

Waste Management
Employees' Better Government Fund

Qualified Multicandidate PAC

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

JUL 19 1 06 PM '99

July 16, 1999

Federal Elections Commission
Public Records Office
999 E Street, N.W.
Washington, D.C. 20463

Re: Waste Management Employees' Better Government Fund
LD: C00119008
Monthly Report, FEC FORM 3X

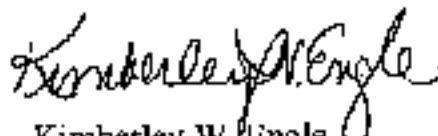
Gentlemen:

Enclosed is our Federal Elections Commission Report of Receipts and Disbursements (FEC Form 3X) for our political action committee activity covering June 1, 1999 through June 30, 1999.

Please date stamp the enclosed copies of this filing, which will serve as my receipt of your acceptance of the FEC Form 3X.

If you have any questions, please contact me at (202) 628-3500.

Sincerely,



Kimberley W. Engle
Manager, Government Affairs

Enclosure

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

JUL 19 1 06 PM '99

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (In full) Waste Management Employees' Better Government Fund	
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 601 Pennsylvania Ave., NW Suite 300 N.	2. FEC IDENTIFICATION NUMBER C00119008
CITY, STATE and ZIP CODE Washington, DC 20004	3. <input checked="" type="checkbox"/> This committee has qualified as a multi-candidate 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		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period	<u>06/01/99</u> through <u>06/30/99</u>		
6. (a) Cash on Hand January 1, 19 <u>99</u>			\$ 77,821.80
(b) Cash on Hand at Beginning of Reporting Period		\$ 176,919.44	
(c) Total Receipts (from Line 19)		\$ 13,749.31	\$ 199,971.92
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 190,668.75	\$ 277,793.52
7. Total Disbursements (from Line 30)		\$ 39,303.72	\$ 128,428.49
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 151,365.03	\$ 151,365.03
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	
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.		For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20483 Toll Free 800-424-9530 Local 202-219-3429	

Type or Print Name of Treasurer Kimberley W. Engle (Assistant)	Date 7-8-99
Signature of Treasurer <i>Kimberley W. Engle</i>	

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

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FEC FORM 3X
(revised 6/93)

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE Waste Management Employees' Better Government Fund	REPORT COVERING PERIOD		
	FROM	TO:	
	06/01/99	06/30/99	
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	9,092.22	78,537.58	11(a)(i)
ii. Unitemized	4,406.82	34,305.94	11(a)(ii)
Total (add i and ii) >	13,499.04	112,843.52	11(a)(iii)
b. Political Party Committees	0.00	0.00	11(b)
c. Other Political Committees (such as PACs)	0.00	0.00	11(c)
d. Total Contributions (add a iii, b and c) >	13,499.04	112,843.52	11(d)
12. Transfers From Affiliated/Other Party Committees	0.00	85,678.80	12
13. All Loans Received	0.00	0.00	13
14. Loan Repayments Received	0.00	0.00	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)	250.27	1,449.80	17
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	13,749.31	199,971.92	19
20. Total Federal Receipts (subtract line 18 from line 19) >	13,749.31	199,971.92	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0.00	0.00	21(a)(i)
ii. Non-Federal Share	0.00	0.00	21(a)(ii)
b. Other Federal Operating Expenditures	17.65	430.65	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) >	17.65	430.65	21(c)
22. Transfers to Affiliated/Other Party Committees	0.00	4,400.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	39,400.00	91,600.00	23
24. Independent Expenditures (use Schedule E)	0.00	0.00	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00	25
26. Loan Repayments Made	0.00	0.00	26
27. Loans Made	0.00	0.00	27
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees	261.07	6,902.84	28(a)
b. Political Party Committees	0.00	0.00	28(b)
c. Other Political Committees (such as PACs)	0.00	0.00	28(c)
d. Total Contribution Refunds (add a, b and c) >	261.07	6,902.84	28(d)
29. Other Disbursements	-375.00	23,095.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	39,303.72	126,428.49	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	39,303.72	126,428.49	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	13,499.04	112,843.52	32
33. Total Contribution Refunds (from line 28d)	261.07	6,902.84	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	13,237.97	105,940.68	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	17.65	430.65	35
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37. Net Operating Expenditures (subtract line 36 from 35) >	17.65	430.65	37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE **1** OF **10**
FOR LINE NUMBER **11 a**

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NAME OF COMMITTEE (In Full)
Waste Management Employees' Better Government Fund

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RONALD P. ADOLPH 9809 EDGEWATER TERRACE FORT WASHINGTON, MD 20744	W/M OF MARYLAND, INC.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PRESIDENT - DIVISION	Payroll	88.46
	Aggregate Year-to-Date > \$ 890.03	Deduction	(\$46.67)
			Biweekly
STEPHEN T. BARTON 904 WABASH ROAD VENICE, FL 34293	ENGLEWOOD DISPOSAL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DIVISION MANAGER	06/07/99	2,500.00
	Aggregate Year-to-Date > \$ 2,500.00		
CHARLES C BAYLEY 14445 E WYOMING PL AURORA, CO 80012	W/M OF COLORADO, INC.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DIR - GOVERNMENT AFFAIRS I		45.00
	Aggregate Year-to-Date > \$ 210.00	Payroll	(\$15.00)
		Deduction	Biweekly
STEVEN M BERRY 1120 Woodhill Drive Gibsonia, PA 15044	WASTE MANAGEMENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP MARKETING & DEV		100.00
	Aggregate Year-to-Date > \$ 600.00	Payroll	(\$50.00)
		Deduction	Biweekly
ROBERT C BIGGS 1198 WATERWHEEL DRIVE YARDLEY, PA 19067	WASTE MANAGEMENT OF PA, INC.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation GROUP VP & CONTROLLER		50.00
	Aggregate Year-to-Date > \$ 325.00	Payroll	(\$25.00)
		Deduction	Biweekly
ALAN BILTHOUSE 3541 POMEROY DOWNERS GROVE, IL 60515	WASTE MANAGEMENT OF IL INC.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DIR - OPERATIONS		147.70
	Aggregate Year-to-Date > \$ 945.12	Payroll	(\$73.85)
		Deduction	Biweekly
J. ALEX BRAICOVICH 23750 PERIWINKLE COURT MURRIETA, CA 92562	WM COLLECTION & RECYCLING INC		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PRESIDENT - DIVISION		21.15
	Aggregate Year-to-Date > \$ 344.70	Payroll	(\$21.15)
		Deduction	Biweekly

SUBTOTAL of Receipts This Page (optional) **2,952.31**

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 10
FOR LINE NUMBER 11 & I

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NAME OF COMMITTEE (in Full)				
Waste Management Employees' Better Government Fund				
A. Full Name, Mailing Address and ZIP Code DOLORES M BRNCICH 33W200 ARMY TRAIL RD WAYNE, IL 60184	Name of Employer WASTE MANAGEMENT, INC.	Date (month, day, year)	Amount of Each Receipt this Period 50.00	
		Occupation DIR - CLOSED SITES		Payroll Deduction (\$25.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 325.00	Biweekly	
B. Full Name, Mailing Address and ZIP Code JEROME BRUMERT 8682 Fairweather Trl Poland, OH 44514	Name of Employer WASTE MANAGEMENT	Date (month, day, year)	Amount of Each Receipt this Period 100.00	
		Occupation AREA LANDFILL SALES MGR		Payroll Deduction (\$50.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 600.00	Biweekly	
C. Full Name, Mailing Address and ZIP Code KEVIN O BURKE 522 W ARMITAGE 3 CHICAGO, IL 60614	Name of Employer WASTE MANAGEMENT OF IL INC.	Date (month, day, year)	Amount of Each Receipt this Period 33.66	
		Occupation DIV SUPV - COMMERCIAL ROUTES		Payroll Deduction (\$16.83)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 217.70	Biweekly	
D. Full Name, Mailing Address and ZIP Code RAYMOND P BURKE 72263 RANCHO RD RANCHO MIRAGE, CA 92270	Name of Employer WM COLLECTION & RECYCLING INC	Date (month, day, year)	Amount of Each Receipt this Period 86.54	
		Occupation PRESIDENT - REGION		Payroll Deduction (\$33.65)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 475.93	Biweekly	
E. Full Name, Mailing Address and ZIP Code DONALD R. CHAPPEL 15W649 59TH ST HINSDALE, IL 60521	Name of Employer WASTE MANAGEMENT, INC.	Date (month, day, year)	Amount of Each Receipt this Period 384.62	
		Occupation VP & CONTROLLER		Payroll Deduction (\$192.31)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 2,500.03	Biweekly	
F. Full Name, Mailing Address and ZIP Code ROBERT COESTER 4221 AUGUSTA PLACE FLOWER MOUND, TX 75028	Name of Employer WASTE MGMT. OF TEXAS, INC.	Date (month, day, year)	Amount of Each Receipt this Period 296.88	
		Occupation GENERAL MANAGER		Payroll Deduction (\$57.89)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 1,531.47	Biweekly	
G. Full Name, Mailing Address and ZIP Code THOMAS CORBETT 107 SPRUCE DRIVE GLENSHAW, PA 15116	Name of Employer WASTE MANAGEMENT EASTERN AREA	Date (month, day, year)	Amount of Each Receipt this Period 100.00	
		Occupation ASST. GENERAL COUNSEL		Payroll Deduction (\$50.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 550.00	Biweekly	
SUBTOTAL of Receipts This Page (optional)			1,051.70	
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 **10**
FOR LINE NUMBER **11 a**

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NAME OF COMMITTEE (In Full)
Waste Management Employees' Better Government Fund

A. Full Name, Mailing Address and ZIP Code PAUL E CORPSTEIN % CHEM-NUCLEAR SYSTEMS 1201 S VETERANS PKWY, SUITE C SPRINGFIELD, IL 62704	Name of Employer CHEM-NUCLEAR SYSTEMS, LLC	Date (month, day, year) 	Amount of Each Receipt this Period
	Occupation GENERAL MANAGER	Payroll 	Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 242.28		40.38 (\$20.19) Samimonthly
B. Full Name, Mailing Address and ZIP Code THOMAS E. DABROWSKI 26759 MIRAGE DR CONIFER, CO 80433	Name of Employer WM NUCLEAR SERVICES	Date (month, day, year) 	Amount of Each Receipt this Period
	Occupation PRESIDENT	Payroll 	Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,495.00		230.00 (\$115.00) Biweekly
C. Full Name, Mailing Address and ZIP Code ROBERT PAUL DAMICO 103 FALCON HILLS DR. HIGHLANDS RANCH, CO 80126	Name of Employer W/M OF COLORADO, INC.	Date (month, day, year) 	Amount of Each Receipt this Period
	Occupation GROUP PRESIDENT	Payroll 	Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,400.00		300.00 (\$100.00) Biweekly
D. Full Name, Mailing Address and ZIP Code FRED E. EDLER 152 Hickory Heights Dr. Bridgeville, PA 15017	Name of Employer WASTE MANAGEMENT	Date (month, day, year) 	Amount of Each Receipt this Period
	Occupation VP AREA SALES MANAGER	Payroll 	Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,200.00		200.00 (\$100.00) Biweekly
E. Full Name, Mailing Address and ZIP Code CHARLES ELKINS 1380 MCCONNELL'S HWY ROCK HILL, SC 29730	Name of Employer WASTE MGMT. INTERNATIONAL, INC	Date (month, day, year) 	Amount of Each Receipt this Period
	Occupation LANDFILL OPERATIONS MANAGER	Payroll 	Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 299.00		46.00 (\$23.00) Biweekly
F. Full Name, Mailing Address and ZIP Code RICHARD GODSHALL 308 HIGHLAND AVE SOUDERTON, PA 18964	Name of Employer WASTE MANAGEMENT OF PA., INC.	Date (month, day, year) 	Amount of Each Receipt this Period
	Occupation REGION VP	Payroll 	Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 300.00		40.00 (\$20.00) Biweekly
G. Full Name, Mailing Address and ZIP Code KENT L HARRELL 14644 LOLA AVE WASECA, MN 56093	Name of Employer WASTE MGMT OF MINN., INC.	Date (month, day, year) 	Amount of Each Receipt this Period
	Occupation REGION PRESIDENT	Payroll 	Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 264.51		40.30 (\$10.10) Weekly

SUBTOTAL of Receipts This Page (optional) **896.58**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE **4** OF **10**
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NAME OF COMMITTEE (In Full)
Waste Management Employees' Better Government Fund

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
ARTHUR J HART 7034 WEST 35TH STREET BERWYN, IL 60402	WASTE MANAGEMENT OF IL INC.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation MGR - SALES & MARKETING	Payroll	87.86
	Aggregate Year-to-Date > \$ 422.46	Deduction	(\$30.38)
			Biweekly
RODGER HENSON 8816 OLD GREENSBORO RD APT # 9103 TUSCALOOSA, AL 35405	CHEMICAL WASTE MGMT., INC.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PRESIDENT - DIVISION	Payroll	100.00
	Aggregate Year-to-Date > \$ 650.00	Deduction	(\$50.00)
			Biweekly
STEPHEN W. HEQUEMBOURG 1525 HEATHERTON CT. NAPERVILLE, IL 60563	WASTE MANAGEMENT, INC.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP - NATIONAL ACCOUNTS	Payroll	70.00
	Aggregate Year-to-Date > \$ 455.00	Deduction	(\$35.00)
			Biweekly
RANDY HOLCOMB 1571 SE Ballentine Court Port St. Lucie, FL 349	WASTE MANAGEMENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation REGION VP	Payroll	400.00
	Aggregate Year-to-Date > \$ 2,400.00	Deduction	(\$200.00)
			Biweekly
PAUL D. HOPKINS 2914 ATWATER DRIVE CINCINNATI, OH 45251	WASTE MANAGEMENT OF OHIO, INC.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PRESIDENT - DIVISION	Payroll	60.00
	Aggregate Year-to-Date > \$ 501.94	Deduction	(\$30.00)
			Biweekly
JAMES P HOPPER 2111 SIGNAL POINT ROAD KNOXVILLE, TN 37922	RUST FEDERAL SERVICES INC.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP - PUBLIC AFFAIRS	Payroll	50.00
	Aggregate Year-to-Date > \$ 325.00	Deduction	(\$25.00)
			Biweekly
MICHAEL C INFUSINO 19510 60TH STREET BRISTOL, WI 53104	W/M OF WISCONSIN, INC.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DIV PRESIDENT & GENERAL MGR	Payroll	33.34
	Aggregate Year-to-Date > \$ 204.13	Deduction	(\$15.28)
			Biweekly

SUBTOTAL of Receipts This Page (optional) **801.20**

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 **5** OF **10**
FOR LINE NUMBER **11 a**

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Waste Management Employees' Better Government Fund

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
C DAVIS JOHNSON 3413 COBBLE STREET NASHVILLE, TN 37211	W/M, INC. OF TENNESSEE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP & CONTROLLER - REGION/OTHER	Payroll Deduction	36.00 (\$9.00) Weekly
	Aggregate Year-to-Date > \$ 234.00		
THOMAS R. KOGLER 479 SUGARBROOK TRAIL BELLBROOK, OH 45305	WASTE MANAGEMENT OF OHIO, INC.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation REGION PRESIDENT	Payroll Deduction	80.00 (\$40.00) Biweekly
	Aggregate Year-to-Date > \$ 520.00		
JAMES E. LANDA 8750 CHALK HILL RD HEALDSBURG, CA 95448	WM COLLECTION & RECYCLING INC		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation GENERAL MANAGER	Payroll Deduction	38.50 (\$19.25) Biweekly
	Aggregate Year-to-Date > \$ 231.00		
JOHN H LUSIGNAN 4011 ISLE DRIVE CARLSBAD, CA 92008	WM OF CALIFORNIA, INC.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PRESIDENT - DIVISION	Payroll Deduction	50.00 (\$25.00) Biweekly
	Aggregate Year-to-Date > \$ 350.00		
DAVID MACDONALD 380 BROADMOOR BLVD. SAN LEANDRO, CA 94577	OAKLAND SCAVENGER COMPANY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP - SALES & MARKETING	Payroll Deduction	101.67 (\$54.21) Biweekly
	Aggregate Year-to-Date > \$ 631.12		
JEROME MANNINO 6864 YARBOROUGH SHELBY TOWNSHIP, MI 48316	WASTE MANAGEMENT OF MI, INC.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation NATIONAL ACCOUNTS MANAGER	Payroll Deduction	33.38 (\$16.69) Weekly
	Aggregate Year-to-Date > \$ 305.47		
JOHN MCMURTREY 292 GARNET RD OZARK, MO 65721	WASTE MANAGEMENT OF MO INC.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DIV PRESIDENT & GENERAL MGR	Payroll Deduction	1.00 (\$0.50) Biweekly
	Aggregate Year-to-Date > \$ 241.32		

SUBTOTAL of Receipts This Page (optional) **340.55**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE **6** OF **10**
FOR LINE NUMBER **11 a**

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NAME OF COMMITTEE (In Full)
Waste Management Employees' Better Government Fund

A. Full Name, Mailing Address and ZIP Code TERRY L MOORE 3914 S. OLSON COURT KENNEWICK, WA 99337	Name of Employer WASTE MANAGEMENT FEDERAL SVC. Occupation DIRECTOR	Date (month, day, year) 06/03/99	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
B. Full Name, Mailing Address and ZIP Code MICHAEL P O'BRIEN 252 KID STREET FORT WALTON BEACH, FL 32548	Name of Employer WASTE MGMT INC. OF FLORIDA Occupation MGR - BUSINESS DEVELOPMENT	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 40.00 (\$20.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 260.00		
C. Full Name, Mailing Address and ZIP Code ALEC N PITTMAN 18133 CLUB VIEW DRIVE BATON ROUGE, LA 70810	Name of Employer WASTE MANAGEMENT OF LA, L.L.C. Occupation PRESIDENT	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 65.63 (\$31.73 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 419.00		
D. Full Name, Mailing Address and ZIP Code CHERIE C RICE 90 OAK PLACE HOUSTON, TX 77006	Name of Employer WASTE MANAGEMENT, INC. Occupation GROUP VP & CONTROLLER	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 200.00 (\$100.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,075.00		
E. Full Name, Mailing Address and ZIP Code STEVEN D RICHTEL 9284 S CEDAR HILL WAY ENGLEWOOD, CO 80124	Name of Employer W/M OF COLORADO, INC. Occupation MGR - CLOSED SITES	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 82.03 (\$19.61 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 380.50		
F. Full Name, Mailing Address and ZIP Code JAMES MARTIN ROONEY 15 NORTH CROSS ROAD NORTH ANDOVER, MA 01845	Name of Employer WM OF NEW HAMPSHIRE, INC. Occupation GROUP PRESIDENT	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 50.00 (\$25.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 325.00		
G. Full Name, Mailing Address and ZIP Code WILLIAM A. ROTHROCK IV 5107 Verdant Way Houston, TX 77069	Name of Employer WASTE MANAGEMENT Occupation VP BUSINESS DEVELOPMENT	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 100.00 (\$50.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,700.00		

SUBTOTAL of Receipts This Page (optional) **767.66**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE **7** OF **10**
FOR LINE NUMBER **11 B 1**

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

NAME OF COMMITTEE (in Full)
Waste Management Employees' Better Government Fund

A. Full Name, Mailing Address and ZIP Code ANGELO J. SCARSELLA 115 OLD HICKORY LANE GROVE CITY, PA 16127		Name of Employer WASTE MANAGEMENT OF PA., INC.	Date (month, day, year) Payroll	Amount of Each Receipt this Period 49.20
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation EXEC MGR - NATIONAL ACCOUNTS	Deduction Aggregate Year-to-Date > \$ 306.43	(\$23.60) Biweekly
B. Full Name, Mailing Address and ZIP Code ROBERT J SCHILLE 16765 NE 33RD PL BELLEVUE, WA 98008		Name of Employer WA WASTE HAULING & RECY, INC.	Date (month, day, year) Payroll	Amount of Each Receipt this Period 35.45
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation SENIOR MGR - PROJECTS	Deduction Aggregate Year-to-Date > \$ 228.09	(\$17.28) Biweekly
C. Full Name, Mailing Address and ZIP Code PAUL SCHUBERT 6140 HARMONY GROVE RD. DOVER, PA 17315		Name of Employer WASTE MANAGEMENT OF PA, INC	Date (month, day, year) Payroll	Amount of Each Receipt this Period 65.24
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation PRESIDENT - DIVISION	Deduction Aggregate Year-to-Date > \$ 891.64	(\$32.62) Biweekly
D. Full Name, Mailing Address and ZIP Code WILLIAM R SCHUBERT 604 FLOCK AVENUE NAPERVILLE, IL 60565		Name of Employer WASTE MANAGEMENT OF IL INC.	Date (month, day, year) Payroll	Amount of Each Receipt this Period 35.54
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation VP - ENV, HEALTH & SAFETY I	Deduction Aggregate Year-to-Date > \$ 230.95	(\$17.76) Biweekly
E. Full Name, Mailing Address and ZIP Code JEWEL SIKES 9126 Brahma Lane Houston, TX 77040		Name of Employer WASTE MANAGEMENT	Date (month, day, year) Payroll	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation VP CORP. COMMUNICATIONS	Deduction Aggregate Year-to-Date > \$ 600.00	(\$50.00) Biweekly
F. Full Name, Mailing Address and ZIP Code ROBERT G SIMPSON 5627 PALISADE FALLS TRAIL KINGWOOD, TX 77345		Name of Employer WASTE MANAGEMENT	Date (month, day, year) Payroll	Amount of Each Receipt this Period 150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation VP - TAXATION	Deduction Aggregate Year-to-Date > \$ 300.00	(\$75.00) Biweekly
G. Full Name, Mailing Address and ZIP Code RAYMOND M. SITTIG 1625 Royal Oak Dr. Swelckley, PA 15143		Name of Employer WASTE MANAGEMENT	Date (month, day, year) Payroll	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation VP MARKETING & DEVELOPMENT	Deduction Aggregate Year-to-Date > \$ 600.00	(\$50.00) Biweekly

SUBTOTAL of Receipts This Page (optional) **535.43**

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 **8** OF **10**
FOR LINE NUMBER **11 a 1**

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NAME OF COMMITTEE (In Full)
Waste Management Employees' Better Government Fund

A. Full Name, Mailing Address and ZIP Code WILLIAM J SKIDMORE 11780 FINEHURST CHARDON, OH 44024	Name of Employer WASTE MANAGEMENT OF OHIO, INC.	Date (month, day, year) Payroll	Amount of Each Receipt this Period
	Occupation PRESIDENT - DIVISION	Deduction	44.00 (\$22.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 6 286.00		
B. Full Name, Mailing Address and ZIP Code JOHN S. SKOUTELAS 4980 WEST OAK VIEW COURT DOYLESTOWN, PA 18901	Name of Employer WASTE MANAGEMENT OF PA, INC.	Date (month, day, year) Payroll	Amount of Each Receipt this Period
	Occupation GENERAL COUNSEL	Deduction	100.00 (\$50.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 8 450.00		
C. Full Name, Mailing Address and ZIP Code MICHAEL K SLATTERY 20 BRADLEY LANE NORTH HAMPTON, NH 03862	Name of Employer WM OF NEW HAMPSHIRE, INC.	Date (month, day, year) Payroll	Amount of Each Receipt this Period
	Occupation VP /GENERAL COUNSEL	Deduction	60.00 (\$30.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 8 360.00		
D. Full Name, Mailing Address and ZIP Code PATRICIA S SOMMERVILLE-CUNY PO BOX 2565 AVON, CO 81620	Name of Employer W/M OF COLORADO, INC.	Date (month, day, year) Payroll	Amount of Each Receipt this Period
	Occupation NATIONAL ACCOUNTS MANAGER	Deduction	35.58 (\$32.58 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 8 507.98		
E. Full Name, Mailing Address and ZIP Code CARLOS SOTORRIO 2841 S W 98 CT MIAMI, FL 33165	Name of Employer WASTE MGMT INC. OF FLORIDA	Date (month, day, year) Payroll	Amount of Each Receipt this Period
	Occupation SUPV - SALES & MARKETING	Deduction	37.08 (\$9.27 Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 8 200.47		
F. Full Name, Mailing Address and ZIP Code ROSELLEN SPIKULA 7007 Cherry Hills Road Houston, TX 77069	Name of Employer WASTE MANAGEMENT	Date (month, day, year) Payroll	Amount of Each Receipt this Period
	Occupation DIRECTOR, ENV. COMPLIANCE	Deduction	50.00 (\$25.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 5 300.00		
G. Full Name, Mailing Address and ZIP Code ALLAN E. STALVEY 7412 OLD MAPLE SQUARE MCLEAN, VA 22102	Name of Employer W/M OF MARYLAND, INC.	Date (month, day, year) Payroll	Amount of Each Receipt this Period
	Occupation VP-GOVERNMENT AFFAIRS I	Deduction	100.00 (\$50.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 8 550.00		

SUBTOTAL of Receipts This Page (optional)	426.66
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 9 OF 10
FOR LINE NUMBER 11 a 1

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NAME OF COMMITTEE (In Full)
Waste Management Employees' Better Government Fund

A. Full Name, Mailing Address and ZIP Code JOHN S STARK 3347 CHARTER OAK DR MAUMEE, OH 43537	Name of Employer WASTE MANAGEMENT OF OHIO, INC.	Date (month, day, year) 	Amount of Each Receipt this Period
	Occupation GROUP VP - OPERATIONS	Payroll Deduction	44.84 (\$22.42)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 524.66	Biweekly)	
B. Full Name, Mailing Address and ZIP Code KATHRYN A TRENT 6324 DUSTY WIND LANE LOVELAND, OH 45140	Name of Employer WASTE MANAGEMENT OF OHIO, INC.	Date (month, day, year) 	Amount of Each Receipt this Period
	Occupation DIR - GOVERNMENT AFFAIRS II	Payroll Deduction	36.25 (\$17.50)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 388.44	Biweekly)	
C. Full Name, Mailing Address and ZIP Code DENNIS ALBERT URBANSKI 4961 NW 97TH DRIVE CORAL SPRINGS, FL 33063	Name of Employer WASTE MGMT INC. OF FLORIDA	Date (month, day, year) 	Amount of Each Receipt this Period
	Occupation VP - SALES & MARKETING-REGION	Payroll Deduction	40.00 (\$20.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 260.00	Biweekly)	
D. Full Name, Mailing Address and ZIP Code WILLIAM R VAN DYKE 745 ZAMIA COURT BOULDER, CO 80304	Name of Employer RUST FEDERAL SERVICES INC.	Date (month, day, year) 	Amount of Each Receipt this Period
	Occupation SENIOR VICE PRESIDENT	Payroll Deduction	120.00 (\$60.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 780.00	Biweekly)	
E. Full Name, Mailing Address and ZIP Code DENNIS J VAN EVERY 3215 EAGLE WATCH DR WOODSTOCK, GA 30189	Name of Employer GEORGIA WASTE SYSTEMS, INC.	Date (month, day, year) 	Amount of Each Receipt this Period
	Occupation PRESIDENT - REGION	Payroll Deduction	38.74 (\$19.37)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 720.70	Biweekly)	
F. Full Name, Mailing Address and ZIP Code DEAN H. VANDERBAAN 2363 FAWNLAKE CIR NAPERVILLE, IL 60564	Name of Employer WASTE MANAGEMENT OF IL INC.	Date (month, day, year) 	Amount of Each Receipt this Period
	Occupation PRESIDENT - REGION	Payroll Deduction	50.76 (\$25.38)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 329.84	Biweekly)	
G. Full Name, Mailing Address and ZIP Code RALPH VELOCCI 349 Central Island Golden Beach, FL 33160	Name of Employer WASTE MANAGEMENT	Date (month, day, year) 	Amount of Each Receipt this Period
	Occupation REGION VICE PRESIDENT	Payroll Deduction	169.72 (\$42.43)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 4,012.15	Weekly)	

SUBTOTAL of Receipts This Page (optional) **500.31**

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 **10** OF **10**
FOR LINE NUMBER **11 a i**

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NAME OF COMMITTEE (In Full)
Waste Management Employees' Better Government Fund

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
KENNETH VOS 19W155 18TH PL LOMBARD, IL 60149 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	WASTE MANAGEMENT OF IL INC. Occupation: ASSISTANT GENERAL MANAGER	Payroll Deduction Aggregate Year-to-Date > \$ 255.75	40.38 (\$20.19) Biweekly
CHARLES A. WHITE 1042 HACIENDA AVE DAVIS, CA 95616 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	WM COLLECTION & RECYCLING INC Occupation: DIRECTOR - REGULATORY	Payroll Deduction Aggregate Year-to-Date > \$ 1,600.83	136.28 (\$68.13) Biweekly
CHARLES A WILCOX 511 Valhalla Drive Swelcklay, PA 15143 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	WASTE MANAGEMENT Occupation: AREA VP	Payroll Deduction Aggregate Year-to-Date > \$ 1,500.00	250.00 (\$125.00) Biweekly
CHARLES E. WILLIAMS 15102 GREEN TAVERN CYPRESS, TX 77429 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	WASTE MANAGEMENT Occupation: VP - ENV/ENGINEERING	Payroll Deduction Aggregate Year-to-Date > \$ 400.00	100.00 (\$50.00) Biweekly
DENNIS WILT 25W755 WHITE BIRCH COURT WHEATON, IL 60187 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	WASTE MANAGEMENT OF IL INC. Occupation: VP/ GENERAL COUNSEL	Payroll Deduction Aggregate Year-to-Date > \$ 474.96	73.06 (\$36.54) Biweekly
DUANE C. WOODS 3916 NE SURBER SEATTLE, WA 98105 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	WASTE MANAGEMENT Occupation: VP/GENERAL COUNSEL	Payroll Deduction Aggregate Year-to-Date > \$ 1,300.00	200.00 (\$100.00) Biweekly
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) **799.72**

TOTAL This Period (last page this line number only) **9,092.22**

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)
Waste Management Employees' Better Government Fund

<p>A. Full Name, Mailing Address and ZIP Code Cole Taylor Bank 850 W. Jackson Boulevard Chicago, IL 60607</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 > \$ 1,235.68</p>	<p>Date (month, day, year) 06/30/99</p>	<p>Amount of Each Receipt this Period 148.28</p>
<p>B. Full Name, Mailing Address and ZIP Code NATIONS BANK 730 15th STREET, NW FIRST FLOOR WASHINGTON, DC 20005</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 > \$ 214.14</p>	<p>Date (month, day, year) 06/30/99</p>	<p>Amount of Each Receipt this Period 101.99</p>
<p>C. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>D. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>E. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>F. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>G. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>

SUBTOTAL of Receipts This Page (optional) 250.27

TOTAL This Period (last page this line number only) 250.27

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 21B

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NAME OF COMMITTEE (in Full)
Waste Management Employees' Better Government Fund

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
NATIONS BANK 730 15th Street NW First Floor Washington, DC 20005	Bank Charges Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/30/99	17.65
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)	17.65
TOTAL This Period (last page this line number only)	17.65

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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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)
Waste Management Employees' Better Government Fund

A. Full Name, Mailing Address and ZIP Code CALVIN DOOLEY FOR CONGRESS 44 Canal Center Plaza Suite 400 Alexandria, VA 22314	Purpose of Disbursement CALVIN DOOLEY, U.S. HOUSE 20th CA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	Date (month, day, year) 06/04/99	Amount of Each Disbursement This Period 500.00
B. Full Name, Mailing Address and ZIP Code BILBRAY FOR CONGRESS 970 SEACOAST DRIVE IMPERIAL BEACH, CA 91932	Purpose of Disbursement BRIAN BILBRAY, U.S. HOUSE 49th CA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	Date (month, day, year) 06/21/99	Amount of Each Disbursement This Period 500.00
C. Full Name, Mailing Address and ZIP Code ROGAN FOR CONGRESS P.O. Box 2776 ARLINGTONa, VA 22202	Purpose of Disbursement JAMES E. ROGAN, U.S. HOUSE 27th CA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	Date (month, day, year) 06/21/99	Amount of Each Disbursement This Period 1,000.00
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)

2,000.00

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 9
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)

Waste Management Employees' Better Government Fund

A. Full Name, Mailing Address and ZIP Code NATIONAL REPUB. CONG. CMTE. 320 First Street, SE Washington, DC, DC 20003	Purpose of Disbursement NATL. REPUBLICAN CONGRESSIONAL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	Date (month, day, year) 06/04/99	Amount of Each Disbursement This Period 15,000.00
B. Full Name, Mailing Address and ZIP Code NATIONAL REPUBLICAN SENATORIAL COMMITTEE 425 SECOND STREET, N.E. WASHINGTON, DC 20002	Purpose of Disbursement NATL REPUBLICAN SENATORIAL CMTE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	Date (month, day, year) 06/04/99	Amount of Each Disbursement This Period 15,000.00
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)

30,000.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 3 OF 8
FOR LINE NUMBER 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)

Waste Management Employees' Better Government Fund

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
ROTH SENATE COMMITTEE P.O. BOX 105 WILMINGTON, DE 19899	WILLIAM ROTH, U.S. SENATE DE Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/21/99	1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	1,000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 4 OF 9
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)

Waste Management Employees' Better Government Fund

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
CHRIS JOHN FOR CONGRESS P.O. BOX 971 CROWLEY, LA 70527-0971	CHRIS JOHN, U.S. HOUSE 7th LA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/28/99	600.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	600.00
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 9
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)
Waste Management Employees' Better Government Fund

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
HEATHER FOR CONGRESS P.O. Box 14070 Albuquerque, NM 98191	Heather Wilson, U.S. HOUSE 1st NM Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	08/21/99	1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	1,000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE **6** OF **9**
FOR LINE NUMBER **23**

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NAME OF COMMITTEE (in Full)
Waste Management Employees' Better Government Fund

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
LAZIO FOR CONGRESS 4451 BROOKFIELD CHANTILLY, VA 22021-1652	RICK LAZIO, U.S. HOUSE 2nd NY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/21/99	1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	1,000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 7 OF 9
FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

Waste Management Employees' Better Government Fund

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
BOB NEY FOR CONGRESS P.O. BOX 490 ST. CLAIRSVILLE, OH 43950	BOB NEY, U.S. HOUSE 18th OH Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	08/21/99	500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

500.00

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 9
FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)
Waste Management Employees' Better Government Fund

<p>A. Full Name, Mailing Address and ZIP Code MARTIN FROST CAMPAIGN CMTE. P.O. BOX 73214 WASHINGTON, DC 20013-5214</p>	<p>Purpose of Disbursement MARTIN FROST, U.S. HOUSE 24th TX</p> <p>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000</p>	<p>Date (month, day, year) 08/21/99</p>	<p>Amount of Each Disbursement This Period 1,000.00</p>
<p>B. Full Name, Mailing Address and ZIP Code RALPH HALL FOR CONGRESS COMMITTEE P.O. BOX 711 ROCKWALL, TX 75087</p>	<p>Purpose of Disbursement Ralph M. Hall, U.S. HOUSE 4th TX</p> <p>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000</p>	<p>Date (month, day, year) 06/28/99</p>	<p>Amount of Each Disbursement This Period 800.00</p>
<p>C. Full Name, Mailing Address and ZIP Code</p>	<p>Purpose of Disbursement</p> <p>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Disbursement This Period</p>
<p>D. Full Name, Mailing Address and ZIP Code</p>	<p>Purpose of Disbursement</p> <p>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Disbursement This Period</p>
<p>E. Full Name, Mailing Address and ZIP Code</p>	<p>Purpose of Disbursement</p> <p>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Disbursement This Period</p>
<p>F. Full Name, Mailing Address and ZIP Code</p>	<p>Purpose of Disbursement</p> <p>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Disbursement This Period</p>
<p>G. Full Name, Mailing Address and ZIP Code</p>	<p>Purpose of Disbursement</p> <p>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Disbursement This Period</p>
<p>H. Full Name, Mailing Address and ZIP Code</p>	<p>Purpose of Disbursement</p> <p>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Disbursement This Period</p>
<p>I. Full Name, Mailing Address and ZIP Code</p>	<p>Purpose of Disbursement</p> <p>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Disbursement This Period</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>1,800.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p></p>

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 9 OF 9
FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

Waste Management Employees' Better Government Fund

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
RICK LARSON FOR CONGRESS P.O. BOX 326 EVERETT, WA 98206	RICK LARSON, U.S. HOUSE 2nd WA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	08/04/99	250.00
CHRIS VANCE FOR CONGRESS 31217 PACIFIC HIGHWAY SOUTH #132 FEDERAL WAY, WA 98003	CHRIS VANCE, U.S. HOUSE 9th WA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/04/99	250.00
FRIENDS OF JENNIFER DUNN P. O. BOX 40110 BELLEVUE, WA 98015	JENNIFER DUNN, U.S. HOUSE 8th WA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/21/99	1,000.00
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)

1,500.00

TOTAL This Period (last page this line number only)

38,400.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 28A

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)
Waste Management Employees' Better Government Fund

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
DONALD GREENFIELD 7415 VARDON WAY FT. COLLINS, CO 80525	Refund For: DONALD G GREENFIELD Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/11/99	261.07
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)	261.07
TOTAL This Period (last page this line number only)	261.07

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 5
FOR LINE NUMBER 29

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NAME OF COMMITTEE (in Full)
Waste Management Employees' Better Government Fund

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
MATTOX 2000 10607 WEST MARIPOSA PHOENIX, AZ 85037	CLAUDE MATTOX, CITY COUNCIL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	06/21/99	200.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

200.00

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 5
FOR LINE NUMBER 29

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NAME OF COMMITTEE (In Full)

Waste Management Employees' Better Government Fund

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
CMTE. TO ELECT DUTCH RUPPERSBERGER 10 Highfield Court Cockeysville, MD 21030	Voided Check Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1988	06/30/99	-500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

-500.00

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 5
FOR LINE NUMBER 29

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NAME OF COMMITTEE (in Full)

Waste Management Employees' Better Government Fund

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
CITIZENS FOR BRUCE JOHNSON 100 S. THIRD STREET COLUMBUS, OH 43215	Voided Check Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2002	06/08/99	-250.00
OHIO REPUB. SEN. CAMP. CMTE. 211 South Fifth St. Columbus, OH 43215	Multicandidate OH Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	06/21/99	500.00
WATKINS FOR MAYOR CMTE 1200 North Main North Canton, OH 44720	RICHARD D. WATKINS, MAYOR - CANTON OH Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	06/22/99	100.00
CITIZENS FOR COYNE 14438 Sheldon Brookpark, OH 44142	Voided Check Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	06/30/99	-100.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

250.00

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 5
FOR LINE NUMBER 29

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NAME OF COMMITTEE (in Full)
Waste Management Employees' Better Government Fund

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
HOUSE REPUBLICAN CAMP, CMTE 2000 P.O. Box 11787 Harrisburg, PA 17108	MULTICANDIDATE (PA) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1889	06/04/99	200.00
ARIPPA PAC 1300 MARKET STREET SUITE 7 LEMOYNE, PA 17043	MULTICANDIDATE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	06/30/99	625.00
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)	825.00
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 5
FOR LINE NUMBER 29

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NAME OF COMMITTEE (In Full)
Waste Management Employees' Better Government Fund

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
JIM FONTENO CAMPAIGN P.O. Box 24497 Houston, TX 77229	Voided Check Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 1997 Texas Debt Retirement	08/10/99	-500.00
CARROLL ROBINSON CAMPAIGN 4920 TRAVIS STREET HOUSTON, TX 77002	Voided Check Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 1987 Texas Debt Retirement	06/10/99	-400.00
SENFROGIA THOMPSON CAMP. 10527 Homestead Road Houston, TX 77016	Voided Check Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	08/30/99	-250.00
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)	-1,150.00
TOTAL This Period (last page this line number only)	-375.00

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 7-19-99
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>AMW</i> PREPARER	7-19-99 DATE PREPARED