REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

JAN 31 10 27 AM '98

1. NAME OF COMMITTEE (In Full)
C00197285 060297
C ALBERT C WILTSHIRE
COMMITTEE TO REELECT ED TOWNS
360 CLINTON AVENUE SUITE 6R
3 BROOKLYN NY 11238
B]

2. FEC IDENTIFICATION NUMBER
C00197285

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

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

SUMMARY

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5.	Covering Period: 07/01/97 through 12/31/97		
6.	Net Contributions (other than loans)		
	(a) Total Contributions (other than loans) (from Line 11(e))	$ 152,176.73	$ 228,622.79
	(b) Total Contributions Refunds (from Line 20(d))	$ 250.00	$ 750.00
	(c) Net Contributions (other than loans) (subtract Line 6(b)) from 6(a))	$ 151,926.73	$ 227,872.79
7.	Net Operating Expenditures		
	(a) Total Operating Expenditures (from Line 17)	$ 149,519.71	$ 237,895.80
	(b) Total Offsets to Operating Expenditures (from Line 14)	$	$ 237,895.80
	(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	$ 149,519.71	$ 237,895.80
8.	Cash on Hand at Close of Reporting Period (from Line 27)	$ 31,945.44	
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 (Itemized all on Schedule C and/or Schedule D)	$ 0.00	

For information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-376-3120

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

Type or Print Name of Treasurer
ALBERT C WILTSHIRE

Signature of Treasurer
albert c wiltshire

Date
1/30/98

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

FE6-FAX-7-96

FEC FORM 3

(revised 9/93)

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3

NAME OF COMMITTEE: CDD197285
COMMITTEE TO RE-ELECT ED TOWNS

REPORT COVERING PERIOD
FROM: 07/01/97 TO: 12/31/97

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Calendar Year
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individual/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	77,059.33	
(ii) Unitemized	26,730.00	
(iii) Total of contributions from Individuals	103,789.33	132,110.39
(b) Political Party Committees	1,000.00	2,625.00
(c) Other Political Committees (such as PACs)	47,387.40	93,887.40
(d) The Candidate		
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)iii), (b), (c) and (d))	152,176.73	228,622.79
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
(b) All Other Loans		
(c) TOTAL LOANS (add 13(a) and (b))		
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)		
15. OTHER RECEIPTS (Dividends, Interest, etc.)		
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)	152,176.73	228,622.79
II. DISBURSEMENTS		
17. OPERATING EXPEDITURES	148,519.71	236,895.80
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES		
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate		
(b) Of All Other Loans		
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))		
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Person Other Than Political Committees	250.00	250.00
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		500.00
(d) TOTAL CONTRIBUTIONS REFUNDS (add 20(a), (b) and (c))	250.00	750.00
21. OTHER DISBURSEMENTS		
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)	148,769.71	237,645.80

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	$	28,538.42
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)	$	152,176.73
25. SUBTOTAL (add Line 23 and Line 24)	$	180,715.15
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	$	148,769.71
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)	$	31,945.44

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 22
	FOR LINE NUMBER 11a

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NAME OF COMMITTEE (In Full)

COMMITTEE TO RE-ELECT ED TOWNS C00197285

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A.J. HENLEY 130GREENLEIGH CT MERCHANTVILL NJ 08109	AMERICA CHOICE		
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation VICE PRES	08/21/97	
	Aggregate Year-to-Date > $ 500.00		500.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ADDAGADA C. RAO 15 WOODHILL LN. UPPER BROOKVILLE NY 11545	SELF		
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation DOCTOR	07/15/97	
	Aggregate Year-to-Date > $ 1,000.00		1,000.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ALEXANDER ELLMAN 101 W 12 ST APT 191 NEW YORK NY 10011	CENTRAL BROOKLYN MEDICAL GROUP		
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation DOCTOR	07/25/97	
	Aggregate Year-to-Date > $ 1,000.00		1,000.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ALICIA PONCE DELEON 260 LOTT AVE BROOKLYN NY 11212	LADIES COMMITTEE FOR P.R. COMMUNITY		
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation EXEC. DIR	09/16/97	
	Aggregate Year-to-Date > $ 650.00		650.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ALLAN M FOX 8 WEST LENOX ST CHEVY CHASE MD 20815	SELF		
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation PRESIDENT	08/21/97	
	Aggregate Year-to-Date > $ 1,000.00		1,000.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
AMARILYS CORTIJO 130 MONTGOMERY CIR NEW ROCHELLE NY 10804	BROOKLYN MEDICAL GROUP		
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation DOCTOR	07/25/97	
	Aggregate Year-to-Date > $ 1,000.00		1,000.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ANTHONY WELTERS 919 SAIGON RD MCLEAN VA 22102	MMB		
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation CEO	08/21/97	
	Aggregate Year-to-Date > $ 1,000.00		1,000.00

SUBTOTAL of Receipts This Page (optional)	6,150.00
TOTAL This Period (last page this line number only)	

FE5-SA-891

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11a

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NAME OF COMMITTEE (In Full)

COMMITTEE TO RE-ELECT ED TOWNS C00197285

Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. ANTHONY WELTERS 919 SAIGON RD MCLEAN VA 22102 Receipt For: [ ] Primary [X] General [ ] Other (specify):	XEROX Occupation CEO Aggregate Year-to-Date > $ 2,000.00	08/21/97	1,000.00
B. ARLENE SUAREZ 120 POINTE CIRCLE SOUTH CORAM NY 11727 Receipt For: [X] Primary [ ] General [ ] Other (specify):	COOP PAZ Occupation BLDG MANAGER Aggregate Year-to-Date > $ 350.00	07/25/97	350.00
C. ARTHUR DEUTSCH 343 E 66 ST NY NY 10021 Receipt For: [X] Primary [ ] General [ ] Other (specify):	ALLIED MECHANICAL TRADES INC Occupation PRES Aggregate Year-to-Date > $ 1,000.00	11/25/97	1,000.00
D. BEATRICE W WELTERS 919 SAIGON RD MCLEAN VA 22102 Receipt For: [X] Primary [ ] General [ ] Other (specify):	HOUSEWIFE Occupation Aggregate Year-to-Date > $ 1,000.00	08/21/97	1,000.00
E. BENJAMIN S RUFFIN 3534 STIMPSON DR PFAFFTOWN NC 27040 Receipt For: [X] Primary [ ] General [ ] Other (specify):	RJR Occupation PUBLIC RELATIONS Aggregate Year-to-Date > $ 550.00	09/30/97	550.00
F. BERNARD M. ALTER 9720 FLATLANDS AVE. BKLYN NY 11236 Receipt For: [X] Primary [ ] General [ ] Other (specify):	SELF Occupation ATTORNEY Aggregate Year-to-Date > $ 265.00	11/12/97	100.00
G. BEULAH R DEUTSCH 343 E 66 ST NY NY 10021 Receipt For: [X] Primary [ ] General [ ] Other (specify):	HOUSEWIFE Occupation Aggregate Year-to-Date > $ 1,000.00	08/21/97	1,000.00
SUBTOTAL of Receipts This Page (optional)			5,000.00
TOTAL This Period (last page this line number only)			

FEC FORM 3A (Rev. 7/95)

SCHEDULE A **ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11a

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NAME OF COMMITTEE (In Full)

COMMITTEE TO RE-ELECT ED TOWNS C00197285

	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code BEVERLY MOSS SPATT 136 HICKS ST. APT. 6G BKLYN NY 11201 Receipt For: [X] Primary [ ] General [ ] Other (specify):	BOUGHNIFF Occupation	07/15/97	
	Aggregate Year-to-Date > $	675.00	675.00
B. Full Name, Mailing Address and ZIP Code CARL I COHEN 1106 LAURELWOO CARMEL IN 46032 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer SELF Occupation DOCTOR	Date (month, day, year) 08/21/97	Amount of Each Receipt this Period
	Aggregate Year-to-Date > $	750.00	750.00
C. Full Name, Mailing Address and ZIP Code CHARLES E. SIMPSON 1500 RIVER RD. TEANECK NJ 07666 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer WENDELL, MARK Occupation ATTORNEY	Date (month, day, year) 07/15/97	Amount of Each Receipt this Period
	Aggregate Year-to-Date > $	375.00	375.00
D. Full Name, Mailing Address and ZIP Code CHRISTOPHER K SOWERS 538 CLINTON AVE BROOKLYN NY 11238 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer SELF Occupation ATTORNEY	Date (month, day, year) 09/16/97	Amount of Each Receipt this Period
	Aggregate Year-to-Date > $	750.00	750.00
E. Full Name, Mailing Address and ZIP Code COMM TO RE-ELECT DARRYL C TOWNS 311 HIGHLAND BLVD BROOKLYN NY 11207 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation	Date (month, day, year) 07/25/97	Amount of Each Receipt this Period
	Aggregate Year-to-Date > $	250.00	250.00
F. Full Name, Mailing Address and ZIP Code COMM TO RE-ELECT EDWARD GRIFFITH 2 GRAHAM CT RYE NY 10580 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation	Date (month, day, year) 07/25/97	Amount of Each Receipt this Period
	Aggregate Year-to-Date > $	350.00	350.00
G. Full Name, Mailing Address and ZIP Code DEBORAH M CHASKES 2704 CORTLAND PL N.W. WASHINGTON DC 20008 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer SELF Occupation ATTORNEY	Date (month, day, year) 08/21/97	Amount of Each Receipt this Period
	Aggregate Year-to-Date > $	1,000.00	1,000.00
SUBTOTAL of Receipts This Page (optional)			4,150.00
TOTAL This Period (last page this line number only)			

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SCHEDULE A **ITEMIZED RECEIPTS**

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

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NAME OF COMMITTEE (In Full)

COMMITTEE TO RE-ELECT ED TOWNS C00197285

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DELORES BACON-FINCH NY 11208	P.A.A.		
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation NYCPD	09/16/97	
	Aggregate Year-to-Date > $	260.00	260.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DELORES M. REID BARKER 686 UNIONDALE AVE. UNIONDALE NY 11553	NYS ED.OF ED		
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation ASST. PRINCIPAL	07/15/97	
	Aggregate Year-to-Date > $	435.00	300.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DELORES M. REID BARKER 686 UNIONDALE AVE. UNIONDALE NY 11553	ASST. PRINCIPAL		
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation NYC BOE	09/22/97	
	Aggregate Year-to-Date > $	690.00	255.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DEMECIA WOOTEN-IRIZARRY 235 ARLINGTON AVE BROOKLYN NY 11207	INSTITUTE FOR COMMUNITY LIVING		
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation DIR. COMM. RELATION	07/25/97	
	Aggregate Year-to-Date > $	350.00	350.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DEMECIA WOOTEN-IRIZARRY 235 ARLINGTON AVE. BKLYN NY 11207	INSTITUTE FOR COMMUNITY LIVING		
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation DIR. COMM. RELATIONS	11/26/97	
	Aggregate Year-to-Date > $	400.00	50.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DEXTER A. MCKENZIE M.D. NY 11553	SELF		
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation DOCTOR	09/22/97	
	Aggregate Year-to-Date > $	650.00	650.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DR. ISAAC B. HORTON III 8824 STAGE FORD ROAD RALEIGH NC 27615			
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation MINISTER	12/29/97	
	Aggregate Year-to-Date > $	1,000.00	1,000.00

SUBTOTAL of Receipts This Page (optional) 2,855.00

TOTAL This Period (last page this line number only)

ISS-9A-891

SCHEDULE A **ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11a

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NAME OF COMMITTEE (In Full)

COMMITTEE TO RE-ELECT ED TOWNS C00197285

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
EDDIE LACEWELL 510 GATES AVE BROOKLYN NY 11236 Receipt For: [X] Primary [ ] General [ ] Other (specify):	MIRACLE WORKERS DIRECTOR	07/15/97	350.00
	Aggregate Year-to-Date > $	350.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
EDGAR G. RIOS 8045 LEESBURG PKE, STE.650 VIENNA VA 22182 Receipt For: [X] Primary [ ] General [ ] Other (specify):	NRA GENERAL COUNSEL	09/22/97	1,000.00
	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
EDWARD S FORT 900 BLUFORD ST GREENSBORO NC 27401 Receipt For: [X] Primary [ ] General [ ] Other (specify):	N.C.A&T COLLEGE PRESIDENT	09/30/97	1,000.00
	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
EDWIN SALAS 38-25 PARSONS BLVD FLUSHING NY 11354 Receipt For: [X] Primary [ ] General [ ] Other (specify):	EVERWELL HOME HEALTH CARE PRESIDENT	07/31/97	875.00
	Aggregate Year-to-Date > $	875.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
FAMILY MEDICAL PRACTICE 255 EASTERN PKWY BROOKLYN NY 11238 Receipt For: [X] Primary [ ] General [ ] Other (specify):	MEDICAL CENTER	08/21/97	500.00
	Aggregate Year-to-Date > $	500.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
FRANK J MADDALENA 139 GRANTHAM DR SOMERSET NJ 08873 Receipt For: [X] Primary [ ] General [ ] Other (specify):	BROOKDALE MEDICAL CENTER PRESIDENT	09/16/97	410.00
	Aggregate Year-to-Date > $	660.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
FRANK J MADDALENA 139 GRANTHAM DR. SOMERSET NJ 08873 Receipt For: [ ] Primary [X] General [ ] Other (specify):	BROOKDALE MED. CTR PRES	10/22/97	500.00
	Aggregate Year-to-Date > $	1,160.00	

SUBTOTAL of Receipts This Page (optional) 4,635.00

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

FEC-3A-881

SCHEDULE A **ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11a

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NAME OF COMMITTEE (In Full)

COMMITTEE TO RE-ELECT ED TOWNS C00197285

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FRANK MILGROM 15 WOODLAND PL. GREAT NECK NY 11021	BETTER BUDGY		
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation PRESIDENT	07/15/97	
	Aggregate Year-to-Date > $	375.00	375.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FRANK MILGROM 15 WOODLAND PL. GREAT NECK NY 11021	BETTER BUDGY		
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation PRESIDENT	11/26/97	
	Aggregate Year-to-Date > $	525.00	150.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FRANK S FOLK 490 NEW YORK AVE BROOKLYN NY 11225	SELF		
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation DOCTOR	08/21/97	
	Aggregate Year-to-Date > $	650.00	400.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FRIENDS OF LAWRENCE KNIPEL C/O ALAN M. SCLAR BKLYN NY 11235			
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation	07/15/97	
	Aggregate Year-to-Date > $	675.00	175.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FRIENDS OF REYNOLD MASON NC 27589			
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation JUDGE	07/25/97	
	Aggregate Year-to-Date > $	350.00	350.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FRIENDS OF STEVE COHN 16 COURT ST. BKLYN NY 11241	SELF		
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation LAWYER	11/12/97	
	Aggregate Year-to-Date > $	250.00	250.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GEORGE PALON NC 27589			
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation	07/25/97	
	Aggregate Year-to-Date > $	250.00	250.00

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

FEC FORM 3 (6-88)

SCHEDULE A **ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11a

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NAME OF COMMITTEE (In Full)

COMMITTEE TO RE-ELECT ED TOWNS C00197285

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GEORGE RUTIGLIANO 854 SHEPARD AVE BROOKLYN NY 11208	RUTIGLIANO PAPER STOCK		
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation OWNER	07/15/97	
	Aggregate Year-to-Date > $	300.00	300.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GEORGE SILVA 580 CUSTER ST VALLEY STREAM NY 11580	J.W. MAYS INC		
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation VICE PRES.	11/25/97	
	Aggregate Year-to-Date > $	300.00	300.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GERALD J. DUNBAR 26 COURT ST., PENTHOUSE BKLYN NY 11242	SELF		
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation ATTORNEY	07/15/97	
	Aggregate Year-to-Date > $	350.00	350.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GORDON M KOOTA 200 E 62 ST 28-D NEW YORK NY 10021	KINGSBORO MEDICAL GROUP		
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation DOCTOR	07/25/97	
	Aggregate Year-to-Date > $	1,000.00	1,000.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
HARRIETTE B FOX 8 W LENOX ST CHEVY CHASE MD 20815	BOSENIFS		
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation	08/21/97	
	Aggregate Year-to-Date > $	1,000.00	1,000.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
HARRY D MADONNA 5 CLAYTON PL PHIL PA 19103	DUANE, MORRIS, CONISKEY&MCCAULEY		
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation ATTORNEY	08/21/97	
	Aggregate Year-to-Date > $	1,000.00	1,000.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
HARVEY L. LIEBERMAN 31 OXFORD PL. ROCKVILLE CENTRE NY 11570	INST. FOR COMMUNITY LIVING		
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation SOCIAL WORKER	07/15/97	
	Aggregate Year-to-Date > $	350.00	350.00

SUBTOTAL of Receipts This Page (optional) 4,300.00

TOTAL This Period (last page this line number only)

FEC-SA-6B1

SCHEDULE A **ITEMIZED RECEIPTS**

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

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NAME OF COMMITTEE (In Full)

COMMITTEE TO RE-ELECT ED TOWNS C00197285

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
HARVEY P. BALL 326 ROCKAWAY AVE. BKLYN NY 11212	LIBERTY ELECTRIC		
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: PRESIDENT	07/15/97	
	Aggregate Year-to-Date > $	240.00	175.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
HATTIE L. ALLEN 277 BROOKLYN AVE. BKLYN NY 11213	HOSBENIFS		
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation	07/15/97	
	Aggregate Year-to-Date > $	525.00	525.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
HAZEL DUKES 215 E 68 ST NEW YORK NY 10021	RETIRED		
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation	08/21/97	
	Aggregate Year-to-Date > $	1,000.00	1,000.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
HERCULES ARGYRIOU 620 BEVERLY RD BROOKLYN NY 11218	SELF		
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: ENGINEER	07/25/97	
	Aggregate Year-to-Date > $	250.00	250.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
HOMER L. HARRIS 444 CENTRAL PARK WEST 12A NEW YORK NY 10025	WILLIAM & HARRIS		
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: ATTORNEY	11/26/97	
	Aggregate Year-to-Date > $	250.00	250.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
HOWARD F MOLEN NY 11225			
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation	09/16/97	
	Aggregate Year-to-Date > $	375.00	375.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JACK RESNICK 531 MAIN ST APT 921 ROOSEVELT ISLAND NY 10044	SELF		
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: DOCTOR	08/21/97	
	Aggregate Year-to-Date > $	1,000.00	1,000.00

SUBTOTAL of Receipts This Page (optional)	3,575.00
TOTAL This Period (last page this line number only)	

FEC-54-081

SCHEDULE A **ITEMIZED RECEIPTS**

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

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

NAME OF COMMITTEE (In Full)

COMMITTEE TO RE-ELECT ED TOWNS C00197285

A. Full Name, Mailing Address and ZIP Code JACK CLOUGH 1101 16 ST N.W. WASHINGTON DC 20036 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer IN KIND CONTRIBUTION Occupation FUND RAISER 7/5/97 Aggregate Year-to-Date > $ 538.97	Date (month, day, year) 07/09/97	Amount of Each Receipt this Period 538.97
B. Full Name, Mailing Address and ZIP Code JACKSON & CONSUMANO 220 E 42 ST NEW YORK NY 10017 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer BRUCE A JACKSON PARTNER Occupation ATTORNEY Aggregate Year-to-Date > $ 250.00	Date (month, day, year) 10/22/97	Amount of Each Receipt this Period 250.00
C. Full Name, Mailing Address and ZIP Code JACKSON & CONSUMANO 220 E 42 ST NEW YORK NY 10017 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer DENNIS CONSUMANO PARTNER Occupation ATTORNEY Aggregate Year-to-Date > $ 750.00	Date (month, day, year) 10/22/97	Amount of Each Receipt this Period 500.00
D. Full Name, Mailing Address and ZIP Code JACKSON & CONSUMANO 220 E 42 ST NEW YORK NY 10017 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer ALBERT A FOSTER PARTNER Occupation ATTORNEY Aggregate Year-to-Date > $ 1,000.00	Date (month, day, year) 10/22/97	Amount of Each Receipt this Period 250.00
E. Full Name, Mailing Address and ZIP Code JACKSON & CONSUMANO 220 E 42 NEW YORK NY 10017 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer RUDYARD S WHITE PARTNER Occupation ATTORNEY Aggregate Year-to-Date > $ 1,250.00	Date (month, day, year) 10/22/97	Amount of Each Receipt this Period 250.00
F. Full Name, Mailing Address and ZIP Code JACKSON & CONSUMANO 220 E 42 ST NEW YORK NY 10017 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer KELBY N BOWMAN PARTNER Occupation ATTORNEY Aggregate Year-to-Date > $ 1,500.00	Date (month, day, year) 10/22/97	Amount of Each Receipt this Period 250.00
G. Full Name, Mailing Address and ZIP Code JACKSON & CONSUMANO 220 E 42 ST NEW YORK NY 10017 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer DON D CARLUCCI PARTNER Occupation ATTORNEY Aggregate Year-to-Date > $ 1,750.00	Date (month, day, year) 10/22/97	Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) 2,288.97

TOTAL This Period (last page this line number only)

SCHEDULE A **ITEMIZED RECEIPTS**

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

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NAME OF COMMITTEE (In Full)

COMMITTEE TO RE-ELECT ED TOWNS C00197285

A. Full Name, Mailing Address and ZIP Code JACKSON & CONSUMANO 220 E 42 ST NEW YORK NY 10017 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer GERARD GIARDINA PARTNER Occupation ATTORNEY Aggregate Year-to-Date > $ 2,000.00	Date (month, day, year) 10/22/97	Amount of Each Receipt this Period 250.00
B. Full Name, Mailing Address and ZIP Code JACKSON & CONSUMANO 220 EAST 42ND ST. NEW YORK NY 10017 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer BRUCE A JACKSON PARTNER Occupation ATTORNEY Aggregate Year-to-Date > $ 2,250.00	Date (month, day, year) 12/31/97	Amount of Each Receipt this Period 250.00
C. Full Name, Mailing Address and ZIP Code JAMES E JEFFERSON 3652 SACRAMENTO ST SAN FRANCISCO CA 94118 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer THE JEFFERSON CO Occupation PRESIDENT Aggregate Year-to-Date > $ 1,000.00	Date (month, day, year) 07/25/97	Amount of Each Receipt this Period 1,000.00
D. Full Name, Mailing Address and ZIP Code JAMES PATRICK BROWN 232 N KINGSWAY BLVD SUITE 202 SAINT LOUIS MO 63108 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $ 250.00	Date (month, day, year) 09/30/97	Amount of Each Receipt this Period 250.00
E. Full Name, Mailing Address and ZIP Code JAMES T. CONOLLY 2720 FOSTER AVE BROOKLYN NY 11210 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer CITY OF NY HRA Occupation DIR. M.E.P. Aggregate Year-to-Date > $ 250.00	Date (month, day, year) 11/26/97	Amount of Each Receipt this Period 100.00
F. Full Name, Mailing Address and ZIP Code JESS SWEELY 12178BRECKNOCK ST OAKTON VA 22124 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer AMERICA CHOICE Occupation ADMINISTATOR Aggregate Year-to-Date > $ 1,000.00	Date (month, day, year) 08/21/97	Amount of Each Receipt this Period 1,000.00
G. Full Name, Mailing Address and ZIP Code JOHN DUDINSKI & ASSOC. 305 WAST CAPITOL ST. S.E. WASHINGTON DC 20003 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer SELF Occupation PRESIDENT Aggregate Year-to-Date > $ 500.00	Date (month, day, year) 11/12/97	Amount of Each Receipt this Period 500.00
SUBTOTAL of Receipts This Page (optional)			3,350.00
TOTAL This Period (last page this line number only)			

FE3-SA-881

SCHEDULE A **ITEMIZED RECEIPTS**

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

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NAME OF COMMITTEE (In Full)

COMMITTEE TO RE-ELECT ED TOWNS C00197285

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
JOHN DUDINSKY 305 E. CAPITOL ST SE WASHINGTON DC 20003	IN KIND CONTRIBUTION FUND RAISER 10/29/97	10/29/97	
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $	365.36	365.36
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
JOHN J MCSORLEY 3 SOFTWOOD WAY WARREN NJ 07059	GROUP COUNCIL MUTUAL INS. CO DIRECTOR	07/25/97	
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $	1,000.00	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
JOHN L EDMONDS 187-20 GRAND CENTRAL PKY JAMAICA NY 11432	SELF LAWYER	07/25/97	
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $	1,000.00	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
JOHN L EDMONDS 187-20 GRAND CENTRAL PKY JAMAICA NY 11432	SELF LAWYER	07/25/97	
Receipt For: [ ] Primary [X] General [ ] Other (specify):	Aggregate Year-to-Date > $	1,750.00	750.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
JOSEPH CASTELLANO P.O. BOX 350060 BROOKLYN NY 11235	SELF DEVELOPER	08/21/97	
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $	600.00	600.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
JOSEPH HAYNES 3235 BARKER AVE. BRONX NY 10467	THOMAS & PIGEROUX LEGAL ASST.	11/25/97	
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $	500.00	500.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
JULIUS R. BERGER NY 11561	SELF DOCTOR	07/15/97	
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $	350.00	350.00

SUBTOTAL of Receipts This Page (optional) 4,565.36

TOTAL This Period (last page this line number only)

ISS-SA-681

SCHEDULE A **ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11a

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NAME OF COMMITTEE (In Full)

COMMITTEE TO RE-ELECT ED TOWNS C00197285

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
KANDACE V SIMMONS 25 TUDOR CITY PL 421 NEW YORK NY 10017	SELF		
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation DESIGNER	07/25/97	
	Aggregate Year-to-Date > $	300.00	300.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
KANJURAMAN CHANDRAMOHAN 182 JERUSALEM AVE LEVITTOWN NY 11756	INTERFAITH MED. CTR		
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation DOCTOR	07/25/97	
	Aggregate Year-to-Date > $	350.00	350.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
KAREN L CLARK 13135 EAST RUN RD LAWRECEVILLE NJ 08648	NYS OF NY		
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation ADMINISTRATOR	08/21/97	
	Aggregate Year-to-Date > $	1,000.00	1,000.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
KARJ SINGH SANDHU 3604 BIG BARN LN. BENSALEM PA 19020			
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation	10/22/97	
	Aggregate Year-to-Date > $	500.00	500.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
KIRTIKUMAR J PATEL 46 ANDES PL STATEN ISLAND NY 10314	STATEN ISLAND MEDICAL GROUP		
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation DOCTOR	07/25/97	
	Aggregate Year-to-Date > $	1,000.00	1,000.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LANCE W SLAUGHTER 922 24 ST NW WASHINGTON DC 20037	SELF		
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation ATTORNEY	07/25/97	
	Aggregate Year-to-Date > $	250.00	250.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LARRY SIEGEL 797 EVERGREENDR WEST HEMPSTEAD NY 11552	SELF		
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation DOCTOR	08/21/97	
	Aggregate Year-to-Date > $	300.00	300.00

SUBTOTAL of Receipts This Page (optional)	3,700.00
TOTAL This Period (last page this line number only)	

FEC-EA-691

SCHEDULE A **ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11a

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NAME OF COMMITTEE (In Full)

COMMITTEE TO RE-ELECT ED TOWNS C00197285

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
LAURA E HARRIS 865 E 21 ST BROOKLYN NY 11210 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation	07/25/97	
	Aggregate Year-to-Date > $	250.00	250.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer: SELF Occupation: DOCTOR	Date (month, day, year): 07/25/97	Amount of Each Receipt this Period
LEONARD J EMMA 1961 W 10 ST BROOKLYN NY 11223 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $	1,000.00	1,000.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer: SELF Occupation: DOCTOR	Date (month, day, year): 07/25/97	Amount of Each Receipt this Period
LEONARD J EMMA 1961 W 10 ST BROOKLYN NY 11223 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Aggregate Year-to-Date > $	1,100.00	100.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer: RETIRED Occupation	Date (month, day, year): 09/15/97	Amount of Each Receipt this Period
LILLIE F MARTIN 2061 STRAUSS ST BROOKLYN NY 11212 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $	490.00	490.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer: RETIRED Occupation	Date (month, day, year): 09/16/97	Amount of Each Receipt this Period
LILLIE F MARTIN 2061 STRAUSS ST BROOKLYN NY 11212 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $	990.00	500.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer: RETIRED Occupation	Date (month, day, year): 09/16/97	Amount of Each Receipt this Period
LILLIE F MARTIN 2061 STRAUSS ST BROOKLYN NY 11212 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Aggregate Year-to-Date > $	1,145.00	155.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer: THE MEDICAL HERALD Occupation: ADMINISTRATOR	Date (month, day, year): 07/25/97	Amount of Each Receipt this Period
LINDA E WYATT 211 E 43 ST NEW YORK NY 10017 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $	350.00	350.00
SUBTOTAL of Receipts This Page (optional)			2,845.00
TOTAL This Period (last page this line number only)			

FEC-SA-891

SCHEDULE A **ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11a

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NAME OF COMMITTEE (In Full)

COMMITTEE TO RE-ELECT ED TOWNS C00197285

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
LUTHER T CLARK 85-42 MIDLAND PARKWAY JAMAICA ESTATES NY 11432	SELF DOCTOR	09/16/97	
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $	250.00	250.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
MAGNOLIA VIRGINIA BYNUM 563 SUMMERWALK RD GREENSBORO NC 27455	RETIRED	09/30/97	
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $	300.00	300.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
MANFRED OHRENSTEIN, LLP 230 PARK AVENUE NEW YORK NY 10169	OHRENSTEIN & BROWN ATTORNEY	11/25/97	
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $	250.00	250.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
MARC KAPLAN 604 OCEANPOINT AVE CEDERHURST NC 12516	DAVID BERDON & CO VICE PRESIDENT	07/25/97	
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $	1,000.00	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
MARK E. FEINBERG 186 MONTAGUE ST. BKLYN NY 11201	SELF ATTORNEY	07/15/97	
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $	500.00	500.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
MATILDA WREN 749 JEFFERSON AVE BROOKLYN NY 11221	MIRICLE MAKERS	09/16/97	
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $	300.00	300.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
MAZHAR MALIK 625 LAMONT AVE STATEN ISLAND NY 10312	NY STATE MEDICAL RESEARCH SCIENCTSET	08/21/97	
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $	250.00	250.00

SUBTOTAL of Receipts This Page (optional) 2,850.00

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

SCHEDULE A **ITEMIZED RECEIPTS**

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

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NAME OF COMMITTEE (In Full)

COMMITTEE TO RE-ELECT ED TOWNS C00197285

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MEDICAL ASSOCIATES OF WOODHULL P.C. 760 BROADWAY BKLYN NY 11206	Occupation	12/31/97	
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $	325.00	325.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MICHAEL S KAMINSKI 90 LONG HILL RD E BRIARCLIFF MANOR NY 10510	INTERHEALTH MED. CTR.		
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation DIRECTOR	07/31/97	
	Aggregate Year-to-Date > $	500.00	500.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MID-BROOKLYN CIVIC ASSN. 2720 FOSTER AVE BROOKLYN NY 11225	Occupation	07/15/97	
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $	275.00	275.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer SELF	Date (month, day, year)	Amount of Each Receipt this Period
MILTON GORDON 716 DILL ROAD SEVERNA PARK MD 21146	Occupation DOCTOR	08/21/97	
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $	250.00	250.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer N.Y. MEDICAL GROUP	Date (month, day, year)	Amount of Each Receipt this Period
MOSHE LABI 13 HAMPTON RD SCARSDALE NY 10583	Occupation DOCTOR	07/25/97	
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $	1,000.00	1,000.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer SELF	Date (month, day, year)	Amount of Each Receipt this Period
NEAL FORMAN 26 COURT ST. SUITE 1607 BKLYN NY 11242	Occupation ATTORNEY	11/26/97	
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $	250.00	150.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer SELF	Date (month, day, year)	Amount of Each Receipt this Period
PETER ANTIOCO 26 COURT STREET, SUITE 1607 BKLYN NY 11242	Occupation ATTORNEY	11/25/97	
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $	500.00	500.00

SUBTOTAL of Receipts This Page (optional) 3,000.00

TOTAL This Period (last page this line number only)

FEC-SA-891

SCHEDULE A **ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11a

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NAME OF COMMITTEE (In Full)

COMMITTEE TO RE-ELECT ED TOWNS C00197285

A. Full Name, Mailing Address and ZIP Code PETER C CAMPANELLI 6 AMALIE CT MANALAPAN NJ 07726 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer INSTITUTE FOR COMMUNITY LIVING Occupation PRES/CEO Aggregate Year-to-Date > $ 940.00	Date (month, day, year) 07/25/97	Amount of Each Receipt this Period 875.00
B. Full Name, Mailing Address and ZIP Code POLYTECHNIC UNIVERSITY 333 JAY STREET BKLYN NY 11201 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer POLYTECHNIC UNIV Occupation PRES Aggregate Year-to-Date > $ 250.00	Date (month, day, year) 11/14/97	Amount of Each Receipt this Period 250.00
C. Full Name, Mailing Address and ZIP Code PRISCILLA H HOFFMAN 104 W 74 ST NEW YORK NY 10023 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer INST. FOR COMMUNITY DEVEL. Occupation SOCIAL WORKER Aggregate Year-to-Date > $ 350.00	Date (month, day, year) 07/25/97	Amount of Each Receipt this Period 350.00
D. Full Name, Mailing Address and ZIP Code PROGRESSIVE BUSINESS FORMS & SUPP. 1801 - G ST. ALBANS DRIVE RALEIGH NC 27609 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $ 250.00	Date (month, day, year) 12/31/97	Amount of Each Receipt this Period 250.00
E. Full Name, Mailing Address and ZIP Code RALPH B EVERETT 9310 LUDGATE AVE ALEXANDRIA VA 22309 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer PAUL, HASTINGS&JANOFSKY Occupation ATTORNEY Aggregate Year-to-Date > $ 500.00	Date (month, day, year) 08/21/97	Amount of Each Receipt this Period 500.00
F. Full Name, Mailing Address and ZIP Code RAM B GUPTA 46 PLYMOUTH DR. ISELIN NJ 08830 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer SELF Occupation DOCTOR Aggregate Year-to-Date > $ 300.00	Date (month, day, year) 09/16/97	Amount of Each Receipt this Period 300.00
G. Full Name, Mailing Address and ZIP Code RANGEL FOR THE 106TH CONGRESS P.O. BOX 5577 MANHATTANVILLE NEW YORK NY 10027 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $ 300.00	Date (month, day, year) 07/25/97	Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional) 2,825.00

TOTAL This Period (last page this line number only)

SCHEDULE A **ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11a

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NAME OF COMMITTEE (in Full)

COMMITTEE TO RE-ELECT ED TOWNS C00197285

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RAYMOND E PETERS 1791 BRENTRIDGE ST VIENNA VA 22182	AMERICA ONLINE		
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: HUMAN RESOURCES	08/21/97	
	Aggregate Year-to-Date > $ 1,000.00		1,000.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
REZA SABET 14 SOUNDVIEW RD GLEN COVE NY 11542	QUEENS LONG ISLAND MEDICAL GROUP		
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: DOCTOR	07/25/97	
	Aggregate Year-to-Date > $ 1,000.00		1,000.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RICHARD C. BRAMWELL 7-04 166TH ST. WHITESTONE NY 11357	SELF		
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: PRESIDENT REAL ESTATE CO.	11/25/97	
	Aggregate Year-to-Date > $ 650.00		500.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RICHARD F MAZUR 30755 BARRINGTON MADISON HIGHTS MI 48071			
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation	08/21/97	
	Aggregate Year-to-Date > $ 1,000.00		1,000.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RICHARD HUNTON P.O. BOX 19230 WASHINGTON DC 20036	SELF		
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: ATTORNEY	07/15/97	
	Aggregate Year-to-Date > $ 500.00		500.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RICHARD L. MAYS, P.A. 415 MAIN ST. LITTLE ROCK AR 72201	SELF		
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: ATTORNEY	09/22/97	
	Aggregate Year-to-Date > $ 500.00		500.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RITA J FAULKNER 50 PIERREPONT ST BROOKLYN NY 11201	F.E.I. OF NY LTD		
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: ADMINISTRATOR	07/25/97	
	Aggregate Year-to-Date > $ 350.00		350.00

SUBTOTAL of Receipts This Page (optional) 4,850.00

TOTAL This Period (last page this line number only)

FEC FORM 3A (2/94)

SCHEDULE A **ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11a

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NAME OF COMMITTEE (In Full)

COMMITTEE TO RE-ELECT ED TOWNS C00197285

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
ROGER V ARCHIBALD 16 COURT ST SUITE 2400 BROOKLYN NY 11241 Receipt For: [X] Primary [ ] General [ ] Other (specify):	SELF ATTORNEY	07/25/97	350.00
	Aggregate Year-to-Date > $	350.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
RONALD R. ARFIN 4 SENECA COURT NEW CITY NY 10956 Receipt For: [X] Primary [ ] General [ ] Other (specify):	AMERICA CHOICE ADMINISTRATOR	09/22/97	300.00
	Aggregate Year-to-Date > $	300.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
S. JUSTIN KIM 9117 ROUEN LN POTOMAC MD 20854 Receipt For: [X] Primary [ ] General [ ] Other (specify):	SELF DOCTOR	09/30/97	300.00
	Aggregate Year-to-Date > $	300.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
SAM DUNSTON THE FRANKLIN BLDG BKLYN NY 11205 Receipt For: [X] Primary [ ] General [ ] Other (specify):	SELF INSURANCE BROKER	07/15/97	240.00
	Aggregate Year-to-Date > $	240.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
SANDRA B TERPELUK 1021 FAIRLEE RD CHESTERTOWN MD 21620 Receipt For: [X] Primary [ ] General [ ] Other (specify):	SELF DOCTOR	08/21/97	1,000.00
	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
SHARON SIMMONS 127 SIXTH AVE. BKLYN NY 11217 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CUNY EDUCATOR	09/22/97	300.00
	Aggregate Year-to-Date > $	300.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
SIMON PELMAN 140 ST EDWARDS ST BROOKLN NY 11205 Receipt For: [X] Primary [ ] General [ ] Other (specify):	GREEN PARK CARE CENTER ADMINISTRATOR	07/15/97	300.00
	Aggregate Year-to-Date > $	300.00	

SUBTOTAL of Receipts This Page (optional) 2,790.00

TOTAL This Period (last page this line number only)

SCHEDULE A **ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11a

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NAME OF COMMITTEE (In Full)

COMMITTEE TO RE-ELECT ED TOWNS C00197285

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
SIMON PELMAN 140 ST EDWARDS ST BROOKLYN NY 11205 Receipt For: [X] Primary [ ] General [ ] Other (specify):	GREEN PARK CARE CENTER ADMINISTRATOR	12/03/97	250.00
	Aggregate Year-to-Date > $	550.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
SMS COMPANY P.O. BOX 5227 FLORENCE SC 29502 Receipt For: [X] Primary [ ] General [ ] Other (specify):		08/21/97	250.00
	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
STANLEY STAHL 923 FIFTH AVE NEW YORK NY 10021 Receipt For: [X] Primary [ ] General [ ] Other (specify):	SELF DEVELOPER	07/15/97	500.00
	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
STEPHAN L. KAMHOLZ, M.D. 450 CLARKSON AVE. BOX 50 BKLYN NY 11203 Receipt For: [X] Primary [ ] General [ ] Other (specify):	S.U.N.Y HEALTH SCIENCE CTR. DOCTOR	07/15/97	500.00
	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
THELMA DUGGIN 7212 EVANS MILL RD MCLEAN VA 22101 Receipt For: [X] Primary [ ] General [ ] Other (specify):	NSA VICE PRES	08/21/97	1,000.00
	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
THELMA HOWARD 160 WILLOUGHBY AVE. BKLYN NY 11205 Receipt For: [X] Primary [ ] General [ ] Other (specify):	NYS RECP.	07/15/97	350.00
	Aggregate Year-to-Date > $	350.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
THEODIS THOMPSON 650 FULTON ST. STE2 BKLYN NY 11217 Receipt For: [X] Primary [ ] General [ ] Other (specify):	BKLYN PLAZA MDCL CTR. PRESIDENT	11/26/97	250.00
	Aggregate Year-to-Date > $	250.00	

SUBTOTAL of Receipts This Page (optional) 3,100.00

TOTAL This Period (last page this line number only)

SCHEDULE A **ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11a

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NAME OF COMMITTEE (In Full)

COMMITTEE TO RE-ELECT ED TOWNS C00197285

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
THOMAS A BLUMENFELD 1362 N. STRAND TEANECK NJ 07666	NHS OF NY&NJ		
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation PHYSICIAN	08/21/97	
	Aggregate Year-to-Date > $	250.00	250.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
THOMAS A HART JR 3165 18 ST N.W. WASHINGTON DC 20010	SELF		
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation ATTORNEY	07/25/97	
	Aggregate Year-to-Date > $	250.00	250.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
TUYET-NGA NGUYEN 13506 SCOTTISH AUTUMN LN DARESTOWN MD 20878	SELF		
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation DOCTOR	08/21/97	
	Aggregate Year-to-Date > $	500.00	500.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
UNIVERSITY PHYSICIANS GROUP,PC 1880 HIGHLAND BLVD STATEN ISLAND NY 10305			
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation	08/21/97	
	Aggregate Year-to-Date > $	500.00	500.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
VAN T. LY-BUNYAN 309 LAFAYETTE AVE BROOKLYN NY 11205	CITY OF NY		
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation ADMINISTRATOR	09/16/97	
	Aggregate Year-to-Date > $	250.00	250.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
VIVIAN BRIGHT 591 PENNSYLVANIA AVE BROPOKLYN NY 11207	BEREAN MISSIONARY BAPT CHURCH		
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation DIRECTOR	09/16/97	
	Aggregate Year-to-Date > $	250.00	250.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
W. DON CORNWELL 9 GARDEN PLACE BKLYN NY 11201	GRANITE BROADCASTING		
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation CEO	11/12/97	
	Aggregate Year-to-Date > $	250.00	250.00

SUBTOTAL of Receipts This Page (optional) 2,250.00

TOTAL This Period (last page this line number only)

FEC FORM 3 (2/94)

SCHEDULE A **ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11a

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NAME OF COMMITTEE (In Full)

COMMITTEE TO RE-ELECT ED TOWNS C00197285

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WALTER P LOMAX BOX 24 HILLTOWN PA 18927	SELF		
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation DOCTOR	08/21/97	
	Aggregate Year-to-Date > $ 1,000.00		1,000.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WARNER H SESSION 1414 V ST N.W. #203 WASHINGTON DC 20009	SELF		
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation ATTORNEY	09/30/97	
	Aggregate Year-to-Date > $ 350.00		250.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WILLIAM SIMMS 26 COURT ST SUITE 902 BROOKLYN NY 11242	SELF		
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation ATTORNEY	09/20/97	
	Aggregate Year-to-Date > $ 260.00		260.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WILLIE WREN 749 JEFFERSON AVE BROOKLYN NY 11221	MIRICLE MAKERS		
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation PRESIDENT	09/16/97	
	Aggregate Year-to-Date > $ 1,000.00		1,000.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WINCHESTER KEY 1020 ELTON ST., NO. 2C BKLYN NY 11208	STATE OF N.Y.		
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation CHIEF OF STAFF	09/22/97	
	Aggregate Year-to-Date > $ 260.00		260.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WYCKOFF HEIGHTS MEDICAL CENTER 374 STOCKHOLM ST. BKLYN NY 11237			
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation	07/15/97	
	Aggregate Year-to-Date > $ 500.00		500.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WYCKOFF HEIGHTS MEDICAL CENTER 374 STOCKHOLM ST. BKLYN NY 11237			
Receipt For: [ ] Primary [X] General [ ] Other (specify):	Occupation	12/31/97	
	Aggregate Year-to-Date > $ 1,500.00		1,000.00

SUBTOTAL of Receipts This Page (optional) 4,270.00

TOTAL This Period (last page this line number only)

ISS-SA-ES1

SCHEDULE A **ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11a

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NAME OF COMMITTEE (In Full)

COMMITTEE TO RE-ELECT ED TOWNS CD0197285

A. Full Name, Mailing Address and ZIP Code WYCKOFF HEIGHTS MEDICAL CENTER 374 STOCKHOLM ST. BKLYN NY 11237 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation	Date (month, day, year) 12/31/97 Aggregate Year-to-Date > $ 2,250.00	Amount of Each Receipt this Period 750.00
B. Full Name, Mailing Address and ZIP Code YASHPAL ARYA 2 DEBRA COURT PH OLD WESTBURY NY 11568 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer GASTROINTESTINAL MEDICAL CENTER Occupation DOCTOR	Date (month, day, year) 07/15/97 Aggregate Year-to-Date > $ 1,000.00	Amount of Each Receipt this Period 1,000.00
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) 1,750.00

TOTAL This Period (last page this line number only) 77,059.33

FES-GA-021

SCHEDULE A **ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11b

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NAME OF COMMITTEE (In Full)

COMMITTEE TO RE-ELECT ED TOWNS C00197285

A. Full Name, Mailing Address and ZIP Code DCCC 430 SO. CAPITOL ST WASHINGTON DC 20003 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer CONTRIBUTION IN KIND Occupation RESEARCH Aggregate Year-to-Date > $ 1,300.00	Date (month, day, year) 12/19/97	Amount of Each Receipt this Period 1,000.00
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)	1,000.00
TOTAL This Period (last page this line number only)	1,000.00

FEC FORM 3A (6/97)

SCHEDULE A **ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11c

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NAME OF COMMITTEE (In Full)

COMMITTEE TO RE-ELECT ED TOWNS C00197285

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A QUALIFIED MULTI-CANDIDATE COMM. RETAILPAC WASHINGTON DC 20004 Receipt For: [X] Primary [ ] General [ ] Other (specify):		11/12/97	
	Aggregate Year-to-Date > $	500.00	500.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
AHMPAC 6TH FLOOR WASHINGTON DC 20005 Receipt For: [X] Primary [ ] General [ ] Other (specify):		07/15/97	
	Aggregate Year-to-Date > $	500.00	500.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
AICPA EFFECTIVE LEGISLATION COMM. NY 11203 Receipt For: [X] Primary [ ] General [ ] Other (specify):		11/12/97	
	Aggregate Year-to-Date > $	1,500.00	1,500.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
AMER. FED. OF ST., CO & MUNIC. PAC 1625 L ST., NW WASHINGTON DC 20036 Receipt For: [X] Primary [ ] General [ ] Other (specify):		07/15/97	
	Aggregate Year-to-Date > $	2,500.00	2,500.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
AMER. FED. OF TEACHERS PAC 555 NEW JERSEY AVE., NW WASHINGTON DC 20001 Receipt For: [X] Primary [ ] General [ ] Other (specify):		07/15/97	
	Aggregate Year-to-Date > $	350.00	350.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
AMER. OCC. THERAPY ASSOC. INC. PAC 4720 MONTGOMERY LANE BETHESDA MD 20824 Receipt For: [X] Primary [ ] General [ ] Other (specify):		07/15/97	
	Aggregate Year-to-Date > $	500.00	500.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
AMER.COUNCIL OF LIFE INSURANCE PAC WASHINGTON DC 11221 Receipt For: [X] Primary [ ] General [ ] Other (specify):		07/31/97	
	Aggregate Year-to-Date > $	500.00	500.00

SUBTOTAL of Receipts This Page (optional)	6,350.00
TOTAL This Period (last page this line number only)	

FEC-SA-891

SCHEDULE A **ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11c

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NAME OF COMMITTEE (In Full)

COMMITTEE TO RE-ELECT ED TOWNS C00197285

A. Full Name, Mailing Address and ZIP Code AMERICAN BANKERS ASSOC. 1120 CONNECTICUT AVE N.W. WASHINGTON DC 20036 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation	Date (month, day, year) 07/25/97	Amount of Each Receipt this Period 500.00
	Aggregate Year-to-Date > $	500.00	
B. Full Name, Mailing Address and ZIP Code AMERICAN DENTAL PAC 1111- 14TH ST NW SUITE 1100 WASHINGTON DC 20005 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation	Date (month, day, year) 09/16/97	Amount of Each Receipt this Period 1,500.00
	Aggregate Year-to-Date > $	1,500.00	
C. Full Name, Mailing Address and ZIP Code AMERICAN NURSES ASSOC. PAC 600 MARYLAND AVE. S.W. WASHINGTON DC 20024 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation	Date (month, day, year) 12/29/97	Amount of Each Receipt this Period 250.00
	Aggregate Year-to-Date > $	250.00	
D. Full Name, Mailing Address and ZIP Code ARTHUR ANDERSON PAC 1666 K ST N.W. WASHINGTON DC 20006 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Name of Employer IN KIND CONTRIBUTION Occupation FUND RAISER 11/21/97	Date (month, day, year) 11/21/97	Amount of Each Receipt this Period 1,687.40
	Aggregate Year-to-Date > $	1,687.40	
E. Full Name, Mailing Address and ZIP Code AT&T PAC 32 AVE OF THE AMERICAS NEW YORK NY 10013 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer PAC Occupation	Date (month, day, year) 09/16/97	Amount of Each Receipt this Period 1,000.00
	Aggregate Year-to-Date > $	2,000.00	
F. Full Name, Mailing Address and ZIP Code AUTHUR ANDERSEN PAC 1666 K ST., N.W. WASHINGTON DC 20006 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation	Date (month, day, year) 11/26/97	Amount of Each Receipt this Period 500.00
	Aggregate Year-to-Date > $	500.00	
G. Full Name, Mailing Address and ZIP Code BRISTOL-MYERS SQUIBB COMPANY PAC 345 PARK AVE. NEW YORK NY 10154 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation	Date (month, day, year) 07/15/97	Amount of Each Receipt this Period 500.00
	Aggregate Year-to-Date > $	500.00	

SUBTOTAL of Receipts This Page (optional) 5,937.40

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

FEC FORM 3 (rev. 7/95)

SCHEDULE A **ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11c

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NAME OF COMMITTEE (In Full)

COMMITTEE TO RE-ELECT ED TOWNS C00197285

A. Full Name, Mailing Address and ZIP Code BROOKLYN UNION GAS CO. PAC 195 MONTAGUE ST. BKLYN NY 11201 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year) 11/25/97 500.00	Amount of Each Receipt this Period 500.00
B. Full Name, Mailing Address and ZIP Code CABLEVISIONS SYSTEMS CORP PAC ONE MEDIA CROSSWAYS WOODBURY NY 11797 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year) 07/25/97 1,000.00	Amount of Each Receipt this Period 1,000.00
C. Full Name, Mailing Address and ZIP Code CBANYS-PAC P.O. BOX 325 NEW YORK NY 10163 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year) 11/25/97 500.00	Amount of Each Receipt this Period 500.00
D. Full Name, Mailing Address and ZIP Code CITICORP VOLUNTARY POLITICAL FUND 1101 PENNSYLVANIA AVE., N.W. WASHINGTON DC 20004 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year) 12/29/97 500.00	Amount of Each Receipt this Period 500.00
E. Full Name, Mailing Address and ZIP Code COMM ON LETTER CARRIERS POLIT.EDUC 100 INDIANA AVE WASHINGTON DC 20001 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year) 07/31/97 1,000.00	Amount of Each Receipt this Period 1,000.00
F. Full Name, Mailing Address and ZIP Code COMM. ON LETTER CARRIERS POL. ED. NAT. ASSOC. OF LETTER CARRIERS WASHINGTON DC 20001 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year) 11/26/97 1,000.00	Amount of Each Receipt this Period 1,000.00
G. Full Name, Mailing Address and ZIP Code COMSAT PAC 6560 ROCK SPRING DR. BETHESDA MD 20817 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year) 12/29/97 500.00	Amount of Each Receipt this Period 500.00
SUBTOTAL of Receipts This Page (optional)			5,000.00
TOTAL This Period (last page this line number only)			

FEC FORM 3 (2/94)

SCHEDULE A **ITEMIZED RECEIPTS**

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

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NAME OF COMMITTEE (In Full)

COMMITTEE TO RE-ELECT ED TOWNS C00197285

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
CON EDISON PAC 13 IRVING PL NY NY 20817 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation	07/31/97	
	Aggregate Year-to-Date > $	500.00	500.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
COOPERS & LYBRAND PAC 1900 K ST N.W. WASHINGTON DC 20006 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation	11/25/97	
	Aggregate Year-to-Date > $	2,000.00	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
CREDIT UNION LEGISLATIVE ACT.COUN. 805 FIFTHTEEN ST NW SUITE 30 WASHINGTON DC 20005 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation	07/31/97	
	Aggregate Year-to-Date > $	1,050.00	1,050.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
CREDIT UNION PAC 19 BRITISH AMERICAN BLVD ALBANY NY 12212 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation	10/27/97	
	Aggregate Year-to-Date > $	1,500.00	1,500.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
CROP PROTECTION PAC 1156 15TH ST NW SUITE 400 WASHINGTON DC 20005 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation	09/09/97	
	Aggregate Year-to-Date > $	500.00	500.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
DELOITTE & GOUCHE, L.L.P. PAC P.O. BOX 365 WASHINGTON DC 20044 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation	11/06/97	
	Aggregate Year-to-Date > $	2,000.00	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
DIMEPAC NY 11231 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation	11/26/97	
	Aggregate Year-to-Date > $	250.00	250.00

SUBTOTAL of Receipts This Page (optional)	6,800.00
TOTAL This Period (last page this line number only)	

FEC-SA-991

SCHEDULE A **ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11c

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)

COMMITTEE TO RE-ELECT ED TOWNS C00197285

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
EMPLOYEES OF ENTERGY OPERATIONS PAC ATTN. N. LYNN CLEMENT JACKSON MS 39286		07/15/97	
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $	500.00	500.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
ERNST & YOUNG PAC 1225 CONNECTICUT AVE., N.W. WASHINGTON DC 20036		11/26/97	
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $	2,000.00	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
FARM CREDIT PAC 50 F ST N.W. SUITE 900 WASHINGTON DC 20001		09/30/97	
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $	250.00	250.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
FOXPAC DC 20001		09/09/97	
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $	500.00	500.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
GRAND TRAVERSE BAND OF OTTAWA & CHIPPEWA INDIANS PAC SUTTONS BAY MI 49682		11/26/97	
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $	500.00	500.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
I.L.A. COMM. ON POLITICAL EDUCATION 17 BATTERY PL NEW YORK NY 10004		07/25/97	
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $	2,050.00	2,050.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
ITT CORPORATION PAC 1330 AVENUE OF THE AMERICAS NEW YORK NY 10019		11/26/97	
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $	500.00	500.00

SUBTOTAL of Receipts This Page (optional) 5,300.00

TOTAL This Period (last page this line number only)

FEC-9A-891

SCHEDULE A **ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11c

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NAME OF COMMITTEE (In Full)

COMMITTEE TO RE-ELECT ED TOWNS C00197285

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
LONG ISLAND SAVINGS BANK PAC 201 OLD COUNTRY RD. MELVILLE NY 11747		07/15/97	
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $ 1,000.00		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
MERCK PAC:U.S. 601 PENNSYLVANIA AVE., NW WASHINGTON DC 20004		07/15/97	
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $ 500.00		500.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
N.C. FARM BUREAU FARMPAC P.O. BOX 27766 RALEIGH NC 26611		09/30/97	
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $ 250.00		250.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer: PAC / Occupation: IN-KIND CONTRIBUTION F.R. 11/24/9	Date (month, day, year) 11/24/97	Amount of Each Receipt this Period
NATIONAL CABLE TELEVISION 1724 MASSACHUSETTS AVE NW WASHINGTON DC 20036			
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $ 5,000.00		436.80
E. Full Name, Mailing Address and ZIP Code	Name of Employer: PAC / Occupation: IN-KIND CONTRIBUTION F.R. 11/24/9	Date (month, day, year) 12/22/97	Amount of Each Receipt this Period
NATIONAL CABLE TELEVISION PAC 1724 MASSACHUSETTS AVE., NW WASHINGTON DC 20036			
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $ 5,000.00		4,563.20
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year) 11/26/97	Amount of Each Receipt this Period
NATIONAL VENTURE CAPITAL ASSN. PAC 1655 NORTH FORT MYER DR ARLINGTON VA 22209			
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $ 1,000.00		1,000.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year) 07/31/97	Amount of Each Receipt this Period
OPHTHPAC 101 VERMONT AVE NW SUITE 700 WASHINGTON DC 20005			
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $ 1,000.00		1,000.00

SUBTOTAL of Receipts This Page (optional) 8,750.00

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

FEC-SA-991

SCHEDULE A **ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11c

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NAME OF COMMITTEE (In Full)

COMMITTEE TO RE-ELECT ED TOWNS C00197285

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
PEAT MARWICK/PAC A MULTICANDIDATE COMMITTEE WASHINGTON DC 20036 Receipt For: [X] Primary [ ] General [ ] Other (specify):		11/26/97 Aggregate Year-to-Date > $ 1,000.00	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
PETROLEUM MARKETERS ASSOC. OF AMER. 1901 N. FORT MYER DR., ARLINGTON VA 22209 Receipt For: [X] Primary [ ] General [ ] Other (specify):		11/25/97 Aggregate Year-to-Date > $ 250.00	250.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
PHARMACIA&UPJOHN LEGIST.SUPPORT EXC 700 PORTAGE ROAD KALAMAZOO MI 49001 Receipt For: [X] Primary [ ] General [ ] Other (specify):		09/09/97 Aggregate Year-to-Date > $ 500.00	500.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
PRICE WATERHOUSE PARTNERS' PAC 1301 K ST., N.W., SUITE 800W WASHINGTON DC 20005 Receipt For: [X] Primary [ ] General [ ] Other (specify):		11/26/97 Aggregate Year-to-Date > $ 1,000.00	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
REID & PRIEST PAC 701 PENNSYLVANIA AVE N.W. WASHINGTON DC 20004 Receipt For: [X] Primary [ ] General [ ] Other (specify):		09/30/97 Aggregate Year-to-Date > $ 500.00	500.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
SEIU COPE 1313 L ST., N.W. WASHINGTON DC 20005 Receipt For: [X] Primary [ ] General [ ] Other (specify):		12/29/97 Aggregate Year-to-Date > $ 1,000.00	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
SOUTHERN NUCLEAR 27 EMPLOYEES PAC P.O. BOX 1295 BIRMINGHAM AL 35201 Receipt For: [X] Primary [ ] General [ ] Other (specify):		07/31/97 Aggregate Year-to-Date > $ 500.00	500.00

SUBTOTAL of Receipts This Page (optional) 4,750.00

TOTAL This Period (last page this line number only)

FEC-8A-991

SCHEDULE A **ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11c

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NAME OF COMMITTEE (in Full)

COMMITTEE TO RE-ELECT ED TOWNS C00197285

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
TEAM AMERITECH PAC 1401 H ST N.W. SUITE 1020 WASHINGTON DC 20005	Occupation	10/27/97	
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $	500.00	500.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
TELE-COMMUNICATIONS INC PAC 5619 DTC PKY ENGLEWOOD CO 80111	Occupation	09/16/97	
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $	500.00	500.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
THE CHASE MAN.CORPFUND FOR GOOD GOV 270 PARK AVE NEW YORK NY 10017	Occupation	07/25/97	
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $	500.00	500.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
THE GLAXO WELCOME PAC FIVE MOORE DRIVE RESEARCH TRIANGLE PARK NC 27709	Occupation	09/09/97	
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $	500.00	500.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
THE NAT'L FOOD PROCESSORS ASSOC. 1133 20 ST N.W. WASHINGTON DC 20036	Occupation	07/25/97	
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $	500.00	500.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
THE PRUDENTIAL INSURANCE CO OF AMER NEWARK NJ 07101	Occupation	09/09/97	
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $	1,000.00	1,000.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
THE WALT DISNEY COMPANY PAC 500 S. BUENA VISTA BURBANK CA 91521	Occupation	07/15/97	
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $	500.00	500.00

SUBTOTAL of Receipts This Page (optional) 4,000.00

TOTAL This Period (last page this line number only)

FEC-SA-881

SCHEDULE A **ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11c

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NAME OF COMMITTEE (In Full)

COMMITTEE TO RE-ELECT ED TOWNS C00197285

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
TRAVERLERS GROUP INC. PAC 388 GREENWICH ST. NEW YORK NY 10013 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation	07/15/97	500.00
	Aggregate Year-to-Date > $	500.00	
B. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
	Aggregate Year-to-Date > $		
C. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
	Aggregate Year-to-Date > $		
D. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
	Aggregate Year-to-Date > $		
E. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
	Aggregate Year-to-Date > $		
F. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
	Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional)	500.00
TOTAL This Period (last page this line number only)	47,387.40

FEC FORM 3 (REV 6/97)

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

COMMITTEE TO RE-ELECT ED TOWNS C00197285

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
500 DECATUR ST BLOCK ASOC C/O P.M.JUNIOR 571 DECATUR ST BKLYN NY11233	CONTRIBUTION BLOCK PARTY Disbursement for: [X] Primary [ ] General [ ] Other (specify)	08/13/97	100.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
747 TRAVEL 37-06 77 ST JACKSON HEIGHTS NY	PLANE TICKET Disbursement for: [X] Primary [ ] General [ ] Other (specify)	11/20/97	360.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
A;BERT C WILTSHIRE 360 CLINTON AVE BROOKLYN NY	LUNCH VOLUNTEERS Disbursement for: [X] Primary [ ] General [ ] Other (specify)	07/16/97	100.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
ABBRACCIAMENTO ON THE PIER 2200 ROCKAWAY PKWY BKLYN, NY 11236	LUNCH, FUNDRAISER MTG. Disbursement for: [X] Primary [ ] General [ ] Other (specify)	07/14/97	57.74
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
ABBRACEIAMENTO ON THE PIER 2200 ROCKAWAY BKLYN, N.Y. 11236	CATERING FOR FUND RAISER Disbursement for: [X] Primary [ ] General [ ] Other (specify)	09/20/97	4,590.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
ACADEMY OF MEDICINE OF BKLYN 165 CADMAN PLAZA EAST BROOKLYN Y 11201	JOURNAL AD Disbursement for: [X] Primary [ ] General [ ] Other (specify)	10/23/97	150.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
ADVANCE CONNECTIONS 241-02 MERRICK BLVD. ROSEDALE, NY 11422	BEEPER Disbursement for: [X] Primary [ ] General [ ] Other (specify)	12/03/97	100.58
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
ADVANCED CONNECTION 241-02 MERRICK BLVD ROSEDALE NY 11422	BEEPER Disbursement for: [X] Primary [ ] General [ ] Other (specify)	09/10/97	100.58
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
ADVANCED TECH. SOLUTIONS INC 585 DEKALB AVE BROOKLYN NY 11205	COMPUTER REPAIRS Disbursement for: [X] Primary [ ] General [ ] Other (specify)	10/07/97	113.66

SUBTOTAL of Disbursements This Page (optional)	5,672.56
TOTAL This Period (last page this line number only)	

FEC FORM 3P (1997)

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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NAME OF COMMITTEE (In Full)

COMMITTEE TO RE-ELECT ED TOWNS C00197285

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
AFRICAN LODGE 459 #63 F.& A.M. 70 PENNSYLVANIA AVE. BKLYN, NY 11207	TICKETS Disbursement for: [X] Primary [ ] General [ ] Other (specify)	11/21/97	630.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
AIRBOURNE EXPRESS 880 6TH AVE. SEATTLE, WASH.	LETTER CREATIVE CONSULT. Disbursement for: [X] Primary [ ] General [ ] Other (specify)	09/25/97	14.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
AL WILTSHIRE 360 CLINTON AVE. BKLYN, NY 11238	REINBURSEMENT Disbursement for: [X] Primary [ ] General [ ] Other (specify)	12/22/97	100.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
ALBERT C WILTSHIR 360 CLINTON AVE BROOKLYN NY	FOOD AND CARFARE VOLUNTEERS Disbursement for: [X] Primary [ ] General [ ] Other (specify)	07/07/97	160.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
ALBERT C WILTSHIRE 360 CLINTON AVE BROOKLYN NY	PETTY CASH Disbursement for: [X] Primary [ ] General [ ] Other (specify)	07/02/97	200.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
ALBERT C WILTSHIRE 360 CLINTON AVE BROOKLYN NY 11238	PETTY CASH Disbursement for: [X] Primary [ ] General [ ] Other (specify)	08/10/97	200.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
ALBERT C WILTSHIRE 360 CLINTON AVE BROOKLYN NY	PETTY CASH Disbursement for: [X] Primary [ ] General [ ] Other (specify)	08/22/97	200.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
ALBERT C WILTSHIRE 360 CLINTON AVE BROOKLYN NY	PETTY CASH Disbursement for: [X] Primary [ ] General [ ] Other (specify)	09/03/97	200.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
ALBERT C WILTSHIRE 360 CLINTON AVE BROOKLYN NY	LUNCH VOLUNTEERS Disbursement for: [X] Primary [ ] General [ ] Other (specify)	09/09/97	100.00

SUBTOTAL of Disbursements This Page (optional)	1,804.00
TOTAL This Period (last page this line number only)	

FEC-SB-12/94

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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NAME OF COMMITTEE (In Full)

COMMITTEE TO RE-ELECT ED TOWNS C00197285

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
ALBERT C WILTSHIRE 360 CLINTON AVE BROOKLYN NY	CONSULTANT Disbursement for: [X] Primary [ ] General [ ] Other (specify)	09/09/97	1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
ALBERT C WILTSHIRE 360 CLINTON AVE BROOKLYN NY	PETTY CASH Disbursement for: [X] Primary [ ] General [ ] Other (specify)	10/01/97	200.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
ALBERT C WILTSHIRE 360 CLINTON AVE BROOKLYN NY	PETTY CASH Disbursement for: [X] Primary [ ] General [ ] Other (specify)	11/01/97	200.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
ALBERT C WILTSHIRE 360 CLINTON AVE BROOKLYN NY	REIMBURSEMENT EXPENSES Disbursement for: [X] Primary [ ] General [ ] Other (specify)	11/07/97	100.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
ALBERT C WILTSHIRE 360 CLINTON AVE BROOKLYN NY	PETTY CASH Disbursement for: [X] Primary [ ] General [ ] Other (specify)	12/01/97	200.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
ALBERT C WILTSHIRE 360 CLINTON AVE BROOKLYN NY	CONSULTANT Disbursement for: [X] Primary [ ] General [ ] Other (specify)	12/11/97	500.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
ALL COUNTY BUS. ESSENTIALS BROOKLYN NAVY YARD BROOKLYN NY 11205	PURCHASE FAX MACHINE &SHREDDER Disbursement for: [X] Primary [ ] General [ ] Other (specify)	07/15/97	418.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
ALL COUNTY BUS. ESSENTIALS BROOKLYN NAVY YARD-BLDG. 152 BKLYN, NY 11205	SUPPLIES Disbursement for: [X] Primary [ ] General [ ] Other (specify)	12/15/97	134.50
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
ALTER & BARBARO 9720A FLATLANDS AVE BROOKLYN NY	CONSULTANT Disbursement for: [X] Primary [ ] General [ ] Other (specify)	07/07/97	1,000.00

SUBTOTAL of Disbursements This Page (optional) 3,752.50

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

FEC FORM 3 (ISS-SE-12/94)

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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NAME OF COMMITTEE (In Full)

COMMITTEE TO RE-ELECT ED TOWNS C00197285

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
ALTER & BARBARO 9720A FLATLANDS AVE BROOKLYN NY	CONSULTANT Disbursement for: [X] Primary [ ] General [ ] Other (specify)	07/09/97	1,000.00
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
ALTER& BARBARO 9720A FLATLANDS AVE BROOKLYN NY	CONSULTANT Disbursement for: [X] Primary [ ] General [ ] Other (specify)	07/11/97	700.00
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
AMERICAN EXPRESS P.O.BOX 42010 PHIL PA 19162-4201	TRAVEL Disbursement for: [X] Primary [ ] General [ ] Other (specify)	07/11/97	500.99
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
AMERICAN EXPRESS SUITE 0001 CHICAGO IL 60679-0001	TRAVEL & HOTEL Disbursement for: [X] Primary [ ] General [ ] Other (specify)	08/04/97	2,223.88
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
AMERICAN EXPRESS SUITE 0001 CHICAGO ILL 60079	TRAVEL & HOTEL Disbursement for: [X] Primary [ ] General [ ] Other (specify)	09/11/97	1,010.15
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
AMERICAN EXPRESS P.O. BOX 2853 NEW YORK N.Y. 10116-285	DEPOSIT HOTEL CBC WEEKEND Disbursement for: [X] Primary [ ] General [ ] Other (specify)	09/11/97	385.15
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
AMERICAN EXPRESS SUITE 0001 CHICAGO, ILL	PLANE TICKET Disbursement for: [X] Primary [ ] General [ ] Other (specify)	09/18/97	569.00
H. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
AMERICAN EXPRESS P.O. BOX 2855 N.Y., N.Y. 10116-2858	EXP. CBC WEEKEND Disbursement for: [X] Primary [ ] General [ ] Other (specify)	09/29/97	1,976.76
I. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
AMERICAN EXPRESS P.O. BOX 42010 PHILA. P.A. 19162	HOTEL EXP. N.C. FUND RAISER Disbursement for: [X] Primary [ ] General [ ] Other (specify)	09/30/97	87.36
SUBTOTAL of Disbursements This Page (optional)			8,453.29
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

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NAME OF COMMITTEE (In Full)

COMMITTEE TO RE-ELECT ED TOWNS C00197285

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
AMERICAN LUNG ASSOC. 165 CADMAN PLAZA EAST BKLYN, NY 11201	JOURNAL AD Disbursement for: [X] Primary [ ] General [ ] Other (specify)	11/09/97	100.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
ANGELA ANDERSON 23-36 BROOKHAVEN AVE. FAR ROCKAWAY, NY 11691	MUSIC AT FUND RAISER Disbursement for: [X] Primary [ ] General [ ] Other (specify)	07/21/97	700.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
ARTHUR ANDERSON PAC 1666 K ST N.W. WASHINGTON DC 20006	IN KIND CONTRIBUTION11-6EVENT Disbursement for: [ ] Primary [X] General [ ] Other (specify)	11/21/97	1,687.40
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
AT&T CONSUMER LEASE P.O. BOX 650563 DALLAS TEXAS	PHONE LEASE Disbursement for: [X] Primary [ ] General [ ] Other (specify)	09/10/97	84.72
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
AT&T CONSUMER LEASE SER P.O. BOX 650563 DALLAS TX 75265-0567	PHONE LEASING Disbursement for: [X] Primary [ ] General [ ] Other (specify)	07/02/97	127.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
AT&T CONSUMER LEASING P.O. BOX 650563 DALLAS TEXAS	PHONE LEASING Disbursement for: [X] Primary [ ] General [ ] Other (specify)	08/18/97	42.36
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
AT&T CONSUMER LEASING P.O. BOX 650563 DALLAS, TX 75265-0563	PHONE LEASE Disbursement for: [X] Primary [ ] General [ ] Other (specify)	10/25/97	42.36
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
AT&T WIRELESS 15 E. MIDLAND AVE. PARAMUS, NJ 07652-2926	CELLULAR PHONE Disbursement for: [X] Primary [ ] General [ ] Other (specify)	11/09/97	33.40
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
AT&T WIRELESS P.O. BOX 371348 PITTSBURG, PA 15250	CELLULAR PHONE Disbursement for: [X] Primary [ ] General [ ] Other (specify)	12/03/97	30.70

SUBTOTAL of Disbursements This Page (optional)	2,847.94
TOTAL This Period (last page this line number only)	

FEC-SB-12/94

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

COMMITTEE TO RE-ELECT ED TOWNS C00197285

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
ATLANTIC SENIOR CENTER 70 PENNSYLVANIA AVE. BKLYN, NY 11217	TICKETS Disbursement for: [X] Primary [ ] General [ ] Other (specify)	12/11/97	50.00
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
AUSTIN-SHEIKOPF 379 WEST BROADWAY NY NY 10012	MAILING & PRINTING OF LABELS Disbursement for: [X] Primary [ ] General [ ] Other (specify)	09/03/97	6,757.44
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
BED/STUY RESTORATION CORP 1368 FULTN ST BKLYN NY 11216	CONTRIBUTION Disbursement for: [X] Primary [ ] General [ ] Other (specify)	08/14/97	100.00
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
BELL ATLANTIC P.O. BOX 15124 ALBANY, NY 12212	TELEPHONE Disbursement for: [X] Primary [ ] General [ ] Other (specify)	10/15/97	529.15
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
BELL ATLANTIC P.O. BOX 15124 ALBANY, NY 12212	TELEPHONE BILL Disbursement for: [X] Primary [ ] General [ ] Other (specify)	10/25/97	597.29
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
BELL ATLANTIC P.O. BOX 15124 ALBANY, NY 12212	PHONE BILL Disbursement for: [X] Primary [ ] General [ ] Other (specify)	11/09/97	199.25
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
BELL ATLANTIC P.O. BOX 15124 ALBANY, NY 12212-5124	TELEPHONE Disbursement for: [X] Primary [ ] General [ ] Other (specify)	12/03/97	18.90
H. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
BELL ATLANTIC P.O. BOX 15124 ALBANY, NY 12212-5124	TELEPHONE Disbursement for: [X] Primary [ ] General [ ] Other (specify)	12/15/97	46.13
I. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
BELL ATLANTIC P.O. BOX 15124 ALBANY, NY 11212-5124	TELEPHONE Disbursement for: [X] Primary [ ] General [ ] Other (specify)	12/16/97	91.16

SUBTOTAL of Disbursements This Page (optional) 8,389.32

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

FEC-SB-12/84

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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NAME OF COMMITTEE (In Full)

COMMITTEE TO RE-ELECT ED TOWNS C00197285

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
BEREAN MISSIONARY BAPT. CHURCH 1635-49 BERGAN ST. BKLYN, NY 11213	CONTRIBUTION - BLDG. FUND Disbursement for: [X] Primary [ ] General [ ] Other (specify)	10/23/97	500.00
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
BETHANY BAPTIST CHURCH 460 MARCUS GARVEY BLVD BROOKLYN NY 11216	JOURNAL AD Disbursement for: [X] Primary [ ] General [ ] Other (specify)	08/10/97	100.00
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
BETTY SHABAZZ SCHOLARSHIP FUND 1650 BEDFORD AVE. BKLYN, NY 11225	JOURNAL AD Disbursement for: [X] Primary [ ] General [ ] Other (specify)	11/21/97	200.00
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
BIG APPLE LIGHTING 533 CANAL ST NEW YORK NY	LIGHTING FOR MEC EVENT Disbursement for: [X] Primary [ ] General [ ] Other (specify)	07/08/97	500.00
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
BOYS CHOIR OF HARLEM INC 942 BROADWAY NY NY 10010	CONTRIBUTION Disbursement for: [X] Primary [ ] General [ ] Other (specify)	09/03/97	500.00
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
BOYS SCOUTS OF AMERICA 345 HUDSON ST NY NY 10014	CONTRIBUTION Disbursement for: [X] Primary [ ] General [ ] Other (specify)	08/10/97	300.00
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
BRANFORD COMMUNICATIONS, INC. 611 BROADWAY SUITE 627 NEW YORK, NY 10012-2608	FUNDRAISING INVITATIONS Disbursement for: [X] Primary [ ] General [ ] Other (specify)	11/09/97	709.04
H. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
BRIDGE ST. CHILDREN'S FUND CA 277 STUYVESANT AVE. BKLYN, NY 11206	CONTRIBUTION Disbursement for: [X] Primary [ ] General [ ] Other (specify)	12/15/97	100.00
I. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
BROOKDALE HOSP MEDICAL CENTER LINDEN BLVD&BROOKDALE PLAZA BROOKLYN NY 11212	CONTRIBUTION Disbursement for: [X] Primary [ ] General [ ] Other (specify)	08/10/97	350.00

SUBTOTAL of Disbursements This Page (optional) 3,259.04

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

FEC FORM 3 (REV. 12/94)

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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NAME OF COMMITTEE (In Full)

COMMITTEE TO RE-ELECT ED TOWNS C00197285

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
BROOKDALE HOSP. MEDICAL CENTER LINDEN BLVD. BROOKDALE PLAZA BKLYN, NY 11212-3198	CONTRIBUTION Disbursement for: [X] Primary [ ] General [ ] Other (specify)	12/10/97	600.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
BROOKLYN CHAP THE LINKS INC 328 FLATBUSH AVE SUITE 1952 BROOKLYN NY 11238	CONTRIBUTION Disbursement for: [X] Primary [ ] General [ ] Other (specify)	10/07/97	100.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
CAMPUS COACH LINES 545 FIFTH AVE NY NY 10017	BUS TO LIBERTY PARK Disbursement for: [X] Primary [ ] General [ ] Other (specify)	08/18/97	348.50
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
CAMPUS COACH LINES 545 5TH AVE NY NY 10017	TWO BUSES FOR COMMUNITY GROUP Disbursement for: [X] Primary [ ] General [ ] Other (specify)	10/07/97	847.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
CANARISE COURIER 1142 E. 92ND ST. BKLYN, NY 11236	JOURNAL AD Disbursement for: [X] Primary [ ] General [ ] Other (specify)	12/15/97	149.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
CANARSIE COURIER 1142 E. 92ND ST. BKLYN, NY 11236	JOURNAL AD Disbursement for: [X] Primary [ ] General [ ] Other (specify)	11/24/97	138.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
CANTRELL/CUTTER PRINTING INC 1789 OLIVE ST CAPITAL HEIGHTS MD 20743	PRINTING OF BIOGRAPHY Disbursement for: [X] Primary [ ] General [ ] Other (specify)	08/21/97	618.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
CAPITAL HILL FLOWERS & FRUIT 600 PENNSYLVANIA AVE SE WASH. DC 20003	FLOWERS FOR CONSTITUENT Disbursement for: [X] Primary [ ] General [ ] Other (specify)	07/11/97	37.60
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
CAPITOL HILL FLOWER & FRUIT 600 PENNSYLVANIA AVE. SE WASHINGTON, D.C. 20003	FLOWERS Disbursement for: [X] Primary [ ] General [ ] Other (specify)	11/09/97	141.40

SUBTOTAL of Disbursements This Page (optional) 2,979.50

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

FEC-SB-12/94

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)

COMMITTEE TO RE-ELECT ED TOWNS C00197285

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
CAPITOL HILL FLOWERS&FRUIT 600 PENNSYLVANIA AVE SE WASHINGTON DC 20003	FLOWERS FOR CONSTITUENTS Disbursement for: [X] Primary [ ] General [ ] Other (specify)	09/03/97	102.60
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
CARIB NEWS, INC. 15 WEST 39TH ST. N.Y., N.Y. 10018	AD IN LABOR DAY SPECIAL ISSUE Disbursement for: [X] Primary [ ] General [ ] Other (specify)	09/18/97	600.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
CAROL FAISON 790 ELDERS AVE. BRLYN, NY	VOLUNTEER Disbursement for: [X] Primary [ ] General [ ] Other (specify)	11/24/97	500.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
CASH VARIOUS DISBURSMENTS UNDER $100.00 PER DISBURSEMENT	PRIMARY Disbursement for: [X] Primary [ ] General [ ] Other (specify)	09/08/97	1,800.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
CASH VARIOUS DISBURSEMENTS UNDER $100.00 PER DISBURSEMENT	TIP WAITERS F.R. 9/21/97 Disbursement for: [X] Primary [ ] General [ ] Other (specify)	09/19/97	1,000.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
CASH VARIOUS DISBURSEMENTS UNDER $100.00 PER DISBUSEMENT	CHRISTMAS GIFTS Disbursement for: [X] Primary [ ] General [ ] Other (specify)	12/10/97	400.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
CASH VARIOUS DISBURSEMENTS UNDER $100.00 PER DISBURSEMENT	MOVERS Disbursement for: [X] Primary [ ] General [ ] Other (specify)	12/22/97	300.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
CASH DISBURSEMENTS UNDER $100.	TIPS ETC FUND RAISER Disbursement for: [X] Primary [ ] General [ ] Other (specify)	07/21/97	1,000.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
CASH VARIOUS DIS. UNDER $100	MISC. EXP. F.R. 9/20/97 Disbursement for: [X] Primary [ ] General [ ] Other (specify)	09/19/97	1,000.00
SUBTOTAL of Disbursements This Page (optional)			6,703.60
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 32
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NAME OF COMMITTEE (In Full)

COMMITTEE TO RE-ELECT ED TOWNS C00197285

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
CHICKEN Q 341 BROADWAY BROOKLYN NY	CATERING RECEPTION FOR HONOREE Disbursement for: [X] Primary [ ] General [ ] Other (specify)	07/24/97	250.00
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
CHURCH WOMEN UNITED IN BKLYN 125 FORT GREENE PL BROOKLYN N.Y.	PURCHASE TICKETS Disbursement for: [X] Primary [ ] General [ ] Other (specify)	10/29/97	400.00
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
CINO'S RESTAURANT 243 DEKALB AVE. BKLYN, NY 11205	LUNCH Disbursement for: [X] Primary [ ] General [ ] Other (specify)	11/26/97	45.00
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
CITIBANK VISA P.O. BOX 6702 SIOUX FALLS SD 57188-6702	LUNCH VOLUNTEERS Disbursement for: [X] Primary [ ] General [ ] Other (specify)	08/10/97	75.00
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
CLIFTON MOORE 458 E. 51ST. STREET BROOKLYN, N.Y. 11206	VOLUNTEER Disbursement for: [X] Primary [ ] General [ ] Other (specify)	09/15/97	275.00
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
CMHAB/BROOKDALE UNIV. HOSPITAL ONE BROOKDALE PLAZA BROOKLYN NY 11236	CONTRIBUTION Disbursement for: [X] Primary [ ] General [ ] Other (specify)	10/07/97	100.00
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
COMM TO ELECT ALFRED COOPER P.O. BOX 970 FLORAL PARK NY 11002	CONTRIBUTION Disbursement for: [X] Primary [ ] General [ ] Other (specify)	10/23/97	50.00
H. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
COMM TO ELECT TRACY L. BOYLAND 1747 PITKIN AVE. BKLYN, NY 11212	CONTRIBUTION Disbursement for: [X] Primary [ ] General [ ] Other (specify)	08/26/97	1,000.00
I. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
COMM. TO ELECT EDWARD CASTELL 502 6TH AVE. BKLYN, NY 11215	CONTRIBUTION Disbursement for: [X] Primary [ ] General [ ] Other (specify)	07/11/97	1,000.00

SUBTOTAL of Disbursements This Page (optional)	3,195.00
TOTAL This Period (last page this line number only)	

FEC-3B-12/94

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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NAME OF COMMITTEE (In Full)

COMMITTEE TO RE-ELECT ED TOWNS C00197285

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
COMM. TO ELECT EDWARD CASTELL 502 6 AVE BKLYN NY 11215	CONTRIBUTION Disbursement for: [X] Primary [ ] General [ ] Other (specify)	08/26/97	1,000.00
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
COMM. TO RE-ELECT JOHN SAMPSON 1168 E. 86TH ST. BKLYN, NY 11236	JOURNAL AD Disbursement for: [X] Primary [ ] General [ ] Other (specify)	09/18/97	100.00
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
COMMITTEE FOR A GOLDEN FUTURE 26 COURT ST. BKLYN, NY	CONTRIBUTION Disbursement for: [X] Primary [ ] General [ ] Other (specify)	10/23/97	600.00
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
COMMITTEE TO RE-ELECT D. TOWNS 311 HIGHLAND BLVD BKLYN NY	CONTRIBUTION Disbursement for: [X] Primary [ ] General [ ] Other (specify)	08/14/97	750.00
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
COMMITTEE TO REELECT J SAMPSON C/O L. FALCONE 1168 E 86 ST BKLYN NY 11236	JOURNAL AD Disbursement for: [X] Primary [ ] General [ ] Other (specify)	09/03/97	100.00
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
CONCERNED WOMEN OF BKLYN, INC. 591 PENNSYLVANIA AVE. BKLYN, NY 11207	TICKETS Disbursement for: [X] Primary [ ] General [ ] Other (specify)	11/24/97	500.00
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
CONGRESSIONAL BLK CAUCUS FOUND 1010 PENNSYLVANIA AVE WASHINGTON	TICKETS Disbursement for: [X] Primary [ ] General [ ] Other (specify)	09/11/97	1,250.00
H. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
CREATIVE CAMPAIGN CONSULTANT 303/200 BLAKE ST SUITE 202 RALEIGH NC 27601	CONSULTANT FUND RAISER Disbursement for: [X] Primary [ ] General [ ] Other (specify)	08/26/97	2,000.00
I. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
CREATIVE CAMPAIGN CONSULTANTS 303/200 BLAKE ST SUITE 202 RALEIGH NC 27601	REIMBURSEMENT FOR STAMPS Disbursement for: [X] Primary [ ] General [ ] Other (specify)	08/26/97	130.00

SUBTOTAL of Disbursements This Page (optional) 6,430.00

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

FEC-SB-12/84

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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NAME OF COMMITTEE (In Full)

COMMITTEE TO RE-ELECT ED TOWNS CDD197285

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
CREATIVE CAMPAIGN CONSULTANTS 303/200 BLAKE ST. SUITE 202 RALEIGH N.C. 27601	EXP. B.C. FUNE RAISER Disbursement for: [X] Primary [ ] General [ ] Other (specify)	09/25/97	3,399.45
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
CREATIVE CAMPIGN CONSULTANTS 303/200 BLAKE ST. SUITE 202 RALEIGH, NC 27601	CONSULTANT FUND RAISING Disbursement for: [X] Primary [ ] General [ ] Other (specify)	12/03/97	206.51
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
CROWN HEIGHTS SERVICE CENTER 131 KINGSTON AVE. BKLYN, NY 11213	CONTRIBUTION Disbursement for: [X] Primary [ ] General [ ] Other (specify)	11/24/97	100.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
DAISY CALDWELL 2305 LINDEN BLVD BROOKLYN NY 11208	CATERING SENIOR CITIZENS EVENT Disbursement for: [X] Primary [ ] General [ ] Other (specify)	07/24/97	350.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
DEL BAC, INC. P.O. BOX 470913 BKLYN, NY 11247	JOURNAL AD Disbursement for: [X] Primary [ ] General [ ] Other (specify)	11/09/97	40.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
DER YID 13 HOOPER ST. BKLYN, N.Y. 11211	AD Disbursement for: [X] Primary [ ] General [ ] Other (specify)	10/15/97	120.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
DERYL A. EDMEAD 120-9 EINSTEIN LOOP BRONX, N.Y. 10475	STAMPS, VOL. TO ADDRESS LETTERS Disbursement for: [X] Primary [ ] General [ ] Other (specify)	11/30/97	100.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
DIV FOR YOUTH 1125 CARROLL ST BROOKLYN NY 11225	CONTRIBUTION Disbursement for: [X] Primary [ ] General [ ] Other (specify)	12/01/97	200.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
DOROTHY SMALLS 200 FENIMORE ST. BKLYN, NY	VOLUNTEER CARFARE Disbursement for: [X] Primary [ ] General [ ] Other (specify)	12/01/97	25.00

SUBTOTAL of Disbursements This Page (optional) 4,540.96

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

FEC-8B-12/94

SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 13 OF 32
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NAME OF COMMITTEE (In Full)

COMMITTEE TO RE-ELECT ED TOWNS C00197285

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
DR.K. STEWART FOR CITY COUNCIL 856 UTICA AVE BKLYN NY	CONTRIBUTION Disbursement for: [X] Primary [ ] General [ ] Other (specify)	08/26/97	1,000.00
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
DWANDA GLENN 3707 NEARBROOK AVE FORESTVILLE MD 20747	TAPES Disbursement for: [X] Primary [ ] General [ ] Other (specify)	07/11/97	300.00
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
E & E CATERING 863A LAFAYETTE AVE BROOKLYN NY 11221	CATERING VARIOUS MEETINGS Disbursement for: [X] Primary [ ] General [ ] Other (specify)	07/15/97	1,150.00
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
E & E CATERING 863A LAFAYETTE AVE. BKLYN, NY 11221	FOOD MEETING Disbursement for: [X] Primary [ ] General [ ] Other (specify)	10/23/97	175.00
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
E & E CATERING 863/A LAFAYETTE AVE. BKLYN, NY 11221	WOMEN & MEN'S CAUCUS MTG. Disbursement for: [X] Primary [ ] General [ ] Other (specify)	11/09/97	345.00
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
E & E CATERING 863/A LAFAYETTE AVE. BKLYN, NY 11221	WOMEN & MEN'S CAUCUS MTG. Disbursement for: [X] Primary [ ] General [ ] Other (specify)	11/24/97	520.00
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
E & E CATERING 863/A LAFAYETTE AVE. BKLYN, NY 11221	WOMEN & MEN'S CAUCUS MEETING Disbursement for: [X] Primary [ ] General [ ] Other (specify)	11/24/97	520.00
H. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
EAMON DORAN 174 MONTAGUE ST. BKLYN, NY 11201	RECEPTION FOR F.R. COMM. Disbursement for: [X] Primary [ ] General [ ] Other (specify)	10/25/97	243.00
I. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
EDOLPHUS TOWNS 286 HIGHLAND BLVD BROOKLYN NY	REIMBURSEMENT Disbursement for: [X] Primary [ ] General [ ] Other (specify)	08/04/97	443.44

SUBTOTAL of Disbursements This Page (optional)	4,696.44
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SCHEDULE B **ITEMIZED DISBURSEMENTS**

(use separate schedule(s) for each category of the Detailed Summary Page)	PAGE 14 OF 32
	FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

COMMITTEE TO RE-ELECT ED TOWNS - C00197285

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
EDOLPHUS TOWNS 286 HIGHLAND BLVD BKLYN NY	REINBURSEMENT Disbursement for: [X] Primary [ ] General [ ] Other (specify)	09/03/97	294.59
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
EDOLPHUS TOWNS 286 HIGHLAND BLVD. BKLYN, N.Y. 14207	REIMBURSEMENT Disbursement for: [X] Primary [ ] General [ ] Other (specify)	09/29/97	123.34
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
EDOLPHUS TOWNS 286 HIGHLAND BLVD. BKLYN, NY 11207	RE-IMBURSEMENT Disbursement for: [X] Primary [ ] General [ ] Other (specify)	11/24/97	458.44
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
EDOLPHUS TOWNS 286 HIGHLAND BLVD. BKLYN, NY	REIMBURSEMENT Disbursement for: [X] Primary [ ] General [ ] Other (specify)	12/12/97	236.04
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
EDOLPHUS TOWNS 286 HIGHLAND BLVD. BKLYN, NY 11207	REINBURSEMENT Disbursement for: [X] Primary [ ] General [ ] Other (specify)	12/19/97	162.81
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
FED/EX MEMPHIS, TENN	SENT PACKAGE Disbursement for: [X] Primary [ ] General [ ] Other (specify)	10/23/97	14.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
FEDERAL EXPRESS MEMPHIS TENN MEMPHIS TENN	PACKAGE DELIVERY Disbursement for: [X] Primary [ ] General [ ] Other (specify)	07/02/97	31.62
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
FEDERAL EXPRESS MEMPHIS TENN MEMPHIS TENN	PACKAGE DELIVERY Disbursement for: [X] Primary [ ] General [ ] Other (specify)	07/15/97	15.24
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
FEDERAL EXPRESS MEMPHIS TENN MEMPHIS TENN	PACKAGE DELIVERY Disbursement for: [X] Primary [ ] General [ ] Other (specify)	08/18/97	13.00

SUBTOTAL of Disbursements This Page (optional)	1,349.08
TOTAL This Period (last page this line number only)	

FEC FORM 3B (REV. 12/94)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 15 OF 32
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NAME OF COMMITTEE (In Full)

COMMITTEE TO RE-ELECT ED TOWNS C00197285

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
FEDERAL EXPRESS MEMPHIS TENN MEMPHIS TENN	PACKAGE DELIVERY Disbursement for: [X] Primary [ ] General [ ] Other (specify)	08/26/97	27.00
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
FEDERAL EXPRESS MEMPHIS TENN MEMPHIS TENN	PACKAGE DELIVERY Disbursement for: [X] Primary [ ] General [ ] Other (specify)	09/04/97	14.75
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
FEDERAL EXPRESS PO BOX MEMPHIS, TENN.	LETTER TO FEC Disbursement for: [X] Primary [ ] General [ ] Other (specify)	10/12/97	13.00
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
FEDERAL EXPRESS PO BOX MEMPHIS, TENN	PACKAGE Disbursement for: [X] Primary [ ] General [ ] Other (specify)	12/19/97	43.00
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
FENIMORE ST. METHODIST CHURCH 266 FENIMORE ST. BKLYN, N.Y. 11225	JOURNAL AD Disbursement for: [X] Primary [ ] General [ ] Other (specify)	09/18/97	100.00
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
FIRST CARD USA P.O. BOX 740085 ATLANTA GA 30374	AUTO SERVICE Disbursement for: [X] Primary [ ] General [ ] Other (specify)	09/11/97	253.57
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
FIRST UNION NATIONAL BANK P.O. BOX 96020 CHARLOTTEE NC 28296	CAR LEASE Disbursement for: [X] Primary [ ] General [ ] Other (specify)	07/11/97	369.00
H. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
FIRST UNION NATIONAL BANK P.O. BOX 96020 CHARLOTTE NC 28296	CAR LEASE Disbursement for: [X] Primary [ ] General [ ] Other (specify)	08/10/97	369.00
I. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
FIRST UNION NATIONAL BANK P.O. BOX 96020 CHARLOTTE N.C.	CAR LEASE Disbursement for: [X] Primary [ ] General [ ] Other (specify)	09/10/97	369.00

SUBTOTAL of Disbursements This Page (optional)	1,558.32
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

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FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

COMMITTEE TO RE-ELECT ED TOWNS C00197285

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
FIRST UNION NATIONAL BANK P.O. BOX 96020 CHARLOTTE, N.C. 28296	CAR LEASE Disbursement for: [X] Primary [ ] General [ ] Other (specify)	10/07/97	369.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
FIRST UNION NATIONAL BANK P.O. BOX 96020 CHARLOTTE, NC 28296-0020	CAR LEASE Disbursement for: [X] Primary [ ] General [ ] Other (specify)	11/09/97	369.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
FIRST UNION NATIONAL BANK P.O. BOX 96020 CHARLOTTE, NC 28296-6020	CAR LEASE Disbursement for: [X] Primary [ ] General [ ] Other (specify)	12/03/97	369.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
FLATLANDS CIVIC ASSOC. INC 5710 AVE H BKLYN NY 11234	JOURNAL AD Disbursement for: [X] Primary [ ] General [ ] Other (specify)	08/13/97	125.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
FLOWERS BY FLORENCE 736A NOSTRAND AVE. BKLYN, N.Y. 11216	FLOWERS FOR CONSTITUENTS Disbursement for: [X] Primary [ ] General [ ] Other (specify)	10/12/97	123.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
FOOD NATION 47-05 METROPOLITAN AVE. RIDGEWOOD, NY 11385	TURKEYS Disbursement for: [X] Primary [ ] General [ ] Other (specify)	11/25/97	456.50
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
FORT GREEN SENIOR PROJECT 21 ST EDWARDS BKLYN NY 11205	CONTRIBUTION Disbursement for: [X] Primary [ ] General [ ] Other (specify)	08/10/97	100.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
FREE PRESS P.O. BOX 581 BRONX NY 10463	JOURNAL AD Disbursement for: [X] Primary [ ] General [ ] Other (specify)	10/23/97	500.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
FRIENDS OF AL VANN 1424 FULTON ST. BKLYN, NY 11216	TICKET Disbursement for: [X] Primary [ ] General [ ] Other (specify)	11/19/97	125.00

SUBTOTAL of Disbursements This Page (optional) 2,536.50

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

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NAME OF COMMITTEE (In Full)

COMMITTEE TO RE-ELECT ED TOWNS C00197285

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
FRIENDS OF DECOSTA HEADLY 26 COURT ST. BKLYN, NY 11242	TICKETS Disbursement for: [X] Primary [ ] General [ ] Other (specify)	12/19/97	1,000.00
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
FRIENDS OF JOAN L. MILLMAN 215 ADAMS ST. BKLYN, NY	CONTRIBUTION Disbursement for: [X] Primary [ ] General [ ] Other (specify)	11/09/97	100.00
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
FRIENDS OF MARY PINKETT 309 LAFAYETTE AVE BKLYN NY 11238	CONTRIBUTION Disbursement for: [X] Primary [ ] General [ ] Other (specify)	08/26/97	500.00
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
FRIENDS OF VIRGINIA FIELDS 123 W 126 ST NY NY 10027	CONTRIBUTION Disbursement for: [X] Primary [ ] General [ ] Other (specify)	07/18/97	1,000.00
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
FRIENDSOF A SHARPTON FOR MAYOR 1941 MADISON AVE NEW YORK NY 10035	CONTRIBUTION Disbursement for: [X] Primary [ ] General [ ] Other (specify)	09/05/97	1,000.00
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
FUND FOR THE BOROUGH OF BKLYN 57 ROCKWELL PL. 2ND FL. BKLYN, NY 11217	INSURANCE/ USE OF BOROUGH HALL Disbursement for: [X] Primary [ ] General [ ] Other (specify)	12/09/97	350.00
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
GERALD DUNBAR 26 COURT ST PENTHOUSE BROOKLYN NY	CONSULTANT Disbursement for: [X] Primary [ ] General [ ] Other (specify)	09/03/97	4,000.00
H. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
GERALD DUNBAR 26 COURT ST PENTHOUSE BROOKLYN NY	CONSULTANT Disbursement for: [X] Primary [ ] General [ ] Other (specify)	09/09/97	2,600.00
I. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
GIANDO ON THE WATER 412 KENT AVE. BKLYN, NY	CONTRIBUTION Disbursement for: [X] Primary [ ] General [ ] Other (specify)	12/09/97	550.00

SUBTOTAL of Disbursements This Page (optional) 11,100.00

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 18 OF 32
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NAME OF COMMITTEE (in Full)

COMMITTEE TO RE-ELECT ED TOWNS C00197285

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
GRAND HYATT HOTEL 1000 H STREET N.W. WASHINGTON D.C. 20001	HOTEL FOR CBC WEEKEND Disbursement for: [X] Primary [ ] General [ ] Other (specify)	09/14/97	363.84
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
GUYANESE NURSES OF AMER. INC. P.O. BOX 30262 BKLYN, N.Y. 11203-0262	JOURNAL AD 28TH ANNUAL AWARDS Disbursement for: [X] Primary [ ] General [ ] Other (specify)	09/18/97	110.00
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
GWEN TOWNS 286 HIGHLAND BLVD. BKLYN, NY 11217	REIMBURSEMENT Disbursement for: [X] Primary [ ] General [ ] Other (specify)	10/24/97	101.00
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
H.TUBMAN WOMEN OF DISTINCTION 14 METROTECH CENTER SUITE211 BKLYN NY 11201	JOURNAL AD Disbursement for: [X] Primary [ ] General [ ] Other (specify)	08/13/97	125.00
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
HARRISON AVE BLOCK ASSOC. 87 HARRISON AVE. BKLYN, NY 11211	CONTRIBUTION Disbursement for: [X] Primary [ ] General [ ] Other (specify)	10/31/97	100.00
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
HARRISON AVE BLOCK ASSOC. 87 HARRISON AVE BROOKLYN NY 11211	CONTRIBUTION Disbursement for: [X] Primary [ ] General [ ] Other (specify)	11/01/97	100.00
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
HEBRON BAPTIST CHURCH 601 WILLOUGHBY AVE BROOKLYN NY 11206	CONTRIBUTION Disbursement for: [X] Primary [ ] General [ ] Other (specify)	10/23/97	100.00
H. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
HESUS FUND 110 LIVINGSTON ST. BKLYN, NY 11201	RECREATIONAL FOR CHILDREN Disbursement for: [X] Primary [ ] General [ ] Other (specify)	12/09/97	425.00
I. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
IDEAL SOFTWARE SYSTEMS 4171 NORTH 19TH PLACE SUITE #1 MILWAULKEE, WIS.	PAC SOFTWARE PACKAGE Disbursement for: [X] Primary [ ] General [ ] Other (specify)	10/23/97	917.50

SUBTOTAL of Disbursements This Page (optional)	2,342.34
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

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NAME OF COMMITTEE (In Full)

COMMITTEE TO RE-ELECT ED TOWNS C00197285

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
IND NEIGHBORHOOD DEMOCRATS 247 SMITH ST. BKLYN, NY	CONTRIBUTION Disbursement for: [X] Primary [ ] General [ ] Other (specify)	11/09/97	260.00
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
IRENE REID 2661 MAMUN AVE BRONX NY	SINGER MEDGAR EVERS COLLEGE Disbursement for: [X] Primary [ ] General [ ] Other (specify)	07/08/97	600.00
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
JACK CLOUGH 1101 16 ST N.W. WASHINGTON DC 20036	IN KIND CONTRIBUTION/REVENT Disbursement for: [X] Primary [ ] General [ ] Other (specify)	07/09/97	538.97
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
JEWISH POST OF NEW YORK 130 W. 29TH ST. NEW YORK, NY 10001	ADVERTISEMENT Disbursement for: [X] Primary [ ] General [ ] Other (specify)	10/15/97	200.00
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
JOHN DUDINSKY 305 E CAPITOL ST WASHINGTON DC 20003	IN KIND CONTRIBUTION/REVENT Disbursement for: [X] Primary [ ] General [ ] Other (specify)	10/29/97	365.36
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
JOHN THE BAPTIST COMM. CENTER 14 STUYVESANT AVE. BKLYN, NY 11221	CONTRIBUTION Disbursement for: [X] Primary [ ] General [ ] Other (specify)	12/15/97	100.00
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
JOHN THE BAPTIST COMM. CTR. 14 STUYVESANT AVE. BKLYN, NY 11221	CONTRIBUTION Disbursement for: [X] Primary [ ] General [ ] Other (specify)	11/24/97	100.00
H. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
JORDAN MAGILL 250 MERCER ST. NEW YORK, NY 10012	CONSULTANT FOR FUND RAISING Disbursement for: [X] Primary [ ] General [ ] Other (specify)	12/01/97	2,200.00
I. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
JOYCETTA D RAY 245A LEXINGTON AVE BKLYN NY 11216	CONTRIBUTION Disbursement for: [X] Primary [ ] General [ ] Other (specify)	08/14/97	500.00

SUBTOTAL of Disbursements This Page (optional) 4,864.33

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 20 OF 32
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NAME OF COMMITTEE (In Full)

COMMITTEE TO RE-ELECT ED TOWNS C00197285

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
KIWANIS CLUB OF BROOKLYN INC C/O T. SNEE 630 FLUSHING AVE BROOKLYN NY 11206	MEMBERSHIP DUES Disbursement for: [X] Primary [ ] General [ ] Other (specify)	10/07/97	125.00
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
L&S ELECTRONICS BLDG 131 BKLYN NAVY YARD BROOKLYN NY	DONATED TV TO SENIOR CITIZ CTR Disbursement for: [X] Primary [ ] General [ ] Other (specify)	10/08/97	300.00
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
LAFAYETTE GARDENS TENANTS ASS 415 LAFAYETTE AVE # 7B BKLYN NY 11238	CONTRIB. FAMILY DAY Disbursement for: [X] Primary [ ] General [ ] Other (specify)	08/10/97	100.00
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
LANGDON FLORIST 62 READE ST NY NY 10007	FLOWERS FOR FUND RAISER Disbursement for: [X] Primary [ ] General [ ] Other (specify)	09/03/97	712.50
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
LEAGUE OF WOMAN VOTERS 817 BROADWAY NY NY 10003	COPY OF THEY REPRESENT YOU Disbursement for: [X] Primary [ ] General [ ] Other (specify)	10/23/97	5.00
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
LECORDON BLEU 96-01 JAMAICA AVE. QUEENS, NY	CONTRIBUTION FOR CYPRESS HILL Disbursement for: [X] Primary [ ] General [ ] Other (specify)	11/24/97	200.00
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
LEM PETERKIM 1475 GENEVA LOOK BKLYN, N.Y. 11239	PHOTO Disbursement for: [X] Primary [ ] General [ ] Other (specify)	09/19/97	500.00
H. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
LEM PETERKIN 1475 GENEVA LOOP BKLYN NY 11239	PHOTOS Disbursement for: [X] Primary [ ] General [ ] Other (specify)	08/28/97	500.00
I. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
LEM PETERKIN 1475 GENEVA LOOP BKLYN, NY 11239	PHOTOS Disbursement for: [X] Primary [ ] General [ ] Other (specify)	12/22/97	600.00

SUBTOTAL of Disbursements This Page (optional)	3,042.50
TOTAL This Period (last page this line number only)	

FEC Form 3B (Rev. 12/94)

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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NAME OF COMMITTEE (In Full)

COMMITTEE TO RE-ELECT ED TOWNS C00197285

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
LEN PETERKIN 1475 GENEVA LOOP BKLYN, NY 11239	PHOTOS Disbursement for: [X] Primary [ ] General [ ] Other (specify)	11/25/97	400.00
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
LINDEN PLAZA SENIOR CITIZEN 675 LINCOLN AVE. BKLYN, NY 11208	CONTRIBUTION Disbursement for: [X] Primary [ ] General [ ] Other (specify)	11/24/97	200.00
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
LINDEN PLAZA SR CITIZEN PROG 675 LINCOLN AVE BROOKLYN NY 11208-	CONTRIBUTION FOR SUB TRIP Disbursement for: [X] Primary [ ] General [ ] Other (specify)	10/07/97	200.00
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
MAURICE GUMPS 328 FLATBUSH AVE BKLYN NY	AD Disbursement for: [X] Primary [ ] General [ ] Other (specify)	08/26/97	1,600.00
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
MCCPAS SATELLITE 1150 CARROLL ST. BKLYN, N.Y. 11225	JOURNAL AD Disbursement for: [X] Primary [ ] General [ ] Other (specify)	09/18/97	100.00
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
MEDIA PLUS DESIGN 1211 CONNECTICUT AVE NW WASH. DC	PLAQUES Disbursement for: [X] Primary [ ] General [ ] Other (specify)	07/25/97	334.00
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
MEDIA PLUS DESIGN 1211 CONNECTICUT AVE WASHINGTON DC 20036	MECHANICALS FOR PRINTING BIO Disbursement for: [X] Primary [ ] General [ ] Other (specify)	08/21/97	157.90
H. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
MICHAEL OLMEDA 300 SKILLMAN AVE BKLYN NY 11206	STATIONARY Disbursement for: [X] Primary [ ] General [ ] Other (specify)	09/03/97	150.00
I. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
MICHAEL OLMEDA 300 SKILLMAN AVENEUE BROOKLYN, N.Y. 11206	PREPARE MECH. FOR JOURNAL Disbursement for: [X] Primary [ ] General [ ] Other (specify)	09/18/97	225.00

SUBTOTAL of Disbursements This Page (optional) 3,365.90

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

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NAME OF COMMITTEE (In Full)

COMMITTEE TO RE-ELECT ED TOWNS C00197285

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
MT.ARARAT MISSIONARY BAPT CHUR 3411-35 HOWARD AVE BKLYN NY 11233	CONTRIBUTION Disbursement for: [X] Primary [ ] General [ ] Other (specify)	08/13/97	400.00
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
MT.SINAI CATHEDRAL CHURCH 927 HERKIMER ST BKLYN NY 11233	CONTRIBUTION Disbursement for: [X] Primary [ ] General [ ] Other (specify)	09/03/97	250.00
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
N.A.A.C.P. 183-10 LINDEN BLVD ST ALBANS NY	CONTRIBUTION FOR SCHOLARSHIP Disbursement for: [X] Primary [ ] General [ ] Other (specify)	12/21/97	500.00
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
N.Y. TROPHIES 243 GRAND ST. BKLYN, NY 11211	AWARDS FOR BOXCREES Disbursement for: [X] Primary [ ] General [ ] Other (specify)	07/18/97	850.00
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
N.Y. TROPHIES 243 GRAND ST BKLYN NY 11211	PLAQUES AWAD CEREMONY Disbursement for: [X] Primary [ ] General [ ] Other (specify)	08/14/97	200.00
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
N.Y. TROPHIES 243 GRAND ST. BKLYN, N.Y. 11211	BOXCREES PLAQUES Disbursement for: [X] Primary [ ] General [ ] Other (specify)	09/18/97	342.30
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
N.Y. TROPHIES 243 GRAND ST BROOKLYN NY 11221	PLAQUE Disbursement for: [X] Primary [ ] General [ ] Other (specify)	10/23/97	42.98
H. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
N.Y. TROPHIES 243 GRAND ST. BKLYN, NY 11211	PLAQUES Disbursement for: [X] Primary [ ] General [ ] Other (specify)	11/24/97	171.92
I. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
NAT.COUNCIL NEGRO WOMEN INC 270 DECATUR ST BROOKLYN NY 11233	JOURNAL AD Disbursement for: [X] Primary [ ] General [ ] Other (specify)	10/07/97	85.00

SUBTOTAL of Disbursements This Page (optional) 2,842.20

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

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

COMMITTEE TO RE-ELECT ED TOWNS C00197285

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
NATIONAL CABLE TELEVISION 1724 MASSACHUSETTE AVE NW WASHINGTON DC	IN-KIND CONTRIB.EVENT 11/24/97 Disbursement for: [X] Primary [ ] General [ ] Other (specify)	11/24/97	436.80
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
NATIVE SON MUSIC 120A BAINBRIDGE ST BROOKLYN NY 11233	MUSIC STREET FAIR Disbursement for: [X] Primary [ ] General [ ] Other (specify)	08/08/97	350.00
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
NAVY YARD B & G CLUB 240 NASSAU ST. BKLYN, N.Y. 11205	AD & TICKETS Disbursement for: [X] Primary [ ] General [ ] Other (specify)	09/30/97	500.00
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
NEW CANAAN BAPT. CHURCH 264 LEE AVE BROOKLYN NY 11206	CONTRIB. SUMMER LUNCH PROGRAM Disbursement for: [X] Primary [ ] General [ ] Other (specify)	08/04/97	400.00
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
NEW ERA PAC 9720A FLATLANDS AVE BROOKLYN NY	CONTRIBUTION Disbursement for: [X] Primary [ ] General [ ] Other (specify)	09/09/97	1,000.00
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
NEW ERA PAC 9720A FLATLANDS AVE BROOKLYN NY	CONTRIBUTION Disbursement for: [X] Primary [ ] General [ ] Other (specify)	09/18/97	500.00
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
NOTICIAS DEL MUNDO 401 5TH AVE NY NY 10016	JOURNAL AD Disbursement for: [X] Primary [ ] General [ ] Other (specify)	10/23/97	471.25
H. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
NOTICIAS DEL MUNDO 401 FIFTH AVE. NEW YORK, NY 10016	JOURNAL AD Disbursement for: [X] Primary [ ] General [ ] Other (specify)	11/24/97	471.25
I. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
NY COALITION OF BLACK WOMEN 10 EAST 87TH ST. NEW YORK, NY 10128	TICKET Disbursement for: [X] Primary [ ] General [ ] Other (specify)	11/01/97	85.00

SUBTOTAL of Disbursements This Page (optional)	4,214.30
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

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NAME OF COMMITTEE (In Full)

COMMITTEE TO RE-ELECT ED TOWNS C00197285

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
NY TROPHIES 243 GRAND AVE. BKLYN, NY 11211	CONGRESSIONAL RECORD PLAQUE Disbursement for: [X] Primary [ ] General [ ] Other (specify)	11/07/97	139.68
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
NY TROPHIES 243 GRAND ST. BKLYN, NY 11211	PLAQUES Disbursement for: [X] Primary [ ] General [ ] Other (specify)	11/24/97	171.92
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
NY TROPHIES 243 GRAND ST. BKLYN, NY 11211	PLAQUES Disbursement for: [X] Primary [ ] General [ ] Other (specify)	12/15/97	77.36
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
NYC HOUSING AUTHORITY SYMPONY 250 BROADWAY NEW YORK, NY	ORCHESTRA FOR MEDGAR E. COLL. Disbursement for: [X] Primary [ ] General [ ] Other (specify)	11/06/97	1,000.00
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
NYNEX P.O. BOX 15124 ALBANY NY 12212	PHONE BILL Disbursement for: [X] Primary [ ] General [ ] Other (specify)	07/15/97	209.20
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
NYNEX P[.O. BOX 15124 ALBANY NY	PHONE BILL Disbursement for: [X] Primary [ ] General [ ] Other (specify)	09/09/97	297.92
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
OTTERWAY GREEN 179 RICHMOND AVE. BKLYN, NY 11200	MOVER Disbursement for: [X] Primary [ ] General [ ] Other (specify)	12/17/97	450.00
H. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
P.S. 202 SCHOOL FUND 982 HEGEMAN AVE BROOKLYN NY 11208	TICKETS Disbursement for: [X] Primary [ ] General [ ] Other (specify)	10/23/97	130.00
I. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
PANINIM MANAG. 1565 52 ST BROOKLYN NY	JULY RENT Disbursement for: [X] Primary [ ] General [ ] Other (specify)	07/08/97	700.00

SUBTOTAL of Disbursements This Page (optional) 3,176.08

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

FEC-6B-12/94

SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 25 OF 32
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NAME OF COMMITTEE (In Full)

COMMITTEE TO RE-ELECT ED TOWNS C00197285

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
PANINIM MANAGEMENT 1565 52ND ST. BKLYN, N.Y.	AUGUST RENT Disbursement for: [X] Primary [ ] General [ ] Other (specify)	10/07/97	700.00
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
PANINIM MANG. 1565 52 ST. BKLYN, N.Y.	SEPT. RENT Disbursement for: [X] Primary [ ] General [ ] Other (specify)	09/18/97	700.00
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
PAUL N. BALDWIN 475 MONROE ST., #7 BKLYN, N.Y. 11221-7421	SERVICES RENDERED THANK YOU'S Disbursement for: [X] Primary [ ] General [ ] Other (specify)	09/18/97	75.00
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
PERSONAL GRAPHICS BY MIKE 1850 LAFAYETTE AVE BRONX NY 10473	GRAPHICS FOR INVITATIONS Disbursement for: [X] Primary [ ] General [ ] Other (specify)	07/15/97	200.00
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
PERSONAL GRAPHICS BY MIKE 1850 LAFAYETTE AVE. #4E BRONX, NY 10473	PRINTING X-MAS PARTY INVITES Disbursement for: [X] Primary [ ] General [ ] Other (specify)	11/21/97	173.75
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
PETER LUGER 185-95 BROADWAY BKLYN NY 11211	LUNCH CONSTITUENT Disbursement for: [X] Primary [ ] General [ ] Other (specify)	08/18/97	90.67
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
PETER LUGER 185 BROADWAY BKLYN, N.Y.	ENTERTAINMENT CONSTITUENTS Disbursement for: [X] Primary [ ] General [ ] Other (specify)	10/15/97	403.00
H. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
PETER LUGER 185-95 BROADWAY BKLYN, NY	DINNER CONSTITUENT Disbursement for: [X] Primary [ ] General [ ] Other (specify)	11/11/97	148.00
I. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
PHIL REED FOR CITY COUNCIL P.O. BOX 929 HELLGATE STATION NY NY 10029-0292	CONTRIBUTION Disbursement for: [X] Primary [ ] General [ ] Other (specify)	07/25/97	500.00

SUBTOTAL of Disbursements This Page (optional)	2,990.42
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

FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

COMMITTEE TO RE-ELECT ED TOWNS C00197285

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
PRIME NEW YORK 1560 BROADWAY, SUITE 711 NEW YORK, NY 10036-1526	LABELS Disbursement for: [X] Primary [ ] General [ ] Other (specify)	07/29/97	2,227.88
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
PUERTORICAN IN ACTION CORP. 2693 FULTON ST BROOKLYN NY	JOURNAL AD Disbursement for: [X] Primary [ ] General [ ] Other (specify)	07/02/97	175.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
PULASKI DEKALB BLOCK ASSOC 23 PULASKI ST BKLYN NY 11206	CONTRIBUTION Disbursement for: [X] Primary [ ] General [ ] Other (specify)	08/13/97	150.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
QUEENS CAMERAS, COMPUTERS 95-20 QUEENS BLVD REGO PARK, N.Y.	PURCHASE COMPUTER Disbursement for: [X] Primary [ ] General [ ] Other (specify)	10/07/97	2,109.77
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
QUINCY ST. BLOCK ASSOC. 823 QUINCY ST. BKLYN, NY 11221	FUNDRAISER Disbursement for: [X] Primary [ ] General [ ] Other (specify)	12/15/97	100.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
REEVES DRAKEFORD 169 E 56 ST BROOKLYN NY 11203	CONTRIB. BROWNSVILLE OLDTIMERS Disbursement for: [X] Primary [ ] General [ ] Other (specify)	07/30/97	1,000.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
REPETE COURIER 1412 5TH ST NW WASHINGTON DC	MESSENGER SERVICE Disbursement for: [X] Primary [ ] General [ ] Other (specify)	07/11/97	127.50
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
REPETE COURIER SERVICE 1412 5TH ST NW WASH DC 20001	MESSENGER SERVICE Disbursement for: [X] Primary [ ] General [ ] Other (specify)	09/03/97	45.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
REPETE COURIER SERVICE 1412 5 ST NW WASH DC 20001	MESSENGER SERVICE Disbursement for: [X] Primary [ ] General [ ] Other (specify)	09/11/97	8.00

SUBTOTAL of Disbursements This Page (optional) 5,943.15

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

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NAME OF COMMITTEE (In Full)

COMMITTEE TO RE-ELECT ED TOWNS C00197285

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
REPETE COURIER SERVICE 1412 5TH ST. WASHINGTON, D.C. 20001	COURIER SERVICE Disbursement for: [X] Primary [ ] General [ ] Other (specify)	11/09/97	138.50
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
REPETE COURIER SERVICE 1412 5TH ST., NW WASHINGTON, DC 20001	COURIER SERVICE Disbursement for: [X] Primary [ ] General [ ] Other (specify)	12/15/97	30.25
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
RICHARD PEREZ 473 CENTRAL AVE. BKLYN, NY	RE-LN. 2000/HISPANIC CAUCUS Disbursement for: [X] Primary [ ] General [ ] Other (specify)	10/07/97	120.00
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
ROBERT CAVE 476 PROPECT PL BKLYN NY 11238	FLYERS Disbursement for: [X] Primary [ ] General [ ] Other (specify)	08/06/97	400.00
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
ROBERT PORTEGELLO 2028 UTICA AVE. BKLYN, NY 11234	PRINTING JOURNAL Disbursement for: [X] Primary [ ] General [ ] Other (specify)	07/18/97	1,235.00
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
ROBERT PORTEGELLO 2028 UTICA AVE. BKLYN, NY 11234	- PRINTING Disbursement for: [X] Primary [ ] General [ ] Other (specify)	08/14/97	1,000.00
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
ROBERT PORTEGELLO 2028 UTICA AVE. BKLYN, NY 11234	PRINTING OF JOURNAL & INVITE Disbursement for: [X] Primary [ ] General [ ] Other (specify)	09/20/97	1,375.00
H. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
ROTARY CLUB OF BEDFORD STY. 330 WASHINGTON AVE. BKLYN, NY 11238	MEMBERSHIP ROTARY Disbursement for: [X] Primary [ ] General [ ] Other (specify)	11/21/97	200.00
I. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
SALVATION ARMY 120 W 14TH ST. N.Y., N.Y. 10011	ADVERTISING AD DUES Disbursement for: [X] Primary [ ] General [ ] Other (specify)	10/15/97	50.00

SUBTOTAL of Disbursements This Page (optional)	4,548.75
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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

COMMITTEE TO RE-ELECT ED TOWNS C00197285

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
ST. JOHN'S COMMUNITY CHURCH 473-75 VERMONT ST. BKLYN, NY	TICKETS Disbursement for: [X] Primary [ ] General [ ] Other (specify)	12/15/97	80.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
ST. STEPHEN OUTREACH YOUTHFEST 874 MYRTLE AVE BKLYN NY 11202	CONTRIBUTION Disbursement for: [X] Primary [ ] General [ ] Other (specify)	08/13/97	200.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
SUSAN THOMPSON C/O INDEP TOWERS SR CTR 114 TAYLOR ST BKLYN NY 11211	REIMBURSEMENT FOR BUS CONTRIB Disbursement for: [X] Primary [ ] General [ ] Other (specify)	09/03/97	250.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
THE BROOKLYN CLUB P.O. BOX 02-0335 BKLYN, NY 11202-1335	LUNCH MTG. Disbursement for: [X] Primary [ ] General [ ] Other (specify)	07/15/97	149.47
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
THE JEWISH POST OF NY 130 WEST 29TH ST. NEW YORK NY 10001	AD Disbursement for: [X] Primary [ ] General [ ] Other (specify)	12/10/97	200.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
THE N.Y. COALITION 100 BLK WO 10 E 87 ST NY NY 10128	PURCHASE TICKET Disbursement for: [X] Primary [ ] General [ ] Other (specify)	11/01/97	85.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
THETA SHIPP 3924 18 ST NE WASH DC 20018	CONSULTANT FUND RAISER Disbursement for: [X] Primary [ ] General [ ] Other (specify)	08/18/97	625.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
THOMAS JEFFERSON DEM. CLUB 77 CONKLIN AVE. BKLYN, NY	JOURNAL AD & TICKETS Disbursement for: [X] Primary [ ] General [ ] Other (specify)	10/23/97	700.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
TOGETHERNESS WITH LOVE CHURCH 1237 DEKALB AVE BKLYN NY 11221	JOURNAL AD Disbursement for: [X] Primary [ ] General [ ] Other (specify)	08/10/97	35.00

SUBTOTAL of Disbursements This Page (optional) 2,324.47

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

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NAME OF COMMITTEE (In Full)

COMMITTEE TO RE-ELECT ED TOWNS C00197285

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
TOMPKINS HOUSES TENT. ASSOC 65 TOMPKINS AVE SUITE 2C BKLYN NY 11206	CONTRIBUCION FAMILY DAY Disbursement for: [X] Primary [ ] General [ ] Other (specify)	08/10/97	300.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
U.S. POSTAL SERVICE BUSHWICK STATION BROOKLYN N.Y.	STAMPS Disbursement for: [X] Primary [ ] General [ ] Other (specify)	07/02/97	64.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
U.S. POSTAL SERVICE BUSHWICK STATION BROOKLYN NY	STAMPS Disbursement for: [X] Primary [ ] General [ ] Other (specify)	07/24/97	128.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
U.S. POSTAL SERVICE BUSHWICK STATION BKLYN NY	STAMPS Disbursement for: [X] Primary [ ] General [ ] Other (specify)	08/14/97	128.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
U.S. POSTAL SERVICE BUSHWICK STATION BROOKLYN NY	STAMPS Disbursement for: [X] Primary [ ] General [ ] Other (specify)	09/22/97	32.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
U.S. POSTAL SERVICE BUSHWICK STATION BROOKLYN NY	STAMPS Disbursement for: [X] Primary [ ] General [ ] Other (specify)	12/09/97	96.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
U.S.P.S. BUSHWICK STATION BKLYN, N.Y.	STAMPS Disbursement for: [X] Primary [ ] General [ ] Other (specify)	09/30/97	128.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
U.S.P.S. BUSHWIK STATION BKLYN, NY	STAMPS Disbursement for: [X] Primary [ ] General [ ] Other (specify)	10/23/97	64.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
U.S.P.S. BUSHWICK STATION BKLYN, NY	STAMPS Disbursement for: [X] Primary [ ] General [ ] Other (specify)	10/23/97	160.00

SUBTOTAL of Disbursements This Page (optional) 1,100.00

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

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NAME OF COMMITTEE (In Full)

COMMITTEE TO RE-ELECT ED TOWNS C00197285

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
U.S.P.S. CAMDEM PLAZA BKLYN, NY 11201	STAMPTS Disbursement for: [X] Primary [ ] General [ ] Other (specify)	11/20/97	192.00
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
UNITY DEMOCRATIC CLUB 203 RALPH AVE BROOKLYN NY 11233	JOURNAL AD Disbursement for: [X] Primary [ ] General [ ] Other (specify)	10/23/97	75.00
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
VICTORY 97 26 COURT ST BROOKLYN NY	-- Disbursement for: [X] Primary [ ] General [ ] Other (specify)	07/01/97	2,000.00
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
VICTORY 97 26 COURT ST BROOKLYN NY	- Disbursement for: [X] Primary [ ] General [ ] Other (specify)	07/02/97	1,000.00
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
VICTORY 97 26 COURT ST BROOKLYN NY	- Disbursement for: [X] Primary [ ] General [ ] Other (specify)	07/14/97	4,000.00
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
VICTORY 97 26 COURT ST BROOKLYN NY	- Disbursement for: [X] Primary [ ] General [ ] Other (specify)	07/28/97	2,400.00
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
VICTORY 97 26 COURT ST BROOKLYN NY	A Disbursement for: [X] Primary [ ] General [ ] Other (specify)	08/22/97	800.00
H. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
VIP YACHT CRUISES 393 SOUTH END AVE NY NY 10280	FUND RAISER Disbursement for: [X] Primary [ ] General [ ] Other (specify)	07/21/97	2,700.00
I. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
VIP YACHT CRUISES INC 383 SOUTH END AVE NY NY 10280	FUND RAISER Disbursement for: [X] Primary [ ] General [ ] Other (specify)	07/15/97	13,168.00

SUBTOTAL of Disbursements This Page (optional)	26,335.00
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 31 OF 32
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NAME OF COMMITTEE (In Full)

COMMITTEE TO RE-ELECT ED TOWNS C00197285

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
VISA P.O. BOX 6046 SIOUX FALLS SD 57117	CDC WEEKEND Disbursement for: [X] Primary [ ] General [ ] Other (specify)	09/30/97	246.22
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
VITALIANO FOR COMPRESS 35 WRATH ST. N.Y. N.Y. 10013	CONTRIBUTION Disbursement for: [X] Primary [ ] General [ ] Other (specify)	09/29/97	250.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
VITALIANO FOR CONGRESS 35 WORTH ST. NEW YORK NY 10013	CONTRIBUTION Disbursement for: [X] Primary [ ] General [ ] Other (specify)	10/25/97	250.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
WILLIE EGYIS 2340 8TH AVE NY. NY.	CONSULTANT Disbursement for: [X] Primary [ ] General [ ] Other (specify)	07/08/97	800.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
WILLIE GONZALEZ 545 BROADWAY BROOKLYN NY	CLERK OFFICE Disbursement for: [X] Primary [ ] General [ ] Other (specify)	10/01/97	40.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
WILLOUGHBY WALK COOPERATIVE 185 HALL ST SUITE 101 BKLYN NY 11205	JOURNAL AD Disbursement for: [X] Primary [ ] General [ ] Other (specify)	08/13/97	175.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
WOMAN IN THE BLACK 40 W. 135TH ST. NEW YORK, NY 10037	CONTRIBUTION Disbursement for: [X] Primary [ ] General [ ] Other (specify)	11/18/97	100.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
YWCA OF BROOKLYN 30 THIRD AVE BROOKLYN N Y 11217	CONTRIBUTION Disbursement for: [X] Primary [ ] General [ ] Other (specify)	10/07/97	100.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
ZETA PHI BETA SORORITY INC. P.O. BOX 1090 GRIFTON, NC 28530	JOURNAL AD Disbursement for: [X] Primary [ ] General [ ] Other (specify)	11/24/97	100.00

SUBTOTAL of Disbursements This Page (optional)	2,061.22
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 32 OF 32
	FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

COMMITTEE TO RE-ELECT ED TOWNS C00197285

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
ZETA PHI BETA SUR. INC. 268 SULLIVAN PL. BKLYN, NY 11225	JOURNAL AD Disbursement for: [X] Primary [ ] General [ ] Other (specify)	07/16/97	100.00
B. 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
C. 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
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)	100.00
TOTAL This Period (last page this line number only)	148,519.71

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 1
	FOR LINE NUMBER 20a

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NAME OF COMMITTEE (In Full)

COMMITTEE TO RE-ELECT ED TOWNS C00197285

	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code WYCKOFF HEIGHTS MEDICAL CENTE 374 STOCKHOLM ST BROOKLYN NY 11237	RETURN OF EXCESS CONTRIBUTION Disbursement for: [X] Primary [ ] General [ ] Other (specify)	12/31/97	250.00
B. 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
C. 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
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)			250.00
TOTAL This Period (last page this line number only)			250.00

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

COMMITTEE TO RE-ELECT ED TOWNS C00197285

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
DCCC 430 SO. CAPITOL ST WASHINGTON	CONTRIBUTION IN KIND RESEARCH Disbursement for: [X] Primary [ ] General [ ] Other (specify)	12/19/97	1,000.00
B. 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
C. 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
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)	1,000.00
TOTAL This Period (last page this line number only)	1,000.00

FEC-SB-12/94

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 recived.

☑	Hand Delivered	Date of Receipt 1-31-98
☐	First Class Mail	POSTMARKED
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☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	

PREPARER	1-31-98 DATE PREPARED

(7/97)