,075.00	133,670.00
ii. Unitemized	21,161.43	36,812.43
iii. Total (add i and ii) ▶	85,236.43	170,482.43
b. Political Party Committees		
c. Other Political Committees (such as PACs)	5,066.80	9,566.80
d. Total Contributions (add a ii, b and c) ▶	90,303.23	180,049.23
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)		
18. Transfers from Nonfederal Account for Joint Activity	6,332.54	22,567.39
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ▶	96,635.77	202,616.62
20. Total Federal Receipts (subtract line 18 from line 19) ▶	90,303.23	180,049.23
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share	25,212.03	65,705.92
ii. Non-Federal Share	8,323.02	21,744.50
b. Other Federal Operating Expenditures	3,211.90	3,574.08
c. Total Operating Expenditures (Add i, ii, and b) ▶	36,746.95	91,024.50
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees		
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees		
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contribution Refunds (Add a, b and c) ▶		
29. Other Disbursements	1,000.00	1,000.00
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ▶	37,746.95	92,024.50
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ▶	29,423.93	70,280.00
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	90,303.23	180,049.23
33. Total Contribution Refunds (from line 28d)		
34. Net Contributions (other than loans)(subtract line 33 from 32)	90,303.23	180,049.23
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ▶	28,423.93	69,280.00
36. Offsets to Operating Expenditures (from line 15)		
37. Net Operating Expenditures (subtract line 35 from 35) ▶	28,423.93	69,280.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 16
FOR LINE NUMBER 11 a i

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NAME OF COMMITTEE (In Full)
The WISH List

A. Full Name, Mailing Address and ZIP Code Beverly Aisenbrey 143 Old Post Road Croton-on-Hudson, NY 10520 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Executive	Date (month, day, year) 03/23/99	Amount of Each Receipt This Period 1,150.00
	Occupation Fred W. Cook & Co. Aggregate Year-to-Date > \$ 1,150.00		
B. Full Name, Mailing Address and ZIP Code Ken Andrews 150 Broadway Suite 508 New York, NY 10038-4302 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Andrews Research Associates	Date (month, day, year) 03/24/99	Amount of Each Receipt This Period 1,000.00
	Occupation Aggregate Year-to-Date > \$ 1,000.00		
C. Full Name, Mailing Address and ZIP Code Ann Baruch 230 Laurel Lane Haverford, PA 19041-1722 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Homemaker	Date (month, day, year) 03/30/99	Amount of Each Receipt This Period 250.00
	Occupation Aggregate Year-to-Date > \$ 250.00		
D. Full Name, Mailing Address and ZIP Code Johnette Beacham 2 Gramercy Park New York, NY 10003 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Requested	Date (month, day, year) 03/24/99	Amount of Each Receipt This Period 1,000.00
	Occupation Requested Aggregate Year-to-Date > \$ 1,000.00		
E. Full Name, Mailing Address and ZIP Code Polly Benson Brown 618 Seventeenth Street Santa Monica, CA 90402-3010 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Retired	Date (month, day, year) 03/12/99	Amount of Each Receipt This Period 2,500.00
	Aggregate Year-to-Date > \$ 2,500.00		
F. Full Name, Mailing Address and ZIP Code Linda Bowker 11 Laurel Drive Maple Shade, NJ 08052-1407 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer State of New Jersey	Date (month, day, year) 03/24/99	Amount of Each Receipt This Period 125.00
	Occupation Director, Div. on Women Aggregate Year-to-Date > \$ 250.00		
G. Full Name, Mailing Address and ZIP Code Kathy Boyle 3 NY Plaza New York City, NY 10004 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Wheat First Union	Date (month, day, year) 03/11/99	Amount of Each Receipt This Period 250.00
	Occupation Investment Advisor Aggregate Year-to-Date > \$ 250.00		

SUBTOTAL of Receipts This Page (optional) **6,275.00**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 16
FOR LINE NUMBER 11 a i

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NAME OF COMMITTEE (in Full)
The WISH List

<p>A. Full Name, Mailing Address and ZIP Code Paula Brooks PO Box 1536 Park City, UT 84060-1536</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Occupation Retired</p> <p>Aggregate Year-to-Date > \$ 1,000.00</p>	<p>Date (month, day, year) 03/11/99</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Honor Bulkey P.O. Box 597006 San Francisco, CA 94159-7006</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Round Hill Pacific</p> <p>Occupation Property Manager</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) 03/30/99</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Ann Bullwinkel 622 Sand Hill Circle Menlo Park, CA 94025-7109</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Self</p> <p>Occupation Artist</p> <p>Aggregate Year-to-Date > \$ 1,095.00</p>	<p>Date (month, day, year) 03/30/99</p>	<p>Amount of Each Receipt this Period 50.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Rosemarie Buntrock 3003 Butterfield Road Oak Brook, IL 60523-1107</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Self</p> <p>Occupation Investment</p> <p>Aggregate Year-to-Date > \$ 2,500.00</p>	<p>Date (month, day, year) 03/30/99</p>	<p>Amount of Each Receipt this Period 2,500.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Joan Burfening 25 Rockledge Ave Apt. 114 White Plains, NY 10601</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Requested</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 300.00</p>	<p>Date (month, day, year) 03/26/99</p>	<p>Amount of Each Receipt this Period 200.00</p>
<p>F. Full Name, Mailing Address and ZIP Code Debbie Carstens Box 2395 Telluride, CO 81435-2395</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Self</p> <p>Occupation Property Management</p> <p>Aggregate Year-to-Date > \$ 1,000.00</p>	<p>Date (month, day, year) 03/12/99</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>G. Full Name, Mailing Address and ZIP Code Jo Ann Chase 44 Holland Brook Road Whitehouse Station, NJ 08889-3014</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation Homemaker</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) 03/11/99</p>	<p>Amount of Each Receipt this Period 500.00</p>

SUBTOTAL of Receipts This Page (optional) **5,750.00**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE **3** OF **16**
FOR LINE NUMBER **11 a i**

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NAME OF COMMITTEE (In Full)
The WISH List

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sally Cone 500 Country Club Drive Greensboro, NC 27408-5710	Occupation Volunteer professional	03/30/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,250.00		
B. Full Name, Mailing Address and ZIP Code Deborah Cromarty-Hallahan 200 E 32nd St New York, NY 10016	Name of Employer Deborah Cromarty Associates	Date (month, day, year) 03/23/99	Amount of Each Receipt this Period 850.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner Aggregate Year-to-Date > \$ 850.00		
C. Full Name, Mailing Address and ZIP Code Arnold Derran 34 Rayle Court Metuchen, NJ 08840-1927	Name of Employer Self	Date (month, day, year) 03/30/99	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Doctor Aggregate Year-to-Date > \$ 500.00		
D. Full Name, Mailing Address and ZIP Code Diana Dunnan 5110 Cammack Drive Bethesda, MD 20816-2902	Name of Employer	Date (month, day, year) 03/18/99	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Housewife Aggregate Year-to-Date > \$ 0.00		(Memo Entry)
E. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Nancy Johnson, U.S. HOUSE 6th CT and transmitted by contributor's original check.	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code Diana Dunnan 5110 Cammack Drive Bethesda, MD 20816-2902	Name of Employer	Date (month, day, year) 03/18/99	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Housewife Aggregate Year-to-Date > \$ 0.00		(Memo Entry)
G. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Marge Roukema, U.S. HOUSE 5th NJ and transmitted by contributor's original check.	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional) 1,600.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)
The WISH List

A. Full Name, Mailing Address and ZIP Code Florence Fearington 150 E. 69th Street New York, NY 10021-5704 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Fearington, Inc.	Date (month, day, year) 03/30/99	Amount of Each Receipt this Period 1,000.00
	Occupation Investment	Aggregate Year-to-Date > \$ 1,150.00	
B. Full Name, Mailing Address and ZIP Code Jonathan Feld 2923 34th Street, NW Washington, DC 20008-3510 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year) 03/30/99	Amount of Each Receipt this Period 500.00
	Occupation Attorney	Aggregate Year-to-Date > \$ 500.00	
C. Full Name, Mailing Address and ZIP Code Julie Hamm Finley 3221 Woodland Drive NW Washington, DC 20008-3548 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year) 03/24/99	Amount of Each Receipt this Period 1,000.00
	Occupation COMMUNITY VOLUNTEER	Aggregate Year-to-Date > \$ 1,000.00	
D. Full Name, Mailing Address and ZIP Code Susan Foster 3060 Q Street NW Washington, DC 20007 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Requested	Date (month, day, year) 03/12/99	Amount of Each Receipt this Period 250.00
	Occupation Requested	Aggregate Year-to-Date > \$ 250.00	
E. Full Name, Mailing Address and ZIP Code Doreen Frasca 770 Park Avenue New York, NY 10021-4153 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Frasca & Assoc.	Date (month, day, year) 03/30/99	Amount of Each Receipt this Period 2,500.00
	Occupation Financial Consultant	Aggregate Year-to-Date > \$ 2,500.00	
F. Full Name, Mailing Address and ZIP Code Patricia A. Goldman 3026 1/2 Q Street, NW Washington, DC 20007-3080 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year) 03/30/99	Amount of Each Receipt this Period 50.00
	Occupation Retired	Aggregate Year-to-Date > \$ 300.00	
G. Full Name, Mailing Address and ZIP Code Elizabeth Gosnell 1140 5th Avenue New York, NY 10128 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer The Lucien Foundation	Date (month, day, year) 03/12/99	Amount of Each Receipt this Period 500.00
	Occupation Foundation Director	Aggregate Year-to-Date > \$ 500.00	

SUBTOTAL of Receipts This Page (optional)	5,800.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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PAGE **5** OF **16**
FOR LINE NUMBER **11 a l**

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NAME OF COMMITTEE (In Full)
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A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Pamela Grunder 5 Oneck Road Westhampton Beach, NY 11978	Self	03/23/99	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Consultant	Aggregate Year-to-Date > \$ 1,000.00	
S. Jeanne Hall 163 West 76th Street New York, NY 10023	U.S. Trust	03/12/99	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Bank Officer	Aggregate Year-to-Date > \$ 1,000.00	
Jean Hurd P.O.Box 1336 Pebble Beach, CA 93953		03/30/99	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Volunteer	Aggregate Year-to-Date > \$ 1,000.00	
W. Joan M. Hurst 130 North Washington Hinsdale, IL 60521-3420	none	03/30/99	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation none	Aggregate Year-to-Date > \$ 300.00	
Arthur Indursky 755 Park Avenue New York, NY 10021		03/30/99	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Requested	Aggregate Year-to-Date > \$ 500.00	
John Ingram 430 Park Avenue Suite 700 New York, NY 10022-3505	Ingram & Aydelotte	03/23/99	150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive	Aggregate Year-to-Date > \$ 300.00	
Harold Johnson 141 E 88 Street #34 New York, NY 10128-2225	LAI-Ward Howell	03/30/99	150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Consultant	Aggregate Year-to-Date > \$ 250.00	

SUBTOTAL of Receipts This Page (optional) **3,900.00**

TOTAL This Period (last page this line number only)

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PAGE **6** OF **16**
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NAME OF COMMITTEE (In Full)
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<p>A. Full Name, Mailing Address and ZIP Code Wilma Jordan The Jordan Group, Inc. 150 E 52nd New York, NY 10022-8017</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer The Jordan, Edmiston Group.</p> <p>Occupation Co-Chairman</p> <p>Aggregate Year-to-Date > \$ 1,000.00</p>	<p>Date (month, day, year) 03/30/99</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Barbara Kilberg 8703 Wimbarly Way McLean, VA 22101-1529</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Northern Virginia Technology Council</p> <p>Occupation President</p> <p>Aggregate Year-to-Date > \$ 1,300.00</p>	<p>Date (month, day, year) 03/26/99</p>	<p>Amount of Each Receipt this Period 300.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Lynne Koeppel 133 E. 74th New York, NY 10021</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Requested</p> <p>Occupation Requested</p> <p>Aggregate Year-to-Date > \$ 1,000.00</p>	<p>Date (month, day, year) 03/11/99</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Joseph Lee P.O. Box 478 Pebble Beach, CA 93953</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 0.00</p>	<p>Date (month, day, year) 03/18/99</p>	<p>Amount of Each Receipt this Period 100.00</p> <p>(Memo Entry)</p>
<p>E. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Marge Roukema, U.S. HOUSE 5th NJ and transmitted by contributor's original check.</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>F. Full Name, Mailing Address and ZIP Code Joseph Lee P.O. Box 478 Pebble Beach, CA 93953</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 0.00</p>	<p>Date (month, day, year) 03/18/99</p>	<p>Amount of Each Receipt this Period 100.00</p> <p>(Memo Entry)</p>
<p>G. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Connie Morella, U.S. HOUSE 8th MD and transmitted by contributor's original check.</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>

SUBTOTAL of Receipts This Page (optional) 2,300.00

TOTAL This Period (last page this line number only)

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PAGE 7 OF 16
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NAME OF COMMITTEE (In Full)
The WISH List

<p>A. Full Name, Mailing Address and ZIP Code Joseph Lee P.O. Box 478 Pebble Beach, CA 93953</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Occupation Aggregate Year-to-Date > \$ 0.00</p>	<p>Date (month, day, year) 03/18/99</p>	<p>Amount of Each Receipt this Period 100.00 (Memo Entry)</p>
<p>B. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Nancy Johnson, U.S. HOUSE 6th CT and transmitted by contributor's original check.</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Occupation Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>C. Full Name, Mailing Address and ZIP Code Shelley A. Longmuir 2923 34th Street, NW Washington, DC 20008-3510</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer United Airlines Occupation Vice President Aggregate Year-to-Date > \$ 0.00</p>	<p>Date (month, day, year) 03/18/99</p>	<p>Amount of Each Receipt this Period 1,000.00 (Memo Entry)</p>
<p>D. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Judy Biggett, US HOUSE 13th IL and transmitted by contributor's original check.</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Occupation Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>E. Full Name, Mailing Address and ZIP Code Susan Lyall Utach 819 Church Road Wayne, PA 19087-4714</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer self-employed Occupation Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) 03/12/99</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>F. Full Name, Mailing Address and ZIP Code Jillian Manus-Selzman 430 Cowper Street Palo Alto, CA 94301-1504</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Manus & Associates Occupation Literary Agent Aggregate Year-to-Date > \$ 1,015.00</p>	<p>Date (month, day, year) 03/30/99</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>G. Full Name, Mailing Address and ZIP Code Susan Mark 625 Park Avenue New York, NY 10021-6545</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Mark Asset Mgmt. Corp. Occupation Vice President Aggregate Year-to-Date > \$ 5,000.00 *</p>	<p>Date (month, day, year) 03/12/99</p>	<p>Amount of Each Receipt this Period 5,000.00</p>

SUBTOTAL of Receipts This Page (optional) **6,500.00**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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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 using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
The WISH List

A. Full Name, Mailing Address and ZIP Code Claire Mazer 940 Brittany Road Highland Park, IL 60035-3950	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Homemaker	03/30/99	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		250.00
B. Full Name, Mailing Address and ZIP Code Renee Montgomery 3101 Boardwalk # 10121 Atlantic City, NJ 08401-5100	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Requested	03/30/99	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Requested	Aggregate Year-to-Date > \$ 250.00	250.00
C. Full Name, Mailing Address and ZIP Code Virginia Nader 307 W. Wooster St. Bowling Green, OH 43402	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	03/18/99	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 0.00		25.00 (Memo Entry)
D. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Nancy Johnson, U.S. HOUSE 6th CT and transmitted by contributor's original check.	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
E. Full Name, Mailing Address and ZIP Code Virginia Nader 307 W. Wooster St. Bowling Green, OH 43402	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	03/18/99	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 0.00		25.00 (Memo Entry)
F. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Connie Morella, U.S. HOUSE 8th MD and transmitted by contributor's original check.	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code Virginia Nader 307 W. Wooster St. Bowling Green, OH 43402	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	03/18/99	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 0.00		25.00 (Memo Entry)

SUBTOTAL of Receipts This Page (optional) **500.00**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (in Full)
The WISH List

A. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Marge Roukema, U.S. HOUSE 5th NJ and transmitted by contributor's original check.	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self Occupation Consultant Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 03/30/99	Amount of Each Receipt This Period 1,000.00
B. Full Name, Mailing Address and ZIP Code Jeannette Naman 507 Bolton Place Houston, TX 77024-4600	Name of Employer Development Company Occupation Executive Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 03/30/99	Amount of Each Receipt This Period 500.00
C. Full Name, Mailing Address and ZIP Code Frances Nelson 60 Hillside Mall San Mateo, CA 94403-3407	Name of Employer Waters Travel Service Occupation Travel Agent Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 03/30/99	Amount of Each Receipt This Period 500.00
D. Full Name, Mailing Address and ZIP Code Cynthia Newman 3535 Half Moon Circle Falls Church, VA 22044-1311	Name of Employer Requested Occupation Requested Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 03/30/99	Amount of Each Receipt This Period 1,000.00
E. Full Name, Mailing Address and ZIP Code Benjamin Nickoll 34 Grammarcy Park Apt 2A New York, NY 10003-1731	Name of Employer Chase Manhattan Occupation Banker Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 03/12/99	Amount of Each Receipt This Period 1,000.00
F. Full Name, Mailing Address and ZIP Code Isolde G. O'Hanlon 340 E. 93rd St. #64 New York, NY 10128-5547	Name of Employer US Trust Occupation Portfolio Manager Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 03/30/99	Amount of Each Receipt This Period 250.00

SUBTOTAL of Receipts This Page (optional) **4,250.00**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (in Full)
The WISH List

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Edward Perazone R.R. 1 Box 220B Roxbury, NY 12474		03/30/99	10.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 0.00	(Memo Entry)
Above contribution earmarked for Kay Hutchison, U.S. SENATE TX and transmitted by contributor's original check.			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
Edward Perazone R.R. 1 Box 220B Roxbury, NY 12474		03/30/99	10.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 0.00	(Memo Entry)
Above contribution earmarked for Jennifer Dunn, U.S. HOUSE 8th WA and transmitted by contributor's original check.			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
Donaldson Pillsbury 1100 Park Avenue New York, NY 10128-1202	Davis Polk & Wardwell	03/24/99	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 1,000.00	
Susan Porter 530 E 86th Street New York, NY 10028	U.S. Trust	03/12/99	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Senior Vice President	Aggregate Year-to-Date > \$ 1,000.00	
Janet Prindle One Sutton Place S. New York, NY 10022-2471	Neuberger & Berman	03/23/99	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Partner	Aggregate Year-to-Date > \$ 1,000.00	

SUBTOTAL of Receipts This Page (optional) 3,000.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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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 using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
The WISH List

<p>A. Full Name, Mailing Address and ZIP Code Janet Prindle One Sutton Place S. New York, NY 10022-2471</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Neuberger & Berman</p> <p>Occupation Partner</p> <p>Aggregate Year-to-Date > \$ 1,100.00</p>	<p>Date (month, day, year) 03/30/99</p>	<p>Amount of Each Receipt this Period 100.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Rita Rand 111 E. 56th Street Suite 1702 New York, NY 10022</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Requested</p> <p>Occupation Requested</p> <p>Aggregate Year-to-Date > \$ 1,000.00</p>	<p>Date (month, day, year) 03/23/99</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Dorothy Gill Raymond 7501 Weld County Road, 7 Erie, CO 80516</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Cable Television Laboratories</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date > \$ 400.00</p>	<p>Date (month, day, year) 03/23/99</p>	<p>Amount of Each Receipt this Period 400.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Janice Reals Ellig 25 East End Avenue Apt. 10E New York, NY 10028-7052</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer AMBAC Indemnity Corp.</p> <p>Occupation Senior Vice President</p> <p>Aggregate Year-to-Date > \$ 3,000.00</p>	<p>Date (month, day, year) 03/12/99</p>	<p>Amount of Each Receipt this Period 3,000.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Sandy Reed 1156 Napoli Drive Pacific Palisades, CA 90272-4040</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation Retired</p> <p>Aggregate Year-to-Date > \$ 0.00</p>	<p>Date (month, day, year) 03/18/99</p>	<p>Amount of Each Receipt this Period 100.00 (Memo Entry)</p>
<p>F. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Marge Roukema, U.S. HOUSE 5th NJ and transmitted by contributor's original check.</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>G. Full Name, Mailing Address and ZIP Code Sandy Reed 1156 Napoli Drive Pacific Palisades, CA 90272-4040</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation Retired</p> <p>Aggregate Year-to-Date > \$ 0.00</p>	<p>Date (month, day, year) 03/18/99</p>	<p>Amount of Each Receipt this Period 100.00 (Memo Entry)</p>

SUBTOTAL of Receipts This Page (optional) **4,500.00**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (in Full)
The WISH List

A. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Nancy Johnson, U.S. HOUSE 6th CT and transmitted by contributor's original check. Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
B. Full Name, Mailing Address and ZIP Code Bonne Reiss 1001 Park Avenue New York, NY 10028 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Requested Occupation Requested Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 03/30/99	Amount of Each Receipt this Period 500.00
C. Full Name, Mailing Address and ZIP Code Almeda Riley 14 Longwood Drive Saratoga Springs, NY 12866-2832 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Retired Aggregate Year-to-Date > \$ 1,250.00	Date (month, day, year) 03/30/99	Amount of Each Receipt this Period 1,000.00
D. Full Name, Mailing Address and ZIP Code Tracy Robinson 138 Maple Street Summit, NJ 07901-3468 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self Occupation Business Owner Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 03/23/99	Amount of Each Receipt this Period 1,000.00
E. Full Name, Mailing Address and ZIP Code Tracy Robinson 138 Maple Street Summit, NJ 07901-3468 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self Occupation Business Owner Aggregate Year-to-Date > \$ 1,250.00	Date (month, day, year) 03/31/99	Amount of Each Receipt this Period 250.00
F. Full Name, Mailing Address and ZIP Code Harriet B. Rotter 24265 Bingham Court Bingham Farms, MI 48025-3420 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self Occupation Attorney Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 03/30/99	Amount of Each Receipt this Period 1,000.00
G. Full Name, Mailing Address and ZIP Code Jill Ruckelshaus PO Box 76 Medina, WA 98039-0076 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self Occupation Consultant Aggregate Year-to-Date > \$ 600.00	Date (month, day, year) 03/30/99	Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional)	3,850.00
TOTAL This Period (last page this line number only)	(blank)

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (in Full)
The WISH List

<p>A. Full Name, Mailing Address and ZIP Code William Saltonstall c/o 50 Congress Street Room 800 Boston, MA 02109-4002</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Saltonstall & Co.</p> <p>Occupation Trustee/Partner</p> <p>Aggregate Year-to-Date > \$ 0.00</p>	<p>Date (month, day, year) 03/18/99</p>	<p>Amount of Each Receipt this Period 100.00</p> <p>(Memo Entry)</p>
<p>B. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Connie Morella, U.S. HOUSE 8th MD and transmitted by contributor's original check.</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>C. Full Name, Mailing Address and ZIP Code William Saltonstall c/o 50 Congress Street Room 800 Boston, MA 02109-4002</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Saltonstall & Co.</p> <p>Occupation Trustee/Partner</p> <p>Aggregate Year-to-Date > \$ 0.00</p>	<p>Date (month, day, year) 03/18/99</p>	<p>Amount of Each Receipt this Period 100.00</p> <p>(Memo Entry)</p>
<p>D. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Nancy Johnson, U.S. HOUSE 8th CT and transmitted by contributor's original check.</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>E. Full Name, Mailing Address and ZIP Code William Saltonstall c/o 50 Congress Street Room 800 Boston, MA 02109-4002</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Saltonstall & Co.</p> <p>Occupation Trustee/Partner</p> <p>Aggregate Year-to-Date > \$ 0.00</p>	<p>Date (month, day, year) 03/18/99</p>	<p>Amount of Each Receipt this Period 100.00</p> <p>(Memo Entry)</p>
<p>F. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Marge Roukema, U.S. HOUSE 5th NJ and transmitted by contributor's original check.</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>G. Full Name, Mailing Address and ZIP Code Geraldine Sedlar 1385 York Avenue, Apt. 34E New York, NY 10021-4039</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Sedlar & Miners (Sole Prop.)</p> <p>Occupation Training</p> <p>Aggregate Year-to-Date > \$ 1,000.00</p>	<p>Date (month, day, year) 03/11/99</p>	<p>Amount of Each Receipt this Period 1,000.00</p>

SUBTOTAL of Receipts This Page (optional) **1,000.00**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
The WISH List

A. Full Name, Mailing Address and ZIP Code Albert Silbermann 225 Broadway New York, NY 10007	Name of Employer Requested Occupation Requested	Date (month, day, year) 03/26/99	Amount of Each Receipt this Period 300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 300.00	
B. Full Name, Mailing Address and ZIP Code Judy Singleton 7820 Holly Creek Lane Indianapolis, IN 46240-2825	Name of Employer Requested The Singleton Co. Occupation Requested Real Estate	Date (month, day, year) 03/11/99	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 1,000.00	
C. Full Name, Mailing Address and ZIP Code Howard Soule 2215 Braemar Road Oakland, CA 94602-2005	Name of Employer Requested Howard Soule Occupation Requested Businessman	Date (month, day, year) 03/30/99	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 1,100.00	
D. Full Name, Mailing Address and ZIP Code Dena Steele Summit Road Tuxedo Park, NY 10987	Name of Employer Requested Standard Chartered Occupation Requested Sales	Date (month, day, year) 03/24/99	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 1,000.00	
E. Full Name, Mailing Address and ZIP Code Jeffrey Stevenson 1021 Park Avenue New York, NY 10022	Name of Employer Requested Occupation	Date (month, day, year) 03/24/99	Amount of Each Receipt this Period 300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 300.00	
F. Full Name, Mailing Address and ZIP Code Jennifer Blai Stockman 105 Conyers Farm Drive Greenwich, CT 06831-2759	Name of Employer Requested Occupation Requested	Date (month, day, year) 03/23/99	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 1,000.00	
G. Full Name, Mailing Address and ZIP Code Jennifer Blai Stockman 105 Conyers Farm Drive Greenwich, CT 06831-2759	Name of Employer Requested Occupation Requested	Date (month, day, year) 03/30/99	Amount of Each Receipt this Period 1,500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 2,500.00	

SUBTOTAL of Receipts This Page (optional)	6,100.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
The WISH List

<p>A. Full Name, Mailing Address and ZIP Code Sara Stone 590 Madison Avenue New York, NY 10022-2524</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Knightsbridge Management</p> <p>Occupation Investment Banker</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) 03/12/99</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Ambar Turner 22 W. 66th Street #9 New York, NY 10023-6202</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Bear Sterns</p> <p>Occupation Equity Sales</p> <p>Aggregate Year-to-Date > \$ 1,000.00</p>	<p>Date (month, day, year) 03/24/99</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Anita Volz Wien 555 Park Avenue 8E New York, NY 10021-8166</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Marketing</p> <p>Occupation Self</p> <p>Aggregate Year-to-Date > \$ 1,000.00</p>	<p>Date (month, day, year) 03/24/99</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Elisa Wang 160 W 86th St. Apt PH2 New York, NY 10024</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Requested</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 300.00</p>	<p>Date (month, day, year) 03/24/99</p>	<p>Amount of Each Receipt this Period 300.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Carol Whitney 2121 Jamieson Avenue Apt. 1803 Alexandria, VA 22314-5708</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Requested</p> <p>Occupation Requested</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 03/30/99</p>	<p>Amount of Each Receipt this Period 100.00</p>
<p>F. Full Name, Mailing Address and ZIP Code Robin Wiessmann 65 East 55th Street 9th Floor New York, NY 10022</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Dain, Rauscher</p> <p>Occupation Investment Banker</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 03/12/99</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>G. Full Name, Mailing Address and ZIP Code Alinda Wikert 4208 Armstrong Pkwy Dallas, TX 75205-3716</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer EXPRESS ONE INTERNATIONAL, INC.</p> <p>Occupation Chairman of the Board</p> <p>Aggregate Year-to-Date > \$ 2,000.00</p>	<p>Date (month, day, year) 03/24/99</p>	<p>Amount of Each Receipt this Period 1,000.00</p>

SUBTOTAL of Receipts This Page (optional) **4,150.00**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	DF
	16	16
FOR LINE NUMBER		
11a1		

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) FEC ID No. C00258277
 The WISH List

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Alinda Wikert 4208 Armstrong Pkwy Dallas, TX 75205-3716	EXPRESS ONE INTERNATIONAL, INC.	03/30/99	100.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chairman of the Bd.	Aggregate Year-To-Date \$ 2,100.00	
B. Full Name, Mailing Address and ZIP Code Robert Williams 320 Claire Place Menlo Park, CA 94025-5354	Self	03/30/99	1,000.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance broker	Aggregate Year-To-Date \$ 1,000.00	
C. Full Name, Mailing Address and ZIP Code Charles H. Witner 1 Beekman Place Apt. 2B New York, NY 10022-8057	Self	03/31/99	2,500.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Money Manager	Aggregate Year-To-Date \$ 2,500.00	
D. Full Name, Mailing Address and ZIP Code Copeland, Lowery & Jacques 1341 G Street, NW suite 200 Washington, DC 20005	See Partnership Breakdown Below	03/12/99	1,000.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-To-Date \$ 1,000.00	
E. Full Name, Mailing Address and ZIP Code Jim Copeland 1341 G Street, NW Suite 200 Washington, DC 20005	Copeland, Lowery & Jacques	03/12/99	
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Partner	Aggregate Year-To-Date \$ 333.33	Memo 333.33
F. Full Name, Mailing Address and ZIP Code Bill Lowery 1341 G Street, NW Suite 200 Washington, DC 20005	Copeland, Lowery & Jacques	03/12/99	
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Partner	Aggregate Year-To-Date \$ 333.33	Memo 333.33
G. Full Name, Mailing Address and ZIP Code Lynn Jacques 1341 G Street, NW Suite 200 Washington, DC 20005	Copeland, Lowery & Jacques	03/12/99	
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Partner	Aggregate Year-To-Date \$ 333.34	Memo 333.34
SUBTOTAL of Receipts This Page (optional)			4,600.00
TOTAL This Period (last page this line number only)			64,075.00

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)
 The WISH List

FEC ID No. C00258277

A. Full Name, Mailing Address and ZIP Code Citigroup, Inc. Political Action Committee 388 Greenwich Street New York, NY 10013	Name of Employer Occupation	Date (month, day, year) 03/12/99	Amount of Each Receipt this Period 2,500.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-To-Date \$ 2,500.00		
B. Full Name, Mailing Address and ZIP Code National Restaurant Assoc. Political Action Committee 1200 Seventeenth Street, NW Washington, DC 20036-3097	Name of Employer Occupation	Date (month, day, year) 03/29/99	Amount of Each Receipt this Period 2,566.80
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-To-Date \$ 2,566.80		In-Kind
C. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	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):	Aggregate Year-To-Date \$		
D. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	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):	Aggregate Year-To-Date \$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	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):	Aggregate Year-To-Date \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	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):	Aggregate Year-To-Date \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	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):	Aggregate Year-To-Date \$		

SUBTOTAL of Receipts This Page (optional)	5,066.80
TOTAL This Period (last page this line number only)	5,066.80

METHOD OF ALLOCATION FOR SHARED FEDERAL
AND NON-FEDERAL ADMINISTRATIVE EXPENSES
AND GENERIC VOTER DRIVE COSTS

NAME OF COMMITTEE
The WISE List

NATIONAL PARTY COMMITTEES

FIXED FEDERAL PERCENTAGE (CHECK THE APPROPRIATE LINE AND ENTER % IN BOX TO RIGHT) %
 PRESIDENTIAL YEAR (85%)
 ALL OTHER YEARS (80%)

HOUSE AND SENATE PARTY CAMPAIGN COMMITTEES

MINIMUM FEDERAL PERCENTAGE (85%) (IF CHECKED, ENTER 85% IN BOX TO RIGHT) %
 OR
 FUNDS EXPENDED:
 • ESTIMATED DIRECT CANDIDATE SUPPORT FEDERAL %
 • ESTIMATED DIRECT CANDIDATE SUPPORT NON-FEDERAL %
 ADJUSTMENTS TO FUNDS EXPENDED:
 • ACTUAL DIRECT CANDIDATE SUPPORT FEDERAL \$ %
 • ACTUAL DIRECT CANDIDATE SUPPORT NON-FEDERAL \$

NOTE: FUNDS EXPENDED MUST BE USED IF THE FEDERAL PROPORTION IS GREATER THAN 65% IN ANY YEAR.

SEPARATE SEGREGATED FUNDS AND NON-CONNECTED COMMITTEES

FUNDS EXPENDED:
 • ESTIMATED DIRECT CANDIDATE SUPPORT FEDERAL 75%
 • ESTIMATED DIRECT CANDIDATE SUPPORT NON-FEDERAL 25%
 ADJUSTMENTS TO FUNDS EXPENDED:
 • ACTUAL DIRECT CANDIDATE SUPPORT FEDERAL \$ %
 • ACTUAL DIRECT CANDIDATE SUPPORT NON-FEDERAL \$

STATE AND LOCAL PARTY COMMITTEES

BALLOT COMPOSITION
CHECK ALL OFFICES APPEARING ON THE NEXT GENERAL ELECTION BALLOT:

	NUMBER OF POINTS
1. PRESIDENT <input type="checkbox"/> (1 POINT)	
2. U.S. SENATE <input type="checkbox"/> (1 POINT)	
3. U.S. CONGRESS <input type="checkbox"/> (1 POINT)	
4. SUBTOTAL FEDERAL (ADD 1, 2, AND 3)	
5. GOVERNOR <input type="checkbox"/> (1 POINT)	
6. OTHER STATEWIDE OFFICE(S) <input type="checkbox"/> (1 OR 2 POINTS)	
7. STATE SENATE <input type="checkbox"/> (1 POINT)	
8. STATE REPRESENTATIVE <input type="checkbox"/> (1 POINT)	
9. LOCAL CANDIDATES <input type="checkbox"/> (1 OR 2 POINTS)	
10. EXTRA NON-FEDERAL POINT <input checked="" type="checkbox"/> (1 POINT)	1
11. SUBTOTAL NON-FEDERAL (ADD 5, 6, 7, 8, 9 AND 10)	
12. TOTAL POINTS (LINE 4 PLUS LINE 11)	

FEDERAL ALLOCATION = LINE 4 DIVIDED BY LINE 12 %

ALLOCATION RATIOS

NAME OF COMMITTEE
The WISE List

ALLOCATION RATIOS FOR INDIVIDUAL FUNDRAISING EVENTS, EXEMPT ACTIVITIES, AND SHARED DIRECT CANDIDATE SUPPORT APPEARING ON THIS REPORT.

Methods of allocation:

I. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.

II. EXEMPT activities are allocated using the "time and space method" where the federal proportion of disbursements is based on the proportion of time or space devoted to federal candidates.

III. Shared DIRECT CANDIDATE support activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity.

NAME OF ACTIVITY OR EVENT	FEDERAL %	NON-FEDERAL %
CA 1/26 3/01/99 - 3/10/99 ACTIVITY IS: . . . <input checked="" type="checkbox"/> FUNDRAISING . . . <input type="checkbox"/> EXEMPT. <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: . . . <input type="checkbox"/> NEW <input type="checkbox"/> REVISED <input checked="" type="checkbox"/> SAME AS PREVIOUSLY REPORTED	75.00	25.00
DC 2/22 ACTIVITY IS: . . . <input checked="" type="checkbox"/> FUNDRAISING . . . <input type="checkbox"/> EXEMPT. <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: . . . <input type="checkbox"/> NEW <input type="checkbox"/> REVISED <input checked="" type="checkbox"/> SAME AS PREVIOUSLY REPORTED	75.00	25.00
NYC 3/23 ACTIVITY IS: . . . <input checked="" type="checkbox"/> FUNDRAISING . . . <input type="checkbox"/> EXEMPT. <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: . . . <input type="checkbox"/> NEW <input type="checkbox"/> REVISED <input checked="" type="checkbox"/> SAME AS PREVIOUSLY REPORTED	75.00	25.00
POS 3/16 ACTIVITY IS: . . . <input checked="" type="checkbox"/> FUNDRAISING . . . <input type="checkbox"/> EXEMPT. <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: . . . <input checked="" type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED	75.00	25.00
NYC 4/21 ACTIVITY IS: . . . <input checked="" type="checkbox"/> FUNDRAISING . . . <input type="checkbox"/> EXEMPT. <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: . . . <input checked="" type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED	75.00	25.00
MA 5/10 ACTIVITY IS: . . . <input checked="" type="checkbox"/> FUNDRAISING . . . <input type="checkbox"/> EXEMPT. <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: . . . <input checked="" type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED	75.00	25.00
CA 5/20 ACTIVITY IS: . . . <input checked="" type="checkbox"/> FUNDRAISING . . . <input type="checkbox"/> EXEMPT. <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: . . . <input checked="" type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED	75.00	25.00

ALLOCATION RATIOS

NAME OF COMMITTEE

The WISK List

ALLOCATION RATIOS FOR INDIVIDUAL FUNDRAISING EVENTS, EXEMPT ACTIVITIES, AND SHARED DIRECT CANDIDATE SUPPORT APPEARING ON THIS REPORT.

Methods of allocation:

- I. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. EXEMPT activities are allocated using the "time and space method" where the federal proportion of disbursements is based on the proportion of time or space devoted to federal candidates.
- III. Shared DIRECT CANDIDATE support activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity.

NAME OF ACTIVITY OR EVENT	FEDERAL %	NON-FEDERAL %
CA 1/26 3/11/99 - 3/31/99 ACTIVITY IS: . . . <input checked="" type="checkbox"/> FUNDRAISING . <input type="checkbox"/> EXEMPT. . . . <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: . . . <input type="checkbox"/> NEW <input checked="" type="checkbox"/> REVISED <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED	95.40	4.60
NAME OF ACTIVITY OR EVENT ACTIVITY IS: . . . <input type="checkbox"/> FUNDRAISING . <input type="checkbox"/> EXEMPT. . . . <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: . . . <input type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED	FEDERAL %	NON-FEDERAL %
NAME OF ACTIVITY OR EVENT ACTIVITY IS: . . . <input type="checkbox"/> FUNDRAISING . <input type="checkbox"/> EXEMPT. . . . <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: . . . <input type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED	FEDERAL %	NON-FEDERAL %
NAME OF ACTIVITY OR EVENT ACTIVITY IS: . . . <input type="checkbox"/> FUNDRAISING . <input type="checkbox"/> EXEMPT. . . . <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: . . . <input type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED	FEDERAL %	NON-FEDERAL %
NAME OF ACTIVITY OR EVENT ACTIVITY IS: . . . <input type="checkbox"/> FUNDRAISING . <input type="checkbox"/> EXEMPT. . . . <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: . . . <input type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED	FEDERAL %	NON-FEDERAL %
NAME OF ACTIVITY OR EVENT ACTIVITY IS: . . . <input type="checkbox"/> FUNDRAISING . <input type="checkbox"/> EXEMPT. . . . <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: . . . <input type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED	FEDERAL %	NON-FEDERAL %
NAME OF ACTIVITY OR EVENT ACTIVITY IS: . . . <input type="checkbox"/> FUNDRAISING . <input type="checkbox"/> EXEMPT. . . . <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: . . . <input type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED	FEDERAL %	NON-FEDERAL %

TRANSFERS FROM
NON-FEDERAL ACCOUNTS

NAME OF COMMITTEE			TOTAL AMOUNT TRANSFERRED
The WISE List			
NAME OF ACCOUNT		DATE OF RECEIPT	\$
The WISE List - Non Federal Administrative		03/31/99	3,784.59
BREAKDOWN OF TRANSFER RECEIVED			
	ADMIN./VOTER DRIVE AMOUNT	DIRECT FUND-RAISING AMOUNT	EXEMPT ACTIVITY/DIRECT CANDIDATE SUPPORT
i) Total Administrative/Voter Drive	2,521.49		
ii) Direct Fundraising (List Events-Amounts for Each)			
a) DC 2/22		585.10	
b) NYC 3/22		305.83	
c) POS 3/16		352.98	
d) NYC 4/21		20.09	
e) Total Amount Transferred For Direct Fundraising		1,263.10	
iii) Exempt Activity/Direct Candidate Support (List Events-Amounts For Each)			
a)			
b)			
c)			
d)			
e) Total Amount Transferred for Exempt Activity/Direct Candidate Support			
NAME OF ACCOUNT		DATE OF RECEIPT	\$
The WISE List - Non Federal		03/04/99	4,547.95
BREAKDOWN OF TRANSFER RECEIVED			
	ADMIN./VOTER DRIVE AMOUNT	DIRECT FUND-RAISING AMOUNT	EXEMPT ACTIVITY/DIRECT CANDIDATE SUPPORT
i) Total Administrative/Voter Drive	4,289.39		
ii) Direct Fundraising (List Events-Amounts for Each)			
a) MA 5/10		8.56	
b) CA 5/20		250.00	
c)			
d)			
e) Total Amount Transferred For Direct Fundraising		258.56	
iii) Exempt Activity/Direct Candidate Support (List Events-Amounts For Each)			
a)			
b)			
c)			
d)			
e) Total Amount Transferred for Exempt Activity/Direct Candidate Support			
TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED			
	ADMIN./VOTER DRIVE AMOUNT	DIRECT FUND-RAISING AMOUNT	EXEMPT ACTIVITY/DCS
SUBTOTAL THIS PAGE	6,810.88	1,521.66	8,332.54
TOTAL THIS PERIOD	6,810.88	1,521.66	8,332.54

JOINT FEDERAL/NON-FEDERAL
ACTIVITY SCHEDULE

NAME OF COMMITTEE

The WISR List

A. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
U.S. Postmaster 1215 31st Street, NW Washington, DC 20007	Postage	3/1/99	22.60	16.95	5.65
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
American Express Suite 0001 Chicago, IL 60679-0001	*****Sea Below*****	3/3/99	248.14	186.11	62.03
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
Bernap Associates 4611-F Assembly Drive Lanham, MD	Consultant Fees	3/3/99	38.84 Memo	29.13 Memo	9.71 Memo
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
Houston's Restaurant 1065 Wisconsin Ave., NW Washington, DC 20007	Meals	3/3/99	36.25 Memo	27.19 Memo	9.06 Memo
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
Staples Corporate 3307 M Street, NW Washington, DC 20007	Office Supplies	3/3/99	102.48 Memo	76.86 Memo	25.62 Memo
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
Peacock Cafe 3203 Prospect Street, NW Washington, DC 20007	Meals	3/3/99	27.94 Memo	20.96 Memo	6.98 Memo
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
SUBTOTAL OF JOINT FEDERAL AND NON-FEDERAL ACTIVITY THIS PAGE			270.74	203.06	67.68
TOTAL THIS PERIOD (last page for each line only) (Fed. share to 21 a) and non-Fed. share to 21 b)					
TOTAL THIS PERIOD FOR THE NON-FEDERAL SHARE (used for line 31 of the detailed summary page)					

JOINT FEDERAL/NON-FEDERAL
ACTIVITY SCHEDULE

NAME OF COMMITTEE

The WISK List

A. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Domino's Pizza Washington, DC	Meals	3/3/99	20.68 Memo	15.51 Memo	5.17 Memo
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
B. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
ACL*Service Dulles, VA	Computer Service	3/3/99	21.95 Memo	16.46 Memo	5.49 Memo
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
C. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
American Express Suite 0001 Chicago, IL 60679-0001	*****See Below***** NYC 3/22	3/3/99	667.60	500.70	166.90
CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input checked="" type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
D. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Paper Direct New Jersey	Event Supplies NYC 3/22	3/3/99	550.85 Memo	413.14 Memo	137.71 Memo
CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input checked="" type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
E. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Paper Direct New Jersey	Event Supplies NYC 3/22	3/3/99	116.75 Memo	87.56 Memo	29.19 Memo
CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input checked="" type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
F. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
American Express Suite 0001 Chicago, IL 60679-0001	*****See Below*****	3/3/99	40.76	30.57	10.19
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
SUBTOTAL OF JOINT FEDERAL AND NON-FEDERAL ACTIVITY THIS PAGE			708.36	531.27	177.09
TOTAL THIS PERIOD (last page for each line only)(Fed. share to 21 a) and non-Fed. share to 21 b)					
TOTAL THIS PERIOD FOR THE NON-FEDERAL SHARE (used for line 31 of the detailed summary page)					

JOINT FEDERAL/NON-FEDERAL
ACTIVITY SCHEDULE

NAME OF COMMITTEE

The WISB List

A. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Paolos Georgetown 1303 Wisconsin Ave., NW Washington, DC 20007	Meals	3/3/99	40.76 Memo	30.57 Memo	10.19 Memo
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
Bell Atlantic P.O. Box 646 Baltimore, MD 21265-0646	Telephone	3/3/99	214.99	161.24	53.75
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
Cable and Wireless P.O. Box 371969 Pittsburgh, PA 15250	Telephone	3/3/99	195.95	146.96	48.99
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
Capitol Bill Software 4325 E. Forbes Blvd. Lanham, MD 20706	Computer supplies	3/3/99	7,750.00	5,812.50	1,937.50
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
Commercial Union P.O. Box 105394 Atlanta, GA 30348-5339	Insurance	3/3/99	41.25	30.94	10.31
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
Bire Standard Staffing 1350 Connecticut Ave., NW #1050 Washington, DC 20036	Temporary Help	3/3/99	104.63	78.47	26.16
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
SUBTOTAL OF JOINT FEDERAL AND NON-FEDERAL ACTIVITY THIS PAGE			8,306.82	6,230.11	2,076.71
TOTAL THIS PERIOD (last page for each line only) (Fed. share to 21a and non-Fed. share to 21a)					
TOTAL THIS PERIOD FOR THE NON-FEDERAL SHARE (used for line 31 of the detailed summary page)					

JOINT FEDERAL/NON-FEDERAL
ACTIVITY SCHEDULE

NAME OF COMMITTEE

The WISB List

A. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
The Sundeck Restaurant 3000 Sand Hill Road Bldg. 4, suite 100 Menlo Park, CA 94025	Facilities CA 1/26	3/3/99	678.68	509.16	169.72
CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input checked="" type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ 2,022.30 <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
B. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
The Levy Group 1321 1/2 Wisconsin Ave, NW Washington, DC 20007	Rent	3/3/99	1,650.00	1,237.50	412.50
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
C. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Optimum Choice P.O. Box 75051 Baltimore, MD 21275-5051	Insurance	3/3/99	149.87	112.40	37.47
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
D. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Quick Messenger Service P.O. Box 27378 Washington, DC 20038	Courier Services	3/3/99	76.48	57.36	19.12
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
E. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Xerox Corporation P.O. Box 7898 Philadelphia, PA 19101	Equipment Rental	3/3/99	143.00	107.25	35.75
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
F. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Karen B. Raye 6034 Munson Hill Road Falls Church, VA 22041	Salary	3/3/99	1,527.42	1,145.57	381.85
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
SUBTOTAL OF JOINT FEDERAL AND NON-FEDERAL ACTIVITY THIS PAGE			4,225.65	3,169.24	1,056.41
TOTAL THIS PERIOD (last page for each line only) (Fed share to 21 a) and non-Fed share to 21 a i)					
TOTAL THIS PERIOD FOR THE NON-FEDERAL SHARE (used for line 31 of the detailed summary page)					

JOINT FEDERAL/NON-FEDERAL
ACTIVITY SCHEDULE

NAME OF COMMITTEE

The WISB List

A. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Stacey R. Griason 2140 Brooks Drive Forestville, MD 20747	Salary	3/3/99	951.43	713.57	237.86
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
Jennifer Kueber 1620 B Beekman Place, NW Washington, DC 20009	Salary	3/3/99	632.80	474.60	158.20
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
Georgetown Inn 1310 Wisconsin Ave., NW Washington, DC 20007	Parking	3/3/99	150.00	112.50	37.50
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
BB&T 1300 Wisconsin Ave., NW Washington, DC 20007	Payroll Taxes	3/3/99	1,277.00	957.75	319.25
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
Gilbert S Wolfand 2201 Wisconsin Ave., NW Washington, DC 20007	Accounting Services	3/4/99	1,469.00	1,101.75	367.25
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
Pilar Perel 4433 Garrison Street, NW Washington, DC 20016	Cleaning	3/4/99	200.00	150.00	50.00
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
SUBTOTAL OF JOINT FEDERAL AND NON-FEDERAL ACTIVITY THIS PAGE			4,680.23	3,510.17	1,170.06
TOTAL THIS PERIOD (last page for each form only) (Fed. share to 21 a) and non-fed share to 21 a')					
TOTAL THIS PERIOD FOR THE NON-FEDERAL SHARE (used for line 31 of the detailed summary page)					

JOINT FEDERAL/NON-FEDERAL
ACTIVITY SCHEDULE

NAME OF COMMITTEE

The WISE List

A. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
U.S. Postmaster 1215 31st Street, NW Washington, DC 20007	Postage POS 3/16	3/10/99	1,089.00	816.75	272.25
CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input checked="" type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
B. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Copy General 1055 Thos Jefferson St, NW Washington, DC 20007	Printing POS 3/16	3/11/99	302.70	227.03	75.67
CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input checked="" type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
C. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Kinko's 3329 K Street, NW Washington, DC 20007	Office Supplies POS 3/16	3/12/99	16.65	12.49	4.16
CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input checked="" type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ 1,406.35 <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
D. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Copy General 1055 Thos Jefferson St, NW Washington, DC 20007	Copying Services	3/17/99	21.60	16.26	5.42
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
E. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
U.S. Postmaster 1215 31st Street, NW Washington, DC 20007	Postage	3/17/99	113.50	85.13	28.37
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
F. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Staples Corporation 3307 K Street, NW Washington, DC 20007	Office Supplies	3/19/99	18.03	13.52	4.51
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
SUBTOTAL OF JOINT FEDERAL AND NON-FEDERAL ACTIVITY THIS PAGE			1,561.56	1,171.18	390.38
TOTAL THIS PERIOD (last page for each line only) (Fed. share to 21 & non-Fed. share to 21 & D.)					
TOTAL THIS PERIOD FOR THE NON-FEDERAL SHARE (used for line 31 of the detailed summary page)					

JOINT FEDERAL/NON-FEDERAL
ACTIVITY SCHEDULE

NAME OF COMMITTEE

The WISH List

A. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Aquis Communication 11540G Rockville Pike Rockville, MD 20852	Paging	3/19/99	30.04	22.53	7.51
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
B. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Federal Express Corp. P.O. Box 1140 Memphis, TN 38101-1140	Shipping	3/19/99	30.92	23.19	7.73
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
C. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Bire Standard Staffing 1350 Connecticut Ave., NW Suite 1050 Washington, DC 20036	Temporary Help	3/19/99	192.36	144.29	48.09
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
D. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Lucent Technologies P.O. Box 37135B Pittsburgh, PA 15286	Equipment Maint	3/19/99	71.16	53.37	17.79
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
E. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
MCI Communications P.O. Box 371355 Pittsburgh, PA 15250	Telephone	3/19/99	249.66	187.25	62.41
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
F. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Waste Management of MD 4900 Beach Place Temple Hills, MD 20748	Trash Removal	3/19/99	37.80	28.35	9.45
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
SUBTOTAL OF JOINT FEDERAL AND NON-FEDERAL ACTIVITY THIS PAGE			611.96	458.98	152.98
TOTAL THIS PERIOD (see page for each line only)(Fed. share to 21 a) and non-Fed. share to 21 a).					
TOTAL THIS PERIOD FOR THE NON-FEDERAL SHARE (used for line 31 of the detailed summary page).					

JOINT FEDERAL/NON-FEDERAL
ACTIVITY SCHEDULE

NAME OF COMMITTEE

The WISH List

A. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Reflections Photography 6408-P Seven Corners Pl. Falls Church, VA 22044	Photograph DC 2/22	3/19/99	350.00	262.50	87.50
CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input checked="" type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
B. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Snow Valley P.O. Box 6639 Annapolis, MD 21401	Office Supplies	3/19/99	25.69	19.27	6.42
CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
C. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Willard Inter-Continental 1401 Pennsylvania Ave., NW Washington, DC 20004	Catering DC 2/22	3/19/99	1,990.40	1,492.60	497.60
CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input checked="" type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ 3,131.27 <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
D. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Stacey R. Grisson 2140 Brooks Drive Forestville, MD 20747	Office supplies	3/19/99	25.50	19.13	6.37
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
E. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Karen E. Rays 6034 Munson Hill Road Falls Church, VA 22041	salary	3/19/99	1,527.42	1,145.57	381.85
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
F. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Stacey R. Grisson 2140 Brooks Drive Forestville, MD 20747	Salary	3/19/99	951.43	713.57	237.86
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
SUBTOTAL OF JOINT FEDERAL AND NON-FEDERAL ACTIVITY THIS PAGE			4,870.44	3,652.84	1,217.60
TOTAL THIS PERIOD (use page for each line only) (Fed. share to 2; a i and non-Fed. share to 21 & 11)					
TOTAL THIS PERIOD FOR THE NON-FEDERAL SHARE (used for line 31 of the detailed summary page)					

JOINT FEDERAL/NON-FEDERAL
ACTIVITY SCHEDULE

NAME OF COMMITTEE

The WISB List

A. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Jennifer Kueber 1620 B Beekman Place, NW Washington, DC 20009	Salary	3/19/99	632.60	474.60	158.20
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
B. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
BB&T 1300 Wisconsin Ave., NW Washington, DC 20007	Payroll Taxes	3/19/99	1,277.00	957.75	319.25
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
C. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Virginia Dept of Taxation P.O. Box 27264 Richmond, VA 23261-7264	Payroll Taxes	3/19/99	212.28	159.21	53.07
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
D. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Wiley, Rein & Fielding 1776 K Street, NW Washington, DC 20006	Legal Services	3/19/99	1,002.13	751.60	250.53
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
E. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Stacey R. Grisson 2140 Brooks Drive Apt. 705 Forestville, MD 20747	Event Expenses NYC 3/22	3/19/99	200.00	150.00	50.00
CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input checked="" type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
F. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Rinkos 3329 M Street, NW Washington, DC 20007	Event Supplies NYC 3/22	3/21/99	225.72	169.29	56.43
CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input checked="" type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
SUBTOTAL OF JOINT FEDERAL AND NON-FEDERAL ACTIVITY THIS PAGE			3,549.93	2,662.45	887.48
TOTAL THIS PERIOD (last page for each line only) (Fed. share to 21 a) and non-Fed. share to 21 a) b).					
TOTAL THIS PERIOD FOR THE NON-FEDERAL SHARE (used for line 31 of the detailed summary page)					

JOINT FEDERAL/NON-FEDERAL
ACTIVITY SCHEDULE

NAME OF COMMITTEE

The WISB List

A. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
U.S. Postmaster 1215 M Street, NW Washington, DC 20007	Postage	3/24/99	466.00	349.50	116.50
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
B. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Copy General 1055 Thos Jefferson St, NW Washington, DC 20007	Printing MA 5/10	3/24/99	34.26	25.70	8.56
CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input checked="" type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ 34.26 <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
C. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Copy General 1055 Thos Jefferson St, NW Washington, DC 20007	Printing NYC 4/21	3/25/99	53.93	40.45	13.48
CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input checked="" type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
D. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Copy General 1055 Thos Jefferson St, NW Washington, DC 20007	Printing NYC 4/21	3/26/99	26.44	19.83	6.61
CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input checked="" type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ 80.37 <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
E. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Cavanaugh, Ragan & Pierson 2000 I Street, NW, #522 Washington, DC 20036	Consultant Services	3/26/99	2,745.85	2,059.39	686.46
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
F. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Joseph Lubrano Photography 247 Parkview Ave., #1-0 Bronxville, NY 10708	Photograph NYC 3/22	3/26/99	218.00	163.50	54.50
CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input checked="" type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
SUBTOTAL OF JOINT FEDERAL AND NON-FEDERAL ACTIVITY THIS PAGE			3,544.08	2,658.37	886.11
TOTAL THIS PERIOD (last page for each line only) (Fed. share to 21 a i and non-Fed. share to 21 a ii)					
TOTAL THIS PERIOD FOR THE NON-FEDERAL SHARE (used for line 31 of the detailed summary page)					

JOINT FEDERAL/NON-FEDERAL
ACTIVITY SCHEDULE

NAME OF COMMITTEE

The WISB List

A. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Voter & Assoc. 100 Broadway, 3rd Floor San Francisco, CA 94111	Consultant Services CA 5/20	3/26/99	1,000.00	750.00	250.00
CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input checked="" type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ 1,000.00 <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
Northern Leasing 333 7th Avenue New York, NY 10001	Equipment Rental	3/31/99	50.09	37.57	12.52
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ 76,657.35 <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
Stacey Grisson 2140 Brooks Drive Forestville, MD 20747	Refund- Travel Expenses NYC 3/22	3/30/99	(68.00)	(66.00)	(22.00)
CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input checked="" type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ 2,015.99 <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
The WISB List-Non Federal 3205 N Street, NW Washington, DC 20007	Transfer Ratio Adjustment CA 1/26	3/25/99	242.79	242.79	-0-
CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input checked="" type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
E. FULL NAME, MAILING ADDRESS & ZIP CODE PURPOSE/EVENT DATE TOTAL AMOUNT FEDERAL SHARE NON-FEDERAL SHARE					
CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
F. FULL NAME, MAILING ADDRESS & ZIP CODE PURPOSE/EVENT DATE TOTAL AMOUNT FEDERAL SHARE NON-FEDERAL SHARE					
CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
SUBTOTAL OF JOINT FEDERAL AND NON-FEDERAL ACTIVITY THIS PAGE			1,204.88	964.36	240.52
TOTAL THIS PERIOD (last page for each line only)(Fed. share to 21 a 1 and non-Fed. share to 21 a 2)			33,535.05	25,212.03	
TOTAL THIS PERIOD FOR THE NON-FEDERAL SHARE (used for line 31 of the detailed summary page)					8,323.02

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
	1	1
FOR LINE NUMBER		21b

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NAME OF COMMITTEE (in Full)
The WISB List

FEC ID No. C00258277

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
BB & T of the District of Columbia 1300 Wisconsin Avenue, NW Washington, DC 20007	Bank Charges Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/01/99	28.50
BB & T of the District of Columbia 1300 Wisconsin Avenue, NW Washington, DC 20007	Bank Charges Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/03/99	269.72
BB & T of the District of Columbia 1300 Wisconsin Avenue, NW Washington, DC 20007	Bank Charges Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/29/99	346.88
National Restaurant Assoc. Political Action Committee 1200 Seventeenth Street, NW Washington, DC 20036-3097	Catering Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/29/99	2,566.80
E. Full Name, Mailing Address and ZIP Code	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	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	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	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	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)	3,211.90
TOTAL This Period (last page this line number only)	3,211.90

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 8
FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

The WISH List

A. Full Name, Mailing Address and ZIP Code NANCY JOHNSON FOR HOUSE 141 S Mountain St New Britain, CT 06052	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	Date (month, day, year) 03/18/99	Amount of Each Disbursement This Period 100.00 (Memo Entry)
B. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Diana Dunnan and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code NANCY JOHNSON FOR HOUSE 141 S Mountain St New Britain, CT 06052	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	Date (month, day, year) 03/18/99	Amount of Each Disbursement This Period 100.00 (Memo Entry)
D. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Joseph Lee and transmitted by contributor's original check.	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 NANCY JOHNSON FOR HOUSE 141 S Mountain St New Britain, CT 06052	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	Date (month, day, year) 03/18/99	Amount of Each Disbursement This Period 25.00 (Memo Entry)
F. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Virginia Nader and transmitted by contributor's original check.	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 NANCY JOHNSON FOR HOUSE 141 S Mountain St New Britain, CT 06052	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	Date (month, day, year) 03/18/99	Amount of Each Disbursement This Period 100.00 (Memo Entry)
H. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Sandy Reed and transmitted by contributor's original check.	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 NANCY JOHNSON FOR HOUSE 141 S Mountain St New Britain, CT 06052	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	Date (month, day, year) 03/18/99	Amount of Each Disbursement This Period 100.00 (Memo Entry)

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 8
FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)
The WISH List

A. Full Name, Mailing Address and ZIP Code Above contribution earmarked by William Saltonstall and transmitted by contributor's original check.	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. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 3 OF 8
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NAME OF COMMITTEE (in Full)
The WISH List

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
JUDY BIGGERT FOR HOUSE P.O. Box 637 Hinsdale, IL 60522	Unsolicited Direct Contribution: See Below Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/18/99	1,000.00 (Memo Entry)
B. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Shelley A. Longmuir and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 4 OF 8
FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

The WISH List

A. Full Name, Mailing Address and ZIP Code CONNIE MORELLA FOR HOUSE 7101 Wisconsin Ave Suite 102 Bethesda, MD 20814-4805	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	Date (month, day, year) 03/18/99	Amount of Each Disbursement This Period 100.00 (Memo Entry)
B. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Joseph Lee and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code CONNIE MORELLA FOR HOUSE 7101 Wisconsin Ave Suite 102 Bethesda, MD 20814-4805	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	Date (month, day, year) 03/18/99	Amount of Each Disbursement This Period 25.00 (Memo Entry)
D. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Virginia Nader and transmitted by contributor's original check.	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 CONNIE MORELLA FOR HOUSE 7101 Wisconsin Ave Suite 102 Bethesda, MD 20814-4805	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	Date (month, day, year) 03/18/99	Amount of Each Disbursement This Period 100.00 (Memo Entry)
F. Full Name, Mailing Address and ZIP Code Above contribution earmarked by William Saltonstall and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 5 OF 8
FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

The WISH List

A. Full Name, Mailing Address and ZIP Code MARGE ROUKEMA FOR HOUSE P.O. Box 625 Ridgewood, NJ 07450	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	Date (month, day, year) 03/18/99	Amount of Each Disbursement This Period 100.00 (Memo Entry)
B. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Diana Dunnan and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code MARGE ROUKEMA FOR HOUSE P.O. Box 625 Ridgewood, NJ 07450	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	Date (month, day, year) 03/18/99	Amount of Each Disbursement This Period 100.00 (Memo Entry)
D. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Joseph Lee and transmitted by contributor's original check.	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 MARGE ROUKEMA FOR HOUSE P.O. Box 625 Ridgewood, NJ 07450	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	Date (month, day, year) 03/18/99	Amount of Each Disbursement This Period 25.00 (Memo Entry)
F. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Virginia Nader and transmitted by contributor's original check.	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 MARGE ROUKEMA FOR HOUSE P.O. Box 625 Ridgewood, NJ 07450	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	Date (month, day, year) 03/18/99	Amount of Each Disbursement This Period 100.00 (Memo Entry)
H. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Sandy Reed and transmitted by contributor's original check.	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 MARGE ROUKEMA FOR HOUSE P.O. Box 625 Ridgewood, NJ 07450	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	Date (month, day, year) 03/18/99	Amount of Each Disbursement This Period 100.00 (Memo Entry)

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 6 OF 8
FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

The WISH List

A. Full Name, Mailing Address and ZIP Code Above contribution earmarked by William Saltonstall and transmitted by contributor's original check.	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. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 7 OF 8
FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

The WISH List

A. Full Name, Mailing Address and ZIP Code KAY HUTCHISON FOR SENATE P.O. Box 9190 Dallas, TX 75209	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	Date (month, day, year) 03/30/99	Amount of Each Disbursement This Period 10.00 (Memo Entry)
B. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Edward Parazone and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE **8** OF **8**
FOR LINE NUMBER
23

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)
The WISH List

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
JENNIFER DUNN FOR HOUSE 14042 NE 8th #206 Bellevue, WA 98007	Unsolicited Direct Contribution: See Below Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/30/99	10.00 (Memo Entry)
B. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Edward Perazone and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
	1	1
FOR LINE NUMBER		29

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NAME OF COMMITTEE (in full)

The WISH List

FEC ID No. C00258277

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
The WISH List Non Federal 3205 N Street, NW Washington, DC 20007	Transfer - Non Federal Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/12/99	200.00
B. Full Name, Mailing Address and ZIP Code The WISH List Non Federal 3205 N Street, NW Washington, DC 20007	Transfer - Non Federal Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/29/99	300.00
C. Full Name, Mailing Address and ZIP Code The WISH List Non Federal 3205 N Street, NW Washington, DC 20007	Transfer - Non Federal Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/30/99	500.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) 1,000.00

TOTAL This Period (last page this line number only) 1,000.00

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 4-15-99
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<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
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<i>[Signature]</i> PREPARER	4-15-99 DATE PREPARED