REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (In full)
Elaine Bloom for Congress

ADDRESS (number and street) ☐ Check if different than previously reported.
5255 Collins Ave.

CITY, STATE and ZIP CODE — STATE/DISTRICT
Miami Beach, FL 33140 — FL/22

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

2000 FEB -1 A 10:29

2. FEC IDENTIFICATION NUMBER
C00345405

3. IS THIS REPORT AN AMENDMENT?
☐ YES ☒ NO

4. TYPE OF REPORT

- ☐ 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)
- ☐ 12-Day Pre-Election Report for the _____ (Type of Election) election on _____ in the State of _____
- ☐ 30-Day Post-Election Report following the General Election on _____ in the State of _____
- ☐ Termination Report

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

SUMMARY

5. Covering Period 7/1/99 through 12/31/99

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	Net Contributions (other than loans)		
	(a) Total Contributions (other than loans) (from Line 11(a))	$478,282.25	$635,918.00
	(b) Total Contribution Refunds (from Line 20(d))	$4,000.00	$4,000.00
	(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	$474,282.25	$631,918.00
7.	Net Operating Expenditures		
	(a) Total Operating Expenditures (from Line 17)	$117,911.10	$136,238.74
	(b) Total Offsets to Operating Expenditures (from Line 14)	$0.00	$0.00
	(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	$117,911.10	$136,238.74
8.	Cash on Hand at Close of Reporting Period (from Line 27)	$602,396.28	
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)	$105,100.00	

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

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

Type or Print Name of Treasurer
Richard A. Berkowitz

Signature of Treasurer

Date
1/31/00

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

FEC FORM 3
(revised 4/87)

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DETAILED SUMMARY PAGE

of Receipts and Disbursements

(Page 2, FEC FORM 3)

Name of Committee (in full)
Elaine Bloom for Congress

Report Covering the Period:
From: 7/1/99 To: 12/31/99

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Calendar Year-To-Date	
11. CONTRIBUTIONS (other than loans) FROM:			
(a) Individuals/Persons Other Than Political Committees			
(i) Itemized (use Schedule A)	$352,526.53		11(a)(i)
(ii) Unitemized	$74,096.43		11(a)(ii)
(iii) Total of contributions from Individuals	$426,622.96	$579,358.71	11(a)(iii)
(b) Political Party Committees	$500.00	$500.00	11(b)
(c) Other Political Committees (such as PACs)	$51,000.00	$51,000.00	11(c)
(d) The Candidate	$159.29	$5,059.29	11(d)
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d))	$478,282.25	$635,918.00	11(e)
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	$0.00	$0.00	12
13. LOANS:			
(a) Made or Guaranteed by the Candidate	$0.00	$105,100.00	13(a)
(b) All Other Loans	$0.00	$0.00	13(b)
(c) TOTAL LOANS (add 13(a) and (b))	$0.00	$105,100.00	13(c)
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	$0.00	$0.00	14
15. OTHER RECEIPTS (Dividends, Interest, etc.)	$1,617.02	$1,617.02	15
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)	$479,899.27	$742,635.02	16
II. DISBURSEMENTS			
17. OPERATING EXPENDITURES	$117,911.10	$136,238.74	17
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	$0.00	$0.00	18
19. LOAN REPAYMENTS:			
(a) Of Loans Made or Guaranteed by the Candidate	$0.00	$0.00	19(a)
(b) Of All Other Loans	$0.00	$0.00	19(b)
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))	$0.00	$0.00	19(c)
20. REFUNDS OF CONTRIBUTIONS TO:			
(a) Individuals/Persons Other Than Political Committees	$4,000.00	$4,000.00	20(a)
(b) Political Party Committees	$0.00	$0.00	20(b)
(c) Other Political Committees (such as PACs)	$0.00	$0.00	20(c)
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))	$4,000.00	$4,000.00	20(d)
21. OTHER DISBURSEMENTS	$0.00	$0.00	21
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)	$121,911.10	$140,238.74	22

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	$ 244,408.11	23
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)	$ 479,899.27	24
25. SUBTOTAL (add Line 23 and Line 24)	$ 724,307.38	25
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	$ 121,911.10	26
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)	$ 602,396.28	27

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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE 1 OF 112

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Jayne Abess 4950 Pine Tree Drive Miami Beach, FL 33140		12/27/99	$1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date $	$2,000.00	
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Jayne Abess 4950 Pine Tree Drive Miami Beach, FL 33140		12/27/99	$1,000.00
Receipt For: [ ] Primary [X] General [ ] Other (specify):	Aggregate Year-to-Date $	$2,000.00	
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Frank Adams 10300 W. Broadview Drive Bay Harbor Island, FL 33154	Law Offices of Frank T. Adams Attorney	11/17/99	$250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date $	$250.00	
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Bernyce Adler 3 Grove Isle Dr. #1205 Coconut Grove, FL 33133		12/29/99	$1,000.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):	Aggregate Year-to-Date $	$1,000.00	
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
David Adler 8961 SW 108 Street Miami, FL 33176		12/29/99	$1,000.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):	Aggregate Year-to-Date $	$1,000.00	
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Irwin Adler 2000 S Bayshore Dr. Villa 32 Coconut Grove, FL 33133	Retired	11/30/99	$250.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):	Aggregate Year-to-Date $	$250.00	
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date $		

SUBTOTAL of Receipts This Page (optional)	$4,500.00
TOTAL This Period (last page this line number only)	

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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE 2 OF 112

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Judith Adler 8961 SW 108th St. Miami, FL 33176	Occupation	12/29/99	$1,000.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Aggregate Year-to-Date $	$2,000.00	
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Judith Adler 8961 SW 108th St. Miami, FL 33176	Occupation	12/29/99	$1,000.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $	$2,000.00	
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Michael Adler 1400 NW 107th Avenue, 4th Floor Miami, FL 33172	The Adler Group Occupation	12/29/99	$1,000.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Developer Aggregate Year-to-Date $	$2,000.00	
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Larry Apple 3641 N. Prospect Dr. Miami, FL 33133	Associated Photography and Imaging ~~A-In-Kind: Photo for Invites~~ Occupation	11/1/99	$210.00 *
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Owner Aggregate Year-to-Date $	$210.00	
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Allan Appelstein 19925 NE 39th Place Porto Vista PH-ROOF Aventura, FL 33180	Self Occupation	12/7/99	$1,000.00
Receipt For: ☐ Primary ☐ General ☒ Other (specify):	Investor Aggregate Year-to-Date $	$1,000.00	
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Gertrude Arfa 4925 Collins Ave. Apt. 3A Miami Beach, FL 33140	Retired Occupation	11/8/99	$250.00
Receipt For: ☐ Primary ☐ General ☒ Other (specify):	Aggregate Year-to-Date $	$250.00	
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date $		

SUBTOTAL of Receipts This Page (optional)	$4,460.00
TOTAL This Period (last page this line number only)	

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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE 3 OF 112

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Greg Arkin 555 NE 34th Street, Suite 706 Miami, FL 33137 Receipt For: [X] Primary [ ] General [ ] Other (specify):	AIM Consulting, Inc. * In-Kind: computer services Computer Consultant $ $550.00	12/8/99	$550.00 *
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Peggy Amaly 7141 SW 136th Street Miami, FL 33156 Receipt For: [X] Primary [ ] General [ ] Other (specify):	$2,000.00	9/23/99	$1,000.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Peggy Amaly 7141 SW 136th Street Miami, FL 33156 Receipt For: [ ] Primary [X] General [ ] Other (specify):	$2,000.00	12/31/99	$1,000.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Mary Arnold 3061 S Josephine St Denver, CO 802106045 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Retired $250.00	9/14/99	$250.00 *
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Emily's List EMILY's List 805 15th Street, NW, Suite 400 Washington, DC 20005 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Note: Above Contribution earmarked through this organi Conduit total: $68,317.43	9/14/99	MEMO $250.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Melvin Axler 10155 Collins Ave. Bal Harbour, FL 33143 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Deceased $250.00	7/23/99	$250.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	$		

SUBTOTAL of Receipts This Page (optional)	$3,050.00
TOTAL This Period (last page this line number only)	

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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Oscar Balsman PO Box 454408 Miami, FL 33245 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Retired Occupation Aggregate Year-to-Date $ $300.00	11/24/99	$200.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Richard Baks 33 Preston Place Grosse Pointe, MI 482360000 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Ammex, Inc. Occupation Commercial Real Estate Aggregate Year-to-Date $ $1,000.00	9/21/99	$1,000.00 *
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Emily's List EMILY's List 805 15th Street, NW, Suite 400 Washington, DC 20005 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Note: Above Contribution remarked through this organi Occupation Conduit total: $58,317.43 Aggregate Year-to-Date $	9/21/99	MEMO $1,000.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Marion Bellard 4413 Chalfont Place Bethesda, MD 20816 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation Aggregate Year-to-Date $ $500.00	10/4/99	$500.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
David Balogh 5255 Collins Ave Miami Beach, FL 33140 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Retired Occupation Aggregate Year-to-Date $ $250.00	12/9/99	$250.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
William Barker 132 E Delaware #5606 Chicago, IL 60611 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Sonnenschein Nath & Rosenthal Occupation Attorney Aggregate Year-to-Date $ $250.00	9/17/99	$250.00 *
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):			

SUBTOTAL of Receipts This Page (optional) $2,200.00

TOTAL This Period (last page this line number only)

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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE 5 OF 112

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
A. Emily's List EMILY's List 805 15th Street, NW, Suite 400 Washington, DC 20005 Receipt For: ☐ Primary ☐ General ☒ Other (specify):	Note: Above Contribution earmarked through this organi Occupation: Conduit total: $58,317.43 Aggregate Year-to-Date: $	9/17/99	MEMO $250.00
B. Full Name, Mailing Address and ZIP Code Amir Baron 19355 Turnberry way Dr. #26-D Aventura, FL 33180 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer: Aventura Turnberry Jewish Center Occupation: Executive Director Aggregate Year-to-Date: $ $250.00	12/29/99	$250.00
C. Full Name, Mailing Address and ZIP Code Richard Baron 2528 Lake Ave. Miami Shores, FL 33140 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer: Self Occupation: Attorney Aggregate Year-to-Date: $ $1,000.00	9/28/99	$1,000.00
D. Full Name, Mailing Address and ZIP Code Dorothy Barrie 19925 NE 39th Place Aventura, FL 33180 Receipt For: ☐ Primary ☐ General ☒ Other (specify):	Name of Employer: Occupation: Retired Aggregate Year-to-Date: $ $1,000.00	10/20/99	$1,000.00
E. Full Name, Mailing Address and ZIP Code George Barrie 19925 NE 39th Place Aventura, FL 33180 Receipt For: ☐ Primary ☐ General ☒ Other (specify):	Name of Employer: Occupation: Retired Aggregate Year-to-Date: $ $2,000.00	10/20/99	$1,000.00
F. Full Name, Mailing Address and ZIP Code George Barrie 19925 NE 39th Place Aventura, FL 33180 Receipt For: ☐ Primary ☐ General ☒ Other (specify):	Name of Employer: Occupation: Retired Aggregate Year-to-Date: $ $2,000.00	10/20/99	$1,000.00
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date: $		Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional)			$4,250.00
TOTAL This Period (last page this line number only)			

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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE 5 OF 112

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Alberto and Alegre Barrocas 9999 Collins Ave., #8E Bal Harbour, FL 33154 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Injection Footwear Corp. Executive $300.00	12/3/99	$300.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Carolyn Beaird 7030 E Ridge Drive Shreveport, LA 71106 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Homemaker $250.00	9/14/99	$250.00 *
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Emily's List EMILY's List 805 15th Street, NW, Suite 400 Washington, DC 20005 Receipt For: [ ] Primary [ ] General [x] Other (specify):	Note: Above Contribution earmarked through this organi. Conduit total: $56,317.43	9/14/99	MEMO $250.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Scott Becher 5741 NW 50 Street Coral Springs, FL 33067 Receipt For: [ ] Primary [ ] General [x] Other (specify):	Sports and Sponsorships Sports Marketing $250.00	9/11/99	$250.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Steven Becker 4401 Sanders Street Hollywood, FL 33021 Receipt For: [ ] Primary [ ] General [x] Other (specify):	Southern Wine and Spirits Treasurer $1,000.00	9/24/99	$1,000.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Charles Bedzow 11099 Biscayne Blvd. #402 Miami, FL 33161 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Pacific International Equities, Inc. President $2,000.00	11/30/99	$1,000.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):			

SUBTOTAL of Receipts This Page (optional)	$2,800.00
TOTAL This Period (last page this line number only)	

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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE 7 OF 112

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Charles Bedzow 11098 Biscayne Blvd. #402 Miami, FL 33161 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Pacific International Equities, Inc. President $ $2,000.00	11/12/99	$1,000.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Michael Bedzow 20803 Biscayne Blvd. #200 Aventura, FL 33180 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Self Attorney $ $360.00	11/17/99	$360.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Jonathan Beloff 6525 Allison Road Miami Beach, FL 33141 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Beloff & Schwartz Attorney $ $450.00	12/9/99	$250.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Adolph Berger 3 Grove Isle Drive, #801 Miami, FL 33133 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Pasadena Homes Builder $ $2,650.00	12/27/99	$1,000.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Helene Berger 3 Grove Isle Drive, #801 Miami, FL 33133 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Community Leader Volunteer $ $2,000.00	12/31/99	$1,000.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Mitchell Berger 7121 NW 65th Terrace Pompano Beach, FL 33067 Receipt For: [ ] Primary [ ] General [ ] Other (specify): X	Bergar Davis & Singerman For Kind: Fundraiser expense Attorney $ $500.00	11/21/99	$340.00 *
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	$		

SUBTOTAL of Receipts This Page (optional) $3,950.00

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

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SCHEDULE A — ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

PAGE 8 OF 112

FOR LINE NUMBER 11(a)(i)

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

NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
A. Mitchell Berger 7121 NW 65th Terrace Pompano Beach, FL 33067 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Berger Davis & Singerman Attorney $ $500.00	12/31/99	$250.00
B. George Bergmann 18801 NE 21st Ave. North Miami Beach, FL 33179 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Retired $ $1,000.00	9/20/99	$1,000.00
C. Maria Bergmann 18801 NE 21 Ave North Miami Beach, FL 33179 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Homemaker $ $1,000.00	9/20/99	$1,000.00
D. Stephen Berkman 7262 Fisher Island Drive Miami, FL 33109 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Self Investor $ $500.00	11/17/99	$500.00
E. Richard Berkowitz Berkowitz, Dick Pollack and Brant 1 SE 3rd Ave #1500 Miami, FL 33131 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Berkowitz Dick Pollack and Brant CPA $ $1,000.00	12/7/99	$1,000.00
F. Marshall Berkson 111 Palm Ave Miami, FL 33139 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Retired $ $250.00	12/14/99	$250.00
G. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period

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

TOTAL This Period (last page this line number only)

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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE 9 OF 112

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jennifer Berlekamp 120 Hazel Lane Oakland, CA 94611		12/15/99	$250.00 *
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Housewife/Volunteer	Aggregate Year-to-Date: $	$250.00
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Emily's List EMILY's List 805 15th Street, NW, Suite 400 Washington, DC 20005	Note: Above Contribution earmarked through this organi	12/16/99	MEMO $250.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):	Occupation: Conduit total: $56,317.43	Aggregate Year-to-Date: $	
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Meyer Berman 401 NE Mizner Blvd. Boca Raton, FL 33432	MA Berman & Co.	12/31/99	$1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Investor	Aggregate Year-to-Date: $	$1,000.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Shelly Bernoni 220 Costanera Road Coral Gables, FL 33143		9/20/99	$500.00
Receipt For: [ ] Primary [X] General [ ] Other (specify):	Occupation: Homemaker	Aggregate Year-to-Date: $	$500.00
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Hirshel Bernstein 2840 Len Drive Bellmore, NY 11710	Sidney Yoskowitz & Co., P.A.	11/3/99	$100.00
Receipt For: [ ] Primary [ ] General [ ] Other (specify): [X]	Occupation: CPA	Aggregate Year-to-Date: $	$200.00
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Hirshel Bernstein 2840 Len Drive Bellmore, NY 11710	Sidney Yoskowitz & Co., P.A.	11/16/99	$100.00
Receipt For: [ ] Primary [ ] General [ ] Other (specify): [X]	Occupation: CPA	Aggregate Year-to-Date: $	$150.00
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Occupation	Aggregate Year-to-Date: $	

SUBTOTAL of Receipts This Page (optional)	$1,950.00
TOTAL This Period (last page this line number only)	

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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE 10 OF 112

FOR LINE NUMBER 11(a)(i)

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

NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Howard Bernstein 10 Carriage Drive Old Westbury, NY 11568 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Bernstein & Corbin Dental Dentist $ $500.00	11/24/99	$200.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Howard Bernstein 10 Carriage Drive Old Westbury, NY 11568 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Bernstein & Corbin Dental Dentist $ $500.00	12/29/99	$300.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Richard Bernstein 10220 SW 142 St. Miami, FL 33176 Receipt For: [X] Primary [ ] General [ ] Other (specify):	$ $250.00	12/31/99	$250.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Brian Bilzin 2324 North Bay Road Miami Beach, FL 33140 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Bilzin Sumberg Dunn Price & Axelrod Attorney $ $500.00	9/3/99	$500.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Berney Bishop The Windsor Group 501 E. Tennessee Street, Suite A Tallahassee, FL 323084906 Receipt For: [ ] Primary [ ] General [X] Other (specify):	The Windsor Group Government Relations Consul $ $250.00	10/18/99	$250.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
LeClair Bissell 1932 Woodring Road Sanibel, FL 33957 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Retired $ $500.00	9/20/99	$500.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	$		

SUBTOTAL of Receipts This Page (optional)	$2,000.00
TOTAL This Period (last page this line number only)	

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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE 11 OF 112

FOR LINE NUMBER 11(a)(i)

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

NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Stephen Bittel 1200 Brickell Ave., Suite 1500 Miami, FL 33131 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation Aggregate Year-to-Date > $ $1,000.00	12/9/99	$1,000.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer Arnold & Blair, LC Occupation Government Relations Consu Aggregate Year-to-Date > $ $250.00	Date (month, day, year) 10/6/99	Amount of Each Receipt this Period $250.00
Curt Blair 117 S Gadsden St Suite 2 Tallahassee, FL 32301 Receipt For: [X] Primary [ ] General [ ] Other (specify):			
C. Full Name, Mailing Address and ZIP Code	Name of Employer Archive America Occupation Executive Aggregate Year-to-Date > $ $2,000.00	Date (month, day, year) 8/10/99	Amount of Each Receipt this Period $1,000.00
Andrew Blank 5396 North Bay Road Miami Beach, FL 33140 Receipt For: [X] Primary [ ] General [ ] Other (specify):			
D. Full Name, Mailing Address and ZIP Code	Name of Employer Archive America Occupation Executive Aggregate Year-to-Date > $ $2,000.00	Date (month, day, year) 10/21/99	Amount of Each Receipt this Period $1,000.00
Andrew Blank 5396 North Bay Road Miami Beach, FL 33140 Receipt For: [ ] Primary [X] General [ ] Other (specify):			
E. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Homemaker Aggregate Year-to-Date > $ $2,000.00	Date (month, day, year) 10/20/99	Amount of Each Receipt this Period $1,000.00
Kathleen Blank 5396 N Bay Road Miami Beach, FL 33140 Receipt For: [ ] Primary [X] General [ ] Other (specify):			
F. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Homemaker Aggregate Year-to-Date > $ $2,000.00	Date (month, day, year) 10/20/99	Amount of Each Receipt this Period $1,000.00
Kathleen Blank 5396 N Bay Road Miami Beach, FL 33140 Receipt For: [ ] Primary [ ] General [X] Other (specify): X			
G. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):			

SUBTOTAL of Receipts This Page (optional)	$6,250.00
TOTAL This Period (last page this line number only)	

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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE 12 OF 112

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Byron Block 1415 E. Piedmont Drive, Suite 3 Tallahassee, FL 32312	Block Land & Finance Co., Ltd.	11/17/99	$150.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Executive	Aggregate Year-to-Date: $250.00	

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Byron Block 1415 E. Piedmont Drive, Suite 3 Tallahassee, FL 32312	Block Land & Finance Co., Ltd.	11/17/99	$100.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Executive	Aggregate Year-to-Date: $250.00	

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David Bloom 121 W 27th Street #1003-B New York, NY 10001	Good Catch, Inc.	12/20/99	$1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: President of wholesale busine	Aggregate Year-to-Date: $4,000.00	

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Doree Bloom Two Grove Isle Drive PH-1 Coconut Grove, FL 33133	Retired	12/14/99	$500.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):	Occupation	Aggregate Year-to-Date: $1,000.00	

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Doree Bloom Two Grove Isle Drive PH-1 Coconut Grove, FL 33133	Retired	12/10/99	$500.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):	Occupation	Aggregate Year-to-Date: $1,000.00	

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kenneth Bloom 1401 Brickell Ave., #700 Miami, FL 33131	Self	11/30/99	$250.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):	Occupation	Aggregate Year-to-Date: $250.00	

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Occupation	Aggregate Year-to-Date: $	

SUBTOTAL of Receipts This Page (optional)	$2,500.00
TOTAL This Period (last page this line number only)	

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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE 13 OF 112

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Ethel Blum 19500 Turnberry Way, #25AB Aventura, FL 33180 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Self / Writer/Broadcaster / $250.00	12/20/99	$250.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Meir Blumberg 2446 Fisher Island Drive Fisher Island, FL 33109 Receipt For: [X] Primary [ ] General [ ] Other (specify):	/ / $1,000.00	10/8/99	$1,000.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Elspeth Bobbs 630 East Alameda Santa Fe, NM 87501 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Self / Property Manager / $250.00	9/17/99	$250.00 *
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Emily's List EMILY's List 806 15th Street, NW, Suite 400 Washington, DC 20005 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Note: Above Contribution ~~earmarked through this organi~~ / Conduit total: $56,317.43	8/17/99	MEMO $250.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Karen Bookbinder 5600 Collins Ave #12F Miami Beach, FL 33140 Receipt For: [ ] Primary [ ] General [X] Other (specify):	/ Homemaker / $250.00	12/14/99	$250.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Richard Booth 1600 N.W. 163rd Street Miami, FL 33169 Receipt For: [ ] Primary [ ] General [X] Other (specify):	So. Wine and Spirits / General Manager / $1,000.00	8/24/99	$1,000.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	/ /		

SUBTOTAL of Receipts This Page (optional)	$2,750.00
TOTAL This Period (last page this line number only)	

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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE 14 OF 112

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Gregory Borgognoni 6850 SW 107th Street Miami, FL 33156 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Self-Employed Attorney $1,500.00	11/17/99	$500.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Andrew Boros 999 Ponce DeLeon Blvd., Suite 550 Coral Gables, FL 33134 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Self-Employed Attorney $250.00	11/17/99	$250.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Oscar Boruchin 9999 Collins Ave. 6-A Bay Harbor Islands, FL 33154 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Mike's Cigars Dist. Business Executive $500.00	11/24/99	$500.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Ruth McLean Bowers 202 Bushnell San Antonio, TX 78212 Receipt For: [ ] Primary [ ] General [x] Other (specify):	Self Employed Rancher $1,000.00	9/11/99	$1,000.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Jeanne Bretl 3750 N Lake Shore Drive #14F Chicago, IL 60613 Receipt For: [ ] Primary [ ] General [x] Other (specify):	Northwestern University Professor $250.00	9/14/99	$250.00 *
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Emily's List EMILY's List 805 15th Street, NW, Suite 400 Washington, DC 20005 Receipt For: [ ] Primary [ ] General [x] Other (specify):	Note: Above Contribution cosigned/earmarked through this organi Receipt total: $50,917.43	9/14/99	MEMO $250.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):			

SUBTOTAL of Receipts This Page (optional)	$2,500.00
TOTAL This Period (last page this line number only)	

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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE 16 OF 112

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Norman Broad 201 South Biscayne Blvd.#3000 Miami, FL 33131 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Broad & Cassell Attorney $250.00	11/15/99	$250.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Lawrence Brody 6 Star Island Drive Miami Beach, FL 33139 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Consolident Dentist $500.00	11/12/99	$500.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Joanie Bronfman 1731 Beacon Street #517 Brookline, MA 024464325 Receipt For: [X] Primary [ ] General [ ] Other (specify):	$250.00	9/15/99	$250.00 *
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Emily's List EMILY's List 805 15th Street, NW, Suite 400 Washington, DC 20005 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Note: Above Contribution ~~earmarked through this organi~~ ~~Occupation~~ Conduit total: $56,317.43	9/15/99	MEMO $250.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Arthur Brown 10090 SW 145th ST Miami, FL 33141 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Gerson, Preston & Co. ~~Description: Funding for event~~ CPA	12/7/99	$500.00 *
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Arthur Brown 10090 SW 145th ST Miami, FL 33141 Receipt For: [ ] Primary [ ] General [X] Other (specify): X	Gerson, Preston & Co. CPA $1,000.00	12/9/99	$200.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):			

SUBTOTAL of Receipts This Page (optional)	$1,700.00
TOTAL This Period (last page this line number only)	

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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE 16 OF 112

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345406

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Arthur Brown 10090 SW 145th ST Miami, FL 33141 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Gerson, Preston & Co. * In-Kind: Funding for event CPA $1,500.00	12/7/99	$500.00 *
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Michael Brumer 1560 NE Quayside Terrace Miami, FL 33138 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Brumer & Kaufman, P.A. Attorney $650.00	10/20/99	$150.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Michael Brumer 1560 NE Quayside Terrace Miami, FL 33138 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Brumer & Kaufman, P.A. Attorney $650.00	12/14/99	$250.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
John Brunetti 84 Bal Bay Drive Bal Harbour, FL 33154 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Hialeah Race Track Business Exec $1,000.00	11/24/99	$1,000.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Myron Bumstein 823 N. Southlake Drive Hollywood, FL 33301 Receipt For: [X] Primary [ ] General [ ] Other (specify):	State of Florida - Dept. of Legal Affairs Attorney $250.00	9/11/99	$250.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Deborah Lea Buesel PO Box 331287 Miami, FL 33233 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Self-Employed Public Relations Consultant $700.00	11/6/99	$200.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):			

SUBTOTAL of Receipts This Page (optional)	$2,350.00
TOTAL This Period (last page this line number only)	

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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE 17 OF 112

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Alex Cachaldora 4441 Collins Ave. Miami Beach, FL 33140 Receipt For: [X] Primary [ ] General [ ] Other (specify):	DBA Club Tropigala Occupation Aggregate Year-to-Date $ $300.00	9/1/99	$300.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Jean-Guy & Lorraine Cadieux 9998 Collins Ave., #9G Bal Harbour, FL 33154 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation Retired Aggregate Year-to-Date $ $250.00	11/19/99	$250.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Gary Canner P.O. Box 830503 Miami, FL 33283 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation Aggregate Year-to-Date $ $250.00	11/12/99	$250.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Mikki Canton Holland & Knight 701 Brickell Ave. Miami, FL 33131 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Holland & Knight, LLC Occupation Attorney Aggregate Year-to-Date $ $250.00	10/18/99	$250.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Donald Carlin 10 Edgewater Drive #9C Coral Gables, FL 33133 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Kelin-Carlin Insurance Occupation Executive Aggregate Year-to-Date $ $1,000.00	8/2/99	$1,000.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Donald Carlin 10 Edgewater Drive #9C Coral Gables, FL 33133 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Kelin-Carlin Insurance Occupation Executive Aggregate Year-to-Date $ $2,000.00	8/2/99	$1,000.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):			

SUBTOTAL of Receipts This Page (optional) $3,050.00

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

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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE 18 OF 112

FOR LINE NUMBER 11(a)(i)

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

NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Jack Carmel 12747 Biscayne Blvd. North Miami, FL 33181 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Self / Investor / $1,000.00	11/17/99	$500.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Jack Carmel 12747 Biscayne Blvd. North Miami, FL 33181 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Self / Investor / $1,000.00	6/19/99	$500.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Cynthia Carr 30 Hawley Road Hamden, CT 06517 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Yale University / Attorney / $250.00	9/14/99	$250.00 *
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Cynthia Carr 9999 Collins Ave., #9A Bal Harbour, FL 33154 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Retired / $500.00	11/30/99	$500.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Emily's List EMILY's List 805 15th Street, NW, Suite 400 Washington, DC 20005 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Note: Above Contribution earmarked through this organi / Conduit total: $58,217.43	9/14/99	MEMO $250.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Michael Casagrande 2803 Fountain Blvd. Tampa, FL 33609 Receipt For: [ ] Primary [ ] General [X] Other (specify): X	Mr. Check Casher / Investor / $250.00	12/31/99	$250.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):			

SUBTOTAL of Receipts This Page (optional)	$2,000.00
TOTAL This Period (last page this line number only)	

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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE 19 OF 112

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Sara Case 651 Harrison Street Hollywood, FL 33019 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation Aggregate Year-to-Date $500.00	12/2/99	$500.00 *
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Emily's List EMILY's List 805 15th Street, NW, Suite 400 Washington, DC 20005 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Note: Above Contribution earmarked through this organi Occupation Conduit total: $56,317.43 Aggregate Year-to-Date $	12/2/99	MEMO $500.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Gertrude Cejas 420 Lincoln Road, Suite #432 Miami Beach, FL 33139 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Homemaker Occupation Aggregate Year-to-Date $2,000.00	9/3/99	$1,000.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Gertrude Cejas 420 Lincoln Road, Suite #432 Miami Beach, FL 33139 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Homemaker Occupation Aggregate Year-to-Date $2,000.00	9/3/99	$1,000.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Paul Cejas 420 Lincoln Road, Suite #432 Miami Beach, FL 33139 Receipt For: [ ] Primary [ ] General [X] Other (specify):	PLC Investments Occupation Owner Aggregate Year-to-Date $2,000.00	9/3/99	$1,000.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Paul Cejas 420 Lincoln Road, Suite #432 Miami Beach, FL 33139 Receipt For: [ ] Primary [X] General [ ] Other (specify):	PLC Investments Occupation Owner Aggregate Year-to-Date $2,000.00	9/3/99	$1,000.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date $		
SUBTOTAL of Receipts This Page (optional)			$4,500.00
TOTAL This Period (last page this line number only)			

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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE 20 OF 112

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Deborah Chames 5978 SW 37th Ave. Fort Lauderdale, FL 33312 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Heller Chames and Garcia, PA Attorney $500.00	10/18/99	$500.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Harvey Chaplin 1600 NW 163rd Street Miami, FL 33169 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Southern Wine and Spirits Co. Executive $1,000.00	9/24/99	$1,000.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Wayne Chaplin 54 LA Gorce Circle Miami, FL 331414620 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Southern Wine Co. Executive $1,000.00	9/24/99	$1,000.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Chih Ming Chen 10680 SW 40th Manor Davie, FL 33328 Receipt For: [ ] Primary [X] General [ ] Other (specify):	ANDRX Corp. Scientist $2,000.00	8/13/99	$1,000.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Chih Ming Chen 10680 SW 40th Manor Davie, FL 33328 Receipt For: [ ] Primary [X] General [ ] Other (specify): X	ANDRX Corp. Scientist $2,000.00	8/13/99	$1,000.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Jack Chester 1865 Brickell AVE, #1109 Miami, FL 33129 Receipt For: [ ] Primary [ ] General [ ] Other (specify): X	Retired $250.00	11/24/99	$250.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):			

SUBTOTAL of Receipts This Page (optional)	$4,750.00
TOTAL This Period (last page this line number only)	

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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE 21 OF 112

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Jack Chester 1865 Brickell AVE, #1109 Miami, FL 33129 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Retired Occupation Aggregate Year-to-Date $ $350.00	10/20/99	$50.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Kendall Coffey 1639 S. Bayshore Drive Miami, FL 331334213 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation Aggregate Year-to-Date $ $1,000.00	9/22/99	$1,000.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Violet Coffin P.O. Box 60 Strafford, VT 05072 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation Aggregate Year-to-Date $ $250.00	10/1/99	$250.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Mary Cogan 77 Tisquantum Monts Island Chatham, MA 02633 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Occupation: Retired Aggregate Year-to-Date $ $250.00	9/13/99	$250.00 *
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Emily's List EMILY's List 805 15th Street, NW, Suite 400 Washington, DC 20005 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Note: Above Contribution remarked through this organi Occupation Aggregate Year-to-Date $ Conduit total: $68,317.43	9/13/99	MEMO $250.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Norman Cohen 2127 Brickell Ave., #3501 Miami, FL 33129 Receipt For: [ ] Primary [ ] General [X] Other (specify): X	Security Plastics Occupation Plastics Mfr Aggregate Year-to-Date $ $350.00	11/15/99	$250.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Occupation Aggregate Year-to-Date $		

SUBTOTAL of Receipts This Page (optional)	$1,800.00
TOTAL This Period (last page this line number only)	

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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE 22 OF 112

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Alan Cohen 3320 Fairfield Lane Weston, FL 33331		12/31/99	$1,000.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation		
	Aggregate Year-to-Date > $	$2,000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Alan Cohen 3320 Fairfield Lane Weston, FL 33331		12/31/99	$1,000.00
Receipt For: [ ] Primary [x] General [ ] Other (specify):	Occupation		
	Aggregate Year-to-Date > $	$2,000.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jerome Cohen 11111 Biscayne Blvd. #227 Miami, FL 33161	Mego Financial Corp.	12/3/99	$250.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation Attorney and Corp. Exec		
	Aggregate Year-to-Date > $	$250.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Karen Cohen 3320 Fairfield Lane Weston, FL 33331		12/31/99	$1,000.00
Receipt For: [ ] Primary [x] General [ ] Other (specify):	Occupation		
	Aggregate Year-to-Date > $	$2,000.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Karen Cohen 3320 Fairfield Lane Weston, FL 33331		12/31/99	$1,000.00
Receipt For: [ ] Primary [ ] General [x] Other (specify):	Occupation		
	Aggregate Year-to-Date > $	$2,000.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gerald Cohn 19356 Turnberry Way # TH3 Aventura, FL 33180	Retired	12/7/99	$1,000.00
Receipt For: [ ] Primary [x] General [ ] Other (specify):	Occupation		
	Aggregate Year-to-Date > $	$2,000.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Occupation		
	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional) ..... > $6,250.00

TOTAL This Period (last page this line number only) ..... >

FEC/FE3/PDF

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE 23 OF 112

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Gerald Cohn 19355 Turnberry Way # TH3 Aventura, FL 33180 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Retired Occupation Aggregate Year-to-Date $2,000.00	12/7/99	$1,000.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Ugo Columbo 701 Brickell Ave., #3150 Miami, FL 33131 Receipt For: [ ] Primary [x] General [ ] Other (specify):	CMC Group Inc. * In-Kind: Food for Berkowitz Occupation Developer Aggregate Year-to-Date $2,000.00	12/1/99	$1,000.00 *
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Ugo Columbo 701 Brickell Ave., #3150 Miami, FL 33131 Receipt For: [x] Primary [ ] General [ ] Other (specify):	CMC Group Inc. * In-Kind: Food for Berkowitz Occupation Developer Aggregate Year-to-Date $2,000.00	12/1/99	$1,000.00 *
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Betty Cooper 5000 N. Bay Road Miami Beach, FL 331402007 Receipt For: [ ] Primary [ ] General [x] Other (specify):	Occupation Homemaker Aggregate Year-to-Date $100.00	11/15/99	$100.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Betty Cooper 5000 N. Bay Road Miami Beach, FL 331402007 Receipt For: [ ] Primary [ ] General [x] Other (specify):	Occupation Homemaker Aggregate Year-to-Date $250.00	11/12/99	$250.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Betty Cooper 5000 N. Bay Road Miami Beach, FL 331402007 Receipt For: [ ] Primary [ ] General [x] Other (specify):	Occupation Homemaker Aggregate Year-to-Date $500.00	11/30/99	$250.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):			

SUBTOTAL of Receipts This Page (optional) $3,600.00

TOTAL This Period (last page this line number only)

FE5AU07SP2F

SCHEDULE A — **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

FOR LINE NUMBER 11(a)(i)

NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

Full Name, Mailing Address and ZIP Code	Name of Employer	Occupation	Date (month, day, year)	Amount of Each Receipt this Period	Aggregate Year-to-Date	Receipt For
A. Sidney Cooperman, 9350 W. Bay Harbor, #4A, Bay Harbor, FL 33154			12/9/99	$500.00	$500.00	Primary: x
B. Irving Cowan, Sea Air Towers, 3725 South Ocean Drive #718, Hollywood, FL 33019	Cowan Enterprises	Executive	12/9/99	$500.00	$500.00	Primary: x
C. Clay Craig, 6021 SW 88th Street, Miami, FL 33143	Steel Hector & Davis	Attorney	11/8/99	$250.00	$250.00	Primary: x
D. Thomas Cundy, P.O. Box 24090, Fort Lauderdale, FL 33307			12/31/99	$1,000.00	$1,000.00	Primary: x
E. Victor Cynamon, 19101 Mystic Pointe Dr. #2701, Aventura, FL 33180	Retired		12/7/99	$250.00	$250.00	Other: x
F. Stephen Cypen, 3120 Pine Tree Drive, Miami, FL 33140	Cypen & Cypen	Attorney	12/27/99	$250.00	$750.00	Other: x
G.						

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

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

FEC/9/00/PDF

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE 25 OF 112

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
June Daniels 554 Lakeview Drive Miami Beach, FL 33140		8/15/99	$1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Homemaker	Aggregate Year-to-Date $	$1,000.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Charles Dascal 1470 Daytonia Road Miami Beach, FL 33141		12/31/99	$500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation	Aggregate Year-to-Date $	$500.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Edward Dauer Florida Medical Center 5000 W. Oakland Park Blvd. Fort Lauderdale, FL 33313	Florida Medical Center	12/9/99	$1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Director of Radiology	Aggregate Year-to-Date $	$1,000.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Joseph Davidson 5680 Collins Ave #20D Miami Beach, FL 33140	Retired	12/3/99	$1,000.00
Receipt For: [ ] Primary [X] General [ ] Other (specify):	Occupation	Aggregate Year-to-Date $	$2,000.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Joseph Davidson 5680 Collins Ave #20D Miami Beach, FL 33140	Retired	11/12/99	$1,000.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):	Occupation	Aggregate Year-to-Date $	$2,000.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Norman Davis 8894 SW 62nd Terrace Miami, FL 33173	Attorney	9/23/99	$250.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):	Occupation: Steele, Hanlon and Davis	Aggregate Year-to-Date $	$250.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: [ ] Primary [ ] General [ ] Other (specify):		Aggregate Year-to-Date $	

SUBTOTAL of Receipts This Page (optional) $4,750.00

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

FE6AN1.PDF

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE 26 OF 112

FOR LINE NUMBER 11(a)(i)

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

NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Sophie Davis 120 Casa Bendita Palm Beach, FL 33480 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Homemaker Occupation Aggregate Year-to-Date $1,000.00	12/29/99	$1,000.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
William Delano 114 East 10th Street New York, NY 10003 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Self Occupation Attorney Aggregate Year-to-Date $250.00	12/31/99	$250.00 *
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Emily's List EMILY's List 806 15th Street, NW, Suite 400 Washington, DC 20005 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Note: Above Contribution earmarked through this organi Occupation Conduit total: $56,317.43 Aggregate Year-to-Date $	12/31/99	MEMO $250.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Judith Devins 144 Lake Rebecca Drive West Palm Beach, FL 33411 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Retired Occupation Retired Aggregate Year-to-Date $1,250.00	12/7/99	$250.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Mel Dick 3360 NE 165th St. North Miami Beach, FL 33160 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Southern Wine Co. Occupation Executive Aggregate Year-to-Date $1,000.00	9/24/99	$1,000.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Elliot Dinnerstein 36 Indian Creek Drive Miami Beach, FL 33154 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Occupation Retired Aggregate Year-to-Date $2,000.00	9/29/99	$1,000.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):			

SUBTOTAL of Receipts This Page (optional) $3,500.00

TOTAL This Period (last page this line number only)

FINANCIPDF

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

FOR LINE NUMBER 11(a)(i)

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

NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Elliot Dinnerstein 36 Indian Creek Drive Miami Beach, FL 33154 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Occupation: Retired Aggregate Year-to-Date: $2,000.00	9/29/99	$1,000.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Jillian Dinnerstein 36 Indian Creek Drive Miami, FL 33154 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: Homemaker Aggregate Year-to-Date: $2,000.00	9/29/99	$1,000.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Jillian Dinnerstein 36 Indian Creek Drive Miami, FL 33154 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Occupation: Homemaker Aggregate Year-to-Date: $2,000.00	9/29/99	$1,000.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Gary Dix 1800 NE 114th Street, #1802 Miami, FL 33181 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer: Mallah, Furman and Company Occupation: Executive Aggregate Year-to-Date: $500.00	11/12/99	$500.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Maureen Dobies2 739 Galeon Drive Tierra Verde, FL 33715 Receipt For: ☐ Primary ☐ General ☒ Other (specify):	Aggregate Year-to-Date: $250.00	9/14/99	$250.00 *
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Emily's List EMILY's List 805 16th Street, NW, Suite 400 Washington, DC 20006 Receipt For: ☐ Primary ☐ General ☒ Other (specify):	Name of Employer: Note: Above Contribution Occupation: (earmarked through this organi Aggregate Year-to-Date: Grand total $50,317.43	9/14/99	MEMO $250.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
SUBTOTAL of Receipts This Page (optional)			$3,750.00
TOTAL This Period (last page this line number only)			

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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE 28 OF 112

FOR LINE NUMBER 11(a)(i)

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

NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Delight Dodyk 34 Maynard Court Ridgewood, NJ 07450 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Drew University Historian/Teacher $ $250.00	9/29/99	$250.00 *
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Emily's List EMILY's List 805 15th Street, NW, Suite 400 Washington, DC 20005 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Note: Above Contribution earmarked through this organi Conduit total: $56,317.43 $	9/29/99	MEMO $250.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
James Donnell 9468 N. Florence Road Pittsburgh, PA 15237 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Retired $ $250.00	9/29/99	$250.00 *
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Emily's List EMILY's List 805 15th Street, NW, Suite 400 Washington, DC 20005 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Note: Above Contribution earmarked through this organi Conduit total: $56,317.43 $	9/29/99	MEMO $250.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Mary Donohue 3117 Lakeshore Drive Deerfield Beach, FL 33442 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Self Attorney $ $1,000.00	9/28/99	$1,000.00 *
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Emily's List EMILY's List 805 15th Street, NW, Suite 400 Washington, DC 20005 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Note: Above Contribution earmarked through this organi Conduit total: $56,317.43 $	9/28/99	MEMO $1,000.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	$		

SUBTOTAL of Receipts This Page (optional)	$1,500.00
TOTAL This Period (last page this line number only)	

FEBAN02APDF

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE 29 OF 112

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mela Dorfman 9998 Collins Ave., #12J Bal Harbour, FL 33154		11/17/99	$500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Homemaker	Aggregate Year-to-Date > $	$500.00
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Jaime Dornbusch 21150 Pointe Place #1903 Aventura, FL 33180	Solar Cosmetics Labs	12/3/99	$250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Executive	Aggregate Year-to-Date > $	$250.00
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Gail Drucker 6300 Efficiency Way Baltimore, MD 21225	Efficiency Enterprises of Maryland, LLC	11/1/99	$500.00
Receipt For: [ ] Primary [X] General [ ] Other (specify):	Occupation: Owner	Aggregate Year-to-Date > $	$1,500.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Gail Drucker 6300 Efficiency Way Baltimore, MD 21225	Efficiency Enterprises of Maryland, LLC	11/1/99	$1,000.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):	Occupation: Owner	Aggregate Year-to-Date > $	$1,500.00
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Melvyn Drucker 18020 W Prestwick Place Hialeah, FL 33014	Self	11/12/99	$250.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):	Occupation: Physician	Aggregate Year-to-Date > $	$250.00
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Elizabeth Du Fresne 200 S. Biscayne Blvd., Suite 4000 Miami, FL 33131	Steel Hector & Davis, LLP	9/23/99	$500.00
Receipt For: [ ] Primary [ ] General [X] Other (specify): X	Occupation: Attorney	Aggregate Year-to-Date > $	$500.00
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Occupation	Aggregate Year-to-Date > $	

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

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

FEC FORM 3P

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE 30 OF 112

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code Samuel Dubbin 14000 SW 104th Ave Miami, FL 33176 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer Greenberg Occupation Attorney Aggregate Year-to-Date $250.00	Date (month, day, year) 12/17/99	Amount of Each Receipt this Period $250.00
B. Full Name, Mailing Address and ZIP Code Thomas Eagan 4620 Santa Maria Coral Gables, FL 33146 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer Steel Hector & Davis LLP Occupation Attorney Aggregate Year-to-Date $500.00	Date (month, day, year) 9/23/99	Amount of Each Receipt this Period $500.00
C. Full Name, Mailing Address and ZIP Code Elizabeth Ehrenfeld 4 Jane Street New York, NY 10014 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer Self Occupation Homemaker Aggregate Year-to-Date $500.00	Date (month, day, year) 10/5/99	Amount of Each Receipt this Period $500.00 *
D. Full Name, Mailing Address and ZIP Code Emily's List EMILY's List 805 15th Street, NW, Suite 400 Washington, DC 20005 Receipt For: [ ] Primary [ ] General [x] Other (specify):	Name of Employer Note: Above Contribution ~~earmarked through this organi~~ Occupation Conduit total: $56,317.43 Aggregate Year-to-Date	Date (month, day, year) 10/5/99	Amount of Each Receipt this Period MEMO $500.00
E. Full Name, Mailing Address and ZIP Code Lewis Eidson 200 S. Biscyene Blvd., 47th Floor Miami, FL 33131 Receipt For: [ ] Primary [ ] General [x] Other (specify): X	Name of Employer Colson Hicks Eidson et al Occupation Attorney Aggregate Year-to-Date $1,000.00	Date (month, day, year) 12/17/99	Amount of Each Receipt this Period $1,000.00
F. Full Name, Mailing Address and ZIP Code Mary Jane Elam 1412 Windham Road Columbus, OH 43220 Receipt For: [ ] Primary [ ] General [x] Other (specify): X	Name of Employer Occupation Aggregate Year-to-Date $250.00	Date (month, day, year) 9/20/99	Amount of Each Receipt this Period $250.00 *
G. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional)			$2,500.00
TOTAL This Period (last page this line number only)			

FEMA07SPDF

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Emily's List EMILY's List 805 15th Street, NW, Suite 400 Washington, DC 20005 Receipt For: ☐ Primary ☐ General ☒ Other (specify):	Note: Above Contribution earmarked through this organi Occupation: Conduit total: $56,317.43 Aggregate Year-to-Date: $	9/20/99	MEMO $250.00
B. Full Name, Mailing Address and ZIP Code Linda Ellis 36 Butler Road Scaredale, NY 10583 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer / Occupation / Aggregate Year-to-Date: $ $600.00	9/14/99	$100.00 *
C. Full Name, Mailing Address and ZIP Code Linda Ellis 36 Butler Road Scarsdale, NY 10583 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer / Occupation / Aggregate Year-to-Date: $ $600.00	12/7/99	$500.00
D. Full Name, Mailing Address and ZIP Code Emily's List EMILY's List 805 15th Street, NW, Suite 400 Washington, DC 20005 Receipt For: ☐ Primary ☐ General ☒ Other (specify):	Name of Employer: Note: Above Contribution earmarked through this organi Occupation: Conduit total: $56,317.43 Aggregate Year-to-Date: $	9/14/99	MEMO $100.00
E. Full Name, Mailing Address and ZIP Code Suzanne Elson 180 Cocoanut Row Palm Beach, FL 33480 Receipt For: ☐ Primary ☐ General ☒ Other (specify): K	Name of Employer / Occupation / Aggregate Year-to-Date: $ $2,000.00	12/31/99	$1,000.00
F. Full Name, Mailing Address and ZIP Code Suzanne Elson 180 Cocoanut Row Palm Beach, FL 33480 Receipt For: ☐ Primary ☒ General ☐ Other (specify): X	Name of Employer / Occupation / Aggregate Year-to-Date: $ $2,000.00	12/31/99	$1,000.00
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer / Occupation / Aggregate Year-to-Date: $		

SUBTOTAL of Receipts This Page (optional)	$2,600.00
TOTAL This Period (last page this line number only)	

FEC/FORM/F3

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE 32 OF 112

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Gail Engelberg 1050 North Lake Way Palm Beach, FL 33480 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation Aggregate Year-to-Date > $ $250.00	9/17/99	$250.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer: Retired / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Rebe Engler Daner 303 East San Marino Drive Miami Beach, FL 33139 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $ $2,000.00	12/3/99	$1,000.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer: Retired / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Rebe Engler Daner 303 East San Marino Drive Miami Beach, FL 33139 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Aggregate Year-to-Date > $ $2,000.00	12/3/99	$1,000.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer: Continental Dev Corp / Occupation: Accountant	Date (month, day, year)	Amount of Each Receipt this Period
Gloria Eskew 636 Chestnut Avenue #106 Long Beach, CA 90802 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $ $250.00	9/8/99	$250.00 *
E. Full Name, Mailing Address and ZIP Code	Name of Employer: Note: Above Contribution / Occupation: earmarked through this organi	Date (month, day, year)	Amount of Each Receipt this Period
Emily's List EMILY's List 805 15th Street, NW, Suite 400 Washington, DC 20005 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Conduit total: $66,247.43 Aggregate Year-to-Date > $	9/8/99	MEMO $250.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer: Citigroup / Occupation: Banker	Date (month, day, year)	Amount of Each Receipt this Period
Susan Evans 17 Irving Place Pelham, NY 10803 Receipt For: [ ] Primary [ ] General [X] Other (specify): X	Aggregate Year-to-Date > $ $250.00	9/9/99	$250.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $		
SUBTOTAL of Receipts This Page (optional)			$2,750.00
TOTAL This Period (last page this line number only)			

FEMU07PSF

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE 33 OF 112

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Nily Felic 9999 Collins Ave., #3A Bal Harbour, FL 33154		11/19/99	$500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Homemaker	Aggregate Year-to-Date: $	$500.00
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Victor Farkas 9999 Collins Ave. #3E Bal Harbour, FL 33154		11/24/99	$500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Retired	Aggregate Year-to-Date: $	$500.00
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Oscar Feldenkreis 3000 NW 107th Avenue Miami, FL 33172	Supreme International	11/15/99	$250.00
Receipt For: [ ] Primary [X] General [ ] Other (specify):	Occupation: President, COO	Aggregate Year-to-Date: $	$1,450.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Oscar Feldenkreis 3000 NW 107th Avenue Miami, FL 33172	Supreme International	8/10/99	$200.00
Receipt For: [ ] Primary [X] General [ ] Other (specify):	Occupation: President, COO	Aggregate Year-to-Date: $	$1,450.00
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Milton Ferrell Suite 1920, Miami Center 201 Biscayne Blvd. Miami, FL 33131	Self	8/20/99	$500.00
Receipt For: [ ] Primary [ ] General [X] Other (specify): X	Occupation: Attorney	Aggregate Year-to-Date: $	$500.00
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Ted Fine 1051 NW 3rd Street Hallandale, FL 33009	Self	8/19/99	$1,000.00
Receipt For: [ ] Primary [ ] General [X] Other (specify): X	Occupation: Interior Designer	Aggregate Year-to-Date: $	$1,000.00
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Occupation	Aggregate Year-to-Date: $	

SUBTOTAL of Receipts This Page (optional) $2,950.00

TOTAL This Period (last page this line number only)

FE6AN01WPDF

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE 34 OF 112

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Ted Finkel 1340 Palmetto Ave. Winter Park, FL 32789 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Medicus Mobile Theraples CEO $ $2,000.00	12/17/99	$1,000.00
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Ted Finkel 1340 Palmetto Ave. Winter Park, FL 32789 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Medicus Mobile Therapies CEO $ $2,000.00	12/17/99	$1,000.00
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Audrey Finkelstein 815 Catalonia Avenue Miami, FL 33134 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Community Leader Volunteer $ $800.00	10/27/99	$100.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Pearl Fishman 257 S Spalding Drive Beverly Hills, CA 90212 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Self Realtor $ $500.00	11/3/99	$500.00
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Neil Flaxman 350 Isla Dorada Blvd. Miami, FL 33143 Receipt For: ☐ Primary ☐ General ☒ Other (specify):	Self Attorney $ $500.00	11/17/99	$500.00
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Chaim Fraiman 100 Bayview Drive North Miami Beach, FL 33160 Receipt For: ☐ Primary ☐ General ☒ Other (specify): X	$ $1,000.00	12/31/99	$1,000.00
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	$		

SUBTOTAL of Receipts This Page (optional)	$4,100.00
TOTAL This Period (last page this line number only)	

FE8ANDWRDF

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 35 OF 112

FOR LINE NUMBER 11(a)(i)

Contributions from Individuals/Persons

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)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Robert Frankel 13331 SW 29th Court Davie, FL 33330 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Robert P. Frankel & Associates PA Attorney $250.00	10/26/99	$250.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Eddi Ann Freeman 3250 Mary Street, #100 Miami, FL 33133 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Self Speech Pathologist $2,000.00	10/29/99	$1,000.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Eddi Ann Freeman 3250 Mary Street, #100 Miami, FL 33133 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Self Speech Pathologist $2,000.00	10/29/99	$1,000.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Lewis Freeman 3250 Mary Street, #100 Miami, FL 33133 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Lewis Freeman & Partners, Inc. Accountant/Consultant $2,000.00	10/29/99	$1,000.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Lewis Freeman 3250 Mary Street, #100 Miami, FL 33133 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Lewis Freeman & Partners, Inc. Accountant/Consultant $2,000.00	10/29/99	$1,000.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Joel Friedland 9999 Collins Ave #19B Bal Harbour, FL 33154 Receipt For: [ ] Primary [ ] General [X] Other (specify): X	Self Investor $500.00	12/7/99	$500.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):			

SUBTOTAL of Receipts This Page (optional)	$4,750.00
TOTAL This Period (last page this line number only)	

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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE 36 OF 112

FOR LINE NUMBER 11(a)(i)

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

NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Toby Friedland 5500 Collins Ave #703 Miami Beach, FL 33140		11/12/99	$250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Homemaker	Aggregate Year-to-Date: $	$1,250.00
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Toby Friedland 5500 Collins Ave #703 Miami Beach, FL 33140		12/31/99	$1,000.00
Receipt For: [ ] Primary [X] General [ ] Other (specify):	Occupation: Homemaker	Aggregate Year-to-Date: $	$1,250.00
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Gary Friedman Law Offices Friedman and Friedman, P.A. Suite 1011, Douglas Centre Miami, FL 33134	Law Offices of Friedman and Friedman, P.A.	10/8/99	$1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Attorney	Aggregate Year-to-Date: $	$1,000.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Marta-Beth Friedman 3741 N. 47th Ave. Hollywood, FL 33021		11/17/99	$1,000.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):	Occupation: Homemaker	Aggregate Year-to-Date: $	$1,000.00
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Stanley Friedman 11111 Biscayne Blvd. #957 Miami, FL 33181		11/3/99	$100.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):	Occupation: Retired	Aggregate Year-to-Date: $	$100.00
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Harriet Frieze 420 Ocean Ave Sea Bright, NJ 077602113		6/20/99	$500.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):	Occupation	Aggregate Year-to-Date: $	$500.00
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Occupation	Aggregate Year-to-Date: $	

SUBTOTAL of Receipts This Page (optional) $3,850.00

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

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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE 37 OF 112

FOR LINE NUMBER 11(a)(i)

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

NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Patricia Frost 125 E San Marino Drive Miami, FL 33139	Homemaker	10/28/99	$1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $	$1,000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Phillip Frost 125 E San Marino Drive Miami Beach, FL 33139	IVAX Corporation Medical Doctor	10/29/99	$1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $	$1,000.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Morris Futernick 2 Grove Isle #1609 Coconut Grove, FL 33133		7/28/99	$1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $	$1,000.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Abraham Gelbut 999 Washington Ave. Miami Beach, FL 33139	Self Attorney	12/7/99	$1,000.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):	Aggregate Year-to-Date > $	$1,000.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Russell Gelbut 555 NE 15th Street Miami, FL 33132	Crescent Heights Co. Real Estate Developer	9/20/99	$1,000.00
Receipt For: [ ] Primary [X] General [ ] Other (specify):	Aggregate Year-to-Date > $	$2,000.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Russell Gelbut 555 NE 15th Street Miami, FL 33132	Crescent Heights Co. Real Estate Developer	9/20/99	$1,000.00
Receipt For: [ ] Primary [ ] General [X] Other (specify): X	Aggregate Year-to-Date > $	$2,000.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional)	$6,000.00
TOTAL This Period (last page this line number only)	

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SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 38 OF 112

FOR LINE NUMBER: 11(a)(i)

Contributions from Individuals/Persons

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)

Elaine Bloom for Congress C00945405

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Ellen Gelkin 654 Boca Marina Court Boca Raton, FL 33487 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Innovative Health Care Services / RN / $500.00	10/29/99	$500.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Harry Gampel 19495 Biscayne Blvd. #906 Aventura, FL 33180 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Self-Employed / Developer / $2,000.00	11/12/99	$1,000.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Harry Gampel 19495 Biscayne Blvd. #906 Aventura, FL 33180 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Self-Employed / Developer / $2,000.00	11/30/99	$1,000.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Fredric Garvett 1110 Brickell Ave., Penthouse One Miami, FL 33131 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Silver & Garvett, P.A. / Attorney / $250.00	10/29/99	$250.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Herbert & Frances Gaynor 12859 Old Cutler Road Pinecrest, FL 33156 Receipt For: [ ] Primary [ ] General [X] Other (specify): X	Retired / $250.00	11/3/99	$250.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Lenore Gaynor 1665 Cleveland Road Miami Beach, FL 33141 Receipt For: [ ] Primary [ ] General [X] Other (specify): X	Homemaker / $250.00	11/17/99	$250.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):			

SUBTOTAL of Receipts This Page (optional)	$3,250.00
TOTAL This Period (last page this line number only)	

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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE 39 OF 112

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Stuart Geller 21150 Point Place, #1406 Aventura, FL 33180 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Self Interior Design Aggregate Year-to-Date $500.00	12/7/99	$250.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Stuart Geller 21150 Point Place, #1406 Aventura, FL 33180 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Self Interior Design Aggregate Year-to-Date $500.00	12/7/99	$250.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Stuart Geller 21150 Pointe Place #1406 Aventura, FL 33180 Receipt For: [X] Primary [ ] General [ ] Other (specify):	12/7/99 Aggregate Year-to-Date $250.00	12/7/99	$250.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Theodore Gelman Sunset Island 2 1554 W. 25th Street Miami Beach, FL 33140 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Donaldson, Lufkin and Jenrette Stockbroker Aggregate Year-to-Date $1,000.00	10/27/99	$1,000.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Bruce Gendelman 4000 W. Brown Deer Road Milwaukee, WI 53209 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Bruce Gendelman Company Owner Aggregate Year-to-Date $1,000.00	12/17/99	$1,000.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
T.H. Gerard 9101 N.W. 7th Ave. Miami, FL 33150 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Retired Aggregate Year-to-Date $500.00	10/4/99	$500.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date $		

SUBTOTAL of Receipts This Page (optional)	$3,250.00
TOTAL This Period (last page this line number only)	

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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Donald Gerson 6526 NW 40th Court Boca Raton, FL 33496 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Gerson, Preston & Co. * In-Kind: Funding for event CPA $1,450.00	12/7/99	$450.00 *
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Donald Gerson 6526 NW 40th Court Boca Raton, FL 33496 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Gerson, Preston & Co. * In-Kind: Funding for event CPA $1,450.00	12/7/99	$550.00 *
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Donald Gerson 6526 NW 40th Court Boca Raton, FL 33496 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Gerson, Preston & Co. CPA $1,450.00	12/10/99	$200.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Gary Gerson 666 71st Street Miami Beach, FL 33141 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Gerson & Preston CPA $500.00	12/10/99	$500.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Jeffrey Gidney 11425 N. Bayshore Drive Miami, FL 33181 Receipt For: ☐ Primary ☐ General ☐ Other (specify): X	$250.00	12/27/99	$250.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Edes Gilbert 175 East 79th Street New York, NY 10021 Receipt For: ☐ Primary ☐ General ☐ Other (specify): X	Self Employed Education Consultant $250.00	9/22/99	$250.00 *
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			

SUBTOTAL of Receipts This Page (optional)	$2,200.00
TOTAL This Period (last page this line number only)	

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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE 41 OF 112

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Robert Gilbert 133 Sevilla Miami, FL 33134 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Self Attorney $500.00	7/1/99	$500.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Stanley Gineberg 17950 Lake Estates Drive Boca Raton, FL 33486 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Inter City Tire Export Corp. President $1,000.00	12/17/99	$1,000.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Joan Glatthorn P.O. Box 8076 La Jolla, CA 92038 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Self Attorney $250.00	9/21/99	$250.00 *
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Emily's List EMILY's List 805 15th Street, NW, Suite 400 Washington, DC 20005 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Note: Above Contribution ~~earmarked through this organization~~ Conduit total: $56,317.43	9/21/99	MEMO $250.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Saul Glottmann 5446 North Bay Road Miami, FL 33140 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Retired $1,000.00	9/29/99	$1,000.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Melissa Goldberg 2601 Flamingo Dr. Miami Beach, FL 33140 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Homemaker $500.00	11/17/99	$500.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):			

SUBTOTAL of Receipts This Page (optional)	$3,250.00
TOTAL This Period (last page this line number only)	

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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE 42 OF 112

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
George Goldbloom 5660 Collins Avenue, PH-B Miami Beach, FL 33140 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Mg Investments Self-Employed Developer $1,500.00	11/6/99	$500.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Arnold Goldman 5255 Collins Ave., Apt. 10D Miami Beach, FL 33140 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Retired $250.00	10/1/99	$250.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Miriam Goldstein 10180 W Bay Harbor Dr. 4B Bay Harbor Islands, FL 33154 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	$300.00	12/31/99	$300.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Ervin Gonzalez 146 Paloma Drive Coral Gables, FL 33143 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Robbles and Gonzalez, PA Attorney $1,000.00	12/22/99	$1,000.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Sandra Goodman 666 71st Street Miami, FL 33141 Receipt For: ☐ Primary ☐ General ☒ Other (specify): X	Retired $1,000.00	10/27/99	$1,000.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Morton Gooze 3675 N. Country Club Drive #1109 Aventura, FL 33180 Receipt For: ☐ Primary ☐ General ☒ Other (specify): X	Retired Scientist $250.00	12/20/99	$250.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			

SUBTOTAL of Receipts This Page (optional)	$3,300.00
TOTAL This Period (last page this line number only)	

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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE 43 OF 112

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Morton Gooze 3675 N. Country Club Drive #1109 Aventura, FL 33180 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Retired / Scientist / $950.00	11/3/99	$200.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Eleanor Gordon 11111 Biscayne Blvd., #1607 Miami, FL 33181 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Self / Sales / $250.00	11/15/99	$250.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Morris Gordon 1056 Creekford Drive Weston, FL 33326 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Marriage Educators / Self-Employed / $750.00	10/21/99	$500.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Neil Gottlieb 4700 NW 132nd Street Miami, FL 33054 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Atlantic Hosiery / Vice President / $250.00	12/9/99	$250.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Randi Grant 1 SE 3rd Ave., Floor 15 Miami, FL 33131 Receipt For: [ ] Primary [ ] General [x] Other (specify):	/ / $250.00	12/7/99	$250.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Herschel Green 9485 Old Cutler Lane Coral Gables, FL 33156 Receipt For: [ ] Primary [ ] General [x] Other (specify):	The Green Companies / Builder / $250.00	11/19/99	$250.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	/ / $0		

SUBTOTAL of Receipts This Page (optional)	$1,700.00
TOTAL This Period (last page this line number only)	

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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE 44 OF 112

FOR LINE NUMBER 11(a)(i)

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

NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Herschel Green 9485 Old Cutler Lane Coral Gables, FL 33156	The Green Companies Builder	12/15/99	$200.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $		$450.00
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Marcia Green 2525 Luceme Ave Miami Beach, FL 33140	Homemaker	11/15/99	$250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $		$250.00
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Richard Green 21150 Point Place, Apt. 1406 Aventura, FL 33180	Retired	12/7/99	$500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $		$500.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Patricia Greenwald 830 Park Ave. New York, NY 10021	Self Community Leader	11/30/99	$250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $		$250.00
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Harold Grinspoon 172 Crestview Circle Longmeadow, MA 01106	Retired	12/6/99	$500.00
Receipt For: [ ] Primary [X] General [ ] Other (specify):	Aggregate Year-to-Date > $		$1,000.00
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Harold Grinspoon 172 Crestview Circle Longmeadow, MA 01106	Retired	8/16/99	$1,000.00
Receipt For: [ ] Primary [ ] General [X] Other (specify): X	Aggregate Year-to-Date > $		$1,500.00
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional) $2,700.00

TOTAL This Period (last page this line number only)

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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE 45 OF 112

FOR LINE NUMBER 11(a)(i)

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

NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Pam Grissom 9440 Carlton Way West Hollywood, CA 90069 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Self / Investor / $500.00	9/22/99	$500.00 *
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Emily's List EMILY's List 805 15th Street, NW, Suite 400 Washington, DC 20005 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Note: Above Contribution earmarked through this organi / Conduit total: $56,317.43 / $	9/22/99	MEMO $500.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Anita Grossman 975 Arthur Godfrey Rd. STE. 401 Miami, FL 33140 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Gateway Associates / Executive / $500.00	7/16/99	$500.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Arthur Grossman 20100 W Country Club Dr., Apt. #202 Aventura, FL 33180 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Retired / $250.00	12/7/99	$250.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Stuart Grossman 2665 South Bayshore Drive PH Miami, FL 33133 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Grossman and Roth, PA / Attorney / $1,000.00	12/29/99	$1,000.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Robert Gruder 508 North Parkway Golden Beach, FL 33160 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Monaco Motel / Hotel Executive / $250.00	8/21/99	$250.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):			

SUBTOTAL of Receipts This Page (optional) $2,500.00

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

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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE 46 OF 112

FOR LINE NUMBER 11(a)(i)

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

NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
A. Michael Hacker 200 S. Biscayne Blvd., Suite 3800 Miami, FL 33131	Consulates of Senegal and Togo Diplomat $250.00	11/19/99	$250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):			
B. Claire Hager 3015 Sorrel Court Fort Lauderdale, FL 33331	 $1,000.00	9/24/99	$1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):			
C. Harry Hahamovitch PO Box 3760 Boca Raton, FL 33427	Self-Employed Real Estate Investor $2,000.00	12/27/99	$1,000.00
Receipt For: [ ] Primary [X] General [ ] Other (specify):			
D. Elliot Hahn 17201 NE 13 Ave. Miami Beach, FL 33162	Andryx Corp. Business Exec $2,000.00	12/20/99	$1,000.00
Receipt For: [ ] Primary [X] General [ ] Other (specify):			
E. Elliot Hahn 17201 NE 13 Ave. Miami Beach, FL 33162	Andryx Corp. Business Exec $2,000.00	12/20/99	$1,000.00
Receipt For: [ ] Primary [X] General [ ] Other (specify):			
F. Ernest Halpryn 1428 Brickell Ave., #105 Miami, FL 33131	Retired Dentist $300.00	12/3/99	$100.00
Receipt For: [ ] Primary [ ] General [X] Other (specify): X			
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):			
SUBTOTAL of Receipts This Page (optional)			$4,350.00
TOTAL This Period (last page this line number only)			

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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE 47 OF 112

FOR LINE NUMBER 11(a)(i)

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

NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress CD0345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Robin Hanes 191 Lynn Cove Road Asheville, NC 28804 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Self / Artist/Homemaker / $250.00	10/8/99	$250.00 *
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Emily's List EMILY's List 805 15th Street, NW, Suite 400 Washington, DC 20005 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Note: Above Contribution earmarked through this organi / Conduit total: $58,317.43 / $	10/8/99	MEMO $250.00
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Fanny Hanono 1805 NE 195th Terrace North Miami Beach, FL 33179 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Carfel, Inc. / Vice-President / $2,000.00	12/31/99	$1,000.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Michael Hanzman 4835 SW 76th Street Miami, FL 33143 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Hanzman and Cridan, PA / Attorney / $1,666.66	12/3/99	$1,000.00
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Francine Harris 5980 N. Bay Road Miami, FL 33140 Receipt For: [ ] Primary [ ] General [X] Other (specify):	/ Homemaker / $	12/17/99	$1,000.00
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Francine Harris 5980 N. Bay Road Miami, FL 33140 Receipt For: [ ] Primary [X] General [ ] Other (specify):	/ Homemaker / $	12/17/99	$1,000.00
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	/ / $		

SUBTOTAL of Receipts This Page (optional)	$4,250.00
TOTAL This Period (last page this line number only)	

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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE 48 OF 112

FOR LINE NUMBER 11(a)(i)

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

NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Harriet Harris 4725 SW 85 Street Miami, FL 33143 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Harris Travel Service Travel agent $250.00	9/1/99	$250.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Jim Harris 9130 S. Dadeland Blvd. Miami, FL 33156 Receipt For: [X] Primary [ ] General [ ] Other (specify):	McLuskey McDonald & Payne Attorney $250.00	11/19/99	$250.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Mel Harris 5980 North Bay Road Miami Beach, FL 33140 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Preferred Employers Holdings Insurance Exec. $2,000.00	11/12/99	$1,000.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Mel Harris 5980 North Bay Road Miami Beach, FL 33140 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Preferred Employers Holdings Insurance Exec. $2,000.00	12/17/99	$1,000.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Sam Harte P.O. Box 561775 Miami, FL 33256 Receipt For: [ ] Primary [ ] General [X] Other (specify): X	Retired $250.00	10/1/99	$250.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Steven Hartz Akerman, Senterfitt & Eidson Suite 2600 Miami, FL 33131-1716 Receipt For: [ ] Primary [ ] General [X] Other (specify): X	Akerman, Senterfitt & Eidson Attorney $250.00	11/24/99	$250.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):			

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

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

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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE 49 OF 112

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Fred Havenick 369 Leucadendra Drive Coral Gables, FL 33156	Flagler Dog Track Dog Track Owner $500.00	11/3/99	$500.00
Receipt For: X Primary ☐ General ☐ Other (specify):			
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Monica Heftler 9999 Collins Avenue BalHarbour, FL 33154	Retired $500.00	11/24/99	$500.00
Receipt For: X Primary ☐ General ☐ Other (specify):			
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Alan Heilig 1800 NE 114 Street, Apt. 806 Miami, FL 33181	Retired Retired $500.00	10/20/99	$250.00
Receipt For: X Primary ☐ General ☐ Other (specify):			
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Susan Helfman 465 Rovino Ave. Coral Gables, FL 33156	Homemaker $250.00	11/17/99	$250.00
Receipt For: ☐ Primary ☐ General X Other (specify):			
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Jonathan Heller 1428 Brickell Ave., Suite 600 Miami, FL 33131	Heller Chames and Garcia, PA Attorney $500.00	10/18/99	$500.00
Receipt For: ☐ Primary ☐ General X Other (specify):			
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Lawrence Hellring 9875 NW 79th Ave. Hialeah, FL 33016	$250.00	11/17/99	$250.00
Receipt For: ☐ Primary ☐ General X Other (specify):			
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			

SUBTOTAL of Receipts This Page (optional)	$2,250.00
TOTAL This Period (last page this line number only)	

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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE 50 OF 112

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Arturo Hernandez 1230 Cartagena Ave. Coral Gables, FL 33156 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation Aggregate Year-to-Date > $ $250.00	11/17/99	$250.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer: Self Occupation: C.P.A., P.A. Aggregate Year-to-Date > $ $500.00	10/18/99	$500.00
Laurence Herrup 326 71st Street Miami Beach, FL 33141 Receipt For: [X] Primary [ ] General [ ] Other (specify):			
C. Full Name, Mailing Address and ZIP Code	Name of Employer: Wometco Ent., Inc. Occupation: Chairman of the Board Aggregate Year-to-Date > $ $2,000.00	11/30/99	$1,000.00
Arthur Hertz 3195 Ponce De Leon Coral Gables, FL 33134 Receipt For: [ ] Primary [X] General [ ] Other (specify):			
D. Full Name, Mailing Address and ZIP Code	Name of Employer: Wometco Ent., Inc. Occupation: Chairman of the Board Aggregate Year-to-Date > $ $2,000.00	11/30/99	$1,000.00
Arthur Hertz 3195 Ponce De Leon Coral Gables, FL 33134 Receipt For: [ ] Primary [ ] General [X] Other (specify):			
E. Full Name, Mailing Address and ZIP Code	Name of Employer: Self Occupation: Attorney Aggregate Year-to-Date > $ $500.00	11/24/99	$500.00
Robert Hertzberg 100 SE 2nd Street, Suite 3550 Miami, FL 33131 Receipt For: [ ] Primary [ ] General [X] Other (specify):			
F. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Aggregate Year-to-Date > $ $1,000.00	12/14/99	$1,000.00
Barbara Herzberg 130 Palm Ave. Miami Beach, FL 33139 Receipt For: [ ] Primary [ ] General [X] Other (specify):			
G. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Aggregate Year-to-Date > $		
Receipt For: [ ] Primary [ ] General [ ] Other (specify):			

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

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

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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE 51 OF 112

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Lawrence Hess 6309 Cypress Point Road San Diego, CA 92120 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Lehbros Limited Occupation: Real Estate Aggregate Year-to-Date: $600.00	11/8/99	$600.00 *
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Emily's List EMILY's List 805 15th Street, NW, Suite 400 Washington, DC 20005 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Note: Above Contribution earmarked through this organi Occupation: Conduit total: $56,317.43 Aggregate Year-to-Date: $	11/8/99	MEMO $600.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Fred Hirt 220 West San Marino Drive Miami, FL 33139 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Self Occupation: Consultant Aggregate Year-to-Date: $350.00	11/3/99	$150.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Terez Hochstadt 289 Key Palm Road Boca Raton, FL 33432 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Occupation Aggregate Year-to-Date: $2,000.00	12/31/99	$1,000.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Terez Hochstadt 289 Key Palm Road Boca Raton, FL 33432 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Occupation Aggregate Year-to-Date: $2,000.00	12/31/99	$1,000.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Barry Hodus 1435 NW 13th Terrace Miami, FL 33125 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Self-Employed Occupation: Real Estate Aggregate Year-to-Date: $250.00	11/17/99	$250.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):			

SUBTOTAL of Receipts This Page (optional)	$3,000.00
TOTAL This Period (last page this line number only)	

FEC/UNIVPDF

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE 52 OF 112

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Abel Holtz 9999 Collins Avenue Miami, FL 33154 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Investor * In-Kind: Food for fundraiser Investor $1,673.00	12/1/99	$673.00 *
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Abel Holtz 9999 Collins Avenue Miami, FL 33154 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Investor Investor $1,673.00	11/30/99	$500.00
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Allison Hunt 101 East College Ave., Suite 302 Tallahassee, FL 32301 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Larry Overton & Associates, Inc. * In-Kind: Fundraiser expense Government Relations Consu $387.53	11/1/99	$387.53 *
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Priscilla Hunt 10 Coolidge Hill Road Cambridge, MA 021385510 Receipt For: ☐ Primary ☐ General ☒ Other (specify):	Homemaker $250.00	10/4/99	$250.00 *
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Emily's List EMILY's List 805 15th Street, NW, Suite 400 Washington, DC 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Note: Above Contribution earmarked through this organi Conduit total: $68,317.43	10/4/99	MEMO $250.00
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Elmer Hurwitz 194 Golden Beach Drive Miami, FL 33160 Receipt For: ☐ Primary ☐ General ☒ Other (specify): X	Retired	11/8/99	$1,000.00
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	$1,000.00		

SUBTOTAL of Receipts This Page (optional)	$2,810.53
TOTAL This Period (last page this line number only)	

FEBAN99PDF

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE 53 OF 112

FOR LINE NUMBER 11(a)(i)

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

NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michele Jackman 330 Royal Plaza Dr. Fort Lauderdale, FL 33301		8/10/99	$500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Retired	Aggregate Year-to-Date: $	$500.00
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Stephen Jackman 330 Royal Plaza Dr. Fort Lauderdale, FL 33301	Seitlin Insurance	8/10/99	$500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Insurance Exec.	Aggregate Year-to-Date: $	$500.00
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Nava Jacobs 2000 Tower Side Terrace, Apt. 1203 Miami, FL 33138		12/29/99	$1,000.00
Receipt For: [ ] Primary [X] General [ ] Other (specify):	Occupation	Aggregate Year-to-Date: $	$2,000.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Nava Jacobs 2000 Tower Side Terrace, Apt. 1203 Miami, FL 33138		12/29/99	$1,000.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):	Occupation	Aggregate Year-to-Date: $	$2,000.00
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Donald and Lola Jacobson Jacobson Properties 7440 SW 82nd Street Miami, FL 33143	Jacobson Properties	11/24/99	$500.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):	Occupation: Real Estate Investor	Aggregate Year-to-Date: $	$500.00
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Ann Jaffe 5700 N Bay Road Miami, FL 33140		9/1/99	$250.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):	Occupation	Aggregate Year-to-Date: $	$250.00
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Occupation	Aggregate Year-to-Date: $	

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

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

FEC FORM 3P

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE 54 OF 112

FOR LINE NUMBER 11(a)(i)

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

NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Michael Jenks Walton Lantaff Schroeder & Carson 9350 S. Dixie Highway, 10th Floor Miami, FL 33156	Walton Lantaff Schroeder & Carson / Attorney / $250.00	11/17/99	$250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):			
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Maria Jobin-Leeds Box 390109 Cambridge, MA 02139	Self / Educator / $250.00	10/4/99	$250.00 *
Receipt For: [X] Primary [ ] General [ ] Other (specify):			
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Emily's List EMILY's List 805 15th Street, NW, Suite 400 Washington, DC 20005	Note: Above Contribution earmarked through this organi / Conduit total: $58,317.43 / $	10/4/99	MEMO $250.00
Receipt For: [ ] Primary [ ] General [ ] Other (specify):			
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
David Johns 151 N Orlando Ave. 138 Winter Park, FL 32789	Value Financial Services / Vice President-Administration / $500.00	12/31/99	$500.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):			
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Anne Jolley Thomas Byrd 168 Sugarplum Drive Tallahassee, FL 32312	Self / Government Relations Consu / $250.00	10/8/99	$250.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):			
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Richard Josepher 100 W. Cypress Creek Road, Suite 800 Fort Lauderdale, FL 33309	Gutter, Josepher & Ruffin, PA / Attorney / $250.00	11/30/99	$250.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):			
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):			

SUBTOTAL of Receipts This Page (optional)	$1,500.00
TOTAL This Period (last page this line number only)	

FEC Form 3P

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE 55 OF 112

FOR LINE NUMBER 11(a)(i)

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

NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael Josephs 2950 SW 27 Ave., Suite 100 Miami, FL 33133	Josephs, Jack & Geeba	10/29/99	$500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Attorney Aggregate Year-to-Date > $ $500.00		

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ben Josin 19195 Mystic Point Dr. #905 Aventura, FL 33180	Retired	12/7/99	$250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation Aggregate Year-to-Date > $ $250.00		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Morton Kalkt 19707 Turnberry Way, #18A Aventura, FL 33180	Self-Employed	11/12/99	$500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Real Estate Aggregate Year-to-Date > $ $1,000.00		

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Charles Kantor 3690 NE 195th Lane Aventura, FL 33180	Upscale Wholesale, Inc.	10/20/99	$100.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):	Occupation: Attorney/Investor Aggregate Year-to-Date > $ $700.00		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Charles Kantor 3690 NE 195th Lane Aventura, FL 33180	Upscale Wholesale, Inc.	12/7/99	$500.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):	Occupation: Attorney/Investor Aggregate Year-to-Date > $ $700.00		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Betsy Keplan 6780 SW 122nd Dr. Miami, FL 33156	Miami-Dade School Board	11/17/99	$250.00
Receipt For: [ ] Primary [ ] General [X] Other (specify): X	Occupation: Elected Official Aggregate Year-to-Date > $ $250.00		

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Occupation Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional)	$2,100.00
TOTAL This Period (last page this line number only)	

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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE 58 OF 112

FOR LINE NUMBER 11(a)(i)

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

NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mark Kaplan 91 Oak Hill Street Newton, MA 02459	Occupation: Retired	7/23/99	$500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date: $500.00		
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Ezra Katz 2665 S. Bayshore Drive, PH-2A Coconut Grove, FL 33133	Occupation	9/1/99	$500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date: $500.00		
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Roberta Kaufman 3801 NE 207th Street, #2002 North Miami Beach, FL 33180	Occupation: Homemaker	9/20/99	$250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date: $250.00		
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**: Segaz Industries, Inc.	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Joseph Kavana 19500 Turnberry Way #TSD-E Aventura, FL 33180	Occupation: Businessman	12/31/99	$1,000.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):	Aggregate Year-to-Date: $1,000.00		
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**: Flagship Resort	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Bruce Kaye 11111 Biscayne Blvd. #1657 Miami, FL 33181	Occupation: Developers	12/22/99	$500.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):	Aggregate Year-to-Date: $500.00		
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Hal Kaye 1440 Biscaya Drive Surfside, FL 33154	Occupation: Retired	10/27/99	$200.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):	Aggregate Year-to-Date: $350.00		
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
	Occupation		
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date: $		

SUBTOTAL of Receipts This Page (optional) $2,950.00

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

FEC/MUR/SP/DP

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE 57 OF 112

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Sharon Kegerreis 4362 Mayfair Drive Miami, FL 33131 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Hughes Hubbard & Reed Attorney $ $250.00	11/17/99	$250.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Kolman Kenigsberg 520 Holiday Dr. Hallandale, FL 33009 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Lewis B. Freeman & Partner, Inc. Litigation Support Accountant $ $250.00	12/7/99	$250.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Eugene Kessler 19501 Biscayne Blvd Aventura, FL 33180 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Turnberry Associates Real Estate $ $2,000.00	12/7/99	$1,000.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Erika King P.O. Box 715 Coconut Grove, FL 33133 Receipt For: [ ] Primary [ ] General [x] Other (specify):	Self In-Kind: Photographer at Re Photographer $ $220.00	11/1/99	$220.00 *
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Steven Klein 16722 SW 78th Court Miami, FL 33157 Receipt For: [ ] Primary [ ] General [x] Other (specify):	Gerson Preston CPA $ $1,200.00	12/10/99	$200.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Steven Klein 16722 SW 78th Court Miami, FL 33157 Receipt For: [ ] Primary [ ] General [x] Other (specify):	Gerson Preston In-Kind: Funding for event CPA $ $1,200.00	12/7/99	$600.00 *
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	$		

SUBTOTAL of Receipts This Page (optional)	$2,720.00
TOTAL This Period (last page this line number only)	

FEUN678PDF

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE 58 OF 112

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Steven Klein 16722 SW 78th Court Miami, FL 33157 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Gerson Preston * In-Kind: Funding for event CPA Aggregate Year-to-Date $1,200.00	12/7/99	$200.00 *
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Ruben Kloda 2600 Island Blvd., #906 Aventura, FL 33160 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Atlantic Hosiery Executive Aggregate Year-to-Date $600.00	12/9/99	$500.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Dorothy Knecht 17 Bret Harte Terrace San Francisco, CA 94133 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Retired Aggregate Year-to-Date $250.00	10/14/99	$250.00 *
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Emily's List EMILY's List 805 15th Street, NW, Suite 400 Washington, DC 20005 Receipt For: ☐ Primary ☐ General ☒ Other (specify):	Note: Above Contribution earmarked through (via organi Conduit total: $56,317.43 Aggregate Year-to-Date $	10/14/99	MEMO $250.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Dorothy Kohl 1070 N. Lake Way Palm Beach, FL 33480 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Homemaker Aggregate Year-to-Date $2,000.00	12/17/99	$1,000.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Dorothy Kohl 1070 N. Lake Way Palm Beach, FL 33480 Receipt For: ☐ Primary ☐ General ☐ Other (specify): X	Homemaker Aggregate Year-to-Date $2,000.00	12/17/99	$1,000.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		

SUBTOTAL of Receipts This Page (optional) $2,950.00

TOTAL This Period (last page this line number only)

FE8AH01PDF

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE 59 OF 112

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Jane Kohl 234 W. Concord Lane Chicago, IL 60614 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Student Occupation Aggregate Year-to-Date $ $1,000.00	12/29/99	$1,000.00
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Lawrence Kohl 12011 San Vicinte Blvd, #405 Los Angeles, CA 90049 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Nucleus Interactive, Inc. Occupation Animation Production Aggregate Year-to-Date $ $1,000.00	12/17/99	$1,000.00
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Lisa Kohl 101 W. 79th Street New York, NY 10024 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Homemaker Occupation Aggregate Year-to-Date $ $1,000.00	12/17/99	$1,000.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Robert Kohl 680 N. Lake Shore Drive Chicago, IL 60611 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Self Occupation Real Estate Aggregate Year-to-Date $ $1,000.00	12/17/99	$1,000.00
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Sidney Kohl 1070 N Lake Way Palm Beach, FL 33480 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Self Occupation Investor Aggregate Year-to-Date $ $2,000.00	12/17/99	$1,000.00
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Sidney Kohl 1070 N Lake Way Palm Beach, FL 33480 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Self Occupation Investor Aggregate Year-to-Date $ $2,000.00	12/17/99	$1,000.00
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Occupation Aggregate Year-to-Date $		

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

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

FE6UNOSP01

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE 60 OF 112

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Scott Kornspan 19456 Preserve Drive Boca Raton, FL 33498	Black Srebnick & Kornspan	11/30/99	$250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Attorney Aggregate Year-to-Date: $ $250.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Henry Kort 20320 Fairway Oaks DR. #332 Boca Raton, FL 33434		9/20/99	$250.00 *
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation Aggregate Year-to-Date: $ $250.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Emily's List EMILY's List 805 15th Street, NW, Suite 400 Washington, DC 20005	Note: Above Contribution earmarked through this organi	9/20/99	MEMO $250.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):	Occupation: Conduit total: $66,317.43 Aggregate Year-to-Date: $		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Helen M. Kotler 9801 Collins Ave., Apt. 200 Bal Harbour, FL 33154	Self-Employed	10/29/99	$100.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):	Occupation: Real Estate Broker Aggregate Year-to-Date: $ $500.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Kozyak 200 South Biscayne Blvd., #2800 Miami, FL 33131	Kozyak, Tropin, et al	11/15/99	$250.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):	Occupation: Attorney Aggregate Year-to-Date: $ $750.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Werner Kramarsky 33 East 70th Street New York, NY 10021	Retired	11/3/99	$500.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):	Occupation: Retired Aggregate Year-to-Date: $ $1,000.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Occupation Aggregate Year-to-Date: $		

SUBTOTAL of Receipts This Page (optional) $1,350.00

TOTAL This Period (last page this line number only)

FE6AN078P.DF

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE 61 OF 112

FOR LINE NUMBER 11(a)(i)

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

NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code Samuel Kravetz 19667 Turnberry Way #14H Aventura, FL 33180 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer: Retired Occupation: Aggregate Year-to-Date > $ $250.00	Date (month, day, year): 12/3/99	Amount of Each Receipt this Period: $250.00
B. Full Name, Mailing Address and ZIP Code Judy Kreutzer 9615 SW 48th Street Miami, FL 33155 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer: Self-Employed Occupation: Investor Aggregate Year-to-Date > $ $618.00	Date (month, day, year): 11/3/99	Amount of Each Receipt this Period: $118.00
C. Full Name, Mailing Address and ZIP Code Robin Krivanek 2802 Gaines Street Tampa, FL 33618 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer: Occupation: Retired Aggregate Year-to-Date > $ $250.00	Date (month, day, year): 9/16/99	Amount of Each Receipt this Period: $250.00 *
D. Full Name, Mailing Address and ZIP Code Emily's List EMILY's List 805 15th Street, NW, Suite 400 Washington, DC 20005 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Name of Employer: Note: Above Contribution ~~earmarked through this organi~~ Occupation: Conduit total: $56,317.43 Aggregate Year-to-Date > $	Date (month, day, year): 9/16/99	Amount of Each Receipt this Period: MEMO $250.00
E. Full Name, Mailing Address and ZIP Code Lois Krop One Tumberry Place 19495 Biscayne Blvd., Suite 203 Aventura, FL 33180 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Name of Employer: Self Occupation: Psychologist Aggregate Year-to-Date > $ $400.00	Date (month, day, year): 12/10/99	Amount of Each Receipt this Period: $400.00
F. Full Name, Mailing Address and ZIP Code Steven J. Kumble 99 Silver Spring Road Wilton, CT 06897 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Name of Employer: Lincolnshire Management, Inc. Occupation: Chairman, CEO Aggregate Year-to-Date > $ $2,000.00	Date (month, day, year): 11/12/99	Amount of Each Receipt this Period: $1,000.00
G. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date > $	Date (month, day, year):	Amount of Each Receipt this Period:

SUBTOTAL of Receipts This Page (optional) $2,018.00

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

FEAN92MF0F

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE 62 OF 112

FOR LINE NUMBER 11(a)(i)

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

NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Daniel Kushner 3895 Carson Avenue Cooper City, FL 33026 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Gerson and Preston Accountants * In-Kind: Funding for event Accountant Aggregate Year-to-Date > $ $1,750.00	12/7/99	$250.00 *
B. Full Name, Mailing Address and ZIP Code Daniel Kushner 3895 Carson Avenue Cooper City, FL 33026 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Gerson and Preston Accountants * In-Kind: Funding for event Accountant Aggregate Year-to-Date > $ $1,750.00	12/7/99	$750.00 *
C. Full Name, Mailing Address and ZIP Code Daniel Kushner 3895 Carson Avenue Cooper City, FL 33026 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Gerson and Preston Accountants Accountant Aggregate Year-to-Date > $ $1,750.00	12/9/99	$200.00
D. Full Name, Mailing Address and ZIP Code Cerole Lande 2875 NE 191st Street, #511 Aventura, FL 33180 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Homemaker Homemaker Aggregate Year-to-Date > $ $2,000.00	12/29/99	$1,000.00
E. Full Name, Mailing Address and ZIP Code William Lande 19355 Turnberry Way Aventura, FL 33180 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Self-Employed Developer Aggregate Year-to-Date > $ $2,000.00	12/7/99	$500.00
F. Full Name, Mailing Address and ZIP Code William Lande 19355 Turnberry Way Aventura, FL 33180 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Self-Employed Developer Aggregate Year-to-Date > $ $2,000.00	12/29/99	$500.00
G. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Occupation Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional)	$3,200.00
TOTAL This Period (last page this line number only)	

FE5AN078PD#

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE 63 OF 112

FOR LINE NUMBER 11(a)(i)

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

NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Israel Lapciuc 1753 North View Rd. Island #1 Miami Beach, FL 33140 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Self Importing Business $500.00	9/11/99	$250.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Israel Lapciuc 1753 North View Rd. Island #1 Miami Beach, FL 33140 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Self Importing Business $500.00	11/17/99	$250.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Neil Leach 216 Valley Hill Road Riverdale, GA 30274 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Multifocal Rx $1,000.00	12/7/99	$1,000.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Phoebe Leboy 1600 Hagys Ford Road Narberth, PA 19072 Receipt For: [ ] Primary [ ] General [X] Other (specify):	University of Pennsylvania Professor $250.00	9/13/99	$250.00 *
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Emily's List EMILY's List 805 15th Street, NW, Suite 400 Washington, DC 20005 Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Note: Above Contribution earmarked through this organi Conduit total: $58,217.43	9/13/99	MEMO $250.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Catherine Lederer Plaskett 40 Birchwood Lane Hartsdale, NY 10530 Receipt For: [ ] Primary [ ] General [X] Other (specify): X	$250.00	10/11/99	$250.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):			

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

TOTAL This Period (last page this line number only)

FE5ANDNPDF

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE 64 OF 112

FOR LINE NUMBER 11(a)(i)

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

NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Lilo Leeds 17 Hilltop Drive E Great Neck, NY 110211104 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CMP Publications Executive $ $500.00	8/17/99	$500.00 *
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Emily's List EMILY's List 805 15th Street, NW, Suite 400 Washington, DC 20005 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Note: Above Contribution earmarked through this organi Conduit total: $56,317.43 $	9/17/99	MEMO $500.00
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
William Lehman 2071 NE 194th Terr North Miami Beach, FL 33179 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Lehman Auto Owner $ $1,000.00	10/1/99	$1,000.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
David Lehrman 1680 Michigan Ave., Suite 1104 Miami Beach, FL 33139 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Self Doctor $ $250.00	12/14/99	$250.00
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Debra Leibowitz 8 West Rivo Alto Dr. Miami Beach, FL 33139 Receipt For: [ ] Primary [ ] General [X] Other (specify):	$ $250.00	12/31/99	$250.00
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Paul Leight 10275 Collins Avenue P.H. 9 Miami, FL 33154 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Well-Gain Cord Sales $ $568.00	10/20/99	$318.00
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	$		

SUBTOTAL of Receipts This Page (optional) $2,318.00

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

FE6AN01MPDP

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE 65 OF 112

FOR LINE NUMBER 11(a)(i)

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

NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Bonnie Leighton 15 Charlesden Park Newtonville, MA 02460 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Massachusetts Institute of Technology University Professors $ $2,000.00	12/31/99	$1,000.00
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Frank Leighton 15 Charlesden Park Newtonville, MA 02460 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Massachusetts Institute of Technology University Professor $ $2,000.00	12/31/99	$1,000.00
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Jefferey Levey 2665 South Bayshore Drive, Suite 1004 Coconut Grove, FL 33133 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Self Attorney $ $250.00	11/17/99	$250.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Lewis Levey 2655 LeJeune Road Suite 1108 Coral Gables, FL 33134 Receipt For: ☐ Primary ☐ General ☒ Other (specify):	Levey and Associates Attorney $ $250.00	11/12/99	$250.00
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Carolyn Levin 8855 Collins Ave #401 Surfside, FL 33154 Receipt For: ☐ Primary ☐ General ☒ Other (specify):	Retired $ $500.00	12/9/99	$500.00
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
I. Stanley Levine 3333 Garden Ave. Miami Beach, FL 33140 Receipt For: ☐ Primary ☐ General ☒ Other (specify):	Self Attorney $ $1,000.00	12/31/99	$1,000.00
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	$		

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

TOTAL This Period (last page this line number only)

FE6AN01BF.DF

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE 66 OF 112

FOR LINE NUMBER 11(a)(i)

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

NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Jacqueline Levine 10 Beaumont Terrace West Orange, NJ 07052 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Self / Community Leader / $250.00	12/15/99	$250.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Marcy Lewis 11111 Biscayne Blvd. Miami, FL 33181 Receipt For: [X] Primary [ ] General [ ] Other (specify):	/ Homemaker / $1,000.00	11/17/99	$1,000.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
David Lichter 2120 NE 117th Road North Miami, FL 33181 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Kenny Nachwalter, et al / Attorney / $250.00	11/15/99	$250.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Laureine Lichtman 2255 NE 120th Street Miami, FL 33181 Receipt For: [X] Primary [ ] General [ ] Other (specify):	/ / $500.00	12/15/99	$500.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Lucia Lindley 1217 Ridge Ave Evanston, IL 60202 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Self / Photographer / $500.00	9/14/99	$500.00 *
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Emily's List EMILY's List 805 15th Street, NW, Suite 400 Washington, DC 20005 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Note: Above Contribution deposited through this organi / Grand total: $50,317.49 / $	9/14/99	MEMO $500.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	/ / $		

SUBTOTAL of Receipts This Page (optional)	$2,500.00
TOTAL This Period (last page this line number only)	

FE6AN03PDF

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE 67 OF 112

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Joan Lipsig 1410 N. State Parkway #18A Chicago, IL 60610	Occupation: Retired	9/13/99	$250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date: $ $250.00		
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Emily's List EMILY's List 805 15th Street, NW, Suite 400 Washington, DC 20005	Note: Above Contribution earmarked through this organi Occupation: Conduit total: $58,317.43	9/13/99	MEMO $250.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):	Aggregate Year-to-Date: $		
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Dava Lipsky 21205 Yacht Club Drive, #2002 Aventura, FL 33180	Occupation: Homemaker	11/12/99	$250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date: $ $250.00		
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Alan Lipton 19495 Biscayne Blvd., No. 410 Aventura, FL 33180	Self Occupation: Investor	11/3/99	$1,000.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):	Aggregate Year-to-Date: $ $5,000.00		
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Alan Lipton 19495 Biscayne Blvd., No. 410 Aventura, FL 33180	Self Occupation: Investor	11/3/99	$1,000.00
Receipt For: [ ] Primary [X] General [ ] Other (specify):	Aggregate Year-to-Date: $ $3,000.00		
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Alan Lipton 19495 Biscayne Blvd., No. 410 Aventura, FL 33180	Self Occupation: Investor	11/19/99	$1,000.00
Receipt For: [ ] Primary [X] General [ ] Other (specify):	Aggregate Year-to-Date: $ $3,000.00		
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
	Occupation		
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date: $		
SUBTOTAL of Receipts This Page (optional)			$3,500.00
TOTAL This Period (last page this line number only)			

FE6AN078PDF

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

PAGE 68 OF 112

FOR LINE NUMBER 11(a)(i)

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Janice Lipton 19495 Biscayne Blvd., No. 410 Aventura, FL 33180 Receipt For: [X] Primary [ ] General [ ] Other (specify):	J B L Design Inc. Owner $ $2,000.00	11/3/99	$1,000.00
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Janice Lipton 19495 Biscayne Blvd., No. 410 Aventura, FL 33180 Receipt For: [ ] Primary [X] General [ ] Other (specify):	J B L Design Inc. Owner $ $2,000.00	11/3/99	$1,000.00
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Jo List 263 West End Ave New York, NY 10023 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Retired $ $500.00	10/4/99	$500.00 *
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Emily's List EMILY's List 805 15th Street, NW, Suite 400 Washington, DC 20005 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Note: Above Contribution ~~earmarked through this organi~~ Conduit total: $56,317.43 $	10/4/99	MEMO $500.00
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Scott Lodin 1895 NE 197 Terrace Miami, FL 33179 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Andrx Corporation Lawyer $ $1,400.00	12/31/99	$400.00
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Scott Lodin 1895 NE 197 Terrace Miami, FL 33179 Receipt For: [ ] Primary [ ] General [X] Other (specify): X	Andrx Corporation Lawyer $ $1,400.00	12/31/99	$1,000.00
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	$		

SUBTOTAL of Receipts This Page (optional)	$3,900.00
TOTAL This Period (last page this line number only)	

FE6AN09FD

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE 69 OF 112

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Leonard Lurla 7774 Fisher Island Drive Fisher Island, FL 33109 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation Aggregate Year-to-Date > $ $500.00	9/1/99	$500.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Sally Lutz 75 Richdale Avenue Unit #15 Cambridge, MA 02140 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer: Self Occupation: Artist Aggregate Year-to-Date > $ $500.00	10/22/99	$500.00 *
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Emily's List EMILY's List 805 15th Street, NW, Suite 400 Washington, DC 20005 Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer: Note: Above Contribution earmarked through this organi Occupation: Conduit total: $58,317.43 Aggregate Year-to-Date > $	10/22/99	MEMO $500.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Robert Magoon PO Box P3 Aspen, CO 81612 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Occupation: Retired Aggregate Year-to-Date > $ $500.00	12/15/99	$500.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Michael H. Male 9100 Hammock Lake Drive Coral Gables, FL 33156 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Name of Employer: Michael H. Male, P.A. Occupation: Attorney Aggregate Year-to-Date > $ $300.00	10/20/99	$100.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Michael H. Male 9100 Hammock Lake Drive Coral Gables, FL 33156 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Name of Employer: Michael H. Male, P.A. Occupation: Attorney Aggregate Year-to-Date > $ $300.00	12/31/99	$100.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):			

SUBTOTAL of Receipts This Page (optional) $1,700.00

TOTAL This Period (last page this line number only)

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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE 70 OF 112

FOR LINE NUMBER 11(a)(i)

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

NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Jay Malina 6055 NW 82nd Ave. Miami, FL 33166 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Xebec Trade Finance Corp. Business Executive $500.00	7/12/99	$500.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Marshall Manley 2475 Marseille Drive West Palm Beach, FL 33410 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Retired $1,000.00	12/14/99	$1,000.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Martin Margulies 445 Grand Bay Drive, #PH-1 Key Biscayne, FL 33149 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Self-Employed Real Estate Developer $750.00	10/27/99	$250.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Deborah Marks 800 Brickell Ave., Suite 1115 Miami, FL 33131 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Abrams, Etter and Marks PA Attorney $250.00	11/19/99	$250.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Sanford Marks 100 N. Biscayne Blvd. Miami, FL 33132 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Trial Technologies, Inc. Trial Consultant $500.00	11/30/99	$250.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Sanford Marks 100 N. Biscayne Blvd. Miami, FL 33132 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Trial Technologies, Inc. Trial Consultant $500.00	11/19/99	$250.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):			

SUBTOTAL of Receipts This Page (optional)	$2,500.00
TOTAL This Period (last page this line number only)	

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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE 71 OF 112

FOR LINE NUMBER 11(a)(i)

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

NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Gloria Martin 2127 Brickell Avenue PH 3602 Miami, FL 33129 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Retired Aggregate Year-to-Date: $1,000.00	8/20/99	$1,000.00
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Leo Martin 2127 Brickell Avenue Miami, FL 33129 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Retired Aggregate Year-to-Date: $500.00	12/6/99	$500.00
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
M. Allison Maus 4908 - 102nd Lane NE Kirkland, WA 98033 Receipt For: [X] Primary [ ] General [ ] Other (specify):	$250.00	9/20/99	$250.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Jan Mc M. Montgomery 942 Via Fruteria Santa Barbara, CA 93110 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Retired Occupation Aggregate Year-to-Date: $500.00	12/17/99	$250.00
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Jan Mc M. Montgomery 942 Via Fruteria Santa Barbara, CA 93110 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Retired Occupation Aggregate Year-to-Date: $500.00	9/21/99	$250.00 *
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Emily's List EMILY's List 805 15th Street, NW, Suite 400 Washington, DC 20005 Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Note: Above Contribution designated through this organi Occupation Aggregate Year-to-Date: Committee total: $50,317.45	9/21/99	MEMO $250.00
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Receipt For: [ ] Primary [ ] General [ ] Other (specify):			

SUBTOTAL of Receipts This Page (optional)	$2,250.00
TOTAL This Period (last page this line number only)	

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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE 72 OF 112

FOR LINE NUMBER 11(a)(i)

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

NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Ann McDowell PO Box 115 Ozona, FL 34660 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Self Insurance Service Rep $250.00	11/15/99	$250.00 *
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Emily's List EMILY's List 805 15th Street, NW, Suite 400 Washington, DC 20005 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Note: Above Contribution earmarked through this organi Conduit total: $56,317.43	11/15/99	MEMO $250.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Miles McGrane 2801 Ponce De Leon Blvd., Suite 1200 Miami, FL 331346900 Receipt For: [X] Primary [ ] General [ ] Other (specify):	McGrane & Nosich Attorney	11/3/99	$500.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Thomas McGuigan 6645 Southwest 102nd Street Miami, FL 331563365 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Self Attorney	9/23/99	$500.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Laura McLeod 2806 Aberdeen Street Tallahassee, FL 32312 Receipt For: [ ] Primary [ ] General [X] Other (specify):	McLeod&Associates Government and Management	10/20/99	$250.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
John McLuskey One Biscayne Tower 2 S. Biscayne Blvd., 25th Floor Miami, FL 33131 Receipt For: [ ] Primary [ ] General [X] Other (specify):	McLuskey, McDonald & Payne, PA Attorney	11/17/99	$500.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):			

SUBTOTAL of Receipts This Page (optional)	$2,000.00
TOTAL This Period (last page this line number only)	

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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE 73 OF 112

FOR LINE NUMBER 11(a)(i)

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

NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Damian McNamara 365 West 20th Street, #7-C New York, NY 10011	McMahon Medical Publishing	12/20/99	$1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Editor Aggregate Year-to-Date: $1,000.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Timothy Meenan Blank, Rigsby and Meenan Tallahassee, FL 32301	Blank, Rigsby and Meenan	10/6/99	$300.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Attorney Aggregate Year-to-Date: $300.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ronald Megar 19380 Collins Ave #1402 Miami, FL 33160		12/3/99	$250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Retired Aggregate Year-to-Date: $250.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer: Retired	Date (month, day, year): 12/3/99	Amount of Each Receipt this Period: $250.00
Barry Meiselman 9850 E. Broadview Drive Bay Harbor Islands, FL 33154	Occupation Aggregate Year-to-Date: $250.00		
Receipt For: [X] Primary [ ] General [ ] Other (specify):			
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Herbert Mendel 5500 Collins Ave. Miami Beach, FL 33140		12/3/99	$1,000.00
Receipt For: [ ] Primary [X] General [ ] Other (specify):	Occupation: Retired Aggregate Year-to-Date: $2,000.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Herbert Mendel 5500 Collins Ave. Miami Beach, FL 33140		11/12/99	$1,000.00
Receipt For: [ ] Primary [ ] General [X] Other (specify): X	Occupation: Retired Aggregate Year-to-Date: $2,000.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Occupation Aggregate Year-to-Date: $		

SUBTOTAL of Receipts This Page (optional)	$3,800.00
TOTAL This Period (last page this line number only)	

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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE 74 OF 112

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Daryl Mert 44 West Flagler Street, Suite 2200 Miami, FL 33130	Mert, Burstyn & Associates, P.A.	11/19/99	$250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Attorney	Aggregate Year-to-Date: $ $250.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Henry Messer 23248 Bonair Dearborn Heights, MI 48127		9/28/99	$250.00 *
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Retired	Aggregate Year-to-Date: $ $250.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Emily's List EMILY's List 805 15th Street, NW, Suite 400 Washington, DC 20005	Note: Above Contribution earmarked through this organi	9/28/99	MEMO $250.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):	Occupation: Conduit total: $58,317.43	Aggregate Year-to-Date: $	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Elizabeth Metcalf 719 Paradiso Avenue Coral Gables, FL 33146	Psychiatrist	11/12/99	$250.00
Receipt For: [ ] Primary [X] General [ ] Other (specify):	Occupation: Children's Psychiatric Center	Aggregate Year-to-Date: $ ~~$350.00~~	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Anne H. Meyer 5500 Collins Avenue, #901 Miami Beach, FL 33140		10/27/99	$250.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):	Occupation: Retired	Aggregate Year-to-Date: $ $400.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bernice Miller 10205 Collins Avenue, #704 Bal Harbour, FL 33154	Self-Employed	11/3/99	$200.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):	Occupation: Writer	Aggregate Year-to-Date: $ $400.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: [ ] Primary [ ] General [ ] Other (specify):		Aggregate Year-to-Date: $	

SUBTOTAL of Receipts This Page (optional)	$1,200.00
TOTAL This Period (last page this line number only)	

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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE 75 OF 112

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Susan Miller 23 Star Island Miami Beach, FL 33139 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation Aggregate Year-to-Date $1,000.00	12/31/99	$1,000.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Steven Mishan Mishan Sloto Greenberg, et al Suite 2350 Miami, FL 33131 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Mishan Sloto Greenberg, et al Occupation Attorney Aggregate Year-to-Date $500.00	11/3/99	$500.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Renu Mody 1717 N. Bayshore Drive, #2224 Miami, FL 33132 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Self-Employed * In-Kind: Fundraiser expenses Occupation Attorney Aggregate Year-to-Date $1,370.00	11/20/99	$370.00 *
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Philip Morse 20225 NE 34th Ct. #PH2711 Aventura, FL 33180 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Retired Occupation Aggregate Year-to-Date $2,000.00	12/17/99	$1,000.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Philip Morse 20225 NE 34th Ct. #PH2711 Aventura, FL 33180 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Retired Occupation Aggregate Year-to-Date $2,000.00	12/17/99	$1,000.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Robert Morse 2851 NE 4th Street Pompano Beach, FL 33062 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Occupation Aggregate Year-to-Date $250.00	9/1/99	$250.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Occupation Aggregate Year-to-Date $		

SUBTOTAL of Receipts This Page (optional)	$4,120.00
TOTAL This Period (last page this line number only)	

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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE 76 OF 112

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345406

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Lottie Morton 5646 North Bay Road Miami Beach, FL 33140	Retired / Retired	11/12/99	$250.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Aggregate Year-to-Date > $	$1,250.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Lottie Morton 5646 North Bay Road Miami Beach, FL 33140	Retired / Retired	10/27/99	$500.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $	$1,250.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Irving Moskowitz 4201 Long Beach Blvd., No. 304 Long Beach, CA 90807		12/31/99	$1,000.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Aggregate Year-to-Date > $	$2,000.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Irving Moskowitz 4201 Long Beach Blvd., No. 304 Long Beach, CA 90807		12/31/99	$1,000.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $	$2,000.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Sandra Muss 4441 Collins Avenue Miami Beach, FL 33140	Community Leader / Community Leader	12/9/99	$1,000.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Aggregate Year-to-Date > $	$2,000.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Stephen Muss 4441 Collins Avenue Miami Beach, FL 33140	Fontainebleu Hilton / Business Executive	12/9/99	$1,000.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Aggregate Year-to-Date > $	$2,000.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional) $4,750.00

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

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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE 77 OF 112

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Jeffrey Mutnik 39 NW 161 Ave. Pembroke Pines, FL 33028 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Berkowitz, Dick et al CPA $463.95	12/9/99	$250.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Michael Nachwalter 1100 Miami Center 201 South Biscayne Blvd. Miami, FL 33131 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Kenny Nachwalter Seymour Arnold Critchlow&Spector Attorney $250.00	12/14/99	$250.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Ruth Nash 16 Crest Road Belvedere, CA 94920 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Retired $250.00	9/15/99	$250.00 *
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Emily's List EMILY's List 805 15th Street, NW, Suite 400 Washington, DC 20005 Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Note: Above Contribution earmarked through this organ Conduit total: $56,317.49	9/15/99	MEMO $250.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
John Nawalanic 140 W. Tropical Way Plantation, FL 33317 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Timeframe Anesthesia Inc. $300.00	10/6/99	$300.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Barry Nelson 200 Golden Beach Drive Golden Beach, FL 33160 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Self $250.00	11/17/99	$250.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):			

SUBTOTAL of Receipts This Page (optional)	$1,300.00
TOTAL This Period (last page this line number only)	

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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE 78 OF 112

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Barry Nelson 200 Golden Beach Drive Golden Beach, FL 33160 Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Self / Attorney / $500.00	8/18/99	$250.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Tracy Newman 113 32nd Ave. South Seattle, WA 98144 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Self / Political Fundraiser / $250.00	12/14/99	$250.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Patricia North 3 North 47th Ave. #A Phoenix, AZ 85043 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Efficiency Enterprises of Arizona, LLC / Owner / $2,000.00	12/29/99	$1,000.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Patricia North 3 North 47th Ave. #A Phoenix, AZ 85043 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Efficiency Enterprises of Arizona, LLC / Owner / $2,000.00	12/29/99	$1,000.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Kay Ofman 57 Beacons St #2 Boston, MA 02108 Receipt For: [ ] Primary [ ] General [ ] Other (specify): X	Occupation: Graduate Student / $250.00	9/14/99	$250.00 *
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Emily's List EMILY's List 805 15th Street, NW, Suite 400 Washington, DC 20005 [ ] Primary [ ] General [ ] Other (specify):	Name of Employer: Note: Above Contribution / Occupation: Earmarked through this organ / Aggregate Year-to-Date: $39,317.43	9/14/99	MEMO $250.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):			

SUBTOTAL of Receipts This Page (optional)	$2,750.00
TOTAL This Period (last page this line number only)	

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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE 79 OF 112

FOR LINE NUMBER 11(a)(i)

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

NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Michael Olin 25 West Flagler Street, Suite 900 Miami, FL 33130	Podhurst, Orseck et al Attorney $250.00	12/31/99	$250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):			
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Cathy Ellen Onufrychuk 8509 E. Martin Luther King Blvd. Tampa, FL 33619	Efficiency Enterprises of Tampa, LLC Owner $1,500.00	11/1/99	$1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):			
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Cathy Ellen Onufrychuk 8509 E. Martin Luther King Blvd. Tampa, FL 33619	Efficiency Enterprises of Tampa, LLC Owner $1,500.00	11/1/99	$500.00
Receipt For: [ ] Primary [X] General [ ] Other (specify):			
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Larry Overton 3820 Bobbin Mill Road Tallahassee, FL 323121204	Self Government Relations Consu $500.00	10/8/99	$500.00
Receipt For: [ ] Primary [ ] General [X] Other (specify): X			
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Robert Panoff 9400 S. Dadeland Blvd. Miami, FL 33156	Self Attorney $250.00	12/27/99	$250.00
Receipt For: [ ] Primary [ ] General [X] Other (specify): X			
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
David Parish 510 Sabal Way Weston, FL 333263313	Ruden McClosky et al $300.00	6/12/99	$300.00
Receipt For: [ ] Primary [ ] General [X] Other (specify): X			
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Receipt For: [ ] Primary [ ] General [ ] Other (specify):			

SUBTOTAL of Receipts This Page (optional)	$2,800.00
TOTAL This Period (last page this line number only)	

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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE 80 OF 112

FOR LINE NUMBER 11(a)(i)

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

NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Bernice Patterson 1640 School Street #103 Moraga, CA 94556 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Self Patterson Real Estate Service $250.00	9/24/99	$250.00 *
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Emily's List EMILY's List 805 15th Street, NW, Suite 400 Washington, DC 20005 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Note: Above Contribution earmarked through this organ Conduit total: $56,317.43	9/24/99	MEMO $250.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Robert Paul 700 Alhambra Circle Coral Gables, FL 33134 Receipt For: [ ] Primary [ ] General [X] Other (specify):	$300.00	8/18/99	$300.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Jeffrey Perlow 20026 NE 36th Pl. Aventura, FL 33180 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Fromberg, Perlow & Kornik, PA Attorney and City Commissio $250.00	12/3/99	$250.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Jean Perwin 25 SE 2nd Ave., Suite 1144 Miami, FL 33131 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Self $250.00	12/7/99	$250.00 *
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Emily's List EMILY's List 805 15th Street, NW, Suite 400 Washington, DC 20005 [ ] Primary [ ] General [X] Other (specify):	Note: Above Contribution Conduit marked through this organ $56,317.43	12/7/99	MEMO $250.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):			

SUBTOTAL of Receipts This Page (optional)	$1,050.00
TOTAL This Period (last page this line number only)	

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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE 81 OF 112

FOR LINE NUMBER 11(a)(i)

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

NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code
Victor Politano
13055 Biscayne Bay Drive
Miami, FL 33181

Name of Employer: M of M
Occupation: Physician
Date (month, day, year): 12/14/99
Amount of Each Receipt this Period: $250.00
Aggregate Year-to-Date: $250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):

B. Full Name, Mailing Address and ZIP Code
Richard Pollack
1 SE 3rd Avenue, 15th Floor
Miami, FL 33131

Name of Employer: Berkowitz, Dick, et al
Occupation: CPA
Date (month, day, year): 12/7/99
Amount of Each Receipt this Period: $250.00
Aggregate Year-to-Date: $483.95
Receipt For: [X] Primary [ ] General [ ] Other (specify):

C. Full Name, Mailing Address and ZIP Code
Anna Lee Porter
1737 N. Bayshore Drive
Miami, FL 33132

Name of Employer:
Occupation: Retired
Date (month, day, year): 12/17/99
Amount of Each Receipt this Period: $1,000.00
Aggregate Year-to-Date: $1,000.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):

D. Full Name, Mailing Address and ZIP Code
Edward Porter
1737 North Bayshore Drive
Miami, FL 33132

Name of Employer: International Fine Arts College
Occupation: Educator
Date (month, day, year): 12/17/99
Amount of Each Receipt this Period: $1,000.00
Aggregate Year-to-Date: $2,000.00
Receipt For: [ ] Primary [X] General [ ] Other (specify):

E. Full Name, Mailing Address and ZIP Code
Alan Potamkin
4675 SW 74th Street
Miami, FL 33143

Name of Employer: Potamkin Companies
Occupation: Chairman
Date (month, day, year): 11/17/99
Amount of Each Receipt this Period: $1,000.00
Aggregate Year-to-Date: $3,000.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):

F. Full Name, Mailing Address and ZIP Code
Alan Potamkin
4675 SW 74th Street
Miami, FL 33143

Name of Employer: Potamkin Companies
Occupation: Chairman
Date (month, day, year): 9/11/99
Amount of Each Receipt this Period: $1,000.00
Aggregate Year-to-Date: $3,000.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):

G. Full Name, Mailing Address and ZIP Code

Name of Employer:
Occupation:
Date (month, day, year):
Amount of Each Receipt this Period:
Aggregate Year-to-Date: $
Receipt For: [ ] Primary [ ] General [ ] Other (specify):

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

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 82 OF 112

FOR LINE NUMBER 11(a)(i)

Contributions from Individuals/Persons

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

NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code Alan Potamkin 4675 SW 74th Street Miami, FL 33143 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Name of Employer: Potamkin Companies Occupation: Owner Aggregate Year-to-Date: $3,000.00	Date (month, day, year): 11/17/99	Amount of Each Receipt this Period: $1,000.00
B. Full Name, Mailing Address and ZIP Code Claudia Potamkin 4685 SW 74th Street Miami, FL 33143 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Homemaker Aggregate Year-to-Date: $2,000.00	Date (month, day, year): 11/17/99	Amount of Each Receipt this Period: $1,000.00
C. Full Name, Mailing Address and ZIP Code Claudia Potamkin 4685 SW 74th Street Miami, FL 33143 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Name of Employer: Occupation: Homemaker Aggregate Year-to-Date: $2,000.00	Date (month, day, year): 11/17/99	Amount of Each Receipt this Period: $1,000.00
D. Full Name, Mailing Address and ZIP Code Stephen Power 1600 N.W. 163rd Street Miami, FL 33169 Receipt For: ☐ Primary ☐ General ☒ Other (specify):	Name of Employer: Southern Wine and Spirits Occupation: Beverage Distribution Exec. Aggregate Year-to-Date: $1,000.00	Date (month, day, year): 9/24/99	Amount of Each Receipt this Period: $1,000.00
E. Full Name, Mailing Address and ZIP Code Vera Pratt 4314 Klingle St NW Washington, DC 20016 Receipt For: ☐ Primary ☐ General ☒ Other (specify):	Name of Employer: Self Occupation: Aggregate Year-to-Date: $500.00	Date (month, day, year): 10/26/99	Amount of Each Receipt this Period: $500.00 *
F. Full Name, Mailing Address and ZIP Code Emily's List EMILY's List 805 15th Street, NW, Suite 400 Washington, DC 20005 ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Note: Above Contribution Occupation: Earmarked through this organ Aggregate Year-to-Date: $35,317.43	Date (month, day, year): 10/26/99	Amount of Each Receipt this Period: MEMO $500.00
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date: $	Date (month, day, year):	Amount of Each Receipt this Period:

SUBTOTAL of Receipts This Page (optional)	$4,500.00
TOTAL This Period (last page this line number only)	

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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE 83 OF 112

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Richard Preston 19472 39th Court Golden Beach, FL 33160 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Gerson, Preston & Co. CPA $ $550.00	12/10/99	$200.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Stanley Price 19440 Ambassador Court Miami Beach, FL 33179 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Bilzin Sumberg Dunn Price & Axelrod Attorney $ $1,000.00	12/17/99	$1,000.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Mortimer Propp 5255 Collins Ave. Miami Beach, FL 33140 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Self employed Business executive $ $1,000.00	12/31/99	$1,000.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Maxine Rabinowitz 19333 Collins Ave., Apt. 1709 Miami Beach, FL 33160 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Retired $ $250.00	12/7/99	$250.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Jon Rappaport 19501 Biscayne Blvd. #400 Aventura, FL 33160 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Self $	7/22/99	$1,000.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Selma Rappaport 19181 NE 31st Ct. #609 Aventura, FL 33160 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Retired $	11/24/99	$200.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	$		

SUBTOTAL of Receipts This Page (optional) $3,650.00

TOTAL This Period (last page this line number only)

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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE 84 OF 112

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Selma Rappaport 18181 NE 31st Ct. #809 Aventura, FL 33160 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Retired Occupation Aggregate Year-to-Date > $ $400.00	10/27/99	$200.00
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Elizabeth Ray 288 Bayview Drive Polson, MT 598609623 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation Aggregate Year-to-Date > $ $250.00	9/8/99	$250.00
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Barbara Reagan 5455 La Sierra Drive #1004 Dallas, TX 75231 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Occupation: Retired Aggregate Year-to-Date > $ $250.00	9/14/99	$250.00 *
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Emily's List EMILY's List 805 15th Street, NW, Suite 400 Washington, DC 20005 Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Note: Above Contribution Occupation: earmarked through this organ Aggregate Year-to-Date > $ Receipt total: $66,217.43	9/14/99	MEMO $250.00
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Robert Reiner 9171 Wilshire Blvd., #530 Beverly Hills, CA 90210 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Occupation Aggregate Year-to-Date > $	11/17/99	$1,000.00
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Honey Revitz 10685 NE Quaybridge Ct. Miami, FL 33138 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Homemaker Occupation Aggregate Year-to-Date > $	12/31/99	$1,000.00
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Occupation Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional) $2,700.00

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

FE6AN03(P0F

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE 85 OF 112

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Janice Revitz 1424 NW LeJeune Road Miami, FL 33126 Receipt For: ☐ Primary ☑ General ☐ Other (specify):	Pershing Industries, Inc. Executive $1,500.00	12/31/99	$500.00
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Janice Revitz 1424 NW LeJeune Road Miami, FL 33126 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Pershing Industries, Inc. Executive $1,500.00	12/31/99	$1,000.00
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Mark Revitz 10685 NE Quaybridge Ct. Miami, FL 33138 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Self-Employed Executive $2,000.00	12/31/99	$1,000.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Pamela Rhodes 1810 E. Republican Street Unit A Seattle, WA 98112 Receipt For: ☐ Primary ☐ General ☐ Other (specify): X	$250.00	11/3/99	$250.00
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Emily's List EMILY's List 805 15th Street, NW, Suite 400 Washington, DC 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Note: Above Contribution bundled through this organ Calendar Year-to-Date $56,317.43	11/3/99	MEMO $250.00
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Lawrence Robbins 10296 W. Broadview Drive Bay Harbor Islands, FL 33154 Receipt For: ☐ Primary ☐ General ☐ Other (specify): X	Self $1,000.00	9/1/99	$1,000.00
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			

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

TOTAL This Period (last page this line number only)

FEC FORM 3P

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE 88 OF 112

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Craig Robins Sunset Island II 2511 Lake Ave. Miami Beach, FL 33140	The Decra Companies	9/11/99	$1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Owner	Aggregate Year-to-Date: $1,000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gerald Robins 33 Star Island Miami, FL 33139		11/15/99	$1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Retired	Aggregate Year-to-Date: $1,000.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Scott Robins 1800 W. 24 Street Sunset Island III, FL 33140	Self	11/3/99	$1,000.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):	Occupation: Construction Exec	Aggregate Year-to-Date: $1,000.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James Robinson 20815 Pinar Tr. Boca Raton, FL 33433	Gerson, Preston & Co.	12/10/99	$200.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):	Occupation: CPA	Aggregate Year-to-Date: $200.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Joyce Robinson 9999 Collins Ave., #26-B Miami Beach, FL 33154		11/24/99	$250.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):	Occupation: Homemaker	Aggregate Year-to-Date: $250.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Joyce Robinson 9999 Collins Ave., #26-B Miami Beach, FL 33154		9/24/99	$200.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):	Occupation: Homemaker	Aggregate Year-to-Date: $450.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Occupation	Aggregate Year-to-Date: $	

SUBTOTAL of Receipts This Page (optional) $3,650.00

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

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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE 87 OF 112

FOR LINE NUMBER 11(a)(i)

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

NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Louis Robles 100 South Biscayne Blvd., Suite 900 Miami, FL 33131 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Self / Attorney / $1,000.00	12/31/99	$1,000.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Natan Rok 48 E. Flagler Street Miami, FL 33131 Receipt For: [X] Primary [ ] General [ ] Other (specify):	/ / $500.00	12/29/99	$500.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Michael Rose 150 W Flagler St #1525 Miami, FL 33130 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Self / Attorney / $500.00	11/30/99	$500.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Richard Rose Las Hortensias 2822 Depto. 902 Receipt For: [ ] Primary [ ] General [X] Other (specify):	/ / $500.00	9/1/99	$500.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Stephen Rose 4870 North Hills Drive Hollywood, FL 33021 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Greater Miami Jewish Federation / Executive / $150.00	7/28/99	$150.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Stephen Rose 4870 North Hills Drive Hollywood, FL 33021 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Greater Miami Jewish Federation / / $100.00	10/20/99	$100.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	/ / $		

SUBTOTAL of Receipts This Page (optional)	$2,780.00
TOTAL This Period (last page this line number only)	

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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 88 OF 112
	FOR LINE NUMBER 11(a)(i)

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

NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Alan Rosen 1800 NE 114th Street, #1711 North Miami, FL 33181 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Gerson, Preston & Co. * In-Kind: Funding for event CPA $ $1,500.00	12/7/99	$500.00 *
B. Full Name, Mailing Address and ZIP Code Alan Rosen 1800 NE 114th Street, #1711 North Miami, FL 33181 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Gerson, Preston & Co. CPA $ $1,500.00	12/9/99	$200.00
C. Full Name, Mailing Address and ZIP Code Alan Rosen 1800 NE 114th Street, #1711 North Miami, FL 33181 Receipt For: ☐ Primary ☐ General ☒ Other (specify): X	Gerson, Preston & Co. * In-Kind: Funding for event Occupation CPA $ $1,500.00	12/7/99	$500.00 *
D. Full Name, Mailing Address and ZIP Code Harris Rosen 7800 International Drive Orlando, FL 32819 Receipt For: ☐ Primary ☐ General ☒ Other (specify): X	Name of Employer Self Occupation Hotelier Aggregate Year-to-Date $ $1,000.00	11/3/99	$1,000.00
E. Full Name, Mailing Address and ZIP Code Judie Rosen 5055 Collins Ave #12C Miami Beach, FL 33140 Receipt For: ☐ Primary ☐ General ☒ Other (specify): X	Name of Employer Self Occupation Spouse Aggregate Year-to-Date $ $250.00	10/27/99	$250.00
F. Full Name, Mailing Address and ZIP Code Tracy Rosenbaum 6363 SW 107 Street Miami, FL 33156 Receipt For: ☐ Primary ☐ General ☒ Other (specify): X	Name of Employer Occupation Aggregate Year-to-Date $ $250.00	11/24/99	$250.00
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date $250.00 day, year)	Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional)			$2,700.00
TOTAL This Period (last page this line number only)			

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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE 89 OF 112

FOR LINE NUMBER 11(a)(i)

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

NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stanley Rosenblatt 86 West Flagler St. Miami, FL 33130	Stanley Rosenblatt, P.A.	10/20/99	$500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Attorney	Aggregate Year-to-Date: $	$900.00
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Sam Rosenfield 10155 Collins Ave. #1804 Bal Harbour, FL 33154		12/7/99	$250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Retired	Aggregate Year-to-Date: $	$250.00
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Gary Rosenthal 10080 SW 143rd Street Miami, FL 33176	Berkowitz, Dick et al	12/7/99	$250.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):	Occupation: CPA	Aggregate Year-to-Date: $	$1193.95
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Stanley Rosenthal 5500 NW 69th Ave. Fort Lauderdale, FL 33319	Unicorn Partnership Ltd.	11/19/99	$1,000.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):	Occupation: Managing Partner	Aggregate Year-to-Date: $	$1,000.00
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Jeffrey Roth 1500 San Remo Avenue, #176 Coral Gables, FL 33146	Roth and Scholl	11/12/99	$100.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):	Occupation: (Attorney)	Aggregate Year-to-Date: $	$350.00
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Neal Roth 7229 SW 102nd Street Miami, FL 33156	Self	12/17/99	$1,000.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):	Occupation	Aggregate Year-to-Date: $	$4,000.00
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
	Occupation		
Receipt For: [ ] Primary [ ] General [ ] Other (specify):		Aggregate Year-to-Date: $	

SUBTOTAL of Receipts This Page (optional)	$3,100.00
TOTAL This Period (last page this line number only)	

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SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 90 OF 112

FOR LINE NUMBER 11(a)(i)

Contributions from Individuals/Persons

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)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Robert Roth 1450 Madruga Ave., Suite 302 Coral Gables, FL 33146 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Self Attorney Aggregate Year-to-Date > $ $1,000.00	12/31/99	$1,000.00
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Norman Rubinson Jockey Club Tower II 11111 Biscayne Blvd. Miami, FL 33181 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Retired Aggregate Year-to-Date > $ $1,000.00	9/11/99	$1,000.00
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Candace Ruskin 5500 Collins Avenue Miami Beach, FL 33140 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Retired Aggregate Year-to-Date > $ $500.00	11/15/99	$500.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Gary Rutledge 641 Forest Lair Tallahassee, FL 323121741 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Self Government Relations Consu Aggregate Year-to-Date > $ $250.00	10/8/99	$250.00
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Cheryl Saban 10960 Wilhire Blvd. 22nd Floor Los Angeles, CA 90024 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Aggregate Year-to-Date > $ $2,000.00	12/22/99	$1,000.00 *
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Cheryl Saban 10960 Wilhire Blvd. 22nd Floor Los Angeles, CA 90024 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Aggregate Year-to-Date > $ $2,000.00	12/22/99	$1,000.00 *
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional) $4,750.00

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

FEBAN07SPDF

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 91 OF 112

FOR LINE NUMBER 11(a)(i)

Contributions from Individuals/Persons

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)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Democratic Congressional Campaign Committee 430 South Capitol Street Washington, DC 20003	Note: Above Contribution earmarked through this organ Conduit total: $2,000.00	12/22/99	MEMO $1,000.00
Receipt For: ☐ Primary ☐ General ☒ Other (specify): X			
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Democratic Congressional Campaign Committee 430 South Capitol Street Washington, DC 20003	Note: Above Contribution earmarked through this organ Conduit total: $2,000.00	12/22/99	MEMO $1,000.00
Receipt For: ☐ Primary ☐ General ☒ Other (specify): X			
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Angela Sacher 520 Brickell Key Dr, #A-BH23 Miami, FL 33131	UAHC Outreach Director $500.00	10/18/99	$100.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify): X			
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Leonard Samuels 5842 SW 88th Terrace Fort Lauderdale, FL 33328	$250.00	12/31/99	$250.00
Receipt For: ☐ Primary ☐ General ☒ Other (specify): X			
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Saul Saulson 29662 Scenic Drive Franklin, MI 48025	Powers Network Energy based business	9/24/99	$250.00
Receipt For: ☐ Primary ☐ General ☒ Other (specify): X			
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Maria Schaefer 400 East 56th Street, 26B New York, NY 10022	$250.00 Claire's Stores Executive	12/7/99	$1,000.00
Receipt For: ☐ Primary ☐ General ☒ Other (specify): X			
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**$2,000.00 day, year)**	**Amount of Each Receipt this Period**
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			

SUBTOTAL of Receipts This Page (optional)	$1,600.00
TOTAL This Period (last page this line number only)	

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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

Use separate sched(ules) for each category of the Detailed Summary Page

PAGE 92 OF 112

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Maria Schaefer 400 East 56th Street, 26B New York, NY 10022 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Claire's Stores Occupation: Corporate Executive Aggregate Year-to-Date: $2,000.00	12/7/99	$1,000.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Rowland Schaefer PO Box 9312 Miami, FL 33014 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Claire's Stores Occupation: Business Executive Aggregate Year-to-Date: $4,000.00	11/19/99	$3,000.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Sylvia Schaefer PO Box 9312 Hialeah, FL 33014 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Claires Stores Inc. Occupation: Business Executive Aggregate Year-to-Date: $2,000.00	11/19/99	$1,000.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Martha Schecter 1060 N. Northlake Drive Hollywood, FL 33019 Receipt For: [ ] Primary [ ] General [X] Other (specify): X	Occupation: Homemaker Aggregate Year-to-Date: $250.00	12/13/99	$250.00 *
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Emily's List EMILY's List 805 15th Street, NW, Suite 400 Washington, DC 20005 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Note: Above Contribution Occupation: Earmarked through this organ Aggregate Year-to-Date: $56,317.43	12/13/99	MEMO $250.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Peritz Scheinberg 3329 Flamingo Drive Miami Beach, FL 33140 Receipt For: [ ] Primary [ ] General [X] Other (specify): X	Self Occupation: Physician Aggregate Year-to-Date: $	12/9/99	$150.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):			

SUBTOTAL of Receipts This Page (optional) $5,400.00

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

FEC FORM 3P

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE 93 OF 112

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Stanley Scher 19667 Turnberry Way #17-D Aventura, FL 33180 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Retired / Occupation / $250.00	12/9/99	$250.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Terry Schultz 3200 N. Ocean Blvd., Unit 802 Ft. Lauderdale, FL 33308 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Berkowitz, Dick et al / CPA / $462.95	12/7/99	$250.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Robert Schwartz 169 East Flagler Street, Suite 1125 Miami, FL 33131 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Self / Attorney / $250.00	12/7/99	$250.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Mark Seiden 777 Brickell Ave., Suite 100 Miami, FL 33131 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Self-Employed / Attorney / $250.00	11/17/99	$250.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Ronald Seiden 13635 Deering Bay Drive, Apt. 223 Coral Gables, FL 33158 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Retired / Occupation / $1,000.00	12/3/99	$1,000.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Sam Seitlin 10155 Collins Ave. #1005 Bal Harbour, FL 33154 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Retired / Occupation / $250.00	11/15/99	$250.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):			

SUBTOTAL of Receipts This Page (optional)	$2,250.00
TOTAL This Period (last page this line number only)	

FEA/H3/99PDF

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE 94 OF 112

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Hy Shapiro 2400 South Dixie Highway Miami, FL 33133 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Hogan Greer & Shapiro Attorney $250.00	11/17/99	$250.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Noel Shapiro 950 SO Dixie Highway Hollywood, FL 33020 Receipt For: [X] Primary [ ] General [ ] Other (specify):	$250.00	12/31/99	$250.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Robert Shapiro 4530 Prairie Ave. Miami Beach, FL 33140 Receipt For: [ ] Primary [ ] General [X] Other (specify):	BIOTRACE Labs Chemical Lab Exec $500.00	11/17/99	$500.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Murray Shear 6750 SW 89th Terrace Miami, FL 33156 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Broad and Cassel Attorney $250.00	11/17/99	$250.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Carole Shields 158 S. Prospect Drive Coral Gables, FL 33133 Receipt For: [ ] Primary [ ] General [X] Other (specify):	PFAW Executive Director $1,000.00	12/22/99	$1,000.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Carole Shields 158 S. Prospect Drive Coral Gables, FL 33133 Receipt For: [ ] Primary [ ] General [X] Other (specify):	PFAW Executive Director $2,000.00	12/22/99	$1,000.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):			

SUBTOTAL of Receipts This Page (optional) $3,250.00

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 95 OF 112

FOR LINE NUMBER 11(a)(i)

Contributions from Individuals/Persons

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code Elsa Silberberg 9601 Collins Ave., Apt. 501 Bal Harbour, FL 33154 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Retired Aggregate Year-to-Date > $ $250.00	Date (month, day, year) 12/9/99	Amount of Each Receipt this Period $250.00
B. Full Name, Mailing Address and ZIP Code Gerald Silverman 28 West Flagler Street Miami, FL 33130 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer Self-employed Occupation Attorney Aggregate Year-to-Date > $ $250.00	Date (month, day, year) 10/27/99	Amount of Each Receipt this Period $250.00
C. Full Name, Mailing Address and ZIP Code Charles Simon 1550 NE Quayside Terr., #1801 Miami, FL 331382220 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Name of Employer Retired Occupation Aggregate Year-to-Date > $ $1,000.00	Date (month, day, year) 11/6/99	Amount of Each Receipt this Period $1,000.00
D. Full Name, Mailing Address and ZIP Code Sherman Simon 9999 Collins Ave., #20K Bal Harbour, FL 33154 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Name of Employer Occupation Retired Aggregate Year-to-Date > $ $500.00	Date (month, day, year) 11/24/99	Amount of Each Receipt this Period $500.00
E. Full Name, Mailing Address and ZIP Code Eric Sleser 18800 S. Bayshore Drive Coconut Grove, FL 33133 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Name of Employer Self Occupation Conservation Estate Consu Aggregate Year-to-Date > $ $1,000.00	Date (month, day, year) 12/14/99	Amount of Each Receipt this Period $1,000.00
F. Full Name, Mailing Address and ZIP Code Jeannett Slesnick 827 N. Greenway Drive Coral Gables, FL 33134 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $ $250.00	Date (month, day, year) 11/17/99	Amount of Each Receipt this Period $250.00
G. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional)			$3,250.00
TOTAL This Period (last page this line number only)			

FEC/FORM/SP/OF

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE 98 OF 112

FOR LINE NUMBER 11(a)(i)

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

NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Alberto Blezynger 8877 Collins Ave., #1110 Surfside, FL 33154 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Personal Music, Inc. Occupation: Music Producer Aggregate Year-to-Date: $250.00	12/7/99	$250.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
J. Barry Sloat 240 Indian River Pl Ann Arbor, MI 48104 Receipt For: [X] Primary [ ] General [ ] Other (specify):	University of Michigan Occupation: Biologist Aggregate Year-to-Date: $250.00	12/31/99	$250.00 *
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Emily's List EMILY's List 805 15th Street, NW, Suite 400 Washington, DC 20005 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Note: Above Contribution earmarked through this organ Occupation: Conduit total: $56,317.43 Aggregate Year-to-Date: $	12/31/99	MEMO $250.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Lisa Sloat 1 Grove Isle Dr., #1803 Miami, FL 33133 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Self Occupation: Attorney Aggregate Year-to-Date: $500.00	9/20/99	$500.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Chesterfield Smith 4501 Santa Maria Street Coral Gables, FL 33146 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Holland & Knight LLP Occupation: Attorney Aggregate Year-to-Date: $500.00	12/29/99	$500.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Clarice Smith 2345 Crystal Drive, Tenth Floor Arlington, VA 22202 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Occupation Aggregate Year-to-Date: $	9/28/99	$1,000.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):			

SUBTOTAL of Receipts This Page (optional)	$2,500.00
TOTAL This Period (last page this line number only)	

REMINDER OF

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE 97 OF 112

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Clarice Smith 2345 Crystal Drive, Tenth Floor Arlington, VA 22202 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Occupation: Homemaker Aggregate Year-to-Date: $ $2,000.00	9/28/99	$1,000.00
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Harry Smith 1 Grove Isle Drive, #309 Coconut Grove, FL 33133 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer: Ruden, McClosky, et al Occupation: Attorney Aggregate Year-to-Date: $ $750.00	11/12/99	$250.00
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Joan Smith 1 Grove Isle Drive, #309 Miami, FL 33133 Receipt For: ☐ Primary ☐ General ☒ Other (specify): X	Name of Employer: Retired Occupation: Retired Aggregate Year-to-Date: $ $750.00	11/17/99	$250.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Robert Smith 2345 Crystal Dr. Arlington, VA 22202 Receipt For: ☐ Primary ☐ General ☒ Other (specify): X	Name of Employer: Self Occupation: Developer Aggregate Year-to-Date: $ $2,000.00	9/28/99	$1,000.00
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Robert Smith 2345 Crystal Dr. Arlington, VA 22202 Receipt For: ☐ Primary ☒ General ☐ Other (specify): X	Name of Employer: Self Occupation: Developer Aggregate Year-to-Date: $ $2,000.00	9/28/99	$1,000.00
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Esther Snyderman 19667 Turnberry Way #11-K Aventura, FL 33180 Receipt For: ☐ Primary ☐ General ☒ Other (specify): X	Name of Employer Occupation Aggregate Year-to-Date: $ $250.00	12/7/99	$250.00
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date: $		

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

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

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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE 98 OF 112

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Carol Soffer 19500 Turnberry Way, #10-C Aventura, FL 33180 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Self / Investor / $2,000.00	12/10/99	$1,000.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Diane Sollee 5310 Belt Road, NW Washington, DC 20015 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Coalition for Marriage, Family & Couples Edu. / Administrator / $300.00	12/31/99	$300.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Frosene Sonderling 4403 Pine Tree Drive Miami Beach, FL 33140 Receipt For: ☐ Primary ☐ General ☒ Other (specify):	/ / $2,000.00	12/29/99	$1,000.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Frosene Sonderling 4403 Pine Tree Drive Miami Beach, FL 33140 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	/ / $2,000.00	12/29/99	$1,000.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Stephen Sonnabend 5 Coconut Lane Key Biscayne, FL 33149 Receipt For: ☐ Primary ☐ General ☒ Other (specify): X	Soneata Beach Hotel / Hotel Executive / $400.00	10/20/99	$100.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Mark Soyka 800 Ocean Drive Miami Beach, FL 33139 Receipt For: ☐ Primary ☐ General ☒ Other (specify): X	Self-employed / / $500.00	12/31/99	$500.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	/ /		

SUBTOTAL of Receipts This Page (optional)	$3,900.00
TOTAL This Period (last page this line number only)	

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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE 99 OF 112

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
J.D. Spence Leeds & Colby, P.A. 2950 SW 27th Ave., #300 Miami, FL 33133 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Leeds & Colby, P.A. Occupation: Trial Lawyer Aggregate Year-to-Date: $250.00	11/8/99	$250.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Thomas Spencer Spencer & Klein, P.A. Suite 1901 Miami, FL 33131 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Spencer & Klein, PA Occupation: Attorney Aggregate Year-to-Date: $250.00	11/12/99	$250.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Scott Srebnick 1899 S. Bayshore Drive Miami, FL 33133 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Self Occupation: Attorney Aggregate Year-to-Date: $250.00	11/12/99	$250.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Charles Stack 1200 Brickell Ave., Suite 950 Miami, FL 33131 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Stack Fernandez Anderson Harris & Wallace Occupation: Attorney Aggregate Year-to-Date: $500.00	12/31/99	$500.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Sol Stein 6039 Collins Avenue, #904 Miami Beach, FL 33140 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Occupation: Retired Aggregate Year-to-Date: $150.00	11/15/99	$150.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Edward Steinberg 100 Sunrise Avenue, #311 Palm Beach, FL 33480 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Thomson Medical Occupation: Executive Aggregate Year-to-Date: $1,000.00	12/17/99	$1,000.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):			

SUBTOTAL of Receipts This Page (optional)	$2,400.00
TOTAL This Period (last page this line number only)	

FEC FORM 3P

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE 100 OF 112

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Edward Steinberg 100 Sunrise Avenue, #311 Palm Beach, FL 33480 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Thomson Medical Optometrist/Executive $1,750.00	10/20/99	$250.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Seth Steinberg 19 Drummer Boy Way Lexington, MA 02420 Receipt For: [X] Primary [ ] General [ ] Other (specify):	$250.00	9/24/99	$250.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Jean Sternlieb 19500 Turnberry Way #18 E Aventura, FL 33180 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Retired $250.00	12/14/99	$250.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Betty Stevens P.O. Box 361 Cobalt, CT 06414 Receipt For: [ ] Primary [ ] General [X] Other (specify):	$250.00	9/14/99	$250.00 *
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Emily's List EMILY's List 806 15th Street, NW, Suite 400 Washington, DC 20005 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Note: Above Contribution Cumulative Total: $56,917.43	9/14/99	MEMO $250.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Robert Stok 2875 NE 191st Street Aventura, FL 33180 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Robert A. Stok, PA $500.00	11/17/99	$500.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	$		

SUBTOTAL of Receipts This Page (optional)	$1,500.00
TOTAL This Period (last page this line number only)	

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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE 101 OF 112

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Eleanor Stone 13 Meadowlark Lane East Brunswick, NJ 088162718 Receipt For: [X] Primary [ ] General [ ] Other (specify):	New Jersey Jewish Federation Community Relations Consult $250.00	11/24/99	$250.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Elliot Stone 13155 Keystone Terrace Miami, FL 33181 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Royal Castle Development Corp. Executive $1,000.00	12/31/99	$1,000.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Nancy Stone Efficiency Enterprises, LLC 18-43 43rd Street Long Island City, NY 11105 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Efficiency Enterprises, LLC Owner $2,000.00	12/29/99	$1,000.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Nancy Stone Efficiency Enterprises, LLC 18-43 43rd Street Long Island City, NY 11105 Receipt For: [ ] Primary [ ] General [X] Other (specify): X	Efficiency Enterprises, LLC Owner $2,000.00	12/29/99	$1,000.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Richard Stone 4508 Foxhall Crescents NW Washington, DC 20007 Receipt For: [ ] Primary [ ] General [X] Other (specify): X	 $1,000.00	12/31/99	$1,000.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Kenneth Strauss 1 SE 3rd Ave., Floor 15 Miami, FL 33131 Receipt For: [ ] Primary [ ] General [X] Other (specify): X	Berkowitz, et. Al $250.00	12/7/99	$250.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):			

SUBTOTAL of Receipts This Page (optional)	$4,500.00
TOTAL This Period (last page this line number only)	

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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE 102 OF 112

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Charlee Stuzin 550 Biltmore Way, Suite 700 Miami, FL 331345730 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Self / Attorney / $1,000.00	10/28/99	$1,000.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
John Sutton 2655 LeJeune Road, PH II Coral Gables, FL 33134 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Jamerson Sutton Surias and Mullin, LLP / Attorney / $350.00	7/14/99	$350.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Karen Swartz 5001 Egret Point Circle Boca Raton, FL 33431 Receipt For: [X] Primary [ ] General [ ] Other (specify):	/ / $250.00	10/6/99	$250.00 *
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Emily's List EMILY's List 805 15th Street, NW, Suite 400 Washington, DC 20005 Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Note: Above Contribution earmarked through this organ / Conduit total: $50,317.49 /	10/6/99	MEMO $250.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Anne Taft 36 Oakridge Dr. Binghamton, NY 13903 Receipt For: [ ] Primary [ ] General [X] Other (specify): X	Self / / $500.00	9/20/99	$500.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Stephen Tashman 1909 Tyler Street, 5th Floor Hollywood, FL 33020 Receipt For: [ ] Primary [ ] General [X] Other (specify): X	Telecard Dispensing Corp. / / $1,000.00	10/18/99	$1,000.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	/ / $0		

SUBTOTAL of Receipts This Page (optional)	$3,100.00
TOTAL This Period (last page this line number only)	

FEUN/07/P DF

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE 103 OF 112

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Herman Tauber 10155 Collins Ave #510 Bal Harbour, FL 33154	Retired	12/17/99	$500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):		$500.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Marlo Thomas c/o Speer & Fulvio L.L.P. 60 East 42nd Street New York, NY 10165	Self Occupation: Actress	10/12/99	$500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):		$500.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Mark Tobin 5410 N. Bay Road Miami, FL 33140		11/17/99	$250.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):		$250.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Jacqueline Traurig 153 Solano Prado Coral Gables, FL 33156	Occupation: Homemaker	12/17/99	$500.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):		$500.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Wendy Traurig 555 NE 34th Street, No. 1808 Miami, FL 33137	Eden Roc Resort and Spa Occupation: Hostess & Sales Rep.	12/31/99	$500.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):		$500.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Kenneth Treister 3660 Battersea Road Coconut Grove, FL 33133	Self Occupation	8/10/99	$1,000.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):		$1,000.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):		$	

SUBTOTAL of Receipts This Page (optional)	$3,250.00
TOTAL This Period (last page this line number only)	

FE6AN078P.0F

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE 104 OF 112

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Diane Troderman 172 Crestview Circle Longmeadow, MA 01106 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Retired Occupation Aggregate Year-to-Date > $ $500.00	8/16/99	$500.00
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Eddie Trump 4000 Island Blvd Aventura, FL 33160 Receipt For: [ ] Primary [X] General [ ] Other (specify):	The Trump Group President $2,000.00	12/31/99	$1,000.00
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Julius Trump 4000 Island Blvd. PH-4 Williams Island, FL 33160 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Self Occupation Developer $2,000.00	12/31/99	$1,000.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Julius Trump 4000 Island Blvd. PH-4 Williams Island, FL 33160 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Self Occupation Developer $2,000.00	12/31/99	$1,000.00
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
William Trump 4000 Island Blvd. #3006 Williams Island, FL 33160 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Self Occupation General Mgr. $2,000.00	12/31/99	$1,000.00
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
William Trump 4000 Island Blvd. #3006 Williams Island, FL 33160 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Self Occupation $2,000.00	12/31/99	$1,000.00
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Receipt For: [ ] Primary [ ] General [ ] Other (specify):			

SUBTOTAL of Receipts This Page (optional) $5,500.00

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

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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE 105 OF 112

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress CD0345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Jose Tunon 3220 S. Dixie Hwy. Miami, FL 33133 Receipt For: X Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date $ $300.00	11/12/99	$300.00
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Sylvia Urlich 2500 SW 75th Avenue Miami, FL 33144 Receipt For: X Primary ☐ General ☐ Other (specify):	Westchester Hospital Occupation Hospital Administrator Aggregate Year-to-Date $ $750.00	11/3/99	$250.00
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Jiri Valenta 9325 Lagoon Place, #403 Fort Lauderdale, FL 33324 Receipt For: ☐ Primary ☐ General X Other (specify):	Drake & Co., Inc. Occupation Senior Vice President-Invest Aggregate Year-to-Date $ $2,000.00	12/22/99	$1,000.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Jiri Valenta 9325 Lagoon Place, #403 Fort Lauderdale, FL 33324 Receipt For: ☐ Primary X General ☐ Other (specify):	Drake & Co., Inc. Occupation Senior Vice President-Invest Aggregate Year-to-Date $ $2,000.00	12/22/99	$1,000.00
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Ralph Velocci 349 Center Island Golden Beach, FL 33160 Receipt For: ☐ Primary X General ☐ Other (specify):	Occupation Aggregate Year-to-Date $	12/27/99	$1,000.00
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Ralph Velocci 349 Center Island Golden Beach, FL 33160 Receipt For: ☐ Primary ☐ General X Other (specify):	Occupation Aggregate Year-to-Date $	12/27/99	$1,000.00
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date $		

SUBTOTAL of Receipts This Page (optional)	$4,550.00
TOTAL This Period (last page this line number only)	

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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE 106 OF 112

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Stanley Wakshlag Akerman, Senterfitt & Eidson, PA Suntrust International Center, 28th Floor Miami, FL 331311714 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Akerman, Senterfitt & Eidson, PA Occupation: Attorney Aggregate Year-to-Date: $250.00	11/24/99	$250.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Milton Wallace 55 Casuarina Coucourse Coral Gables, FL 33131 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Self-Employed Occupation: Attorney Aggregate Year-to-Date: $1,500.00	10/18/99	$500.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Milton Wallace 55 Casuarina Coucourse Coral Gables, FL 33131 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Self-Employed Occupation: Attorney Aggregate Year-to-Date: $1,500.00	11/12/99	$500.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
David Wallack 900 Ocean Drive Miami Beach, FL 33139 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Self Occupation: Businessman Aggregate Year-to-Date: $500.00	11/17/99	$500.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Roberta Weller 3 Colonial Drive Upper Brookville, NY 11545 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Occupation Aggregate Year-to-Date	12/17/99	$1,000.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Roberta Weller 3 Colonial Drive Upper Brookville, NY 11545 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Occupation Aggregate Year-to-Date	12/17/99	$1,000.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):			

SUBTOTAL of Receipts This Page (optional)	$3,750.00
TOTAL This Period (last page this line number only)	

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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE 107 OF 112

FOR LINE NUMBER 11(a)(i)

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

NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
David Walters 3000 SW 62nd Avenue Miami, FL 33155 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Retired Aggregate Year-to-Date: $ $1,000.00	10/26/99	$1,000.00
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Diane V. Ward 3050 Biscayne Blvd., #1000 Miami, FL 33137 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Self-Employed Occupation: Attorney Aggregate Year-to-Date: $ $1,000.00	10/21/99	$500.00
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
David Weck 1550 Bay Drive Miami Beach, FL 33141 Receipt For: [ ] Primary [ ] General [X] Other (specify): X	Micesa Trading Corp. Occupation: Executive Aggregate Year-to-Date: $ $300.00	11/24/99	$300.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Judith Weinstein 5010 Alton Road Miami Beach, FL 33140 Receipt For: [ ] Primary [ ] General [X] Other (specify): X	City of Miami Beach Occupation: Attorney Aggregate Year-to-Date: $ $750.00	11/12/99	$250.00
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Marvin Weinstein 5010 Alton Road Miami Beach, FL 33140 Receipt For: [ ] Primary [ ] General [X] Other (specify): X	Grover, Weinstein, et. Al. Occupation: Attorney Aggregate Year-to-Date: $ $500.00	11/12/99	$500.00
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Jay Weiss 1600 NW 163rd St. Miami, FL 33169 Receipt For: [ ] Primary [ ] General [X] Other (specify): X	Southern Wine Occupation: Corporation Exec. Aggregate Year-to-Date: $ $1,000.00	9/1/99	$1,000.00
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Occupation Aggregate Year-to-Date: $		

SUBTOTAL of Receipts This Page (optional)	$3,550.00
TOTAL This Period (last page this line number only)	

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SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 108 OF 112

FOR LINE NUMBER 11(a)(i)

Contributions from Individuals/Persons

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)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code Teena Ellen Weiss 400 Arthur Godfrey Road Miami, FL 33140 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Retired Aggregate Year-to-Date > $ $1,000.00	Date (month, day, year) 6/20/99	Amount of Each Receipt this Period $1,000.00
B. Full Name, Mailing Address and ZIP Code Michael Werner 1111 Lincoln Road, #800 Miami Beach, FL 33139 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer Self-Employed Occupation Attorney Aggregate Year-to-Date > $ $2,000.00	Date (month, day, year) 12/3/99	Amount of Each Receipt this Period $500.00
C. Full Name, Mailing Address and ZIP Code Michael Werner 1111 Lincoln Road, #800 Miami Beach, FL 33139 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Name of Employer Self-Employed Occupation Attorney Aggregate Year-to-Date > $ $2,000.00	Date (month, day, year) 12/31/99	Amount of Each Receipt this Period $500.00
D. Full Name, Mailing Address and ZIP Code Michael Werner 1111 Lincoln Road, #800 Miami Beach, FL 33139 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Name of Employer Self-Employed Occupation Attorney Aggregate Year-to-Date > $ $2,000.00	Date (month, day, year) 12/3/99	Amount of Each Receipt this Period $500.00
E. Full Name, Mailing Address and ZIP Code E. Jean Werts 285 McCoy Ave Columbus, OH 43085 Receipt For: [ ] Primary [ ] General [X] Other (specify): X	Name of Employer Retired Occupation Aggregate Year-to-Date > $ $250.00	Date (month, day, year) 8/8/99	Amount of Each Receipt this Period $250.00 *
F. Full Name, Mailing Address and ZIP Code Emily's List EMILY's List 805 15th Street, NW, Suite 400 Washington, DC 20005 [ ] Primary [ ] General [X] Other (specify):	Name of Employer Note: Above Contribution Occasioned through this organ Aggregate Year-to-Date $17.43	Date (month, day, year) 9/8/99	Amount of Each Receipt this Period MEMO $250.00
G. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional)			$2,750.00
TOTAL This Period (last page this line number only)			

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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE 109 OF 112

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Hugh Westbrook 158 S. Prospect Drive Coral Gables, FL 33133 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Vitas Healthcare Corp. CEO/Chairman $2,000.00	12/22/99	$1,000.00
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Hugh Westbrook 158 S. Prospect Drive Coral Gables, FL 33133 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Vitas Healthcare Corp. CEO/Chairman $2,000.00	12/22/99	$1,000.00
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Daniel Whitebook 2000 Island Blvd., #806 Aventura, FL 33160 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Atlantic Hosiery Executive $500.00	12/9/99	$500.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Marshall Whiting 1507 Captain O Neal Drive Daphne, AL 36526 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Self Psychologist $250.00	9/27/99	$250.00 *
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Emily's List EMILY's List 805 15th Street, NW, Suite 400 Washington, DC 20005 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Note: Above Contribution earmarked through this organ Cumulative Total: $56,317.43	9/27/99	MEMO $250.00
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Louise Williams 622 Kenilworth Avenue Kenilworth, IL 60043-1068 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Occupation	9/8/99	$500.00 *
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Receipt For: [ ] Primary [ ] General [ ] Other (specify):			

SUBTOTAL of Receipts This Page (optional)	$3,250.00
TOTAL This Period (last page this line number only)	

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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE 110 OF 112

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Emily's List EMILY's List 805 15th Street, NW, Suite 400 Washington, DC 20005 Receipt For: ☐ Primary ☐ General ☒ Other (specify):	Note: Above Contribution earmarked through this organ Conduit total: $56,317.43 Aggregate Year-to-Date > $	9/8/99	MEMO $500.00
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Robin Willner 315 Riverside Drive Apt. 10C New York, NY 10025 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ $250.00	9/4/99	$250.00
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Bernard Wolfson 3165 Via Abitare Miami, FL 33133 Receipt For: ☐ Primary ☐ General ☒ Other (specify): X	Self-Employed Attorney Aggregate Year-to-Date > $ $1,000.00	10/20/99	$500.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Joanne Worley 109 S. Gordon Road Fort Lauderdale, FL 333013741 Receipt For: ☐ Primary ☐ General ☒ Other (specify): X	CPNA Aggregate Year-to-Date > $ $500.00	10/8/99	$500.00
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
E. Jean Worts 265 McCoy Avenue Columbus, OH 430853748 Receipt For: ☐ Primary ☐ General ☒ Other (specify): X	Retired Aggregate Year-to-Date > $ $250.00	9/20/99	$250.00
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Ray Ellen Yarkin 10340 W. Broadview Drive Miami Beach, FL 33154 Receipt For: ☐ Primary ☐ General ☒ Other (specify): X	Self Employed Aggregate Year-to-Date > $	12/9/99	$500.00
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional)	$2,000.00
TOTAL This Period (last page this line number only)	

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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE 111 OF 112

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
John Young 8194 NW 12th Street Pompano Beach, FL 33071 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation Aggregate Year-to-Date $ $250.00	12/7/99	$250.00
B. Full Name, Mailing Address and ZIP Code Steve Zack 100 SE 2nd Street, Suite 2800 Miami, FL 33131 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer: Zack Kosnitzky, PA Occupation: Attorney Aggregate Year-to-Date $ $1,000.00	Date (month, day, year): 12/31/99	Amount of Each Receipt this Period: $1,000.00
C. Full Name, Mailing Address and ZIP Code Frank Zemel Redzow, Korn, Brown, Lipton, Miller & Zemel 20803 Biscayne Blvd. Aventura, FL 33021 Receipt For: [ ] Primary [ ] General [X] Other (specify): X	Name of Employer: Redzow, Korn, Brown, Lipton, Miller & Zemel Occupation: Attorney Aggregate Year-to-Date $ $250.00	Date (month, day, year): 11/24/99	Amount of Each Receipt this Period: $250.00
D. Full Name, Mailing Address and ZIP Code Joy Ziefer 187 Bal Cross Drive Bal Harbour, FL 33154 Receipt For: [ ] Primary [ ] General [X] Other (specify): X	Name of Employer: Occupation: Homemaker Aggregate Year-to-Date $ $1,000.00	Date (month, day, year): 12/7/99	Amount of Each Receipt this Period: $1,000.00
E. Full Name, Mailing Address and ZIP Code Cindy Ziff 11080 Merin Street Coral Gables, FL 33156 Receipt For: [ ] Primary [ ] General [X] Other (specify): X	Name of Employer: Occupation: Aggregate Year-to-Date $ $500.00	Date (month, day, year): 9/1/99	Amount of Each Receipt this Period: $500.00
F. Full Name, Mailing Address and ZIP Code Lois Zoller 3180 N. Lake Shore Drive, Apt. 5-E Chicago, IL 60657 Receipt For: [ ] Primary [ ] General [X] Other (specify): X	Name of Employer: Occupation: Aggregate Year-to-Date $ $250.00	Date (month, day, year): 12/29/99	Amount of Each Receipt this Period: $250.00
G. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date $	Date (month, day, year):	Amount of Each Receipt this Period:

SUBTOTAL of Receipts This Page (optional) $3,250.00

TOTAL This Period (last page this line number only)

FE6AN07PDF

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE 112 OF 112

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Joint Action Committee for Political Affairs P.O. Box 105 Highland Park, IL 60035	Note: Above Contribution earmarked through this organ Conduit total: $250.00 $	12/29/99	MEMO $250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Sonja Zuckerman 9999 Collins Ave., Apt. 4B Bal Harbour, FL 33154	 Retired $250.00	12/3/99	$250.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):			
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
	$		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
	$		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
	$		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
	$		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
	$		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			

SUBTOTAL of Receipts This Page (optional)	$250.00
TOTAL This Period (last page this line number only)	$352,526.53

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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Party Committees

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

PAGE 1 OF 1

FOR LINE NUMBER 11(b)

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)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code Democratic Congressional Campaign Committee 430 South Capitol Street Washington, DC 20009 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer * In-Kind: PAC Book Occupation Aggregate Year-to-Date > $500.00	Date (month, day, year) 9/28/99	Amount of Each Receipt this Period $500.00 *
B. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	$500.00
TOTAL This Period (last page this line number only)	$500.00

FE6AN07PDF

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Other Political Committees

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

PAGE 1 OF 5

FOR LINE NUMBER 11(c)

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

NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code Akerman Senterfitt 255 S. Orange Ave.--17th Floor Post Office Box 231 Orlando, FL 32802 Receipt For: [X] Primary [ ] General [ ] Other (specify):		11/24/99	$500.00
	Aggregate Year-to-Date > $	$500.00	
B. Full Name, Mailing Address and ZIP Code Amalgamated Transit Union 5025 Wisconsin Ave., NW Washington, DC 20016 Receipt For: [X] Primary [ ] General [ ] Other (specify):		12/22/99	$1,000.00
	Aggregate Year-to-Date > $	$1,000.00	
C. Full Name, Mailing Address and ZIP Code American Association of Nurse Anesthetists CRNA 412 First Street, SE Suite 12 Washington, DC 20003 Receipt For: [ ] Primary [ ] General [X] Other (specify): X		10/8/99	$500.00
	Aggregate Year-to-Date > $	$500.00	
D. Full Name, Mailing Address and ZIP Code Association of Trial Lawyers of America 1050 31st Street NW Washington, DC 20007 Receipt For: [ ] Primary [ ] General [ ] Other (specify): X		12/29/99	$5,000.00
	Aggregate Year-to-Date > $	$5,000.00	
E. Full Name, Mailing Address and ZIP Code BACKPAC 301 4th Street NE, Suite 202 Washington, DC 20002- Receipt For: [ ] Primary [ ] General [ ] Other (specify): X		12/31/99	$1,000.00
	Aggregate Year-to-Date > $	$1,000.00	
F. Full Name, Mailing Address and ZIP Code Barney Frank for Congress Committee P.O. Box 260 Newton, MA 02160 Receipt For: [ ] Primary [ ] General [ ] Other (specify): X		11/19/99	$500.00
	Aggregate Year-to-Date > $	$500.00	
G. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):			
	Aggregate Year-to-Date > $		
SUBTOTAL of Receipts This Page (optional)			$8,500.00
TOTAL This Period (last page this line number only)			

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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Other Political Committees

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

PAGE 2 OF 5

FOR LINE NUMBER 11(c)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Boilermakers-Blacksmiths Legislative Education Action Program 753 State Ave., Suite #565 Kansas City, KS 66101 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date $ $1,000.00	12/14/99	$1,000.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Business and Professional Women PAC 2012 Massachusetts Ave. NW Washington, DC 20036 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date $ $1,000.00	12/29/99	$1,000.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Carpenters' Legislative Improvement Committee 101 Constitution Ave., NW Washington, DC 20001 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Aggregate Year-to-Date $ $2,500.00	11/15/99	$2,500.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Cash America International 1600 W. 7th Street Fort Worth, TX 76102 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Aggregate Year-to-Date $ $500.00	12/31/99	$500.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Florida Advisory Council 2601 S. Bayshore Drive, Suite 1600 Miami, FL 33133- Receipt For: [ ] Primary [ ] General [X] Other (specify):	Aggregate Year-to-Date $ $500.00	11/19/99	$500.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Florida Health Political Action Committee P.O. Box 6936 Jacksonville, FL 32236 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Aggregate Year-to-Date $ $500.00	12/9/99	$500.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date $		
SUBTOTAL of Receipts This Page (optional)			$6,000.00
TOTAL This Period (last page this line number only)			

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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Other Political Committees

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

PAGE 3 OF 5

FOR LINE NUMBER 11(c)

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)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Friends of Rosa DeLauro 49 Huntington Street New Haven, CT 06511-		10/21/99	$1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $	$1,000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Human Rights Campaign PAC 919 18th Street NW Suite 800 Washington, DC 20006		12/31/99	$5,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $	$5,000.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
I.B.E.W. - C.O.P.E. 1125 - 15th Street NW Washington, DC 20005		8/18/99	$5,000.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):	Aggregate Year-to-Date > $	$5,000.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
International Longshoremen's & Warehousemen's Union 1188 Franklin Street San Francisco, CA 94109		12/31/99	$500.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):	Aggregate Year-to-Date > $	$500.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Joint Action Committee for Political Affairs P.O. Box 105 Highland Park, IL 60035		11/17/99	$1,000.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):	Aggregate Year-to-Date > $	$1,000.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
National Air Traffic Controllers Association 1150 17th Street, NW Suite 701 Washington, DC 20036-		11/12/99	$1,000.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):	Aggregate Year-to-Date > $	$1,000.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional)	$13,500.00
TOTAL This Period (last page this line number only)	

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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Other Political Committees

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

PAGE 4 OF 5

FOR LINE NUMBER 11(c)

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

NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. National Committee for an Effective Congress 122 C Street, NW, Suite 650 Washington, DC 20001-	* In-Kind: NCEC Data	10/14/99	$2,500.00 *
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $	$2,500.00	
B. New Democrat Network 501 Capitol Court, NE, Suite 200 Washington, DC 20002		12/31/99	$1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $	$1,000.00	
C. Nita Lowey for Congress P.O. Box 271 White Plains, NY 10605		12/31/99	$1,000.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):	Aggregate Year-to-Date > $	$1,000.00	
D. Office and Professional Employees International Union 1660 L Street, NW Suite 801 Washington, DC 20036		12/31/99	$2,500.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):	Aggregate Year-to-Date > $	$2,500.00	
E. PAC to the Future 268 Bush Street San Francisco, CA 94104		12/29/99	$5,000.00
Receipt For: [ ] Primary [X] General [ ] Other (specify):	Aggregate Year-to-Date > $	$10,000.00	
F. PAC to the Future 268 Bush Street San Francisco, CA 94104		11/17/99	$5,000.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):	Aggregate Year-to-Date > $	$15,000.00	
G.			
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional)	$17,000.00
TOTAL This Period (last page this line number only)	

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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Other Political Committees

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

PAGE 5 OF 5

FOR LINE NUMBER 11(c)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code Plumbers Local Union 519 PAC 14105 NW 58th Street Court Miami Lakes, FL 33014- Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year) 9/1/99 $500.00	Amount of Each Receipt this Period $500.00
B. Full Name, Mailing Address and ZIP Code Ralph Santora Independent Action 1317 F Street, NW Suite 900 Washington, DC 20004 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year) 12/17/99 $5,000.00	Amount of Each Receipt this Period $5,000.00
C. Full Name, Mailing Address and ZIP Code Women's Campaign Fund 734 15th Street, NW, Suite 500 Washington, DC 20005- Receipt For: [ ] Primary [ ] General [X] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year) 12/31/99 $500.00	Amount of Each Receipt this Period $500.00
D. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	$8,000.00
TOTAL This Period (last page this line number only)	$51,000.00

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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from the Candidate

Use expense schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 1
	FOR LINE NUMBER 11(d)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code Rep. Elaine Bloom 5255 Collins Avenue Miami Beach, FL 33140 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer * In-Kind: Hotel Occupation Aggregate Year-to-Date > $ $110.159.29	Date (month, day, year) 7/15/99	Amount of Each Receipt this Period $152.29 *
B. Full Name, Mailing Address and ZIP Code Rep. Elaine Bloom 5255 Collins Avenue Miami Beach, FL 33140 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer * In-Kind: Taxi Occupation Aggregate Year-to-Date > $ $110.159.29	Date (month, day, year) 7/15/99	Amount of Each Receipt this Period $7.00 *
C. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	$159.29
TOTAL This Period (last page this line number only)	$159.29

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SCHEDULE A **ITEMIZED RECEIPTS**

Other Receipts

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

PAGE 1 OF 3

FOR LINE NUMBER 15

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
AT&T P.O. Box 16730 Mesa, AZ 85211 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation Aggregate Year-to-Date > $ $25.81	10/21/99	$12.29
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
AT&T P.O. Box 16730 Mesa, AZ 85211 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation Aggregate Year-to-Date > $ $25.81	10/18/99	$13.62
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
City National Bank 300 71st Street Miami Beach, FL 33141 Receipt For: [ ] Primary [ ] General [X] Other (specify): X	Occupation Aggregate Year-to-Date > $ $1,581.11	12/28/99	$256.93
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
City National Bank 300 71st Street Miami Beach, FL 33141 Receipt For: [ ] Primary [ ] General [X] Other (specify): X	Occupation Aggregate Year-to-Date > $ $1,581.11	12/14/99	$23.35
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
City National Bank 300 71st Street Miami Beach, FL 33141 Receipt For: [ ] Primary [ ] General [X] Other (specify): X	Occupation Aggregate Year-to-Date > $ $1,581.11	11/28/99	$265.50
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
City National Bank 300 71st Street Miami Beach, FL 33141 Receipt For: [ ] Primary [ ] General [X] Other (specify): X	Occupation Aggregate Year-to-Date > $ $1,581.11	11/15/99	$22.42
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Occupation Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional)	$594.11
TOTAL This Period (last page this line number only)	

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SCHEDULE A **ITEMIZED RECEIPTS**

Other Receipts

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

PAGE 2 OF 3

FOR LINE NUMBER 15

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
City National Bank 300 71st Street Miami Beach, FL 33141 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation Aggregate Year-to-Date $ $1,591.11	10/28/99	$256.93
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
City National Bank 300 71st Street Miami Beach, FL 33141 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation Aggregate Year-to-Date $ $1,591.11	10/15/99	$9.65
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
City National Bank 300 71st Street Miami Beach, FL 33141 Receipt For: [ ] Primary [ ] General [X] Other (specify): X	Occupation Aggregate Year-to-Date $ $1,591.11	9/29/99	$265.49
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
City National Bank 300 71st Street Miami Beach, FL 33141 Receipt For: [ ] Primary [ ] General [X] Other (specify): X	Occupation Aggregate Year-to-Date $ $1,591.11	9/15/99	$10.07
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
City National Bank 300 71st Street Miami Beach, FL 33141 Receipt For: [ ] Primary [ ] General [X] Other (specify): X	Occupation Aggregate Year-to-Date $ $1,591.11	8/29/99	$265.50
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
City National Bank 300 71st Street Miami Beach, FL 33141 Receipt For: [ ] Primary [ ] General [X] Other (specify): X	Occupation Aggregate Year-to-Date $ $1,591.11	8/15/99	$102.76
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Occupation Aggregate Year-to-Date $		

SUBTOTAL of Receipts This Page (optional)	$810.80
TOTAL This Period (last page this line number only)	

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SCHEDULE A **ITEMIZED RECEIPTS**

Other Receipts

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

PAGE 3 OF 3

FOR LINE NUMBER 15

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code

City National Bank
300 71st Street
Miami Beach, FL 33141

Name of Employer

Occupation

Date (month, day, year): 7/15/99

Amount of Each Receipt this Period: $112.31

Receipt For: [X] Primary [ ] General [ ] Other (specify):

Aggregate Year-to-Date > $ $1,591.11

B. Full Name, Mailing Address and ZIP Code

Name of Employer

Occupation

Date (month, day, year)

Amount of Each Receipt this Period

Receipt For: [ ] Primary [ ] General [ ] Other (specify):

Aggregate Year-to-Date > $

C. Full Name, Mailing Address and ZIP Code

Name of Employer

Occupation

Date (month, day, year)

Amount of Each Receipt this Period

Receipt For: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] Other (specify):

Aggregate Year-to-Date > $

SUBTOTAL of Receipts This Page (optional)	$112.31
TOTAL This Period (last page this line number only)	$1,617.02

FE8AN03PDF

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 17

FOR LINE NUMBER 17

Operating Expenditures

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

NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
A. All People's Democratic Club PO Box 841096 Miami, FL 33146	Dinner tickets Disbursement for: X Primary General Other (specify)	10/23/99	$250.00
B. All-in-One Technologies 11601 Biscayne Blvd., Suite 303 North Miami, FL 33181	Phone services Disbursement for: X Primary General Other (specify)	12/3/99	$372.75
C. Ann Marie Habershaw EMILY's List 805 15th Street, NW, Suite 400 Washington, DC 20005	Mail Costs Disbursement for: X Primary General Other (specify)	8/16/99	$6,100.00
D. AT&T Wireless Services P.O. Box 129 Newark, NJ 07101	telephone expense Disbursement for: X Primary General Other (specify)	9/23/99	$168.01
E. AT&T Wireless Services P.O. Box 129 Newark, NJ 07101	telephone expense Disbursement for: X Primary General Other (specify)	8/19/99	$31.81
F. AT&T Wireless Services P.O. Box 129 Newark, NJ 07101	telephone expense Disbursement for: X Primary General Other (specify)	12/7/99	$198.26
G. AT&T Wireless Services P.O. Box 129 Newark, NJ 07101	telephone expense Disbursement for: X Primary General Other (specify)	12/15/99	$250.00
H. AT&T P.O. Box 16730 Mesa, AZ 85211	Telephone Expense Disbursement for: X Primary General Other (specify)	9/23/99	$114.93
I.	Purpose of Disbursement Disbursement for: Primary General Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	$7,475.58
TOTAL This Period (last page this line number only)	

FEC Form 3P

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 2 OF 17

FOR LINE NUMBER 17

Operating Expenditures

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)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
AT&T P.O. Box 16730 Mesa, AZ 85211	Telephone Expense Disbursement for: [X] Primary [ ] General [ ] Other (specify)	7/16/99	$11.77
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
AT&T P.O. Box 16730 Mesa, AZ 85211	Telephone Expense Disbursement for: [X] Primary [ ] General [ ] Other (specify)	12/3/99	$151.64
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
AT&T P.O. Box 16730 Mesa, AZ 85211	Telephone Expense Disbursement for: [X] Primary [ ] General [ ] Other (specify)	8/19/99	$25.91
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
AT&T P.O. Box 16730 Mesa, AZ 85211	Telephone Expense Disbursement for: [X] Primary [ ] General [ ] Other (specify)	10/28/99	$88.09
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
AT&T P.O. Box 16730 Mesa, AZ 85211	Telephone Expense Disbursement for: [X] Primary [ ] General [ ] Other (specify)	7/16/99	$8.48
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
AT&T P.O. Box 16730 Mesa, AZ 85211	Telephone Expense Disbursement for: [X] Primary [ ] General [ ] Other (specify)	8/18/99	$49.02
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bell South PO Box 33009 Charlotte, NC 28243	Telephone Expenses Disbursement for: [X] Primary [ ] General [ ] Other (specify)	7/15/99	$277.61
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bell South PO Box 33009 Charlotte, NC 28243	Telephone Expenses Disbursement for: [X] Primary [ ] General [ ] Other (specify)	12/15/99	$294.22
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	$906.73
TOTAL This Period (last page this line number only)	

FEC Form 3P DF

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 3 OF 17

FOR LINE NUMBER 17

Operating Expenditures

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
A. Bell South PO Box 33009 Charlotte, NC 28243	Telephone Expenses Primary X General Other (specify)	12/7/99	$192.02
B. Bell South PO Box 33009 Charlotte, NC 28243	Deposit and advance payment Primary X General Other (specify)	9/29/99	$165.00
C. Bell South PO Box 33009 Charlotte, NC 28243	Telephone Expenses Primary X General Other (specify)	9/23/99	$387.65
D. Bell South PO Box 33009 Charlotte, NC 28243	Telephone Expenses Primary X General Other (specify)	8/18/99	$409.79
E. Bijan's Catering 100-64 SE 4th Street Miami, FL 33131	Catering/Fundraiser Primary General X Other (specify)	11/15/99	$2,671.00
F. Broward County AFL-CIO 4620 SW 12th Street Fort Lauderdale, FL 33317	Dinner Tickets Primary X General Other (specify)	12/3/99	$225.00
G. City National Bank 300 71st Street Miami Beach, FL 33141	Rent Primary X General Other (specify)	7/30/99	$412.46
H. City National Bank 300 71st Street Miami Beach, FL 33141	Rent Primary X General Other (specify)	7/1/99	$412.46
I.	Primary General Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	$4,875.36
TOTAL This Period (last page this line number only)	

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 4 OF 17

FOR LINE NUMBER 17

Operating Expenditures

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
City National Bank 300 71st Street Miami Beach, FL 33141	Bank fees Disbursement for: [ ] Primary [ ] General [X] Other (specify)	7/15/99	$80.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
City National Bank 300 71st Street Miami Beach, FL 33141	Rent Disbursement for: [ ] Primary [ ] General [X] Other (specify)	8/31/99	$412.46
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
City National Bank 300 71st Street Miami Beach, FL 33141	Rent Disbursement for: [ ] Primary [ ] General [X] Other (specify)	11/30/99	$412.46
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
City National Bank 300 71st Street Miami Beach, FL 33141	Rent Disbursement for: [ ] Primary [ ] General [X] Other (specify)	10/1/99	$412.46
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
City National Bank 300 71st Street Miami Beach, FL 33141	Rent Disbursement for: [ ] Primary [ ] General [X] Other (specify)	11/1/99	$412.46
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
City National Bank 300 71st Street Miami Beach, FL 33141	Bank fees Disbursement for: [ ] Primary [ ] General [X] Other (specify)	11/17/99	$6.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
City National Bank 300 71st Street Miami Beach, FL 33141	Bank fees Disbursement for: [ ] Primary [ ] General [X] Other (specify)	11/30/99	$6.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Crounse, Malchow and Schleckman 1400 I Street NW, Suite 650 Washington, DC 20005	Travel expenses Disbursement for: [ ] Primary [ ] General [X] Other (specify)	10/26/99	$1,039.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	$2,774.84
TOTAL This Period (last page this line number only)	

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 5 OF 17

FOR LINE NUMBER 17

Operating Expenditures

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)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Democratic Congressional Campaign Committee 430 South Capitol Street Washington, DC 20003	PAC Book Disbursement for: [ ] Primary [ ] General [X] Other (specify)	9/28/99	$500.00 * * in-kind received
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Dodd Printers 7550 West 2nd Court Hialeah, FL 33014	Envelopes Disbursement for: [ ] Primary [ ] General [X] Other (specify)	9/30/99	$414.29
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Effective Strategies 426 North Saint Asaph Street Alexandria, VA 22314	consultant travel Disbursement for: [ ] Primary [ ] General [X] Other (specify)	7/29/99	$698.48
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Effective Strategies 426 North Saint Asaph Street Alexandria, VA 22314	consulting expenses Disbursement for: [ ] Primary [ ] General [X] Other (specify)	11/1/99	$5,000.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Effective Strategies 426 North Saint Asaph Street Alexandria, VA 22314	consulting expenses Disbursement for: [ ] Primary [ ] General [X] Other (specify)	12/6/99	$1,520.38
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Effective Strategies 426 North Saint Asaph Street Alexandria, VA 22314	travel expenses Disbursement for: [ ] Primary [ ] General [X] Other (specify)	10/26/99	$1,929.53
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Effective Strategies 426 North Saint Asaph Street Alexandria, VA 22314	consulting expenses Disbursement for: [ ] Primary [ ] General [X] Other (specify)	9/30/99	$8,610.22
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Effective Strategies 426 North Saint Asaph Street Alexandria, VA 22314	consulting expenses Disbursement for: [ ] Primary [ ] General [X] Other (specify)	8/3/99	$5,000.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	$21,672.90
TOTAL This Period (last page this line number only)	

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 6 OF 17

FOR LINE NUMBER 17

Operating Expenditures

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)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Effective Strategies 426 North Saint Asaph Street Alexandria, VA 22314	consulting expenses Disbursement for: Primary General Other (specify)	9/13/99	$315.50
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
First USA PO Box 8650 Wilmington, DE 19886	Printing services Disbursement for: Primary General Other (specify)	7/30/99	$106.21
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
FL Division of Unemployment Compensation Division of Tax 107 E Madison Street Tallahassee, FL 32399-0212	FL Unemployment tax Disbursement for: Primary General Other (specify)	12/15/99	$227.50
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Internal Revenue Service Atlanta, 39901	Payroll Taxes Disbursement for: Primary General Other (specify)	12/15/99	$195.85
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Internal Revenue Service Atlanta, 39901	Payroll Taxes Disbursement for: Primary General Other (specify)	10/1/99	$621.35
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Internal Revenue Service Atlanta, 39901	Payroll Taxes Disbursement for: Primary General Other (specify)	9/13/99	$2,579.25
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Internal Revenue Service Atlanta, 39901	Payroll Taxes Disbursement for: Primary General Other (specify)	11/19/99	$2,147.85
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Internal Revenue Service Atlanta, 39901	First Qtr. Employer Matching F Disbursement for: Primary General Other (specify)	12/15/99	$810.35
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: Primary General Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	$7,103.86
TOTAL This Period (last page this line number only)	

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 7 OF 17

FOR LINE NUMBER 17

Operating Expenditures

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Internal Revenue Service Atlanta, 39901	Payroll Taxes Disbursement for: Primary General Other (specify)	12/3/99	$735.45
B. Jeffrey Garcia 401 SW 125 Ave Miami, FL 33184	Office Supplies Disbursement for: Primary General Other (specify)	8/13/99	$163.00
C. Jeffrey Garcia 401 SW 125 Ave Miami, FL 33184	Payroll Disbursement for: Primary General Other (specify)	8/19/99	$1,384.15
D. Jeffrey Garcia 401 SW 125 Ave Miami, FL 33184	payroll Disbursement for: Primary General Other (specify)	9/13/99	$2,768.30
E. Jeffrey Garcia 401 SW 125 Ave Miami, FL 33184	Payroll Disbursement for: Primary General Other (specify)	12/3/99	$1,448.50
F. Jeffrey Garcia 401 SW 125 Ave Miami, FL 33184	Payroll Disbursement for: Primary General Other (specify)	7/29/99	$2,768.30
G. Jeffrey Garcia 401 SW 125 Ave Miami, FL 33184	Payroll Disbursement for: Primary General Other (specify)	11/1/99	$1,384.15
H. Jeffrey Garcia 401 SW 125 Ave Miami, FL 33184	Payroll Disbursement for: Primary General Other (specify)	11/19/99	$1,448.50
I.	Purpose of Disbursement Disbursement for: Primary General Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	$12,100.35
TOTAL This Period (last page this line number only)	

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 8 OF 17

FOR LINE NUMBER 17

Operating Expenditures

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress CD0345405

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
A. Jeffrey Garcia 401 SW 125 Ave Miami, FL 33184	Payroll Disbursement for: X Primary	10/20/99	$1,384.15
B. Jeffrey Garcia 401 SW 125 Ave Miami, FL 33184	Payroll Disbursement for: X Primary	9/30/99	$1,384.15
C. Liberty Mailing Inc. 9945 NW 88th Avenue Miami, FL 33178	Mailing services Disbursement for: X Primary	7/1/99	$203.15
D. MAC Parking 12700 Biscayne Bay Drive North Miami, FL 33161	Parking for Black event Disbursement for: X Primary	11/19/99	$410.00
E. Mr. Abel Holtz 9999 Collins Avenue Miami, FL 33154	Fundraiser expense Disbursement for: X General	12/1/99	$673.00 *
F. Mr. Alan Rosen 1800 NE 114th Street, #1711 North Miami, FL 33181	Fundraiser expense Disbursement for: X Primary	12/7/99	$500.00 *
G. Mr. Alan Rosen 1800 NE 114th Street, #1711 North Miami, FL 33181	Fundraiser expense Disbursement for: X General	12/7/99	$500.00 *
H. Mr. and Mrs. Mitchell Berger 7121 NW 65th Terrace Pompano Beach, FL 33067	Fundraiser expenses Disbursement for: X Primary	11/21/99	$340.00 *
I.	Purpose of Disbursement Disbursement for: X Primary	Date (month, day, year)	* in-kind received Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	$5,394.45
TOTAL This Period (last page this line number only)	

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 9 OF 17

FOR LINE NUMBER 17

Operating Expenditures

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mr. Arthur Brown 10090 SW 145th ST Miami, FL 33141	Fundraiser expense Disbursement for: [ ] Primary [X] General [ ] Other (specify)	12/7/99	$500.00 * * in-kind received
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mr. Arthur Brown 10090 SW 145th ST Miami, FL 33141	Fundraiser expense Disbursement for: [ ] Primary [X] General [ ] Other (specify)	12/7/99	$500.00 * * in-kind received
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mr. Brandon Biederman 2635 SW 35th Place #805 Gainesville, FL 32608	Campaign Consulting Disbursement for: [ ] Primary [ ] General [X] Other (specify)	7/16/99	$630.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mr. Brandon Biederman 2635 SW 35th Place #805 Gainesville, FL 32608	campaign consulting Disbursement for: [ ] Primary [ ] General [X] Other (specify)	7/30/99	$900.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mr. Daniel Kushner 3895 Carson Avenue Cooper City, FL 33026	Fundraiser expense Disbursement for: [ ] Primary [ ] General [ ] Other (specify) [X]	12/7/99	$750.00 * * in-kind received
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mr. Daniel Kushner 3895 Carson Avenue Cooper City, FL 33026	Fundraiser expense Disbursement for: [ ] Primary [ ] General [X] Other (specify)	12/7/99	$250.00 *
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mr. Donald Gerson 6526 NW 40th Court Boca Raton, FL 33496	Funding for event Disbursement for: [ ] Primary [ ] General [X] Other (specify)	12/7/99	* in-kind received $550.00 *
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mr. Donald Gerson 6526 NW 40th Court Boca Raton, FL 33496	Funding for event Disbursement for: [ ] Primary [ ] General [X] Other (specify)	12/7/99	* in-kind received $450.00 *
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		* In-kind received

SUBTOTAL of Disbursements This Page (optional)	$4,530.00
TOTAL This Period (last page this line number only)	

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 10 OF 17

FOR LINE NUMBER 17

Operating Expenditures

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mr. Greg Arkin 555 NE 34th Street, Suite 706 Miami, FL 33137	computer service Disbursement for: [ ] Primary [ ] General [X] Other (specify)	12/8/99	$550.00 * * in-kind received
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mr. Larry Apple 3641 N. Prospect Dr. Miami, FL 33133	Photography Disbursement for: [ ] Primary [ ] General [X] Other (specify)	11/1/99	$210.00 * * in-kind received
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mr. Mitch Topal The Poll2000 Group 12720 SW 13th Manor Davie, FL 33325	Printing Disbursement for: [ ] Primary [ ] General [X] Other (specify)	9/2/99	$465.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mr. Steven Klein 16722 SW 78th Court Miami, FL 33157	Fundraiser expense Disbursement for: [ ] Primary [ ] General [X] Other (specify)	12/7/99	$200.00 * * in-kind received
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mr. Steven Klein 16722 SW 78th Court Miami, FL 33157	Fundraiser expense Disbursement for: [ ] Primary [ ] General [X] Other (specify)	12/7/99	$800.00 * * in-kind received
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mr. Ugo Columbo 701 Brickell Ave., #3150 Miami, FL 33131	Fundraiser expense Disbursement for: [ ] Primary [ ] General [X] Other (specify)	12/1/99	$1,000.00 * * in-kind received
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mr. Ugo Columbo 701 Brickell Ave., #3150 Miami, FL 33131	Fundraiser expense Disbursement for: [ ] Primary [ ] General [X] Other (specify)	12/1/99	$1,000.00 * * in-kind received
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Ms. Allison Hunt 101 East College Ave., Suite 302 Tallahassee, FL 32301	Fundraiser/expense Disbursement for: [ ] Primary [ ] General [X] Other (specify)	11/1/99	$387.53 * * in-kind received
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		* in-kind received

SUBTOTAL of Disbursements This Page (optional)	$4,812.53
TOTAL This Period (last page this line number only)	

FE6AN97P.DF

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 11 OF 17

FOR LINE NUMBER 17

Operating Expenditures

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)

Elaine Bloom for Congress C00345405

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
A. Ms. Amy Andryszak 5680 Pine Tree Drive Miami Beach, FL 33140	Payroll Disbursement for: [ ] Primary [ ] General [X] Other (specify)	11/15/99	$711.15
B. Ms. Amy Andryszak 5680 Pine Tree Drive Miami Beach, FL 33140	Postage Disbursement for: [ ] Primary [ ] General [X] Other (specify)	12/3/99	$959.78
C. Ms. Amy Andryszak 5680 Pine Tree Drive Miami Beach, FL 33140	Payroll Disbursement for: [ ] Primary [ ] General [X] Other (specify)	10/20/99	$711.15
D. Ms. Amy Andryszak 5680 Pine Tree Drive Miami Beach, FL 33140	Payroll Disbursement for: [ ] Primary [ ] General [X] Other (specify)	11/1/99	$711.15
E. Ms. Amy Andryszak 5680 Pine Tree Drive Miami Beach, FL 33140	Supplies, Newspapers Disbursement for: [ ] Primary [ ] General [X] Other (specify)	10/26/99	$52.82
F. Ms. Amy Andryszak 5680 Pine Tree Drive Miami Beach, FL 33140	Payroll Disbursement for: [ ] Primary [ ] General [X] Other (specify)	9/30/99	$394.50
G. Ms. Amy Andryszak 5680 Pine Tree Drive Miami Beach, FL 33140	Payroll Disbursement for: [ ] Primary [ ] General [X] Other (specify)	12/15/99	$711.15
H. Ms. Amy Andryszak 5680 Pine Tree Drive Miami Beach, FL 33140	Travel expenses, Supplies Disbursement for: [ ] Primary [ ] General [X] Other (specify)	10/1/99	$412.69
I.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	$4,664.39
TOTAL This Period (last page this line number only)	

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 12 OF 17

FOR LINE NUMBER 17

Operating Expenditures

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)

Elaine Bloom for Congress C00345405

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Ms. Amy Andryszak 5680 Pine Tree Drive Miami Beach, FL 33140	Payroll Disbursement for: X Primary ☐ General ☐ Other (specify)	12/3/99	$711.15
B. Ms. Angie Bellon 9760 SW 74th Street Miami, FL 33173	Data Services Disbursement for: X Primary ☐ General ☐ Other (specify)	10/15/99	$560.00
C. Ms. Angie Bellon 9760 SW 74th Street Miami, FL 33173	Data services Disbursement for: X Primary ☐ General ☐ Other (specify)	12/3/99	$350.00
D. Ms. Erika King P.O. Box 715 Coconut Grove, FL 33133	Photography Disbursement for: X Primary ☐ General ☐ Other (specify)	11/1/99	$220.00 *
E. Ms. Renu Mody 1717 N. Bayshore Drive, #2234 Miami, FL 33132	Fundraiser expenses Disbursement for: X Primary ☐ General ☐ Other (specify)	11/20/99	$370.00 *
F. Ms. Rosilyn Farbowitz 1020 NE 170th Terrace North Miami Beach, FL 33162	Consulting services Disbursement for: X Primary ☐ General ☐ Other (specify)	8/13/99	$500.00
G. Ms. Shirley Reid 2301 N Street NW, Apt. 109 Washington, DC 20037	Research Disbursement for: X Primary ☐ General ☐ Other (specify)	9/3/99	$7,500.00
H. Ms. Shirley Reid 2301 N Street NW, Apt. 109 Washington, DC 20037	Research Disbursement for: X Primary ☐ General ☐ Other (specify)	9/30/99	$7,500.00
I.	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		

* In-kind received

SUBTOTAL of Disbursements This Page (optional) $17,711.15

TOTAL This Period (last page this line number only)

FEC/A/07SP.DF

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 13 OF 17

FOR LINE NUMBER 17

Operating Expenditures

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)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Ms. Shirley Reid 2301 N Street NW, Apt. 109 Washington, DC 20037	Research Disbursement for: Primary General Other (specify)	11/1/99	$2,500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Nation's Bank 1501 Pennsylvania Ave. NW Washington, DC 20005	bank fees Disbursement for: Primary General Other (specify)	8/18/99	$30.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Nation's Bank 1501 Pennsylvania Ave. NW Washington, DC 20005	bank fees Disbursement for: Primary General Other (specify)	9/30/99	$117.23
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Nation's Bank 1501 Pennsylvania Ave. NW Washington, DC 20005	bank fees Disbursement for: Primary General Other (specify)	10/29/99	$11.41
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Nation's Bank 1501 Pennsylvania Ave. NW Washington, DC 20005	Checks Disbursement for: Primary General Other (specify)	9/9/99	$21.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Nation's Bank 1501 Pennsylvania Ave. NW Washington, DC 20005	bank maintence fee Disbursement for: Primary General Other (specify)	11/30/99	$11.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Nation's Bank 1501 Pennsylvania Ave. NW Washington, DC 20005	bank fees Disbursement for: Primary General Other (specify)	12/31/99	$11.41
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
National Committee for an Effective Congress 122 C Street, NW, Suite 650 Washington, DC 20001-	Research Disbursement for: Primary General Other (specify)	10/14/99	$2,500.00 *
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	* In-kind Amount of Each Disbursement This Period
	Disbursement for: Primary General Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	$5,202.05
TOTAL This Period (last page this line number only)	

FEC FORM 3P

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 14 OF 17

FOR LINE NUMBER 17

Operating Expenditures

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

NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. NGP Software 5440 Nevada Ave. NW Washington, DC 20015	Software Disbursement for: Primary X General Other (specify)	7/30/99	$543.50
B. NGP Software 5440 Nevada Ave. NW Washington, DC 20015	Software Disbursement for: Primary X General Other (specify)	9/13/99	$500.00
C. NGP Software 5440 Nevada Ave. NW Washington, DC 20015	Software Disbursement for: Primary X General Other (specify)	7/1/99	$1,500.00
D. Office Depot 12190 Biscayne Blvd. Miami, FL 33181	Software Disbursement for: Primary X General Other (specify)	7/30/99	$123.49
E. Office Depot 12190 Biscayne Blvd. Miami, FL 33181	Computer purchase Disbursement for: Primary X General Other (specify)	7/30/99	$950.00
F. Palm Beach Post 2751 S. Dixie Highway West Palm Beach, FL 33405	subscription Disbursement for: Primary X General Other (specify)	7/30/99	$335.92
G. Premiere Technologies, Inc. One Industrial Way West, Bldg. D Eatontown, NJ 07724	Blast fax services Disbursement for: Primary X General Other (specify)	12/15/99	$195.78
H. Premiere Technologies, Inc. One Industrial Way West, Bldg. D Eatontown, NJ 07724	Blast fax services Disbursement for: Primary X General Other (specify)	12/3/99	$196.51
I.	Purpose of Disbursement Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	$4,345.20
TOTAL This Period (last page this line number only)	

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 15 OF 17

FOR LINE NUMBER 17

Operating Expenditures

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)

Elaine Bloom for Congress C00345405

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Rep. Elaine Bloom 5255 Collins Avenue Miami Beach, FL 33140	Travel expenses Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	7/15/99	$152.29 * * in-kind received
B. Rep. Elaine Bloom 5255 Collins Avenue Miami Beach, FL 33140	Travel expense Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	7/15/99	$7.00 * * in-kind received
C. Sprint PCS PO Box 2200 Bedford Park, IL 60499	Telephone expense Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	9/2/99	$44.81
D. Sprint PCS PO Box 2200 Bedford Park, IL 60499	Telephone expense Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	12/20/99	$105.48
E. Sprint PCS PO Box 2200 Bedford Park, IL 60499	Telephone expense Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	10/26/99	$43.47
F. Sprint PCS PO Box 2200 Bedford Park, IL 60499	Telephone expense Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	8/16/99	$103.72
G. Sprint PCS PO Box 2200 Bedford Park, IL 60499	Telephone expense Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	7/19/99	$95.12
H. Sprint PCS PO Box 2200 Bedford Park, IL 60499	Telephone expense Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	11/15/99	$44.64
I.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) $596.53

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

FE8AN07SPDF

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 18 OF 17

FOR LINE NUMBER 17

Operating Expenditures

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)

Elaine Bloom for Congress C00345405

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
A. Union Printing 2321 Pembroke Road Hollywood, FL 33020	Printer expense Disbursement for: X Primary General Other (specify)	12/21/99	$378.46
B. Union Printing 2321 Pembroke Road Hollywood, FL 33020	Printing expense Disbursement for: X Primary General Other (specify)	12/15/99	$761.08
C. Union Printing 2321 Pembroke Road Hollywood, FL 33020	Printing expense Disbursement for: X Primary General Other (specify)	11/30/99	$1,386.25
D. Union Printing 2321 Pembroke Road Hollywood, FL 33020	Printing expense Disbursement for: X Primary General Other (specify)	11/19/99	$1,851.50
E. Union Printing 2321 Pembroke Road Hollywood, FL 33020	Printing expense Disbursement for: X Primary General Other (specify)	10/26/99	$3,889.14
F. United States Postal Service Normandy Branch Miami, FL 33141	Postage Disbursement for: X Primary General Other (specify)	8/13/99	$314.00
G. United States Postal Service Normandy Branch Miami, FL 33141	Postage Disbursement for: X Primary General Other (specify)	8/31/99	$330.00
H. MBNA America P.O. Box 15137 Wilmington, DE 19886	Credit card payment Disbursement for: X Primary General Other (specify)	12/7/99	$2,413.30
I.	Purpose of Disbursement Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) $11,323.73

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

FEBANK/SPDF

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 17 OF 17

FOR LINE NUMBER 17

Operating Expenditures

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)

Elaine Bloom for Congress C00345405

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Courtyard by Marriot Los Angeles, CA 29100	Travel expense Disbursement for: Primary General Other (specify)	10/29/99	MEMO $233.66
B. United States Postal Service Normandy Branch Miami, FL 33141	Postage Disbursement for: Primary General Other (specify)	10/25/99	MEMO $1,023.00
C. United States Postal Service Normandy Branch Miami, FL 33141	Postage Disbursement for: Primary General Other (specify)	10/13/99	MEMO $3.20
D. United States Postal Service Normandy Branch Miami, FL 33141	Postage Disbursement for: Primary General Other (specify)	10/12/99	MEMO $166.98
E. MBNA America P.O. Box 15137 Wilmington, DE 19886	Credit card payment Disbursement for: Primary General Other (specify)	12/15/99	$1,334.50
F. United States Postal Service Normandy Branch Miami, FL 33141	Postage Disbursement for: Primary General Other (specify)	11/18/99	MEMO $627.00
G. United States Postal Service Normandy Branch Miami, FL 33141	Postage Disbursement for: Primary General Other (specify)	11/24/99	MEMO $165.00
H. United States Postal Service Normandy Branch Miami, FL 33141	Postage Disbursement for: Primary General Other (specify)	11/16/99	MEMO $363.00
I.	Purpose of Disbursement Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	$1,334.50
TOTAL This Period (last page this line number only)	$116,623.95

FE8NN07/PDF

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 20(a)

Refunds of Contributions to Individuals

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

NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mr. Alan Lipton 19495 Biscayne Blvd., No. 410 Aventura, FL 33180	Refund Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	12/31/99	$1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mr. Alan Potemkin 4675 SW 74th Street Miami, FL 33143	Refund Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	12/31/99	$1,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mr. Rowland Schaefer PO Box 9312 Miami, FL 33014	Refund Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	12/31/99	$2,000.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	$4,000.00
TOTAL This Period (last page this line number only)	$4,000.00

FE6AN09PDF

SCHEDULE C
(Revised 3/80)

LOANS

Page 1 of 3 for
LINE NUMBER 10
(Use separate schedules for each numbered line)

Loans owed by the Committee

Name of Committee (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code of Loan Source	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
Rep. Elaine Bloom 5255 Collins Avenue Miami Beach, FL 33140	$5,100.00	$0.00	$5,100.00

Election: ☐ Primary ☐ General ☐ Other (specify):

Terms: Date Incurred 6/2009 Date Due _____ Interest Rate _____%(apr) ☐ Secured

List All Endorsers or Guarantors (if any) to Item A

1. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $	
2. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $	
3. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $	

B. Full Name, Mailing Address and ZIP Code of Loan Source	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period

Election: ☐ Primary ☐ General ☐ Other (specify):

Terms: Date Incurred _____ Date Due _____ Interest Rate _____%(apr) ☐ Secured

List All Endorsers or Guarantors (if any) to Item B

1. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $	
2. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $	
3. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $	

SUBTOTALS This Period This Page (optional)	
TOTALS This Period (last page in this line only)	

Carry outstanding balances only to Line 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

FEC/A/86/PDF

SCHEDULE C
(Revised 3/80)

LOANS

Page 2 of 3 for
LINE NUMBER 10
(Use separate schedules for each numbered line)

Loans owed by the Committee

Name of Committee (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code of Loan Source	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
Rep. Elaine Bloom 5255 Collins Avenue Miami Beach, FL 33140	$96,000.00	$0.00	$96,000.00

Election: ☐ Primary ☐ General ☐ Other (specify):

Terms: Date Incurred 6/30/99 Date Due _____ Interest Rate _____%(apr) ☐ Secured

List All Endorsers or Guarantors (if any) to Item A

1. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $	
2. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $	
3. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $	

B. Full Name, Mailing Address and ZIP Code of Loan Source	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period

Election: ☐ Primary ☐ General ☐ Other (specify):

Terms: Date Incurred _____ Date Due _____ Interest Rate _____%(apr) ☐ Secured

List All Endorsers or Guarantors (if any) to Item B

1. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $	
2. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $	
3. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $	

SUBTOTALS This Period This Page (optional)	
TOTALS This Period (last page in this line only)	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

FEC FORM 3P

SCHEDULE C
(Revised 3/00)

LOANS

Page 3 of 3 for LINE NUMBER 10
(Use separate schedules for each numbered line)

Loans owed by the Committee

Name of Committee (in Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code of Loan Source	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
Rep. Elaine Bloom 5255 Collins Avenue Miami Beach, FL 33140	$4,000.00	$0.00	$4,000.00

Election: ☐ Primary ☐ General ☐ Other (specify):

Terms: Date Incurred 5/4/00 Date Due _____ Interest Rate _____%(apr) ☐ Secured

List All Endorsers or Guarantors (if any) to Item A

1. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $	
2. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $	
3. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $	

B. Full Name, Mailing Address and ZIP Code of Loan Source	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period

Election: ☐ Primary ☐ General ☐ Other (specify):

Terms: Date Incurred _____ Date Due _____ Interest Rate _____%(apr) ☐ Secured

List All Endorsers or Guarantors (if any) to Item B

1. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $	
2. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $	
3. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $	

SUBTOTALS This Period This Page (optional)	
TOTALS This Period (last page in this line only)	$105,100.00

Carry outstanding balance only to Line 8, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

FEC FORM 3P

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.

☑	Hand Delivered	Date of Receipt 2/1/00
☐	First Class Mail	POSTMARKED
☐	Registered/Certified Mail	POSTMARKED
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House office of Records and Registration	Date of Receipt
☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	

SA — PREPARER

2/1/00 — DATE PREPARED

(4/98)