

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee  
(Summary Page)

1. NAME OF COMMITTEE (in full)

Rangel For Congress 2000

ADDRESS (number and street)

P.O. Box 5577

☐ Check if different than previously reported.

CITY, STATE and ZIP CODE

New York, NY 10027

STATE/DISTRICT

15

2. FEC IDENTIFICATION NUMBER

C00302422

3. IS THIS REPORT AN AMENDMENT?

☐ YES

☒ NO

## 4. TYPE OF REPORT

☐ April 15 Quarterly Report

☐ Twelfth day report preceding

(Type of Election)

☐ July 15 Quarterly Report

election on \_\_\_\_\_ in the State of \_\_\_\_\_

☐ October 15 Quarterly Report

☐ Thirtieth day report following the General Election on

☐ January 31 Year End Report

in the State of \_\_\_\_\_

☒ July 31 Mid-Year Report (Non-election Year Only)

☐ Termination Report

This report contains activity for

☒ Primary Election

☐ General Election

☐ Special Election

☐ Runoff Election

## SUMMARY

| 5. Covering Period                                                                            | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-date |
|-----------------------------------------------------------------------------------------------|-------------------------|-----------------------------------|
| 01/01/99 through 06/30/99                                                                     |                         |                                   |
| 6. Net Contributions (other than loans)                                                       |                         |                                   |
| (a) Total Contributions (other than loans) (from Line 11(e))                                  | \$259567.91             | \$259567.91                       |
| (b) Total Contribution Refunds (From Line 20(d))                                              | \$4500.00               | \$4500.00                         |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))                       | \$255067.91             | \$255067.91                       |
| 7. Net Operating Expenditures                                                                 |                         |                                   |
| (a) Total Operating Expenditures (from Line 17)                                               | \$199115.02             | \$199115.02                       |
| (b) Total Offsets to Operating Expenditures (from Line 14)                                    | \$202.33                | \$202.33                          |
| (c) Net Operating Expenditures (Subtract Line 7(b) from 7(a))                                 | \$198912.69             | \$198912.69                       |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)                                   | \$348486.76             |                                   |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)  | \$0.00                  |                                   |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | \$35,833.90             |                                   |

For further information:  
Federal Election Commission  
999 E Street, NW  
Washington, DC 20483  
Toll Free 800-424-9530  
Local 202-219-3420

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

Type or Print Name of Treasurer

Basil A. Paterson

Signature of Treasurer

Date

7/23/99

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

FEC FORM 3

(Revised 4/87)

# Detailed Summary Page

of Receipts and Disbursements

(Page 2, FEC FORM 3)

|                                                                                     |                                       |                                                            |             |
|-------------------------------------------------------------------------------------|---------------------------------------|------------------------------------------------------------|-------------|
| Name of Committee (In full)<br>Rangel For Congress 2000                             |                                       | Report Covering the Period:<br>From: 01/01/99 To: 06/30/99 |             |
| <b>I. RECEIPTS</b>                                                                  | <b>Column A<br/>Total This Period</b> | <b>Column B<br/>Calendar Year-To-Date</b>                  |             |
| <b>11. CONTRIBUTIONS (other than loans) FROM:</b>                                   |                                       |                                                            |             |
| (a) Individuals/Persons Other Than Political Committees                             |                                       |                                                            |             |
| (i) Itemized (Use Schedule A)                                                       | \$82149.58                            |                                                            |             |
| (ii) Unitemized                                                                     | \$0.00                                |                                                            |             |
| (iii) Total of contributions from individual                                        | \$82149.58                            | \$82149.58                                                 |             |
| (b) Political Party Committees                                                      | \$0.00                                | \$0.00                                                     |             |
| (c) Other Political Committees (such as PACs)                                       | \$177418.33                           | \$177418.33                                                |             |
| (d) The Candidate                                                                   | \$0.00                                | \$0.00                                                     |             |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d))       | \$259567.91                           | \$259567.91                                                |             |
| <b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES</b>                               | \$0.00                                | \$0.00                                                     |             |
| <b>13. LOANS:</b>                                                                   |                                       |                                                            |             |
| (a) Made or Guaranteed by the Candidate                                             | \$0.00                                | \$0.00                                                     |             |
| (b) All Other Loans                                                                 | \$0.00                                | \$0.00                                                     |             |
| (c) TOTAL LOANS (add 13(a) and (b))                                                 | \$0.00                                | \$0.00                                                     |             |
| <b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)</b>               | \$202.33                              | \$202.33                                                   |             |
| <b>15. OTHER RECEIPTS (Dividends, Interest, etc.)</b>                               | \$1000.00                             | \$1000.00                                                  |             |
| <b>16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)</b>                         | \$260770.24                           | \$260770.24                                                |             |
| <b>II. DISBURSEMENTS</b>                                                            |                                       |                                                            |             |
| <b>17. OPERATING EXPENDITURES</b>                                                   | \$199115.02                           | \$199115.02                                                |             |
| <b>18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES</b>                                 | \$0.00                                | \$0.00                                                     |             |
| <b>19. LOAN REPAYMENTS:</b>                                                         |                                       |                                                            |             |
| (a) Of Loans Made or Guaranteed by the Candidate                                    | \$0.00                                | \$0.00                                                     |             |
| (b) Of All Other Loans                                                              | \$0.00                                | \$0.00                                                     |             |
| (c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))                                       | \$0.00                                | \$0.00                                                     |             |
| <b>20. REFUNDS OF CONTRIBUTIONS TO:</b>                                             |                                       |                                                            |             |
| (a) Individuals/Persons Other Than Political Committees                             | \$500.00                              | \$500.00                                                   |             |
| (b) Political Party Committees                                                      | \$0.00                                | \$0.00                                                     |             |
| (c) Other Political Committees (such as PACs)                                       | \$4000.00                             | \$4000.00                                                  |             |
| (d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))                             | \$4500.00                             | \$4500.00                                                  |             |
| <b>21. OTHER DISBURSEMENTS</b>                                                      | \$38685.00                            | \$38685.00                                                 |             |
| <b>22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)</b>                    | \$240310.02                           | \$240310.02                                                |             |
| <b>III. CASH SUMMARY</b>                                                            |                                       |                                                            |             |
| <b>23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD</b>                            |                                       |                                                            | \$328026.54 |
| <b>24. TOTAL RECEIPTS THIS PERIOD (from Line 16)</b>                                |                                       |                                                            | \$260770.24 |
| <b>25. SUBTOTAL (add Line 23 and Line 24)</b>                                       |                                       |                                                            | \$588796.78 |
| <b>26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 16)</b>                           |                                       |                                                            | \$240310.02 |
| <b>27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)</b> |                                       |                                                            | \$348486.76 |

**SCHEDULE D**  
(Revised 8/90)

**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

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

| Name of Committee (in Full)                                                                                                            | Outstanding<br>Balance Beginning<br>This Period | Amount<br>Incurred<br>This Period | Payment<br>This<br>Period | Outstanding<br>Balance at Close<br>of This Period |
|----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-----------------------------------|---------------------------|---------------------------------------------------|
| <b>RANGEL FOR CONGRESS 2000</b>                                                                                                        |                                                 |                                   |                           |                                                   |
| A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor<br><b>RGS Group, Inc</b><br><b>850 7th Ave</b><br><b>NY, NY 10019</b> | <b>35,833.90</b>                                | <b>Q</b>                          | <b>Q</b>                  | <b>35,833.90</b>                                  |
| Nature of Debt (Purpose):<br><b>FUNDRAISING FEES</b>                                                                                   |                                                 |                                   |                           |                                                   |
| B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor                                                                       |                                                 |                                   |                           |                                                   |
| Nature of Debt (Purpose):                                                                                                              |                                                 |                                   |                           |                                                   |
| C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor                                                                       |                                                 |                                   |                           |                                                   |
| Nature of Debt (Purpose):                                                                                                              |                                                 |                                   |                           |                                                   |
| D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor                                                                       |                                                 |                                   |                           |                                                   |
| Nature of Debt (Purpose):                                                                                                              |                                                 |                                   |                           |                                                   |
| E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor                                                                       |                                                 |                                   |                           |                                                   |
| Nature of Debt (Purpose):                                                                                                              |                                                 |                                   |                           |                                                   |
| F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor                                                                       |                                                 |                                   |                           |                                                   |
| Nature of Debt (Purpose):                                                                                                              |                                                 |                                   |                           |                                                   |
| 1) SUBTOTALS This Period This Page (optional)                                                                                          |                                                 |                                   |                           |                                                   |
| 2) TOTALS This Period (last page in this line only)                                                                                    |                                                 |                                   |                           | <b>35,833.90</b>                                  |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)                                                                            |                                                 |                                   |                           | <b>Q</b>                                          |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)                                                |                                                 |                                   |                           | <b>35,833.90</b>                                  |

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 28  
FOR LINE NUMBER 11(a) (i)

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

**NAME OF COMMITTEE (In Full)**  
Range For Congress 2000

|                                                                                                                                                                                                                                                                                                   |                                                                                         |                                            |                                                                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------------------------------|------------------------------------------------------------------------------------------------|
| <b>Full Name, Mailing Address and Zip Code</b><br>ARAND Partnership<br>Frederic T. O'Hara<br>1273 Stratford Road<br>Schenectady, NY 12308-<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)               | <b>Name of Employer</b><br>Partnership Attribution<br>Listed Individually<br>Occupation | <b>Date (month, day, year)</b><br>05/11/99 | <b>Amount of Each Receipt this Period</b><br>\$400.00<br>Aggregate Year-to-Date -> \$400.00    |
| <b>Full Name, Mailing Address and Zip Code</b><br>Donald C. Alexander<br>1333 New Hampshire Avenue, NW #400<br>Washington, DC 20036-1511<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                 | <b>Name of Employer</b><br>Akin, Gump, Strauss, Mauer & F<br>Occupation<br>Attorney     | <b>Date (month, day, year)</b><br>04/21/99 | <b>Amount of Each Receipt this Period</b><br>\$500.00<br>Aggregate Year-to-Date -> \$500.00    |
| <b>Full Name, Mailing Address and Zip Code</b><br>Clarence D. Armbrister<br>c/o PainWebber<br>Centre Square West - 32nd Floor<br>Philadelphia, PA 19102-<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>PainWebber, Inc.<br>Occupation<br>VICE PRESIDENT             | <b>Date (month, day, year)</b><br>05/17/99 | <b>Amount of Each Receipt this Period</b><br>\$100.00<br>Aggregate Year-to-Date -> \$100.00    |
| <b>Full Name, Mailing Address and Zip Code</b><br>Clarence Avant<br>1140 Maytor Pl.<br>Beverly Hills, CA 90210-<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                          | <b>Name of Employer</b><br>Polygram, Inc.<br>Occupation<br>CHAIRMAN                     | <b>Date (month, day, year)</b><br>01/19/99 | <b>Amount of Each Receipt this Period</b><br>\$1000.00<br>Aggregate Year-to-Date -> \$1000.00  |
| <b>Full Name, Mailing Address and Zip Code</b><br>Warren Baker, Esq.<br>1301 K Street, NW<br>Washington, DC 20005-<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                       | <b>Name of Employer</b><br>Gardner, Carton & Douglas<br>Occupation<br>Attorney          | <b>Date (month, day, year)</b><br>05/10/99 | <b>Amount of Each Receipt this Period</b><br>\$31.43<br>Aggregate Year-to-Date -> \$31.43 MEMO |
| <b>Full Name, Mailing Address and Zip Code</b><br>Jamieson Ballard<br>1301 K St, NW, Suite 900<br>Washington, DC 20005-<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                  | <b>Name of Employer</b><br>Occupation                                                   | <b>Date (month, day, year)</b><br>05/10/99 | <b>Amount of Each Receipt this Period</b><br>\$28.81<br>Aggregate Year-to-Date -> \$28.81 MEMO |
| <b>Full Name, Mailing Address and Zip Code</b><br>Michael Barry<br>1301 K Street<br>Washington, DC 20005-<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                                | <b>Name of Employer</b><br>Gardner, Carton & Douglas<br>Occupation<br>Attorney          | <b>Date (month, day, year)</b><br>05/10/99 | <b>Amount of Each Receipt this Period</b><br>\$20.95<br>Aggregate Year-to-Date -> \$20.95 MEMO |

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

\$2000.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 2 OF 28  
FOR LINE NUMBER  
11(a)(i)

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**NAME OF COMMITTEE (In Full)**  
Range1 For Congress 2000

|                                                                                                                                                                                                                                                                    |                                                                                                                                     |                                                             |                                                                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|------------------------------------------------------------------|
| <b>Full Name, Mailing Address and Zip Code</b><br>J. Patrick Beattie<br>2500 Banbury Dr<br>Anchorage, AK 99504-<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)           | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b>                                         | <b>Date (month, day, year)</b><br>06/30/99<br><br>\$500.00  | <b>Amount of Each Receipt this Period</b><br>\$500.00            |
| <b>Full Name, Mailing Address and Zip Code</b><br>Stephen Bedell, Esq.<br>1301 K Street, NW<br>Washington, DC 20005-<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)      | <b>Name of Employer</b><br>Gardner, Carton & Douglas<br><b>Occupation</b><br>Attorney<br><b>Aggregate Year-to-Date -&gt;</b>        | <b>Date (month, day, year)</b><br>05/10/99<br><br>\$34.05   | <b>Amount of Each Receipt this Period</b><br>\$34.05<br><br>MEMO |
| <b>Full Name, Mailing Address and Zip Code</b><br>Edward M. Bernstein<br>500 South 4th Street<br>Las Vegas, NV 89101-<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)     | <b>Name of Employer</b><br>Edward M. Bernstein &<br>Assoc.<br><b>Occupation</b><br>Attorney<br><b>Aggregate Year-to-Date -&gt;</b>  | <b>Date (month, day, year)</b><br>04/07/99<br><br>\$250.00  | <b>Amount of Each Receipt this Period</b><br>\$250.00            |
| <b>Full Name, Mailing Address and Zip Code</b><br>John H. Biggs<br>240 East 47th Street, 23rd<br>New York, NY 10017-<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)      | <b>Name of Employer</b><br>Teachers Insurance<br><b>Occupation</b><br>CHAIRMAN<br><b>Aggregate Year-to-Date -&gt;</b>               | <b>Date (month, day, year)</b><br>05/20/99<br><br>\$1000.00 | <b>Amount of Each Receipt this Period</b><br>\$1000.00           |
| <b>Full Name, Mailing Address and Zip Code</b><br>Roger Blauwet<br>1515 Jeff Davis Hwy, Apt. 1523<br>Arlington, VA 22202-<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>Canfield & Associates,<br>Inc.<br><b>Occupation</b><br>CONSULTANT<br><b>Aggregate Year-to-Date -&gt;</b> | <b>Date (month, day, year)</b><br>03/11/99<br><br>\$1000.00 | <b>Amount of Each Receipt this Period</b><br>\$1000.00           |
| <b>Full Name, Mailing Address and Zip Code</b><br>Nancy Borders<br>1301 K Street, NW<br>Washington, DC 20005-<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)             | <b>Name of Employer</b><br>Gardner, Carton & Douglas<br><b>Occupation</b><br>Attorney<br><b>Aggregate Year-to-Date -&gt;</b>        | <b>Date (month, day, year)</b><br>05/10/99<br><br>\$18.86   | <b>Amount of Each Receipt this Period</b><br>\$18.86<br><br>MEMO |
| <b>Full Name, Mailing Address and Zip Code</b><br>Deborah Bornstein<br>1301 K Street, NW<br>Washington, DC 20005-<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)         | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b>                                         | <b>Date (month, day, year)</b><br>05/10/99<br><br>\$15.19   | <b>Amount of Each Receipt this Period</b><br>\$15.19<br><br>MEMO |

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

\$2750.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedules for each category on the Detailed Summary page

PAGE 3 OF 29  
FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)  
Rangel For Congress 2000

|                                                                                                                                                                                                                                                                                   |                                                                                                                                             |                                            |                                                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|--------------------------------------------------------------|
| <b>Full Name, Mailing Address and Zip Code</b><br>Charles N. Bracht<br>2931 Tangley<br>Houston, TX 77005-<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                | <b>Name of Employer</b><br>MCG/ Dulworth Inc.<br><b>Occupation</b><br>PRESIDENT<br><b>Aggregate Year-to-Date -&gt;</b> \$200.00             | <b>Date (month, day, year)</b><br>05/23/99 | <b>Amount of Each Receipt this Period</b><br>\$200.00        |
| <b>Full Name, Mailing Address and Zip Code</b><br>Bernadette Broccolo<br>1301 K Street, NW<br>Washington, DC 20005-<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                      | <b>Name of Employer</b><br>Gardner, Carlton & Douglas<br><b>Occupation</b><br>Attorney<br><b>Aggregate Year-to-Date -&gt;</b> \$41.91       | <b>Date (month, day, year)</b><br>05/10/99 | <b>Amount of Each Receipt this Period</b><br>\$41.91<br>MEMO |
| <b>Full Name, Mailing Address and Zip Code</b><br>Michael D. Fromberg, Esq.<br>2101 Connecticut Avenue, NW, #35<br>Washington, DC 20008-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>Steelman Health Strategies<br><b>Occupation</b><br>Attorney<br><b>Aggregate Year-to-Date -&gt;</b> \$500.00      | <b>Date (month, day, year)</b><br>04/21/99 | <b>Amount of Each Receipt this Period</b><br>\$500.00        |
| <b>Full Name, Mailing Address and Zip Code</b><br>L. Edward Bryant, Jr., Esq.<br>1301 K Street, NW<br>Washington, DC 20005-<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)              | <b>Name of Employer</b><br>Gardner, Carlton & Douglas<br><b>Occupation</b><br>Attorney<br><b>Aggregate Year-to-Date -&gt;</b> \$41.91       | <b>Date (month, day, year)</b><br>05/10/99 | <b>Amount of Each Receipt this Period</b><br>\$41.91<br>MEMO |
| <b>Full Name, Mailing Address and Zip Code</b><br>David Buntzman<br>2 Fountain Lane, #2F<br>Scarsdale, NY 10583-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                         | <b>Name of Employer</b><br>Strategic Development Concept<br><b>Occupation</b><br>PRESIDENT<br><b>Aggregate Year-to-Date -&gt;</b> \$1000.00 | <b>Date (month, day, year)</b><br>06/30/99 | <b>Amount of Each Receipt this Period</b><br>\$1000.00       |
| <b>Full Name, Mailing Address and Zip Code</b><br>David Buntzman<br>2 Fountain Lane, #2F<br>Scarsdale, NY 10583-<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                         | <b>Name of Employer</b><br>Strategic Development Concept<br><b>Occupation</b><br>PRESIDENT<br><b>Aggregate Year-to-Date -&gt;</b> \$2000.00 | <b>Date (month, day, year)</b><br>06/30/99 | <b>Amount of Each Receipt this Period</b><br>\$1000.00       |
| <b>Full Name, Mailing Address and Zip Code</b><br>Gabriel F. Buntzman<br>1807 Ewing Ford Rd<br>Bowling Green, KY 42103-<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                  | <b>Name of Employer</b><br>GFB Associates<br><b>Occupation</b><br>PRINCIPAL<br><b>Aggregate Year-to-Date -&gt;</b> \$1000.00                | <b>Date (month, day, year)</b><br>06/30/99 | <b>Amount of Each Receipt this Period</b><br>\$1000.00       |

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

\$3700.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 4 OF 28  
FOR LINE NUMBER 11(a)(i)

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**NAME OF COMMITTEE (in full)**  
Rangel For Congress 2000

|                                                                                                                                                                                                                                                                                                 |                                                                                                                                             |                                            |                                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|--------------------------------------------------------------|
| <b>Full Name, Mailing Address and Zip Code</b><br>Gabriel F. Buntzman<br>1807 Zwing Ford Rd<br>Bowling Green, KY 42103-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                         | <b>Name of Employer</b><br>SFR Associates<br><b>Occupation</b><br>PRINCIPAL<br><b>Aggregate Year-to-Date -&gt;</b> \$2000.00                | <b>Date (month, day, year)</b><br>06/30/99 | <b>Amount of Each Receipt this Period</b><br>\$1000.00       |
| <b>Full Name, Mailing Address and Zip Code</b><br>Mark Buntzman<br>3626 Laurel Canyon Blvd<br>Studio City, CA 91604-<br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                            | <b>Name of Employer</b><br>Movie Development Corp.<br><b>Occupation</b><br>PRESIDENT<br><b>Aggregate Year-to-Date -&gt;</b> \$1000.00       | <b>Date (month, day, year)</b><br>06/30/99 | <b>Amount of Each Receipt this Period</b><br>\$1000.00       |
| <b>Full Name, Mailing Address and Zip Code</b><br>Mark Buntzman<br>3626 Laurel Canyon Blvd<br>Studio City, CA 91604-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                            | <b>Name of Employer</b><br>Movie Development Corp.<br><b>Occupation</b><br>PRESIDENT<br><b>Aggregate Year-to-Date -&gt;</b> \$2000.00       | <b>Date (month, day, year)</b><br>06/30/99 | <b>Amount of Each Receipt this Period</b><br>\$1000.00       |
| <b>Full Name, Mailing Address and Zip Code</b><br>Roxane Busey<br>1301 K Street, NW<br>Washington, DC 20005-<br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                    | <b>Name of Employer</b><br>Gardner, Carton & Douglas<br><b>Occupation</b><br>Attorney<br><b>Aggregate Year-to-Date -&gt;</b> \$18.86        | <b>Date (month, day, year)</b><br>05/10/99 | <b>Amount of Each Receipt this Period</b><br>\$18.86<br>MEMO |
| <b>Full Name, Mailing Address and Zip Code</b><br>Charles Gyrum<br>1301 K Street, NW<br>Washington, DC 20005-<br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                   | <b>Name of Employer</b><br>Gardner, Carton & Douglas<br><b>Occupation</b><br>Attorney<br><b>Aggregate Year-to-Date -&gt;</b> \$23.05        | <b>Date (month, day, year)</b><br>05/10/99 | <b>Amount of Each Receipt this Period</b><br>\$23.05<br>MEMO |
| <b>Full Name, Mailing Address and Zip Code</b><br>CHY Southwest<br>Leonard L. Wilson - Principal<br>3 Riverway, Suite 950<br>Houston, TX 77056-<br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>Partnership Attribution Listed Individually<br><b>Occupation</b><br><b>Aggregate Year-to-Date -&gt;</b> \$100.00 | <b>Date (month, day, year)</b><br>04/08/99 | <b>Amount of Each Receipt this Period</b><br>\$100.00        |
| <b>Full Name, Mailing Address and Zip Code</b><br>B. Bruce Callahan<br>4101 Benedict Lane<br>Austin, TX 78746-<br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                  | <b>Name of Employer</b><br>Partners Financial<br><b>Occupation</b><br>CHAIRMAN<br><b>Aggregate Year-to-Date -&gt;</b> \$300.00              | <b>Date (month, day, year)</b><br>05/11/99 | <b>Amount of Each Receipt this Period</b><br>\$300.00        |

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

\$3400.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule for each category of the Detailed Summary page

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FOR LINE NUMBER 11(a)(i)

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**NAME OF COMMITTEE (In Full)**  
Range For Congress 2000

|                                                                                                                                                                                                                                                                       |                                                                                                                                            |                                                                                                            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| <b>Full Name, Mailing Address and Zip Code</b><br>Thomas Campbell<br>1301 K Street, NW<br>Washington, DC 20005-<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)              | <b>Name of Employer</b><br>Gardner, Carton & Douglas<br><b>Occupation</b><br>Attorney<br><b>Aggregate Year-to-Date -&gt;</b> \$28.81       | <b>Date (month, day, year)</b><br>05/10/99<br><b>Amount of Each Receipt this Period</b><br>\$28.81<br>MEMO |
| <b>Full Name, Mailing Address and Zip Code</b><br>Dennis Carlin<br>1301 K Street, NW<br>Washington, DC 20005-<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                | <b>Name of Employer</b><br>Gardner, Carton & Douglas<br><b>Occupation</b><br>Attorney<br><b>Aggregate Year-to-Date -&gt;</b> \$34.05       | <b>Date (month, day, year)</b><br>05/10/99<br><b>Amount of Each Receipt this Period</b><br>\$34.05<br>MEMO |
| <b>Full Name, Mailing Address and Zip Code</b><br>Eva Carpentier<br>1327 Park Avenue<br>East Meadow, NY 11554-<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)               | <b>Name of Employer</b><br>RETIRED<br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> \$1000.00                               | <b>Date (month, day, year)</b><br>04/26/99<br><b>Amount of Each Receipt this Period</b><br>\$1000.00       |
| <b>Full Name, Mailing Address and Zip Code</b><br>James B. Christian, Jr.<br>4945 N. 24th Street<br>Arlington, VA 22207-<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)     | <b>Name of Employer</b><br>Patton Boggs, LLP<br><b>Occupation</b><br>Attorney<br><b>Aggregate Year-to-Date -&gt;</b> \$500.00              | <b>Date (month, day, year)</b><br>03/29/99<br><b>Amount of Each Receipt this Period</b><br>\$500.00        |
| <b>Full Name, Mailing Address and Zip Code</b><br>Cleveland A Christophe<br>22 General Waterbury Lane<br>Stamford, CT 06907-<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>TSG Capital Group, LLC<br><b>Occupation</b><br>MANAGING PARTNER<br><b>Aggregate Year-to-Date -&gt;</b> \$500.00 | <b>Date (month, day, year)</b><br>05/07/99<br><b>Amount of Each Receipt this Period</b><br>\$500.00        |
| <b>Full Name, Mailing Address and Zip Code</b><br>Peter Clarke<br>1301 K Street, NW<br>Washington, DC 20005-<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                 | <b>Name of Employer</b><br>Gardner, Carton & Douglas<br><b>Occupation</b><br>Attorney<br><b>Aggregate Year-to-Date -&gt;</b> \$49.76       | <b>Date (month, day, year)</b><br>05/10/99<br><b>Amount of Each Receipt this Period</b><br>\$49.76<br>MEMO |
| <b>Full Name, Mailing Address and Zip Code</b><br>Patrick Coffey, Esq.<br>1301 K Street, NW<br>Washington, DC 20005-<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)         | <b>Name of Employer</b><br>Gardner, Carton & Douglas<br><b>Occupation</b><br>Attorney<br><b>Aggregate Year-to-Date -&gt;</b> \$20.95       | <b>Date (month, day, year)</b><br>05/10/99<br><b>Amount of Each Receipt this Period</b><br>\$20.95<br>MEMO |

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

\$2000.00

**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 11(a)(i)

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**NAME OF COMMITTEE (in Full)**  
Rangel For Congress 2000

|                                                                                                                                                                                                                                                                           |                                                                                                                                       |                                                                                                 |                                                                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| <b>Full Name, Mailing Address and Zip Code</b><br>Jerome W. Conlon<br>2501 M Street, NW, #707<br>Washington, DC 20001-<br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)    | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b>                                           | <b>Date (month, day, year)</b><br>04/26/99<br><br><b>Aggregate Year-to-Date -&gt;</b> \$1000.00 | <b>Amount of Each Receipt this Period</b><br>\$1000.00           |
| <b>Full Name, Mailing Address and Zip Code</b><br>Dewey Crawford<br>1301 K Street, NW, Suite 900<br>Washington, DC 20005-<br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b>                                           | <b>Date (month, day, year)</b><br>05/10/99<br><br><b>Aggregate Year-to-Date -&gt;</b> \$44.53   | <b>Amount of Each Receipt this Period</b><br>\$44.53<br><br>MEMO |
| <b>Full Name, Mailing Address and Zip Code</b><br>Micheal Csar<br>1301 K Street, NW, Suite 900<br>Washington, DC 20005-<br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b>                                           | <b>Date (month, day, year)</b><br>05/10/99<br><br><b>Aggregate Year-to-Date -&gt;</b> \$26.72   | <b>Amount of Each Receipt this Period</b><br>\$26.72<br><br>MEMO |
| <b>Full Name, Mailing Address and Zip Code</b><br>John Cusack<br>1301 K Street, NW<br>Washington, DC 20005-<br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)               | <b>Name of Employer</b><br>Gardner, Carton & Douglas<br><b>Occupation</b><br>Attorney<br><b>Aggregate Year-to-Date -&gt;</b>          | <b>Date (month, day, year)</b><br>05/10/99<br><br><b>Aggregate Year-to-Date -&gt;</b> \$23.14   | <b>Amount of Each Receipt this Period</b><br>\$23.14<br><br>MEMO |
| <b>Full Name, Mailing Address and Zip Code</b><br>Ralph DeJong<br>1301 K Street, NW<br>Washington, DC 20005-<br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)              | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b>                                           | <b>Date (month, day, year)</b><br>05/10/99<br><br><b>Aggregate Year-to-Date -&gt;</b> \$23.05   | <b>Amount of Each Receipt this Period</b><br>\$23.05<br><br>MEMO |
| <b>Full Name, Mailing Address and Zip Code</b><br>David Dietz<br>178 Deerfield Lane, North<br>Chappaqua, NY 10514-<br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)        | <b>Name of Employer</b><br>The United States Life<br>Ins. Co<br><b>Occupation</b><br>Insurance<br><b>Aggregate Year-to-Date -&gt;</b> | <b>Date (month, day, year)</b><br>02/01/99<br><br><b>Aggregate Year-to-Date -&gt;</b> \$200.00  | <b>Amount of Each Receipt this Period</b><br>\$200.00            |
| <b>Full Name, Mailing Address and Zip Code</b><br>Thomas Dougherty<br>1301 K St., NW<br>Washington, DC 20005-<br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)             | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b>                                           | <b>Date (month, day, year)</b><br>05/10/99<br><br><b>Aggregate Year-to-Date -&gt;</b> \$25.14   | <b>Amount of Each Receipt this Period</b><br>\$25.14<br><br>MEMO |

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

\$1200.00

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

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
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FOR LINE NUMBER  
11(a)(i)

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NAME OF COMMITTEE (In Full)  
Rangel For Congress 2000

|                                                                                                                                                   |                                                         |                                            |                                                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|--------------------------------------------|--------------------------------------------------------|
| <b>Full Name, Mailing Address and Zip Code</b><br>Joseph K. Dowley, Esq.<br>8417 Martingale Dr.<br>Mc Lean, VA 22102-                             | <b>Name of Employer</b><br>Dewey Ballantine LLP         | <b>Date (month, day, year)</b><br>03/11/99 | <b>Amount of Each Receipt this Period</b><br>\$1000.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)      | <b>Occupation</b><br>EXECUTIVE                          | <b>Aggregate Year-to-Date -&gt;</b>        | \$1000.00                                              |
| <b>Full Name, Mailing Address and Zip Code</b><br>Michael J. Doyle<br>54 Lake St<br>Hammondsport, NY 14840-                                       | <b>Name of Employer</b><br>Pleasant Valley Wine Company | <b>Date (month, day, year)</b><br>06/15/99 | <b>Amount of Each Receipt this Period</b><br>\$1000.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)      | <b>Occupation</b><br>EXECUTIVE                          | <b>Aggregate Year-to-Date -&gt;</b>        | \$1000.00                                              |
| <b>Full Name, Mailing Address and Zip Code</b><br>R. Michael Duffy<br>1301 K St., NW<br>Washington, DC 20005-                                     | <b>Name of Employer</b>                                 | <b>Date (month, day, year)</b><br>05/10/99 | <b>Amount of Each Receipt this Period</b><br>\$20.95   |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)      | <b>Occupation</b>                                       | <b>Aggregate Year-to-Date -&gt;</b>        | \$20.95 MEMO                                           |
| <b>Full Name, Mailing Address and Zip Code</b><br>Charles L. Duval<br>c/o Data Industries, LTD<br>100 Wall Street, 10th Fl<br>New York, NY 10005- | <b>Name of Employer</b><br>DATA INDUSTRIES, LTD         | <b>Date (month, day, year)</b><br>05/25/99 | <b>Amount of Each Receipt this Period</b><br>\$1000.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)      | <b>Occupation</b><br>PRESIDENT                          | <b>Aggregate Year-to-Date -&gt;</b>        | \$1000.00                                              |
| <b>Full Name, Mailing Address and Zip Code</b><br>Paul Dykstra<br>1301 K St., NW<br>Washington, DC 20005-                                         | <b>Name of Employer</b>                                 | <b>Date (month, day, year)</b><br>05/10/99 | <b>Amount of Each Receipt this Period</b><br>\$39.29   |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)      | <b>Occupation</b>                                       | <b>Aggregate Year-to-Date -&gt;</b>        | \$39.29 MEMO                                           |
| <b>Full Name, Mailing Address and Zip Code</b><br>Milton L. Edgren<br>140 Sunrise Avenue<br>Tonka Bay, MN 55331-                                  | <b>Name of Employer</b><br>Woodhill Financial, Inc.     | <b>Date (month, day, year)</b><br>05/25/99 | <b>Amount of Each Receipt this Period</b><br>\$200.00  |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)      | <b>Occupation</b><br>PRESIDENT                          | <b>Aggregate Year-to-Date -&gt;</b>        | \$200.00                                               |
| <b>Full Name, Mailing Address and Zip Code</b><br>Rafael Escano<br>601 West 174th Street, #1A<br>New York, NY 10033-                              | <b>Name of Employer</b>                                 | <b>Date (month, day, year)</b><br>06/02/99 | <b>Amount of Each Receipt this Period</b><br>\$100.00  |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)      | <b>Occupation</b>                                       | <b>Aggregate Year-to-Date -&gt;</b>        | \$100.00                                               |

SUBTOTAL of Receipts This Page (optional)

\$3300.00

TOTAL This Period (last page this line number only)

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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FOR LINE NUMBER 11(a)(i)

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**NAME OF COMMITTEE (In Full)**  
Rangel For Congress 2000

|                                                                                                                                                                                                                                                                         |                                                                                                                                                      |                                                                                                            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| <b>Full Name, Mailing Address and Zip Code</b><br>Billy Lee Evans<br>407 1st Street, SE<br>Washington, DC 20003-<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)               | <b>Name of Employer</b><br>Kessler & Associates Inc<br><b>Occupation</b><br>Governmental Consultant<br><b>Aggregate Year-to-Date -&gt;</b> \$1000.00 | <b>Date (month, day, year)</b><br>04/16/99<br><b>Amount of Each Receipt this Period</b><br>\$1000.00       |
| <b>Full Name, Mailing Address and Zip Code</b><br>Glenn Forencez<br>1301 K Street, NW, Suite 900<br>Washington, DC 20005-<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)      | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> \$20.95                                                  | <b>Date (month, day, year)</b><br>05/10/99<br><b>Amount of Each Receipt this Period</b><br>\$20.95<br>MEMO |
| <b>Full Name, Mailing Address and Zip Code</b><br>John Fiorini<br>1301 K St., NW<br>Washington, DC 20005-<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                      | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> \$23.05                                                  | <b>Date (month, day, year)</b><br>05/10/99<br><b>Amount of Each Receipt this Period</b><br>\$23.05<br>MEMO |
| <b>Full Name, Mailing Address and Zip Code</b><br>Jayne L. Fitzgerald<br>2022 N. Taylor St.<br>Arlington, VA 22207-<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)            | <b>Name of Employer</b><br>Washington Council, P.C.<br><b>Occupation</b><br>Attorney<br><b>Aggregate Year-to-Date -&gt;</b> \$1000.00                | <b>Date (month, day, year)</b><br>03/11/99<br><b>Amount of Each Receipt this Period</b><br>\$1000.00       |
| <b>Full Name, Mailing Address and Zip Code</b><br>E. Michael Flanagan<br>1301 K Street, NW, Suite 900<br>Washington, DC 20005-<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> \$28.81                                                  | <b>Date (month, day, year)</b><br>05/10/99<br><b>Amount of Each Receipt this Period</b><br>\$28.81<br>MEMO |
| <b>Full Name, Mailing Address and Zip Code</b><br>Francis Fletcher, Jr.<br>1301 K Street, NW<br>Washington, DC 20005-<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)          | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> \$15.19                                                  | <b>Date (month, day, year)</b><br>05/10/99<br><b>Amount of Each Receipt this Period</b><br>\$15.19<br>MEMO |
| <b>Full Name, Mailing Address and Zip Code</b><br>Russell Fox<br>1301 K Street, NW<br>Washington, DC 20005-<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                    | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> \$26.72                                                  | <b>Date (month, day, year)</b><br>05/10/99<br><b>Amount of Each Receipt this Period</b><br>\$26.72<br>MEMO |

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

\$2000.00

**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 11(a) (1)

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**NAME OF COMMITTEE (In Full)**  
Rangel For Congress 2000

|                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                      |                                            |                                                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|--------------------------------------------------------------|
| <b>Full Name, Mailing Address and Zip Code</b><br>Debra Franklin<br>95 Christopher Street<br>New York, NY 10114-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                                | <b>Name of Employer</b><br>American Financial Services<br><b>Occupation</b><br>FINANCIAL CONSULTANT<br><b>Aggregate Year-to-Date -&gt;</b> \$400.00  | <b>Date (month, day, year)</b><br>04/21/99 | <b>Amount of Each Receipt this Period</b><br>\$400.00        |
| <b>Full Name, Mailing Address and Zip Code</b><br>Susan Franzetti<br>1301 K Street, NW<br>Washington, DC 20005-<br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                                 | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> \$20.95                                                  | <b>Date (month, day, year)</b><br>05/10/99 | <b>Amount of Each Receipt this Period</b><br>\$20.95<br>MEMO |
| <b>Full Name, Mailing Address and Zip Code</b><br>Quin Frazer<br>1301 K Street, NW<br>Washington, DC 20005-<br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                                     | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> \$26.72                                                  | <b>Date (month, day, year)</b><br>05/10/99 | <b>Amount of Each Receipt this Period</b><br>\$26.72<br>MEMO |
| <b>Full Name, Mailing Address and Zip Code</b><br>Charles Freeman<br>1301 K Street, NW<br>Washington, DC 20005-<br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                                 | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> \$20.95                                                  | <b>Date (month, day, year)</b><br>05/10/99 | <b>Amount of Each Receipt this Period</b><br>\$20.95<br>MEMO |
| <b>Full Name, Mailing Address and Zip Code</b><br>Wendy Freyer<br>1301 K Street, NW<br>Washington, DC 20005-<br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                                    | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> \$17.29                                                  | <b>Date (month, day, year)</b><br>05/10/99 | <b>Amount of Each Receipt this Period</b><br>\$17.29<br>MEMO |
| <b>Full Name, Mailing Address and Zip Code</b><br>Mark Furjanc<br>1301 K Street, NW<br>Washington, DC 20005-<br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                                    | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> \$20.95                                                  | <b>Date (month, day, year)</b><br>05/10/99 | <b>Amount of Each Receipt this Period</b><br>\$20.95<br>MEMO |
| <b>Full Name, Mailing Address and Zip Code</b><br>Gardner, Carlton K Douglas<br>Kathleen M. Nilles, Esq.<br>1301 K St., NW, Suite 900E<br>Washington, DC 20005-<br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>Partnership Attribution.<br>Listed Individually<br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> \$2000.00 | <b>Date (month, day, year)</b><br>05/10/99 | <b>Amount of Each Receipt this Period</b><br>\$2000.00       |

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

\$2400.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Related Summary Page

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FOR LINE NUMBER  
11(a)(i)

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**NAME OF COMMITTEE (In Full)**  
Rangel For Congress 2000

|                                                                                                                                                                                                                                                                                    |                                                                                                                                            |                                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| <b>Full Name, Mailing Address and Zip Code</b><br>Labrenda Garrett-Nelson<br>4201 Cathedral Avenue, NW<br>Washington, DC 20016-<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)           | <b>Name of Employer</b><br>Washington Counsel, P.C.<br><b>Occupation</b><br>Attorney<br><b>Aggregate Year-to-Date -&gt;</b> \$1000.00      | <b>Date (month, day, year)</b><br>03/06/99<br><b>Amount of Each Receipt this Period</b><br>\$1000.00           |
| <b>Full Name, Mailing Address and Zip Code</b><br>Owen Gauvin<br>6019 Hawthorne St.<br>Hyattsville, MD 20785-<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                             | <b>Name of Employer</b><br><b>Occupation</b><br><b>Aggregate Year-to-Date -&gt;</b> \$1000.00                                              | <b>Date (month, day, year)</b><br>06/30/99<br><b>Amount of Each Receipt this Period</b><br>\$1000.00           |
| <b>Full Name, Mailing Address and Zip Code</b><br>Keller George<br>P.O. Box 799<br>Oneida, NY 13421-0799<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                  | <b>Name of Employer</b><br>Oneida Indian Nation<br><b>Occupation</b><br>Special Assistant<br><b>Aggregate Year-to-Date -&gt;</b> \$1000.00 | <b>Date (month, day, year)</b><br>05/10/99<br><b>Amount of Each Receipt this Period</b><br>\$1000.00           |
| <b>Full Name, Mailing Address and Zip Code</b><br>Edwin Getz<br>1301 K Street, NW, Suite 900<br>Washington, DC 20005-<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                     | <b>Name of Employer</b><br><b>Occupation</b><br><b>Aggregate Year-to-Date -&gt;</b> \$20.95                                                | <b>Date (month, day, year)</b><br>05/10/99<br><b>Amount of Each Receipt this Period</b><br>\$20.95<br>MEMO     |
| <b>Full Name, Mailing Address and Zip Code</b><br>Rodney Glover<br>1301 K Street, NW, Suite 900<br>Washington, DC 20005-<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                  | <b>Name of Employer</b><br><b>Occupation</b><br><b>Aggregate Year-to-Date -&gt;</b> \$26.72                                                | <b>Date (month, day, year)</b><br>05/10/99<br><b>Amount of Each Receipt this Period</b><br>\$26.72<br>MEMO     |
| <b>Full Name, Mailing Address and Zip Code</b><br>Frances Goldin<br>305 East 11th Street<br>New York, NY 10003-<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                           | <b>Name of Employer</b><br>SELF-EMPLOYED<br><b>Occupation</b><br>Literary Writer<br><b>Aggregate Year-to-Date -&gt;</b> \$50.00            | <b>Date (month, day, year)</b><br>05/14/99<br><b>Amount of Each Receipt this Period</b><br>\$50.00             |
| <b>Full Name, Mailing Address and Zip Code</b><br>Frederick H. Graefe<br>1050 Connecticut Avenue, NW, Suite 1100<br>Washington, DC 20036-<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>Baker & Hostetler LLP<br><b>Occupation</b><br>Attorney<br><b>Aggregate Year-to-Date -&gt;</b> \$221.58          | <b>Date (month, day, year)</b><br>04/27/99<br><b>Amount of Each Receipt this Period</b><br>\$221.58<br>IN-KIND |
| <b>SUBTOTAL of Receipts This Page (optional)</b>                                                                                                                                                                                                                                   |                                                                                                                                            | \$3271.58                                                                                                      |
| <b>TOTAL This Period (last page this line number only)</b>                                                                                                                                                                                                                         |                                                                                                                                            |                                                                                                                |

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 11 OF 26  
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**NAME OF COMMITTEE (In Full)**

Rangel For Congress 2000

|                                                                                                                                                                                                                                                                                  |                                                                                                                                               |                                                             |                                                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|------------------------------------------------------------------|
| <b>Full Name, Mailing Address and Zip Code</b><br>George Grammas<br>1301 K Street, NW, Suite 500<br>Washington, DC 20005-<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)               | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b>                                                   | <b>Date (month, day, year)</b><br>05/10/99<br><br>\$18.86   | <b>Amount of Each Receipt this Period</b><br>\$18.86<br><br>MEMO |
| <b>Full Name, Mailing Address and Zip Code</b><br>Brian L. Greenspun<br>901 N Green Valley Parkway, Ste 210<br>Henderson, NV 89014-6139<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>Greenspun, Inc.<br><br><b>Occupation</b><br>EXECUTIVE<br><br><b>Aggregate Year-to-Date -&gt;</b>                   | <b>Date (month, day, year)</b><br>03/11/99<br><br>\$1000.00 | <b>Amount of Each Receipt this Period</b><br>\$1000.00           |
| <b>Full Name, Mailing Address and Zip Code</b><br>Brian L. Greenspun<br>901 N Green Valley Parkway, Ste 210<br>Henderson, NV 89014-6139<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>Greenspun, Inc.<br><br><b>Occupation</b><br>EXECUTIVE<br><br><b>Aggregate Year-to-Date -&gt;</b>                   | <b>Date (month, day, year)</b><br>03/11/99<br><br>\$2000.00 | <b>Amount of Each Receipt this Period</b><br>\$1000.00           |
| <b>Full Name, Mailing Address and Zip Code</b><br>Reynaldo Grullon<br>2351 Bedford Avenue<br>Brooklyn, NY 11226-<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                        | <b>Name of Employer</b><br>R.V.G Auto Parts Inc<br><br><b>Occupation</b><br>EXECUTIVE<br><br><b>Aggregate Year-to-Date -&gt;</b>              | <b>Date (month, day, year)</b><br>06/02/99<br><br>\$1000.00 | <b>Amount of Each Receipt this Period</b><br>\$1000.00           |
| <b>Full Name, Mailing Address and Zip Code</b><br>Haake & Associates<br>1615 L Street, NW, Suite 700<br>Washington, DC 20036-<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)           | <b>Name of Employer</b><br>Partnership Attribution<br>Listed Individually<br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Date (month, day, year)</b><br>05/10/99<br><br>\$1000.00 | <b>Amount of Each Receipt this Period</b><br>\$1000.00           |
| <b>Full Name, Mailing Address and Zip Code</b><br>Lionel E. Hamilton<br>793 Vermont St<br>Brooklyn, NY 11207-<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                           | <b>Name of Employer</b><br>Strategic Development<br>Concept<br><br><b>Occupation</b><br>Controller<br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Date (month, day, year)</b><br>06/30/99<br><br>\$1000.00 | <b>Amount of Each Receipt this Period</b><br>\$1000.00           |
| <b>Full Name, Mailing Address and Zip Code</b><br>Roy Harsch<br>1301 K Street, NW, Suite 900<br>Washington, DC 20005-<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                   | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b>                                                   | <b>Date (month, day, year)</b><br>05/10/99<br><br>\$26.72   | <b>Amount of Each Receipt this Period</b><br>\$26.72<br><br>MEMO |

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

\$5000.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

See separate schedule(s)  
for each category of the  
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**NAME OF COMMITTEE (In Full)**  
Rangel For Congress 2000

|                                                                                                                                                                                                                                                                             |                                                                                                                                         |                                                                                                 |                                                                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| <b>Full Name, Mailing Address and Zip Code</b><br>Edith Hawkins-Noel<br>2626 Bryan Hill Road<br>Oxford, NC 27565-<br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):          | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b>                                             | <b>Date (month, day, year)</b><br>05/07/99<br><br><b>Aggregate Year-to-Date -&gt;</b> \$1000.00 | <b>Amount of Each Receipt this Period</b><br>\$1000.00           |
| <b>Full Name, Mailing Address and Zip Code</b><br>Michael Hayes<br>1301 K Street, NW, Suite 900<br>Washington, DC 20005-<br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):   | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b>                                             | <b>Date (month, day, year)</b><br>05/10/99<br><br><b>Aggregate Year-to-Date -&gt;</b> \$31.43   | <b>Amount of Each Receipt this Period</b><br>\$31.43<br><br>MEMO |
| <b>Full Name, Mailing Address and Zip Code</b><br>James C. Healey<br>5713 Rockmere Drive<br>Bethesda, MD 20816-<br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):            | <b>Name of Employer</b><br>Black, Kelly Struggs & Healey<br><b>Occupation</b><br>Attorney<br><br><b>Aggregate Year-to-Date -&gt;</b>    | <b>Date (month, day, year)</b><br>03/11/99<br><br><b>Aggregate Year-to-Date -&gt;</b> \$1000.00 | <b>Amount of Each Receipt this Period</b><br>\$1000.00           |
| <b>Full Name, Mailing Address and Zip Code</b><br>James D. Heberts<br>3875 N. 44th Street, Suite 300<br>Phoenix, AZ 85018-<br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b>                                             | <b>Date (month, day, year)</b><br>01/13/99<br><br><b>Aggregate Year-to-Date -&gt;</b> \$200.00  | <b>Amount of Each Receipt this Period</b><br>\$200.00            |
| <b>Full Name, Mailing Address and Zip Code</b><br>Duane E. Hill<br>336 Dan Road<br>Stamford, CT 06903-<br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                     | <b>Name of Employer</b><br>TSG Capital Group, LLC<br><b>Occupation</b><br>Investment Manager<br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Date (month, day, year)</b><br>05/07/99<br><br><b>Aggregate Year-to-Date -&gt;</b> \$500.00  | <b>Amount of Each Receipt this Period</b><br>\$500.00            |
| <b>Full Name, Mailing Address and Zip Code</b><br>Candice Sby Hooper<br>3733 N. Tazewell Street<br>Arlington, VA 22207-<br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):    | <b>Name of Employer</b><br>Hooper, Owen, Gould & Winburn<br><b>Occupation</b><br>Attorney<br><br><b>Aggregate Year-to-Date -&gt;</b>    | <b>Date (month, day, year)</b><br>04/26/99<br><br><b>Aggregate Year-to-Date -&gt;</b> \$1000.00 | <b>Amount of Each Receipt this Period</b><br>\$1000.00           |
| <b>Full Name, Mailing Address and Zip Code</b><br>Samuel H. Howard<br>3431 West End Avenue<br>Nashville, TN 37203-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):         | <b>Name of Employer</b><br>Xantus Corp.<br><b>Occupation</b><br>CHAIRMAN<br><br><b>Aggregate Year-to-Date -&gt;</b>                     | <b>Date (month, day, year)</b><br>04/21/99<br><br><b>Aggregate Year-to-Date -&gt;</b> \$1000.00 | <b>Amount of Each Receipt this Period</b><br>\$1000.00           |
| <b>SUBTOTAL of Receipts This Page (optional)</b>                                                                                                                                                                                                                            |                                                                                                                                         |                                                                                                 | \$4700.00                                                        |
| <b>TOTAL This Period (last page this line number only)</b>                                                                                                                                                                                                                  |                                                                                                                                         |                                                                                                 |                                                                  |

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule for each category of the detailed summary page

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**NAME OF COMMITTEE (in Full)**

Rangel For Congress 2000

|                                                                                                                                                                                                                                                                     |                                                                                                                                              |                                                              |                                                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|---------------------------------------------------------------------|
| <b>Full Name, Mailing Address and Zip Code</b><br>Gary Howell<br>1301 K Street, NW, Suite 900<br>Washington, DC 20005-<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)     | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b>                                                  | <b>Date (month, day, year)</b><br>05/10/99<br><br>\$18.86    | <b>Amount of Each Receipt this Period</b><br>\$18.86<br><br>MEMO    |
| <b>Full Name, Mailing Address and Zip Code</b><br>Derrick A. Humphries<br>1428 Juniper Street, NW<br>Washington, DC 20012-<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>Derrick A. Humphries PC<br><br><b>Occupation</b><br>Attorney<br><br><b>Aggregate Year-to-Date -&gt;</b>           | <b>Date (month, day, year)</b><br>06/18/99<br><br>\$1000.00  | <b>Amount of Each Receipt this Period</b><br>\$1000.00<br><br>MEMO  |
| <b>Full Name, Mailing Address and Zip Code</b><br>Allen I. Hyman, MD<br>321 Booth Avenue<br>Englewood, NJ 07631-1906<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)       | <b>Name of Employer</b><br>The Presbyterian Hospital<br>NYC<br><br><b>Occupation</b><br>PHYSICIAN<br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Date (month, day, year)</b><br>01/19/99<br><br>\$1000.00  | <b>Amount of Each Receipt this Period</b><br>\$1000.00<br><br>MEMO  |
| <b>Full Name, Mailing Address and Zip Code</b><br>Allen I. Hyman, MD<br>321 Booth Avenue<br>Englewood, NJ 07631-1906<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)       | <b>Name of Employer</b><br>The Presbyterian Hospital<br>NYC<br><br><b>Occupation</b><br>PHYSICIAN<br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Date (month, day, year)</b><br>01/20/99<br><br>\$-1000.00 | <b>Amount of Each Receipt this Period</b><br>\$-1000.00<br><br>MEMO |
| <b>Full Name, Mailing Address and Zip Code</b><br>M. Scott Johnson<br>1301 K St, NW, Suite 900<br>Washington, DC 20005-<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)    | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b>                                                  | <b>Date (month, day, year)</b><br>05/10/99<br><br>\$23.05    | <b>Amount of Each Receipt this Period</b><br>\$23.05<br><br>MEMO    |
| <b>Full Name, Mailing Address and Zip Code</b><br>James Jorling<br>1301 K St, NW, Suite 900<br>Washington, DC 20005-<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)       | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b>                                                  | <b>Date (month, day, year)</b><br>05/10/99<br><br>\$18.86    | <b>Amount of Each Receipt this Period</b><br>\$18.86<br><br>MEMO    |
| <b>Full Name, Mailing Address and Zip Code</b><br>Robert Joseph<br>1301 K St, NW, Suite 900<br>Washington, DC 20005-<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)       | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b>                                                  | <b>Date (month, day, year)</b><br>05/10/99<br><br>\$17.29    | <b>Amount of Each Receipt this Period</b><br>\$17.29<br><br>MEMO    |

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

\$1000.00

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



## SCHEDULE A

## ITEMIZED RECEIPTS

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for each category of the  
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NAME OF COMMITTEE (In Full)  
Rangel For Congress 2000

|                                                                                                                                                                                                                                                                               |                                                                                                                              |                                                            |                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|-------------------------------------------------------------------------|
| <b>Full Name, Mailing Address and Zip Code</b><br>David Kay<br>1301 K St, NW, Suite 900<br>Washington, DC 20005-<br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)              | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b>                                  | <b>Date (month, day, year)</b><br>05/10/99<br><br>\$25.14  | <b>Amount of Each Receipt this Period</b><br>\$25.14<br><br><b>MEMO</b> |
| <b>Full Name, Mailing Address and Zip Code</b><br>Christopher Khamis<br>1923 Capistran Ave<br>Las Vegas, NV 89109-<br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)            | <b>Name of Employer</b><br>SELF-EMPLOYED<br><b>Occupation</b><br>Graphic Design<br><b>Aggregate Year-to-Date -&gt;</b>       | <b>Date (month, day, year)</b><br>04/07/99<br><br>\$500.00 | <b>Amount of Each Receipt this Period</b><br>\$500.00                   |
| <b>Full Name, Mailing Address and Zip Code</b><br>Rufus G. King, Jr.<br>3524 Williamsburg Ln., NW<br>Washington, DC 20008-<br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)    | <b>Name of Employer</b><br>Berliner, Corcoran & Rowe<br><b>Occupation</b><br>Attorney<br><b>Aggregate Year-to-Date -&gt;</b> | <b>Date (month, day, year)</b><br>04/26/99<br><br>\$250.00 | <b>Amount of Each Receipt this Period</b><br>\$250.00                   |
| <b>Full Name, Mailing Address and Zip Code</b><br>Richard Kissel<br>1301 K St, NW, Suite 900<br>Washington, DC 20005-<br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)         | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b>                                  | <b>Date (month, day, year)</b><br>05/10/99<br><br>\$49.76  | <b>Amount of Each Receipt this Period</b><br>\$49.76<br><br><b>MEMO</b> |
| <b>Full Name, Mailing Address and Zip Code</b><br>Steven Kite<br>1301 K St, NW, Suite 900<br>Washington, DC 20005-<br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)            | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b>                                  | <b>Date (month, day, year)</b><br>05/10/99<br><br>\$23.05  | <b>Amount of Each Receipt this Period</b><br>\$23.05<br><br><b>MEMO</b> |
| <b>Full Name, Mailing Address and Zip Code</b><br>Michael Koenigs-Knecht<br>1301 K St, NW, Suite 900<br>Washington, DC 20005-<br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b>                                  | <b>Date (month, day, year)</b><br>05/10/99<br><br>\$15.19  | <b>Amount of Each Receipt this Period</b><br>\$15.19<br><br><b>MEMO</b> |
| <b>Full Name, Mailing Address and Zip Code</b><br>Alfred Kohn<br>360 East 72nd St. #B-810<br>New York, NY 10021-<br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)              | <b>Name of Employer</b><br>SELF-EMPLOYED<br><b>Occupation</b><br>REAL ESTATE<br><b>Aggregate Year-to-Date -&gt;</b>          | <b>Date (month, day, year)</b><br>04/16/99<br><br>\$530.00 | <b>Amount of Each Receipt this Period</b><br>\$530.00                   |
| <b>SUBTOTAL of Receipts This Page (optional)</b>                                                                                                                                                                                                                              |                                                                                                                              |                                                            | \$1250.00                                                               |
| <b>TOTAL This Period (last page this line number only)</b>                                                                                                                                                                                                                    |                                                                                                                              |                                                            |                                                                         |

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER  
11(a)(i)

Any information copied from such reports and statements may not be sold or used by any person for the purpose of raising 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)**  
Rangel For Congress 2000

|                                                                                                                                                                                                                                                                      |                                                                                                                                                  |                                                                                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| <b>Full Name, Mailing Address and Zip Code</b><br>Nicholas Kramer<br>161 Camp Hill Rd<br>Pomona, NY 10970-<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                  | <b>Name of Employer</b><br>Signal Core Communication<br><b>Occupation</b><br>DIRECTOR<br><b>Aggregate Year-to-Date -&gt;</b> \$300.00            | <b>Date (month, day, year)</b><br>06/02/99<br><b>Amount of Each Receipt this Period</b><br>\$300.00                    |
| <b>Full Name, Mailing Address and Zip Code</b><br>Paul Kronish<br>110 East 42nd Street<br>New York, NY 10017-<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)               | <b>Name of Employer</b><br>Kronish Assoc.<br><b>Occupation</b><br>INSURANCE AGENT<br><b>Aggregate Year-to-Date -&gt;</b> \$200.00                | <b>Date (month, day, year)</b><br>06/02/99<br><b>Amount of Each Receipt this Period</b><br>\$200.00                    |
| <b>Full Name, Mailing Address and Zip Code</b><br>Ronald Laessig<br>901 Highland Avenue<br>Fort Washington, PA 19034-<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)       | <b>Name of Employer</b><br>Fidelity Federal Group<br><b>Occupation</b><br>PRESIDENT<br><b>Aggregate Year-to-Date -&gt;</b> \$200.00              | <b>Date (month, day, year)</b><br>06/15/99<br><b>Amount of Each Receipt this Period</b><br>\$200.00                    |
| <b>Full Name, Mailing Address and Zip Code</b><br>Thomas Lencot<br>1301 K St, NW, Suite 900<br>Washington, DC 20005-<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)        | <b>Name of Employer</b><br><b>Occupation</b><br><b>Aggregate Year-to-Date -&gt;</b> \$31.43                                                      | <b>Date (month, day, year)</b><br>05/10/99<br><b>Amount of Each Receipt this Period</b><br>\$31.43<br><b>MEMO</b>      |
| <b>Full Name, Mailing Address and Zip Code</b><br>Robert J. Leonard<br>1150 17th Street, Suite 601<br>Washington, DC 20036-<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>WASHINGTON COUNSEL<br><b>Occupation</b><br>Attorney<br><b>Aggregate Year-to-Date -&gt;</b> \$1000.00                  | <b>Date (month, day, year)</b><br>05/11/99<br><b>Amount of Each Receipt this Period</b><br>\$1000.00<br><b>IN-KIND</b> |
| <b>Full Name, Mailing Address and Zip Code</b><br>Harry Levitt<br>644 South Figueroa St.<br>Los Angeles, CA 90017-<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)          | <b>Name of Employer</b><br>Mullin Consulting<br><b>Occupation</b><br>Managing Director<br><b>Aggregate Year-to-Date -&gt;</b> \$200.00           | <b>Date (month, day, year)</b><br>06/15/99<br><b>Amount of Each Receipt this Period</b><br>\$200.00                    |
| <b>Full Name, Mailing Address and Zip Code</b><br>Alfred B. Lewis<br>16 Gail Road<br>Weston, MA 02193-<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                      | <b>Name of Employer</b><br>Disease Mgmt. Purchasing<br>Consor<br><b>Occupation</b><br>Brokering<br><b>Aggregate Year-to-Date -&gt;</b> \$1000.00 | <b>Date (month, day, year)</b><br>05/20/99<br><b>Amount of Each Receipt this Period</b><br>\$1000.00                   |

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

\$2900.00

**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 11(a)(i)

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**NAME OF COMMITTEE (In Full)**  
Rangel For Congress 2000

|                                                                                                                                                                                                                                                                            |                                                                                                                                                     |                                            |                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|--------------------------------------------------------------|
| <b>Full Name, Mailing Address and Zip Code</b><br>Stuart Lewis<br>23 Oak Shore Drive<br>Bayville, NY 11709-1206<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                   | <b>Name of Employer</b><br>J & H Food Company<br><b>Occupation</b><br>MANAGER<br><b>Aggregate Year-to-Date -&gt;</b> \$1000.00                      | <b>Date (month, day, year)</b><br>06/18/99 | <b>Amount of Each Receipt this Period</b><br>\$1000.00       |
| <b>Full Name, Mailing Address and Zip Code</b><br>David N. Loew, CLU, ChFC<br>163 Granville Ave<br>Los Angeles, CA 90049-<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)         | <b>Name of Employer</b><br>Loew Insurance & Fin. Solut.<br><b>Occupation</b><br>Insurance Executive<br><b>Aggregate Year-to-Date -&gt;</b> \$200.00 | <b>Date (month, day, year)</b><br>06/06/99 | <b>Amount of Each Receipt this Period</b><br>\$200.00        |
| <b>Full Name, Mailing Address and Zip Code</b><br>Russell B. Long<br>801 Pennsylvania Ave, NW, Suite 750<br>Washington, DC 20004-<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>LONG LAW FIRM<br><b>Occupation</b><br>PARTNER<br><b>Aggregate Year-to-Date -&gt;</b> \$1000.00                           | <b>Date (month, day, year)</b><br>06/30/99 | <b>Amount of Each Receipt this Period</b><br>\$1000.00       |
| <b>Full Name, Mailing Address and Zip Code</b><br>Daniel Maldonado<br>13517 Esworthy Rd.<br>Germantown, MD 20874-3321<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)             | <b>Name of Employer</b><br>Marc Assoc., Inc.<br><b>Occupation</b><br>PRESIDENT<br><b>Aggregate Year-to-Date -&gt;</b> \$1000.00                     | <b>Date (month, day, year)</b><br>05/17/99 | <b>Amount of Each Receipt this Period</b><br>\$1000.00       |
| <b>Full Name, Mailing Address and Zip Code</b><br>Charles Manzoni<br>1301 K St, NW, Suite 900<br>Washington, DC 20005-<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)            | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> \$36.67                                                 | <b>Date (month, day, year)</b><br>05/10/99 | <b>Amount of Each Receipt this Period</b><br>\$36.67<br>MEMO |
| <b>Full Name, Mailing Address and Zip Code</b><br>Lomax Marsh<br>114 Redwing Dr<br>Enterprise, AL 36330-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                          | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> \$500.00                                                | <b>Date (month, day, year)</b><br>06/30/99 | <b>Amount of Each Receipt this Period</b><br>\$500.00        |
| <b>Full Name, Mailing Address and Zip Code</b><br>Lomax Marsh<br>114 Redwing Dr<br>Enterprise, AL 36330-<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                          | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> \$1500.00                                               | <b>Date (month, day, year)</b><br>06/30/99 | <b>Amount of Each Receipt this Period</b><br>\$1000.00       |

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

\$4700.00

**TOTAL** This Period (Last page this line number only)

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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11.(a) (i)

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**NAME OF COMMITTEE (In Full)**  
Rangel For Congress 2000

|                                                                                                                                                                                                                                                                                 |                                                                                                                                  |                                                                                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| <b>Full Name, Mailing Address and Zip Code</b><br>Dianna Perry McClure<br>9505 Brooke Drive<br>Bethesda, MD 20817-<br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)              | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> \$1000.00                            | <b>Date (month, day, year)</b><br>06/30/99<br><br><b>Amount of Each Receipt this Period</b><br>\$1000.00       |
| <b>Full Name, Mailing Address and Zip Code</b><br>Elizabeth Ruffin McClure<br>4801 Fairmont Ave, Apt 912<br>Bethesda, MD 20814-<br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> \$1000.00                            | <b>Date (month, day, year)</b><br>06/30/99<br><br><b>Amount of Each Receipt this Period</b><br>\$1000.00       |
| <b>Full Name, Mailing Address and Zip Code</b><br>William McClure<br>601 13th Street, NW, #600 South<br>Washington, DC 20005-<br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> \$1000.00                            | <b>Date (month, day, year)</b><br>06/30/99<br><br><b>Amount of Each Receipt this Period</b><br>\$1000.00       |
| <b>Full Name, Mailing Address and Zip Code</b><br>Timothy McDermott<br>1301 K St, NW, Suite 900<br>Washington, DC 20005-<br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)        | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> \$17.29                              | <b>Date (month, day, year)</b><br>05/10/99<br><br><b>Amount of Each Receipt this Period</b><br>\$17.29<br>MEMO |
| <b>Full Name, Mailing Address and Zip Code</b><br>James McDonough<br>1301 K St, NW, Suite 900<br>Washington, DC 20005-<br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)          | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> \$20.95                              | <b>Date (month, day, year)</b><br>05/10/99<br><br><b>Amount of Each Receipt this Period</b><br>\$20.95<br>MEMO |
| <b>Full Name, Mailing Address and Zip Code</b><br>George McKann<br>1301 K St, NW, Suite 900<br>Washington, DC 20005-<br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)            | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> \$57.62                              | <b>Date (month, day, year)</b><br>05/10/99<br><br><b>Amount of Each Receipt this Period</b><br>\$57.62<br>MEMO |
| <b>Full Name, Mailing Address and Zip Code</b><br>Keith Miller<br>4780 North Lake Dr.<br>Milwaukee, WI 53211-<br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                   | <b>Name of Employer</b><br>SELF-EMPLOYED<br><b>Occupation</b><br>INSURANCE AGENT<br><b>Aggregate Year-to-Date -&gt;</b> \$100.00 | <b>Date (month, day, year)</b><br>04/06/99<br><br><b>Amount of Each Receipt this Period</b><br>\$100.00        |

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

\$3100.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER 11(a)(i)

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**NAME OF COMMITTEE (In Full)**  
Rangel For Congress 2000

|                                                                                                                                                                                                                                                                         |                                                                                                                                             |                                                                                                                |
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| <b>Full Name, Mailing Address and Zip Code</b><br>Edward J. Mills<br>1 Columbus Place, Apt 8 Towers 48A<br>New York, NY 10019-<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>Prudential Insurance<br><b>Occupation</b><br>VICE PRESIDENT<br><b>Aggregate Year-to-Date -&gt;</b> \$400.00      | <b>Date (month, day, year)</b><br>05/11/99<br><b>Amount of Each Receipt this Period</b><br>\$400.00            |
| <b>Full Name, Mailing Address and Zip Code</b><br>Charles R. Modica<br>P.O. Box 3447<br>Boynton Beach, FL 33424-<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)               | <b>Name of Employer</b><br><b>Occupation</b><br><b>Aggregate Year-to-Date -&gt;</b> \$500.00                                                | <b>Date (month, day, year)</b><br>06/18/99<br><b>Amount of Each Receipt this Period</b><br>\$500.00            |
| <b>Full Name, Mailing Address and Zip Code</b><br>Gordon Nash, Jr.<br>1301 K St, NW, Suite 400<br>Washington, DC 20005-<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)        | <b>Name of Employer</b><br><b>Occupation</b><br><b>Aggregate Year-to-Date -&gt;</b> \$26.72                                                 | <b>Date (month, day, year)</b><br>05/10/99<br><b>Amount of Each Receipt this Period</b><br>\$26.72<br>MEMO     |
| <b>Full Name, Mailing Address and Zip Code</b><br>Elmer J. Keidermeyer, Jr.<br>42 Spruce Lane<br>Colts Neck, NJ 07722-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)         | <b>Name of Employer</b><br>Mintax, Inc.<br><b>Occupation</b><br>EXECUTIVE VICE PRESIDENT<br><b>Aggregate Year-to-Date -&gt;</b> \$733.00    | <b>Date (month, day, year)</b><br>05/26/99<br><b>Amount of Each Receipt this Period</b><br>\$733.00<br>IN-KIND |
| <b>Full Name, Mailing Address and Zip Code</b><br>David B. Newman<br>3 Bedford Rd<br>Monsey, NY 10952-<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                         | <b>Name of Employer</b><br>Strategic Development Concept<br><b>Occupation</b><br>EXECUTIVE<br><b>Aggregate Year-to-Date -&gt;</b> \$1000.00 | <b>Date (month, day, year)</b><br>06/30/99<br><b>Amount of Each Receipt this Period</b><br>\$1000.00           |
| <b>Full Name, Mailing Address and Zip Code</b><br>Kathleen M. Nilles<br>7025 G. Haycock Road<br>Falls Church, VA 22043-2313<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)    | <b>Name of Employer</b><br>Gardner, Carton & Douglas<br><b>Occupation</b><br>Attorney<br><b>Aggregate Year-to-Date -&gt;</b> \$18.86        | <b>Date (month, day, year)</b><br>05/13/99<br><b>Amount of Each Receipt this Period</b><br>\$18.86<br>MEMO     |
| <b>Full Name, Mailing Address and Zip Code</b><br>Kathleen M. Nilles<br>7025 G. Haycock Road<br>Falls Church, VA 22043-2313<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)    | <b>Name of Employer</b><br>Gardner, Carton & Douglas<br><b>Occupation</b><br>Attorney<br><b>Aggregate Year-to-Date -&gt;</b> \$518.86       | <b>Date (month, day, year)</b><br>05/14/99<br><b>Amount of Each Receipt this Period</b><br>\$500.00            |

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

\$3133.00

**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 11(a)(i)

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**NAME OF COMMITTEE (In Full)**  
Rangel For Congress 2000

|                                                                                                                                                                                                                                                                                |                                                                                                                                             |                                                                                                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| <b>Full Name, Mailing Address and Zip Code</b><br>John T. O'Rourke<br>11028 Stanmore Drive<br>Potomac, MD 20854-<br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)               | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> \$1000.00                                       | <b>Date (month, day, year)</b><br>04/26/99<br><br><b>Amount of Each Receipt this Period</b><br>\$1000.00           |
| <b>Full Name, Mailing Address and Zip Code</b><br>Efrain A. Olavarria, Jr.<br>43 Montclair Rd., FH<br>Yonkers, NY 10710-<br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)       | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> \$300.00                                        | <b>Date (month, day, year)</b><br>06/02/99<br><br><b>Amount of Each Receipt this Period</b><br>\$300.00            |
| <b>Full Name, Mailing Address and Zip Code</b><br>Christian H. Olsen<br>48 Inwood Rd<br>Trumbull, CT 06611-<br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                    | <b>Name of Employer</b><br>Cromwell Maintenance Co.<br><b>Occupation</b><br>Facilities Mgr<br><b>Aggregate Year-to-Date -&gt;</b> \$1000.00 | <b>Date (month, day, year)</b><br>06/30/99<br><br><b>Amount of Each Receipt this Period</b><br>\$1000.00           |
| <b>Full Name, Mailing Address and Zip Code</b><br>James Parsons<br>1301 K St., NW, Suite 900<br>Washington, DC 20005-<br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)          | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> \$25.14                                         | <b>Date (month, day, year)</b><br>05/10/99<br><br><b>Amount of Each Receipt this Period</b><br>\$25.14<br><br>MEMO |
| <b>Full Name, Mailing Address and Zip Code</b><br>Robert D. Paul<br>1316 Sunny Side Ln<br>Mc Lean, VA 22102-<br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                   | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> \$500.00                                        | <b>Date (month, day, year)</b><br>06/30/99<br><br><b>Amount of Each Receipt this Period</b><br>\$500.00            |
| <b>Full Name, Mailing Address and Zip Code</b><br>Richard Pecantte<br>1245 4th Street, SW, # 401E<br>Washington, DC 20024-2301<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>RJP & Associates<br><b>Occupation</b><br>PRESIDENT<br><b>Aggregate Year-to-Date -&gt;</b> \$500.00               | <b>Date (month, day, year)</b><br>02/10/99<br><br><b>Amount of Each Receipt this Period</b><br>\$500.00            |
| <b>Full Name, Mailing Address and Zip Code</b><br>Eligio Pena<br>725 Commack Rd<br>Brentwood, NY 11717-<br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                        | <b>Name of Employer</b><br>Compare Supermarket<br><b>Occupation</b><br>PRESIDENT<br><b>Aggregate Year-to-Date -&gt;</b> \$500.00            | <b>Date (month, day, year)</b><br>06/02/99<br><br><b>Amount of Each Receipt this Period</b><br>\$500.00            |

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

\$3800.00

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

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
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## NAME OF COMMITTEE (In Full)

Range For Congress 2000

|                                                                                                                                                                                                                                                                     |                                                                                                                                                       |                                            |                                                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|--------------------------------------------------------|
| <b>Full Name, Mailing Address and Zip Code</b><br>Eligio Pena<br>725 Commack Rd<br>Brentwood, NY 11717-<br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)             | <b>Name of Employer</b><br>Compare Supermarket<br><b>Occupation</b><br>PRESIDENT<br><b>Aggregate Year-to-Date -&gt;</b> \$1500.00                     | <b>Date (month, day, year)</b><br>06/18/99 | <b>Amount of Each Receipt this Period</b><br>\$1000.00 |
| <b>Full Name, Mailing Address and Zip Code</b><br>Eligio Pena<br>725 Commack Rd<br>Brentwood, NY 11717-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)             | <b>Name of Employer</b><br>Compare Supermarket<br><b>Occupation</b><br>PRESIDENT<br><b>Aggregate Year-to-Date -&gt;</b> \$2500.00                     | <b>Date (month, day, year)</b><br>06/18/99 | <b>Amount of Each Receipt this Period</b><br>\$1000.00 |
| <b>Full Name, Mailing Address and Zip Code</b><br>William D. Phoebe<br>1791 Freedom Dr.<br>Melbourne, FL 32940-<br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)     | <b>Name of Employer</b><br><b>Occupation</b><br><b>Aggregate Year-to-Date -&gt;</b> \$25.00                                                           | <b>Date (month, day, year)</b><br>06/08/99 | <b>Amount of Each Receipt this Period</b><br>\$25.00   |
| <b>Full Name, Mailing Address and Zip Code</b><br>Roger Phillips<br>1091 Rt. 9C<br>Stuyvesant, NY 12173-2103<br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)        | <b>Name of Employer</b><br>Management Compensation Group<br><b>Occupation</b><br>Agent<br><b>Aggregate Year-to-Date -&gt;</b> \$800.00                | <b>Date (month, day, year)</b><br>04/13/99 | <b>Amount of Each Receipt this Period</b><br>\$800.00  |
| <b>Full Name, Mailing Address and Zip Code</b><br>Harry Phillips 3rd<br>71 Hawthorne Way<br>Hartdale, NY 10530-3020<br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>Phillips Compensation Plans NY<br><b>Occupation</b><br>Insurance Executive<br><b>Aggregate Year-to-Date -&gt;</b> \$200.00 | <b>Date (month, day, year)</b><br>05/18/99 | <b>Amount of Each Receipt this Period</b><br>\$200.00  |
| <b>Full Name, Mailing Address and Zip Code</b><br>Anne P. Pollack<br>44 Gramercy Park N.<br>New York, NY 10010-<br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)     | <b>Name of Employer</b><br>New York Life Ins. Co.<br><b>Occupation</b><br>SENIOR VICE PRESIDENT<br><b>Aggregate Year-to-Date -&gt;</b> \$200.00       | <b>Date (month, day, year)</b><br>06/30/99 | <b>Amount of Each Receipt this Period</b><br>\$200.00  |
| <b>Full Name, Mailing Address and Zip Code</b><br>Paul D. Raifaizen<br>97 Wilmington Drive<br>Melville, NY 11747-<br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   | <b>Name of Employer</b><br><b>Occupation</b><br><b>Aggregate Year-to-Date -&gt;</b> \$1000.00                                                         | <b>Date (month, day, year)</b><br>05/23/99 | <b>Amount of Each Receipt this Period</b><br>\$1000.00 |
| <b>SUBTOTAL of Receipts This Page (optional)</b>                                                                                                                                                                                                                    |                                                                                                                                                       |                                            | \$4225.00                                              |
| <b>TOTAL This Period (last page this line number only)</b>                                                                                                                                                                                                          |                                                                                                                                                       |                                            |                                                        |

**SCHEDULE A**

**ITEMIZED RECEIPTS**

See separate schedule(s)  
for each category of the  
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**NAME OF COMMITTEE (In Full)**  
Rangel For Congress 2000

|                                                                                                                                                                                                                                                                             |                                                                                                                          |                                                                        |                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|-------------------------------------------------------|
| <b>Full Name, Mailing Address and Zip Code</b><br>Glenn Reed<br>1301 K St, NW, Suite 900<br>Washington, DC 20005-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)           | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b>                              | <b>Date (month, day, year)</b><br>05/10/99<br><br>\$31.43<br><br>MEMO  | <b>Amount of Each Receipt this Period</b><br>\$31.43  |
| <b>Full Name, Mailing Address and Zip Code</b><br>Scott A. Ridge<br>301 Meadow Court<br>Glen Mills, PA 19342-<br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)               | <b>Name of Employer</b><br>Ridge Insurance Inc.<br><b>Occupation</b><br>PRESIDENT<br><b>Aggregate Year-to-Date -&gt;</b> | <b>Date (month, day, year)</b><br>04/06/99<br><br>\$200.00<br><br>MEMO | <b>Amount of Each Receipt this Period</b><br>\$200.00 |
| <b>Full Name, Mailing Address and Zip Code</b><br>Enrique Riggs, DDS<br>25 Kathwood Road<br>White Plains, NY 10607-<br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)         | <b>Name of Employer</b><br>SELF-EMPLOYED<br><b>Occupation</b><br>DENTIST<br><b>Aggregate Year-to-Date -&gt;</b>          | <b>Date (month, day, year)</b><br>05/20/99<br><br>\$200.00<br><br>MEMO | <b>Amount of Each Receipt this Period</b><br>\$200.00 |
| <b>Full Name, Mailing Address and Zip Code</b><br>Williams Roach, Jr.<br>1301 K St., NW, Suite 900<br>Washington, DC 20005-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b>                              | <b>Date (month, day, year)</b><br>05/10/99<br><br>\$49.76<br><br>MEMO  | <b>Amount of Each Receipt this Period</b><br>\$49.76  |
| <b>Full Name, Mailing Address and Zip Code</b><br>Patrick Rock<br>1301 K St., NW, Suite 900<br>Washington, DC 20005-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)        | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b>                              | <b>Date (month, day, year)</b><br>05/10/99<br><br>\$23.05<br><br>MEMO  | <b>Amount of Each Receipt this Period</b><br>\$23.05  |
| <b>Full Name, Mailing Address and Zip Code</b><br>Michael Rosenbaum<br>1301 K St., NW, Suite 900<br>Washington, DC 20005-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b>                              | <b>Date (month, day, year)</b><br>05/10/99<br><br>\$18.86<br><br>MEMO  | <b>Amount of Each Receipt this Period</b><br>\$18.86  |
| <b>Full Name, Mailing Address and Zip Code</b><br>Paul Rosenblum<br>66 West 94th Street, #19A<br>New York, NY 10025-7154<br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)    | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b>                              | <b>Date (month, day, year)</b><br>01/13/99<br><br>\$100.00<br><br>MEMO | <b>Amount of Each Receipt this Period</b><br>\$100.00 |

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

\$500.00

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



**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s)  
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**NAME OF COMMITTEE (In Full)**

Rangel For Congress 2000

|                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                 |           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| <b>Full Name, Mailing Address and Zip Code</b><br>Michael E. Rosenzweig<br>261 Madison Avenue, 4th Fl<br>New York, NY 10016-<br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                           | <b>Name of Employer</b><br>Rosenzweig Financial<br>Service<br><b>Occupation</b><br>Insurance<br><b>Date (month, day, year)</b><br>04/13/99<br><b>Amount of Each Receipt this Period</b><br>\$300.00<br><b>Aggregate Year-to-Date -&gt;</b> \$300.00             |           |
| <b>Full Name, Mailing Address and Zip Code</b><br>Arnold S. Ross<br>1270 Avenue of the Americas, 20 Fl<br>New York, NY 10020-1801<br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                      | <b>Name of Employer</b><br>Hirschfeld, Stern, Moyer<br>& Ros<br><b>Occupation</b><br>CONSULTANT<br><b>Date (month, day, year)</b><br>06/15/99<br><b>Amount of Each Receipt this Period</b><br>\$500.00<br><b>Aggregate Year-to-Date -&gt;</b> \$500.00          |           |
| <b>Full Name, Mailing Address and Zip Code</b><br>Norman E. Ross<br>c/o Hirschfeld, Stern, Moyer & Ross, Inc<br>1270 Avenue of the Americas<br>New York, NY 10020-1703<br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>Hirschfeld, Stern, Moyer<br>& Ros<br><b>Occupation</b><br>Insurance Executive<br><b>Date (month, day, year)</b><br>04/08/99<br><b>Amount of Each Receipt this Period</b><br>\$300.00<br><b>Aggregate Year-to-Date -&gt;</b> \$300.00 |           |
| <b>Full Name, Mailing Address and Zip Code</b><br>David Rubenstein<br>1301 K St., NW, Suite 900<br>Washington, DC 20005-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                               | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Date (month, day, year)</b><br>05/10/99<br><b>Amount of Each Receipt this Period</b><br>\$18.86<br><b>Aggregate Year-to-Date -&gt;</b> \$18.86 MEMO                                                  |           |
| <b>Full Name, Mailing Address and Zip Code</b><br>Paul Rubin<br>101 King Street<br>Edison, NJ 08820-<br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                                                   | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Date (month, day, year)</b><br>05/25/99<br><b>Amount of Each Receipt this Period</b><br>\$1000.00<br><b>Aggregate Year-to-Date -&gt;</b> \$1000.00                                                   |           |
| <b>Full Name, Mailing Address and Zip Code</b><br>Joseph Sabol<br>Rt 1 Box 303A<br>Coxsackie, NY 12192-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                                                | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Date (month, day, year)</b><br>04/21/99<br><b>Amount of Each Receipt this Period</b><br>\$10.00<br><b>Aggregate Year-to-Date -&gt;</b> \$10.00                                                       |           |
| <b>Full Name, Mailing Address and Zip Code</b><br>Howard J. Saks<br>10100 Santa Monica Blvd., Suite 940<br>Los Angeles, CA 90067-4013<br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                  | <b>Name of Employer</b><br>Howard J Saks<br><b>Occupation</b><br>INSURANCE AGENT<br><b>Date (month, day, year)</b><br>06/24/99<br><b>Amount of Each Receipt this Period</b><br>\$200.00<br><b>Aggregate Year-to-Date -&gt;</b> \$200.00                         |           |
| <b>SUBTOTAL of Receipts This Page (optional)</b>                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                 | \$2310.00 |
| <b>TOTAL This Period (last page this line number only)</b>                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                 |           |

**SCHEDULE A**

**ITEMIZED RECEIPTS**

See separate schedule(s)  
for each category of the  
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**NAME OF COMMITTEE (In Full)**  
Rangel For Congress 2000

|                                                                                                                                                                      |                                                                                                  |                                                                                       |                                                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| <b>Full Name, Mailing Address and Zip Code</b><br>Nancy B. Salter<br>4242 Country Club Dr.<br>Bakersfield, CA 93306-                                                 | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b>      | <b>Date (month, day, year)</b><br>03/11/99<br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Amount of Each Receipt this Period</b><br>\$1000.00<br><br><b>Aggregate Year-to-Date -&gt;</b> |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                         |                                                                                                  |                                                                                       |                                                                                                   |
| <b>Full Name, Mailing Address and Zip Code</b><br>William Sample<br>4624 194th Way, NE<br>Redmond, WA 98053-                                                         | <b>Name of Employer</b><br>Microsoft Corporation<br><br><b>Occupation</b><br>Finance Mgmt        | <b>Date (month, day, year)</b><br>05/06/99<br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Amount of Each Receipt this Period</b><br>\$1000.00<br><br><b>Aggregate Year-to-Date -&gt;</b> |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                         |                                                                                                  |                                                                                       |                                                                                                   |
| <b>Full Name, Mailing Address and Zip Code</b><br>Debra Schnabel<br>1301 K St, NW, Suite 900<br>Washington, DC 20005-                                                | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b>      | <b>Date (month, day, year)</b><br>05/10/99<br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Amount of Each Receipt this Period</b><br>\$20.95<br><br><b>Aggregate Year-to-Date -&gt;</b>   |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                         | MEMO                                                                                             |                                                                                       |                                                                                                   |
| <b>Full Name, Mailing Address and Zip Code</b><br>Paul Schosberg<br>c/o America's Community Bankers<br>900 Nineteenth Street, NW, Suite 400<br>Washington, DC 20006- | <b>Name of Employer</b><br>America's Community Bankers<br><br><b>Occupation</b><br>C.E.O.        | <b>Date (month, day, year)</b><br>03/29/99<br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Amount of Each Receipt this Period</b><br>\$500.00<br><br><b>Aggregate Year-to-Date -&gt;</b>  |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                         |                                                                                                  |                                                                                       |                                                                                                   |
| <b>Full Name, Mailing Address and Zip Code</b><br>Wayne M. Schuh<br>P. O. Box 3917<br>Portland, OR 97208-                                                            | <b>Name of Employer</b><br>MCG Northwest<br><br><b>Occupation</b><br>Managing Director           | <b>Date (month, day, year)</b><br>04/01/99<br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Amount of Each Receipt this Period</b><br>\$1000.00<br><br><b>Aggregate Year-to-Date -&gt;</b> |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                         |                                                                                                  |                                                                                       |                                                                                                   |
| <b>Full Name, Mailing Address and Zip Code</b><br>Geoffrey Shields<br>1301 K St., NW, Suite 900<br>Washington, DC 20005-                                             | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b>      | <b>Date (month, day, year)</b><br>05/10/99<br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Amount of Each Receipt this Period</b><br>\$49.76<br><br><b>Aggregate Year-to-Date -&gt;</b>   |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                         | MEMO                                                                                             |                                                                                       |                                                                                                   |
| <b>Full Name, Mailing Address and Zip Code</b><br>Walter J. Shields<br>c/o Shields & Associates<br>600 Stewart Street, Suite 1708<br>Seattle, WA 98101-              | <b>Name of Employer</b><br>Shields & Associates<br><br><b>Occupation</b><br>FINANCIAL CONSULTANT | <b>Date (month, day, year)</b><br>04/16/99<br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Amount of Each Receipt this Period</b><br>\$1000.00<br><br><b>Aggregate Year-to-Date -&gt;</b> |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                         |                                                                                                  |                                                                                       |                                                                                                   |
| <b>SUBTOTAL of Receipts This Page (optional)</b>                                                                                                                     |                                                                                                  |                                                                                       | \$4500.00                                                                                         |
| <b>TOTAL This Period (last page this line number only)</b>                                                                                                           |                                                                                                  |                                                                                       |                                                                                                   |

**SCHEDULE A**

**ITEMIZED RECEIPTS**

See separate schedule(s)  
for each category of the  
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**NAME OF COMMITTEE (In Full)**  
Rangel For Congress 2000

|                                                                                                                                                                                                                                                                              |                                                                                                                                          |                                                                                                            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| <b>Full Name, Mailing Address and Zip Code</b><br>Frederick J. Sievert<br>198 West Hills Rd. 0186<br>New Canaan, CT 06840-<br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   | <b>Name of Employer</b><br>New York Life Ins.<br><b>Occupation</b><br>EXECUTIVE<br><b>Aggregate Year-to-Date -&gt;</b> \$1000.00         | <b>Date (month, day, year)</b><br>06/30/99<br><b>Amount of Each Receipt this Period</b><br>\$1000.00       |
| <b>Full Name, Mailing Address and Zip Code</b><br>J.J. Simmons, III<br>2736 Unicorn Lane, NW<br>Washington, DC 20015-<br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)        | <b>Name of Employer</b><br>The Simmons Co<br><b>Occupation</b><br>ENGINEER<br><b>Aggregate Year-to-Date -&gt;</b> \$1000.00              | <b>Date (month, day, year)</b><br>06/30/99<br><b>Amount of Each Receipt this Period</b><br>\$1000.00       |
| <b>Full Name, Mailing Address and Zip Code</b><br>Joseph J. Sitt<br>100 Metro Way<br>Secaucus, NJ 07094-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                     | <b>Name of Employer</b><br><b>Occupation</b><br><b>Aggregate Year-to-Date -&gt;</b> \$1000.00                                            | <b>Date (month, day, year)</b><br>06/18/99<br><b>Amount of Each Receipt this Period</b><br>\$1000.00       |
| <b>Full Name, Mailing Address and Zip Code</b><br>Joseph J. Sitt<br>100 Metro Way<br>Secaucus, NJ 07094-<br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                     | <b>Name of Employer</b><br><b>Occupation</b><br><b>Aggregate Year-to-Date -&gt;</b> \$2000.00                                            | <b>Date (month, day, year)</b><br>06/18/99<br><b>Amount of Each Receipt this Period</b><br>\$1000.00       |
| <b>Full Name, Mailing Address and Zip Code</b><br>Maceo K. Slean<br>103 West Main Street<br>Durham, NC 27701-1638<br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)            | <b>Name of Employer</b><br>Slean Financial Group, Inc.<br><b>Occupation</b><br>CHAIRMAN<br><b>Aggregate Year-to-Date -&gt;</b> \$1000.00 | <b>Date (month, day, year)</b><br>05/07/99<br><b>Amount of Each Receipt this Period</b><br>\$1000.00       |
| <b>Full Name, Mailing Address and Zip Code</b><br>Harrell Smith<br>1301 K St., NW, Suite 900<br>Washington, DC 20005-<br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)        | <b>Name of Employer</b><br><b>Occupation</b><br><b>Aggregate Year-to-Date -&gt;</b> \$23.05                                              | <b>Date (month, day, year)</b><br>05/10/99<br><b>Amount of Each Receipt this Period</b><br>\$23.05<br>MEMO |
| <b>Full Name, Mailing Address and Zip Code</b><br>Edward Spacapan, Jr.<br>1301 K St., NW, Suite 900<br>Washington, DC 20005-<br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br><b>Occupation</b><br><b>Aggregate Year-to-Date -&gt;</b> \$20.95                                              | <b>Date (month, day, year)</b><br>05/10/99<br><b>Amount of Each Receipt this Period</b><br>\$20.95<br>MEMO |
| <b>SUBTOTAL of Receipts This Page (optional)</b>                                                                                                                                                                                                                             |                                                                                                                                          | \$5000.00                                                                                                  |
| <b>TOTAL This Period (last page this line number only)</b>                                                                                                                                                                                                                   |                                                                                                                                          |                                                                                                            |

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of line  
detailed summary pagePAGE 25 OF 28  
FOR LINE NUMBER  
11 (a) (-)

Any information supplied 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)

Rangel For Congress 2000

|                                                                                                                                                                                                                                                                                    |                                                                                                                                                        |                                                                                                            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| <b>Full Name, Mailing Address and Zip Code</b><br>Thomas Stoneback<br>2168 S. Cedar Crest Blvd<br>Allentown, PA 18103-<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                    | <b>Name of Employer</b><br>Rodale Inc.<br><b>Occupation</b><br>PUBLISHING<br><b>Aggregate Year-to-Date -&gt;</b> \$1000.00                             | <b>Date (month, day, year)</b><br>04/13/99<br><b>Amount of Each Receipt this Period</b><br>\$1000.00       |
| <b>Full Name, Mailing Address and Zip Code</b><br>T.J. Sullivan<br>1301 K St., NW, Suite 900<br>Washington, DC 20005-<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                     | <b>Name of Employer</b><br><b>Occupation</b><br><b>Aggregate Year-to-Date -&gt;</b> \$23.05                                                            | <b>Date (month, day, year)</b><br>05/10/99<br><b>Amount of Each Receipt this Period</b><br>\$23.05<br>MEMO |
| <b>Full Name, Mailing Address and Zip Code</b><br>Kenneth Sweatt<br>P.O. Box 605<br>Opp, AL 36467-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                        | <b>Name of Employer</b><br><b>Occupation</b><br><b>Aggregate Year-to-Date -&gt;</b> \$1000.00                                                          | <b>Date (month, day, year)</b><br>06/30/99<br><b>Amount of Each Receipt this Period</b><br>\$1000.00       |
| <b>Full Name, Mailing Address and Zip Code</b><br>Kenneth Sweatt<br>P.O. Box 605<br>Opp, AL 36467-<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                        | <b>Name of Employer</b><br><b>Occupation</b><br><b>Aggregate Year-to-Date -&gt;</b> \$2000.00                                                          | <b>Date (month, day, year)</b><br>06/30/99<br><b>Amount of Each Receipt this Period</b><br>\$1000.00       |
| <b>Full Name, Mailing Address and Zip Code</b><br>Donna Thiel<br>1301 K St., NW, Suite 900<br>Washington, DC 20005-<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                       | <b>Name of Employer</b><br><b>Occupation</b><br><b>Aggregate Year-to-Date -&gt;</b> \$20.95                                                            | <b>Date (month, day, year)</b><br>05/10/99<br><b>Amount of Each Receipt this Period</b><br>\$20.95<br>MEMO |
| <b>Full Name, Mailing Address and Zip Code</b><br>George J. Trapp<br>53 Wister Avenue<br>Metuchen, NJ 08840-<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                              | <b>Name of Employer</b><br>New York Life Ins. Co.<br><b>Occupation</b><br>EXECUTIVE VICE<br>PRESIDENT<br><b>Aggregate Year-to-Date -&gt;</b> \$1000.00 | <b>Date (month, day, year)</b><br>06/30/99<br><b>Amount of Each Receipt this Period</b><br>\$1000.00       |
| <b>Full Name, Mailing Address and Zip Code</b><br>Barbara Treadwell<br>c/o Cowan Financial Group<br>530 5th Avenue<br>New York, NY 10036-<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>COWAN FINANCIAL GROUP<br><b>Occupation</b><br>INVESTMENT ADVISOR<br><b>Aggregate Year-to-Date -&gt;</b> \$300.00            | <b>Date (month, day, year)</b><br>02/31/99<br><b>Amount of Each Receipt this Period</b><br>\$300.00        |

SUBTOTAL of Receipts This Page (optional)

\$4300.00

TOTAL This Period (last page this line number only)

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 26 OF 28  
FOR LINE NUMBER  
11(a)(i)

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NAME OF COMMITTEE (In Full)  
Rangel For Congress 2000

|                                                                                                                                                                                                                                                                                           |                                                                                                                                             |                                            |                                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|--------------------------------------------------------------|
| <b>Full Name, Mailing Address and Zip Code</b><br>Barbara Treadwell<br>c/o Cowan Financial Group<br>530 5th Avenue<br>New York, NY 10036-<br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>COWAN FINANCIAL GROUP<br><b>Occupation</b><br>INVESTMENT ADVISOR<br><b>Aggregate Year-to-Date -&gt;</b> \$500.00 | <b>Date (month, day, year)</b><br>06/15/99 | <b>Amount of Each Receipt this Period</b><br>\$200.00        |
| <b>Full Name, Mailing Address and Zip Code</b><br>Jack T. Trotter<br>1000 Louisiana, Suite 3606<br>Houston, TX 77002-<br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                     | <b>Name of Employer</b><br>SELF-EMPLOYED<br><b>Occupation</b><br>INVESTOR<br><b>Aggregate Year-to-Date -&gt;</b> \$1000.00                  | <b>Date (month, day, year)</b><br>06/30/99 | <b>Amount of Each Receipt this Period</b><br>\$1000.00       |
| <b>Full Name, Mailing Address and Zip Code</b><br>Stephen Tzoris<br>1301 K St., NW, Suite 900<br>Washington, DC 20005-<br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                    | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> \$23.05                                         | <b>Date (month, day, year)</b><br>05/10/99 | <b>Amount of Each Receipt this Period</b><br>\$23.05<br>MEMO |
| <b>Full Name, Mailing Address and Zip Code</b><br>Priscilla Walter<br>1301 K St., NW, Suite 900<br>Washington, DC 20005-<br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                  | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> \$18.86                                         | <b>Date (month, day, year)</b><br>05/10/99 | <b>Amount of Each Receipt this Period</b><br>\$18.86<br>MEMO |
| <b>Full Name, Mailing Address and Zip Code</b><br>Edward Webb<br>1301 K St., NW, Suite 900<br>Washington, DC 20005-<br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                       | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> \$31.43                                         | <b>Date (month, day, year)</b><br>05/10/99 | <b>Amount of Each Receipt this Period</b><br>\$31.43<br>MEMO |
| <b>Full Name, Mailing Address and Zip Code</b><br>George J. Weise<br>4636 N. 20th Street<br>Arlington, VA 22207-<br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                          | <b>Name of Employer</b><br>WASHINGTON COUNSEL<br><b>Occupation</b><br>Attorney<br><b>Aggregate Year-to-Date -&gt;</b> \$500.00              | <b>Date (month, day, year)</b><br>05/06/99 | <b>Amount of Each Receipt this Period</b><br>\$500.00        |
| <b>Full Name, Mailing Address and Zip Code</b><br>Donna Wetzel<br>1301 K St., NW, Suite 900<br>Washington, DC 20005-<br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                      | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> \$26.72                                         | <b>Date (month, day, year)</b><br>05/10/99 | <b>Amount of Each Receipt this Period</b><br>\$26.72<br>MEMO |
| <b>SUBTOTAL of Receipts This Page (optional)</b>                                                                                                                                                                                                                                          |                                                                                                                                             |                                            | \$1700.00                                                    |
| <b>TOTAL This Period (last page this line number only)</b>                                                                                                                                                                                                                                |                                                                                                                                             |                                            |                                                              |

**SCHEDULE A**

**ITEMIZED RECEIPTS**

How much of each receipt is for each category of the Detailed Summary Page

PAGE 27 OF 28  
FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in full)  
Rangel For Congress 2000

|                                                                                                                                                                                                                                                                                                                    |                                                                                                                                 |                                                             |                                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------------|
| <b>Full Name, Mailing Address and Zip Code</b><br>Alan Wheat<br>4137 N. River Street<br>Mc Lean, VA 22101-<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                                                | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b>                                     | <b>Date (month, day, year)</b><br>06/11/99<br><br>\$1000.00 | <b>Amount of Each Receipt this Period</b><br>\$1000.00            |
| <b>Full Name, Mailing Address and Zip Code</b><br>Christopher White<br>1301 K St., NW, Suite 900<br>Washington, DC 20005-<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                                 | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b>                                     | <b>Date (month, day, year)</b><br>05/10/99<br><br>\$18.86   | <b>Amount of Each Receipt this Period</b><br>\$18.86<br><br>MEMO  |
| <b>Full Name, Mailing Address and Zip Code</b><br>Bernard D. Whitsett<br>155 Ala Hwy, Apt # 207<br>Satellite Beach, FL 32937-<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                             | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b>                                     | <b>Date (month, day, year)</b><br>06/24/99<br><br>\$10.00   | <b>Amount of Each Receipt this Period</b><br>\$10.00              |
| <b>Full Name, Mailing Address and Zip Code</b><br>Robert Wilczek<br>1301 K St., NW, Suite 900<br>Washington, DC 20005-<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                                    | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b>                                     | <b>Date (month, day, year)</b><br>05/10/99<br><br>\$94.29   | <b>Amount of Each Receipt this Period</b><br>\$94.29<br><br>MEMO  |
| <b>Full Name, Mailing Address and Zip Code</b><br>Charles Wilson<br>1401 North Oak Street, #909<br>Arlington, VA 22209-<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                                   | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b>                                     | <b>Date (month, day, year)</b><br>06/18/99<br><br>\$1000.00 | <b>Amount of Each Receipt this Period</b><br>\$1000.00            |
| <b>Full Name, Mailing Address and Zip Code</b><br>Leonard I. Wilson<br>4265 San Felipe, Suite 725<br>Houston, TX 77027-<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                                   | <b>Name of Employer</b><br>Clark/Bardes, Inc.<br><b>Occupation</b><br>INSURANCE BROKER<br><b>Aggregate Year-to-Date -&gt;</b>   | <b>Date (month, day, year)</b><br>04/08/99<br><br>\$100.00  | <b>Amount of Each Receipt this Period</b><br>\$100.00<br><br>MEMO |
| <b>Full Name, Mailing Address and Zip Code</b><br>John P. Winburn<br>c/o Hooper, Owen, Gould & Winburn<br>801 Pennsylvania Avenue, NW, Suite 730<br>Washington, DC 20004-<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>HOOVER, HOOVER, OWEN & GOULD<br><b>Occupation</b><br>Attorney<br><b>Aggregate Year-to-Date -&gt;</b> | <b>Date (month, day, year)</b><br>04/26/99<br><br>\$1000.00 | <b>Amount of Each Receipt this Period</b><br>\$1000.00            |

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

\$3010.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 28 OF 28  
FOR LINE NUMBER 11(a)(i)

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**NAME OF COMMITTEE (In Full)**

Rangel For Congress 2000

|                                                                                                                                                                                                                                                                |                                                                                             |                                                             |                                                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|-------------------------------------------------------------|--------------------------------------------------------------------|
| <b>Full Name, Mailing Address and Zip Code</b><br>David Wolfe<br>1301 K St., NW, Suite 900<br>Washington, DC 20005-<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Date (month, day, year)</b><br>05/10/99<br><br>\$31.43   | <b>Amount of Each Receipt this Period</b><br>\$31.43<br><br>MEMO   |
| <b>Full Name, Mailing Address and Zip Code</b><br>Peter Wyckoff<br>1301 K St., NW, Suite 900<br>Washington, DC 20005-<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Date (month, day, year)</b><br>05/10/99<br><br>\$20.95   | <b>Amount of Each Receipt this Period</b><br>\$20.95<br><br>MEMO   |
| <b>Full Name, Mailing Address and Zip Code</b><br>William B. Yarmuth<br>4000 Woodstone Way<br>Louisville, KY 40241-<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Date (month, day, year)</b><br>05/10/99<br><br>\$1000.00 | <b>Amount of Each Receipt this Period</b><br>\$1000.00<br><br>MEMO |
| <b>Full Name, Mailing Address and Zip Code</b><br>Richard Young<br>1301 K St., NW, Suite 900<br>Washington, DC 20005-<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Date (month, day, year)</b><br>05/10/99<br><br>\$25.14   | <b>Amount of Each Receipt this Period</b><br>\$25.14<br><br>MEMO   |
| <b>Full Name, Mailing Address and Zip Code</b><br>Alex Zabrosky<br>1301 K St., NW, Suite 900<br>Washington, DC 20005-<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Date (month, day, year)</b><br>05/10/99<br><br>\$23.05   | <b>Amount of Each Receipt this Period</b><br>\$23.05<br><br>MEMO   |
| <b>Full Name, Mailing Address and Zip Code</b><br>,<br>,<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                                                         | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Date (month, day, year)</b><br>/ /<br><br>\$0.00         | <b>Amount of Each Receipt this Period</b><br>\$0.00<br><br>MEMO    |
| <b>Full Name, Mailing Address and Zip Code</b><br>,<br>,<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                                                         | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Date (month, day, year)</b><br>/ /<br><br>\$0.00         | <b>Amount of Each Receipt this Period</b><br>\$0.00<br><br>MEMO    |

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

\$1000.00

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

\$82149.50

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 21  
FOR LINE NUMBER 11(c)

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**NAME OF COMMITTEE (In Full)**  
Rangel For Congress 2000

|                                                                                                                                                                             |                                                                                                        |                                            |                                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|--------------------------------------------|---------------------------------------------------------|
| <b>Full Name, Mailing Address and Zip Code</b><br>AGSHF Civic Action Committee<br>Steve Ross<br>1333 New Hampshire Avenue, NW, Suite 400<br>Washington, DC 20036-           | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> \$1000.00  | <b>Date (month, day, year)</b><br>04/21/99 | <b>Amount of Each Receipt this Period</b><br>\$1000.00  |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                |                                                                                                        |                                            |                                                         |
| <b>Full Name, Mailing Address and Zip Code</b><br>ASAPAC<br>Maniel Bonilla<br>520 N. Northwest Hwy<br>Park Ridge, IL 60068-                                                 | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> \$844.00   | <b>Date (month, day, year)</b><br>04/27/99 | <b>Amount of Each Receipt this Period</b><br>\$844.00   |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                |                                                                                                        |                                            |                                                         |
| <b>Full Name, Mailing Address and Zip Code</b><br>ASAPAC<br>Maniel Bonilla<br>520 N. Northwest Hwy<br>Park Ridge, IL 60068-                                                 | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> \$-4156.30 | <b>Date (month, day, year)</b><br>05/17/99 | <b>Amount of Each Receipt this Period</b><br>\$-5000.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                |                                                                                                        |                                            |                                                         |
| <b>Full Name, Mailing Address and Zip Code</b><br>ASAPAC<br>Maniel Bonilla<br>520 N. Northwest Hwy<br>Park Ridge, IL 60068-                                                 | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> \$-156.30  | <b>Date (month, day, year)</b><br>05/17/99 | <b>Amount of Each Receipt this Period</b><br>\$4030.30  |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                |                                                                                                        |                                            |                                                         |
| <b>Full Name, Mailing Address and Zip Code</b><br>ASAPAC<br>Maniel Bonilla<br>520 N. Northwest Hwy<br>Park Ridge, IL 60068-                                                 | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> \$4844.00  | <b>Date (month, day, year)</b><br>05/17/99 | <b>Amount of Each Receipt this Period</b><br>\$5000.00  |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                |                                                                                                        |                                            |                                                         |
| <b>Full Name, Mailing Address and Zip Code</b><br>ASAPAC<br>Maniel Bonilla<br>520 N. Northwest Hwy<br>Park Ridge, IL 60068-                                                 | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> \$9844.00  | <b>Date (month, day, year)</b><br>05/25/99 | <b>Amount of Each Receipt this Period</b><br>\$5000.00  |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                |                                                                                                        |                                            |                                                         |
| <b>Full Name, Mailing Address and Zip Code</b><br>ATLA PAC, Assoc. of Trial Lawyers of Am.<br>Thomas Hale Roggs, Jr., Esq.<br>1353 31st Street, NW<br>Washington, DC 20007- | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> \$1000.00  | <b>Date (month, day, year)</b><br>03/11/99 | <b>Amount of Each Receipt this Period</b><br>\$1000.00  |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                |                                                                                                        |                                            |                                                         |
| <b>SUBTOTAL of Receipts This Page (optional)</b>                                                                                                                            |                                                                                                        |                                            | \$11844.00                                              |
| <b>TOTAL This Period (last page this line number only)</b>                                                                                                                  |                                                                                                        |                                            |                                                         |



**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 2 OF 2  
FOR LINE NUMBER 11101

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**NAME OF COMMITTEE (In Full)**  
Rangel For Congress 2000

|                                                                                                                                                                                      |                                                  |                                            |                                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|--------------------------------------------|--------------------------------------------------------|
| <b>Full Name, Mailing Address and Zip Code</b><br>ATIA PAC, Assoc. of Trial Lawyers of Am.<br>Thomas Hale Boggs, Jr., Esq.<br>1050 31st Street, NW<br>Washington, DC 20007-          | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>03/29/99 | <b>Amount of Each Receipt this Period</b><br>\$1000.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                         | <b>Aggregate Year-to-Date -&gt;</b> \$2000.00    |                                            |                                                        |
| <b>Full Name, Mailing Address and Zip Code</b><br>Action Fund of Lehman Brothers Holdings<br>Judith A. Winchester<br>800 Connecticut Avenue, NW, Suite 1200<br>Washington, DC 20006- | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>05/06/99 | <b>Amount of Each Receipt this Period</b><br>\$1000.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                         | <b>Aggregate Year-to-Date -&gt;</b> \$1000.00    |                                            |                                                        |
| <b>Full Name, Mailing Address and Zip Code</b><br>Action Fund of Lehman Brothers Holdings<br>Judith A. Winchester<br>800 Connecticut Avenue, NW, Suite 1200<br>Washington, DC 20006- | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>05/28/99 | <b>Amount of Each Receipt this Period</b><br>\$1000.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                         | <b>Aggregate Year-to-Date -&gt;</b> \$2000.00    |                                            |                                                        |
| <b>Full Name, Mailing Address and Zip Code</b><br>Allmerica Federal PAC<br>D. Michael Murray<br>440 Lincoln Street<br>Worcester, MA 01653-                                           | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>03/29/99 | <b>Amount of Each Receipt this Period</b><br>\$1000.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                         | <b>Aggregate Year-to-Date -&gt;</b> \$1000.00    |                                            |                                                        |
| <b>Full Name, Mailing Address and Zip Code</b><br>Amalgamated Transit Union Cape Account<br>Maurice G. Lewis - President<br>3025 Wisconsin Avenue, NW<br>Washington, DC 20016-       | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>04/21/99 | <b>Amount of Each Receipt this Period</b><br>\$2500.00 |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                         | <b>Aggregate Year-to-Date -&gt;</b> \$2500.00    |                                            |                                                        |
| <b>Full Name, Mailing Address and Zip Code</b><br>America's Community Bankers PAC<br>Robert R. Davis<br>900 19th Street, NW, Suite 400<br>Washington, DC 20006-                      | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>04/07/99 | <b>Amount of Each Receipt this Period</b><br>\$302.33  |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                         | <b>Aggregate Year-to-Date -&gt;</b> \$302.33     |                                            | IN-KIND                                                |
| <b>Full Name, Mailing Address and Zip Code</b><br>America's Community Bankers PAC<br>Robert R. Davis<br>900 19th Street, NW, Suite 400<br>Washington, DC 20006-                      | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>04/21/99 | <b>Amount of Each Receipt this Period</b><br>\$1000.00 |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                         | <b>Aggregate Year-to-Date -&gt;</b> \$1302.33    |                                            |                                                        |
| <b>SUBTOTAL of Receipts This Page (optional)</b>                                                                                                                                     |                                                  |                                            | \$7802.33                                              |
| <b>TOTAL This Period (last page this line number only)</b>                                                                                                                           |                                                  |                                            |                                                        |

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 3 OF 21  
FOR LINE NUMBER 11(c)

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**NAME OF COMMITTEE (In Full)**  
Rangel For Congress 2000

|                                                                                                                                                                                     |                                                  |                                            |                                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|--------------------------------------------|--------------------------------------------------------|
| <b>Full Name, Mailing Address and Zip Code</b><br>American Chiropractic Assoc. PAC<br>Amanda Wellman - Pol. Dir.<br>1701 Clarendon Blvd<br>Arlington, VA 22209-                     | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>03/29/99 | <b>Amount of Each Receipt this Period</b><br>\$1000.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                        | <b>Aggregate Year-to-Date -&gt;</b> \$1000.00    |                                            |                                                        |
| <b>Full Name, Mailing Address and Zip Code</b><br>American Occupational Therapy Assoc. PAC<br>Christina Matzler<br>4720 Montgomery Lane<br>Bethesda, MD 20824-1220                  | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>06/30/99 | <b>Amount of Each Receipt this Period</b><br>\$1000.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                        | <b>Aggregate Year-to-Date -&gt;</b> \$1000.00    |                                            |                                                        |
| <b>Full Name, Mailing Address and Zip Code</b><br>American Ambulance Association PAC<br>1301 Connecticut Ave, NW<br><br>Washington, DC 20036-                                       | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>06/24/99 | <b>Amount of Each Receipt this Period</b><br>\$1000.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                        | <b>Aggregate Year-to-Date -&gt;</b> \$1000.00    |                                            |                                                        |
| <b>Full Name, Mailing Address and Zip Code</b><br>American Bankers Association PAC<br>1120 Connecticut Ave, NW<br><br>Washington, DC 20036-                                         | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>06/24/99 | <b>Amount of Each Receipt this Period</b><br>\$1000.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                        | <b>Aggregate Year-to-Date -&gt;</b> \$1000.00    |                                            |                                                        |
| <b>Full Name, Mailing Address and Zip Code</b><br>American Council of Life Insurance PAC<br>Robert Arensberg<br>1001 Pennsylvania Ave, NW<br>Washington, DC 20004-2599              | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>06/24/99 | <b>Amount of Each Receipt this Period</b><br>\$1000.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                        | <b>Aggregate Year-to-Date -&gt;</b> \$1000.00    |                                            |                                                        |
| <b>Full Name, Mailing Address and Zip Code</b><br>American Federation of State, County and<br>Gerald W. McEntee - International Pres.<br>1625 L Street, NW<br>Washington, DC 20036- | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>02/23/99 | <b>Amount of Each Receipt this Period</b><br>\$5000.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                        | <b>Aggregate Year-to-Date -&gt;</b> \$5000.00    |                                            |                                                        |
| <b>Full Name, Mailing Address and Zip Code</b><br>American Maritime Officers PAC<br>Karen A. Myers - Asst. Leg. Dir.<br>490 L'enfant Plaza East, SW<br>Washington, DC 20024-        | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>04/26/99 | <b>Amount of Each Receipt this Period</b><br>\$1000.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                        | <b>Aggregate Year-to-Date -&gt;</b> \$1000.00    |                                            |                                                        |

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

\$11000.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 4 OF 21  
FOR LINE NUMBER 11 (a)

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**NAME OF COMMITTEE (In Full)**

Rangel For Congress 2000

|                                                                                                                                                                                                                                                                                                                        |                                                                                             |                                                             |                                                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|-------------------------------------------------------------|--------------------------------------------------------|
| <b>Full Name, Mailing Address and Zip Code</b><br>American Oncology Resources, Inc. PAC<br><br>16825 Northchase Drive, Suite 1300<br>Houston, TX 77060-<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                   | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Date (month, day, year)</b><br>05/10/99<br><br>\$1000.00 | <b>Amount of Each Receipt this Period</b><br>\$1000.00 |
| <b>Full Name, Mailing Address and Zip Code</b><br>American Podiatric Medical Association<br>John R. Carson - Director<br>9312 Old George Town Road<br>Bethesda, MD 20814-<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Date (month, day, year)</b><br>05/25/99<br><br>\$1000.00 | <b>Amount of Each Receipt this Period</b><br>\$1000.00 |
| <b>Full Name, Mailing Address and Zip Code</b><br>American Society of Ass. Exe. PAC<br>Jim Clarke - V.P. Govt. Affair<br>1575 I Street, NW<br>Washington, DC 20005-<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)       | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Date (month, day, year)</b><br>03/29/99<br><br>\$500.00  | <b>Amount of Each Receipt this Period</b><br>\$500.00  |
| <b>Full Name, Mailing Address and Zip Code</b><br>American Speech Language-Hearing PAC<br>10801 Rockville Pike<br><br>Rockville, MD 20852-<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Date (month, day, year)</b><br>06/24/99<br><br>\$1000.00 | <b>Amount of Each Receipt this Period</b><br>\$1000.00 |
| <b>Full Name, Mailing Address and Zip Code</b><br>Apria Healthcare PAC<br><br>3560 Hyland Ave<br>Costa Mesa, CA 92626-<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                                    | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Date (month, day, year)</b><br>05/27/99<br><br>\$1000.00 | <b>Amount of Each Receipt this Period</b><br>\$1000.00 |
| <b>Full Name, Mailing Address and Zip Code</b><br>Association of American Railroad PAC<br>Obie O'Bannon<br>50 F Street, NW<br>Washington, DC 20001-<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                       | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Date (month, day, year)</b><br>04/26/99<br><br>\$1000.00 | <b>Amount of Each Receipt this Period</b><br>\$1000.00 |
| <b>Full Name, Mailing Address and Zip Code</b><br>BP Amoco Corporation PAC<br>Michael P. Brien<br>200 East Randolph Drive, Mail Code 2306<br>Chicago, IL 60601-7125<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)       | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Date (month, day, year)</b><br>05/20/99<br><br>\$1000.00 | <b>Amount of Each Receipt this Period</b><br>\$1000.00 |

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

\$6500.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 5 OF 21  
FOR LINE NUMBER 11(c)

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**NAME OF COMMITTEE (In Full)**  
Rangel For Congress 2000

|                                                                                                                                                                                                                                                                                                                    |                                                                                             |                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>Full Name, Mailing Address and Zip Code</b><br>Baker & Hostetler PAC<br>1050 Connecticut Ave, NW<br>Washington, DC 20036-<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                              | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Date (month, day, year)</b><br>06/30/99<br><br><b>Amount of Each Receipt this Period</b><br>\$1000.00 |
| <b>Full Name, Mailing Address and Zip Code</b><br>Bank One Corporation PAC<br>One First National Plaza<br>Chicago, IL 60670-<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                              | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Date (month, day, year)</b><br>04/16/99<br><br><b>Amount of Each Receipt this Period</b><br>\$2300.00 |
| <b>Full Name, Mailing Address and Zip Code</b><br>Bell Atlantic Corp. PAC<br>Eric V. Eve - Dir Govt. Relations<br>1300 I Street, NW, Suite 400 W<br>Washington, DC 20005-<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Date (month, day, year)</b><br>03/11/99<br><br><b>Amount of Each Receipt this Period</b><br>\$1000.00 |
| <b>Full Name, Mailing Address and Zip Code</b><br>Bell Atlantic Corp. PAC<br>Eric V. Eve - Dir Govt. Relations<br>1300 I Street, NW, Suite 400 W<br>Washington, DC 20005-<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Date (month, day, year)</b><br>06/15/99<br><br><b>Amount of Each Receipt this Period</b><br>\$1000.00 |
| <b>Full Name, Mailing Address and Zip Code</b><br>Boeing PAC<br>Maria S. Little<br>1200 Wilson Blvd<br>Arlington, VA 22209-<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                               | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Date (month, day, year)</b><br>05/06/99<br><br><b>Amount of Each Receipt this Period</b><br>\$1000.00 |
| <b>Full Name, Mailing Address and Zip Code</b><br>Boeing PAC<br>Maria S. Little<br>1200 Wilson Blvd<br>Arlington, VA 22209-<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                               | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Date (month, day, year)</b><br>06/11/99<br><br><b>Amount of Each Receipt this Period</b><br>\$1000.00 |
| <b>Full Name, Mailing Address and Zip Code</b><br>Bond PAC<br>Micah S. Green<br>1445 New York Avenue, NW<br>Washington, DC 20005-2158<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                     | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Date (month, day, year)</b><br>05/17/99<br><br><b>Amount of Each Receipt this Period</b><br>\$1000.00 |

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

\$8500.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 6 OF 21  
FOR LINE NUMBER 11(c)

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**NAME OF COMMITTEE (In Full)**

Rangel For Congress 2000

|                                                                                                                                                                                                                                                                                                            |                                                                                             |                                                                                                 |                                                                            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| <b>Full Name, Mailing Address and Zip Code</b><br>Bond PAC<br>Micah S. Green<br>1445 New York Avenue, NW<br>Washington, DC 20005-2150<br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                      | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Date (month, day, year)</b><br>05/25/99<br><br><b>Aggregate Year-to-Date -&gt;</b> \$1095.70 | <b>Amount of Each Receipt this Period</b><br>\$95.70<br><br><b>IN-KIND</b> |
| <b>Full Name, Mailing Address and Zip Code</b><br>Bristol-Myers Squibb Co. PAC<br>Linda A. Pacotti - Assoc. Dir.<br>345 Park Avenue<br>New York, NY 10154-<br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Date (month, day, year)</b><br>04/26/99<br><br><b>Aggregate Year-to-Date -&gt;</b> \$1000.00 | <b>Amount of Each Receipt this Period</b><br>\$1000.00                     |
| <b>Full Name, Mailing Address and Zip Code</b><br>Burson - Marsteller PAC<br>David Hummel Miller<br>1850 M Street, NW<br>Washington, DC 20036-<br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)             | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Date (month, day, year)</b><br>02/23/99<br><br><b>Aggregate Year-to-Date -&gt;</b> \$500.00  | <b>Amount of Each Receipt this Period</b><br>\$500.00                      |
| <b>Full Name, Mailing Address and Zip Code</b><br>COLPAC<br>Jacqueline B. Winston<br>P.O. Box 1365<br>Columbia, SC 29202-1365<br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                              | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Date (month, day, year)</b><br>06/24/99<br><br><b>Aggregate Year-to-Date -&gt;</b> \$1000.00 | <b>Amount of Each Receipt this Period</b><br>\$1000.00                     |
| <b>Full Name, Mailing Address and Zip Code</b><br>Canandaigua Brands Inc., PAC<br>James P. Finkle<br>300 Willowbrook Office Park<br>Fairport, NY 14450-<br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)    | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Date (month, day, year)</b><br>06/15/99<br><br><b>Aggregate Year-to-Date -&gt;</b> \$2000.00 | <b>Amount of Each Receipt this Period</b><br>\$2000.00                     |
| <b>Full Name, Mailing Address and Zip Code</b><br>Citicorp Voluntary Political Fund<br>1101 Pennsylvania Ave<br><br>Washington, DC 20004-<br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                  | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Date (month, day, year)</b><br>06/18/99<br><br><b>Aggregate Year-to-Date -&gt;</b> \$1000.00 | <b>Amount of Each Receipt this Period</b><br>\$1000.00                     |
| <b>Full Name, Mailing Address and Zip Code</b><br>Columbia/HCA Good Govt. Fund<br><br>One Park Plaza, P.O. Box 550<br>Nashville, TN 37202-0550<br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)             | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Date (month, day, year)</b><br>06/08/99<br><br><b>Aggregate Year-to-Date -&gt;</b> \$1000.00 | <b>Amount of Each Receipt this Period</b><br>\$1000.00                     |

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

\$6595.70

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

**SCHEDULE A**
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
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**NAME OF COMMITTEE (In Full)**

Rangel For Congress 2000

|                                                                                                                                                                                      |                                                  |                                            |                                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|--------------------------------------------|--------------------------------------------------------|
| <b>Full Name, Mailing Address and Zip Code</b><br>Connaught Laboratories Inc. PAC<br>Geoffrey G. Peterson<br>801 Pennsylvania Avenue, NW, Suite 725<br>Washington, DC 20004-         | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>04/13/99 | <b>Amount of Each Receipt this Period</b><br>\$1000.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                         | <b>Aggregate Year-to-Date -&gt;</b> \$1000.00    |                                            |                                                        |
| <b>Full Name, Mailing Address and Zip Code</b><br>Council on Insurance Agents PAC<br>Joel Wood<br>701 Pennsylvania Avenue, NW, # 730<br>Washington, DC 20004-2608                    | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>06/24/99 | <b>Amount of Each Receipt this Period</b><br>\$2500.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                         | <b>Aggregate Year-to-Date -&gt;</b> \$2500.00    |                                            |                                                        |
| <b>Full Name, Mailing Address and Zip Code</b><br>Credit Union Legislative Action Council<br>Bonny Betancourt - Assistant Treasurer<br>19 British American Blvd<br>Latham, NY 12110- | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>04/08/99 | <b>Amount of Each Receipt this Period</b><br>\$1000.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                         | <b>Aggregate Year-to-Date -&gt;</b> \$1000.00    |                                            |                                                        |
| <b>Full Name, Mailing Address and Zip Code</b><br>Daimler Chrysler PAC<br>Robert Liberatore - Sr. V.P. Ext. Affair<br>1000 Chrysler Dr.<br>Auburn Hills, MI 48326-2766               | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>03/17/99 | <b>Amount of Each Receipt this Period</b><br>\$1000.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                         | <b>Aggregate Year-to-Date -&gt;</b> \$1000.00    |                                            |                                                        |
| <b>Full Name, Mailing Address and Zip Code</b><br>Jewey Ballantine, LLP PAC<br>Joseph K. Dowley, Esq.<br>1775 Pennsylvania Avenue, NW<br>Washington, DC 20006-                       | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>03/11/99 | <b>Amount of Each Receipt this Period</b><br>\$1000.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                         | <b>Aggregate Year-to-Date -&gt;</b> \$1000.00    |                                            |                                                        |
| <b>Full Name, Mailing Address and Zip Code</b><br>Direct Voice PAC<br>Mark Micali - V.P. Govt. Affairs<br>111 19th Street, NW, Suite 1100<br>Washington, DC 20036-3603               | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>03/11/99 | <b>Amount of Each Receipt this Period</b><br>\$1000.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                         | <b>Aggregate Year-to-Date -&gt;</b> \$1000.00    |                                            |                                                        |
| <b>Full Name, Mailing Address and Zip Code</b><br>F&A Lease PAC<br>1300 N. 17th St, Suite 1010<br>4301 N. Fairfax Drive, Suite 550<br>Arlington, VA 22203-                           | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>05/06/99 | <b>Amount of Each Receipt this Period</b><br>\$2500.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                         | <b>Aggregate Year-to-Date -&gt;</b> \$2500.00    |                                            |                                                        |

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

\$10000.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s)  
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**NAME OF COMMITTEE (In Full)**

Rangel For Congress 2000

|                                                                                                                                                                                            |                                                                                             |                                            |                                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|--------------------------------------------|--------------------------------------------------------|
| <b>Full Name, Mailing Address and Zip Code</b><br>ESOP PAC<br>J. Michael Keeling - President<br>1726 M Street, NW, Suite 501<br>Washington, DC 20036-                                      | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Date (month, day, year)</b><br>03/29/99 | <b>Amount of Each Receipt this Period</b><br>\$1000.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                               | <b>Aggregate Year-to-Date -&gt;</b> \$1000.00                                               |                                            |                                                        |
| <b>Full Name, Mailing Address and Zip Code</b><br>Electronic Data Systems Employees PAC<br>John D. Laccos - Exe. V.P.<br>1331 Pennsylvania Avenue, NW, Suite 1300<br>Washington, DC 20004- | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Date (month, day, year)</b><br>04/26/99 | <b>Amount of Each Receipt this Period</b><br>\$500.00  |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                               | <b>Aggregate Year-to-Date -&gt;</b> \$500.00                                                |                                            |                                                        |
| <b>Full Name, Mailing Address and Zip Code</b><br>Ernst & Young PAC<br>1225 Connecticut Avenue, NW<br>Washington, DC 20036-                                                                | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Date (month, day, year)</b><br>06/24/99 | <b>Amount of Each Receipt this Period</b><br>\$1000.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                               | <b>Aggregate Year-to-Date -&gt;</b> \$1000.00                                               |                                            |                                                        |
| <b>Full Name, Mailing Address and Zip Code</b><br>Federal Express PAC<br>2005 Corporate Ave<br>Memphis, TN 38132-                                                                          | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Date (month, day, year)</b><br>05/20/99 | <b>Amount of Each Receipt this Period</b><br>\$1000.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                               | <b>Aggregate Year-to-Date -&gt;</b> \$1000.00                                               |                                            |                                                        |
| <b>Full Name, Mailing Address and Zip Code</b><br>Federation of American Health Sys PAC<br>Laura I. Thevenot<br>111 19th Street, NW, Suite 402<br>Washington, DC 20036-3688                | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Date (month, day, year)</b><br>04/13/99 | <b>Amount of Each Receipt this Period</b><br>\$1000.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                               | <b>Aggregate Year-to-Date -&gt;</b> \$1000.00                                               |                                            |                                                        |
| <b>Full Name, Mailing Address and Zip Code</b><br>Freeport - Mc Moran Copper & Gold<br>W. Russell King<br>53 F Street, NW, Suite 1050<br>Washington, DC 20001-                             | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Date (month, day, year)</b><br>06/18/99 | <b>Amount of Each Receipt this Period</b><br>\$1000.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                               | <b>Aggregate Year-to-Date -&gt;</b> \$1000.00                                               |                                            |                                                        |
| <b>Full Name, Mailing Address and Zip Code</b><br>Fulbright & Jaworski LLP Federal<br>1301 McKinney, Suite 5100<br>Houston, TX 77010-                                                      | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Date (month, day, year)</b><br>06/30/99 | <b>Amount of Each Receipt this Period</b><br>\$1000.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                               | <b>Aggregate Year-to-Date -&gt;</b> \$1000.00                                               |                                            |                                                        |

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

\$6500.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s)  
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**NAME OF COMMITTEE (In Full)**

Rangel For Congress 2000

|                                                                                                                                                                                                  |                                                  |                                            |                                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|--------------------------------------------|--------------------------------------------------------|
| <b>Full Name, Mailing Address and Zip Code</b><br>GHI FED PAC<br>Jeffrey L. Goodwin - Treasurer<br>441 9th Avenue<br>New York, NY 10001-                                                         | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>03/29/99 | <b>Amount of Each Receipt this Period</b><br>\$1000.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                                     | <b>Aggregate Year-to-Date -&gt;</b> \$1000.00    |                                            |                                                        |
| <b>Full Name, Mailing Address and Zip Code</b><br>General Electric Company PAC<br>Peter D. Prowitt<br>1299 Pennsylvania Ave, NW<br>Washington, DC 20004-                                         | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>06/08/99 | <b>Amount of Each Receipt this Period</b><br>\$3000.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                                     | <b>Aggregate Year-to-Date -&gt;</b> \$3000.00    |                                            |                                                        |
| <b>Full Name, Mailing Address and Zip Code</b><br>Goldman Sachs Partners PAC<br>Judah C. Sommer - Treasurer<br>1101 Pennsylvania Avenue, NW<br>Washington, DC 20004-                             | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>05/28/99 | <b>Amount of Each Receipt this Period</b><br>\$1000.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                                     | <b>Aggregate Year-to-Date -&gt;</b> \$1000.00    |                                            |                                                        |
| <b>Full Name, Mailing Address and Zip Code</b><br>Health Care Providers, WED PAC<br><br>90 State Street, Suite 522<br>Albany, NY 12207-                                                          | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>03/11/99 | <b>Amount of Each Receipt this Period</b><br>\$500.00  |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                                     | <b>Aggregate Year-to-Date -&gt;</b> \$500.00     |                                            |                                                        |
| <b>Full Name, Mailing Address and Zip Code</b><br>Health Insurance PAC<br>Sharon L. Cohen - Treasurer<br>535 13th Street, NW, Suite 600 E<br>Washington, DC 20004-1109                           | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>03/17/99 | <b>Amount of Each Receipt this Period</b><br>\$500.00  |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                                     | <b>Aggregate Year-to-Date -&gt;</b> \$500.00     |                                            |                                                        |
| <b>Full Name, Mailing Address and Zip Code</b><br>Hoffman La Roche Good Govt. Committee<br>Dolly A. Judge - V.P. Govt. Affairs<br>1300 I Street, NW, Suite 520 West<br>Washington, DC 20005-3314 | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>03/24/99 | <b>Amount of Each Receipt this Period</b><br>\$1000.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                                     | <b>Aggregate Year-to-Date -&gt;</b> \$1000.00    |                                            |                                                        |
| <b>Full Name, Mailing Address and Zip Code</b><br>Holland & Knight Cmte for Govt.<br>George Dalley<br>2100 Pennsylvania Ave, NW, Suite 400<br>Washington, DC 20037-                              | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>03/30/99 | <b>Amount of Each Receipt this Period</b><br>\$1000.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                                     | <b>Aggregate Year-to-Date -&gt;</b> \$1000.00    |                                            |                                                        |

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

\$8000.00

**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 11 (C)

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**NAME OF COMMITTEE (In Full)**

Rangel For Congress 2000

|                                                                                                                                                                                                                                                                                                                                              |                                                                                             |                                                             |                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|-------------------------------------------------------------|--------------------------------------------------------|
| <b>Full Name, Mailing Address and Zip Code</b><br>Hopkins & Sutter PAC<br>Jerris Leonard - Chairman<br>888 16th St., NW<br>Washington, DC 20006-<br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                             | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Date (month, day, year)</b><br>03/29/99<br><br>\$1000.00 | <b>Amount of Each Receipt this Period</b><br>\$1000.00 |
| <b>Full Name, Mailing Address and Zip Code</b><br>Independent Insurance Agents of<br>412 First Street, SE, Suite 300<br>Elizabeth Moir - Political Director<br>Washington, DC 20003-<br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)         | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Date (month, day, year)</b><br>06/24/99<br><br>\$1000.00 | <b>Amount of Each Receipt this Period</b><br>\$1000.00 |
| <b>Full Name, Mailing Address and Zip Code</b><br>International Assoc. of Fire Fighters<br>Alfred K. Whitthead - General President<br>1750 New York Avenue, NW<br>Washington, DC 20006-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)      | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Date (month, day, year)</b><br>04/21/99<br><br>\$2500.00 | <b>Amount of Each Receipt this Period</b><br>\$2500.00 |
| <b>Full Name, Mailing Address and Zip Code</b><br>International Council of Cruise Line PAC<br>Cynthia A. Colenda - Treasurer<br>1211 Connecticut Ave, NW, Suite 800<br>Washington, DC 20036-<br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Date (month, day, year)</b><br>05/25/99<br><br>\$1000.00 | <b>Amount of Each Receipt this Period</b><br>\$1000.00 |
| <b>Full Name, Mailing Address and Zip Code</b><br>Investment Management PAC<br>Michael Stern - Legis. Rep.<br>1401 H Street, NW<br>Washington, DC 20005-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                     | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Date (month, day, year)</b><br>04/21/99<br><br>\$1000.00 | <b>Amount of Each Receipt this Period</b><br>\$1000.00 |
| <b>Full Name, Mailing Address and Zip Code</b><br>Joseph E. Seagram & Sons, Inc PAC<br>1401 Eye Street, NW<br>Washington, DC 20005-<br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                                          | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Date (month, day, year)</b><br>06/15/99<br><br>\$1000.00 | <b>Amount of Each Receipt this Period</b><br>\$1000.00 |
| <b>Full Name, Mailing Address and Zip Code</b><br>Machinists Non-Partisan Political League<br>Richard P. Michalski - Director<br>9000 Machinist Place<br>Upper Marlboro, MD 20772-2687<br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)       | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Date (month, day, year)</b><br>05/18/99<br><br>\$2000.00 | <b>Amount of Each Receipt this Period</b><br>\$2000.00 |

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

\$9500.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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**NAME OF COMMITTEE (In Full)**

Rangel For Congress 2000

|                                                                                                                                                                                                                                                                                                                      |                                                                                                       |                                            |                                                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|--------------------------------------------|------------------------------------------------------------------|
| <b>Full Name, Mailing Address and Zip Code</b><br>Mass Mutual PAC<br>Ellen Wilkins Ellis - Sr. V.P. Govt Rel<br>1295 State Street<br>Springfield, MA 01111-0001<br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)      | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> \$1000.00 | <b>Date (month, day, year)</b><br>03/29/99 | <b>Amount of Each Receipt this Period</b><br>\$1000.00           |
| <b>Full Name, Mailing Address and Zip Code</b><br>Mass Mutual PAC<br>Ellen Wilkins Ellis - Sr. V.P. Govt Rel<br>1295 State Street<br>Springfield, MA 01111-0001<br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)      | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> \$2000.00 | <b>Date (month, day, year)</b><br>06/24/99 | <b>Amount of Each Receipt this Period</b><br>\$1000.00           |
| <b>Full Name, Mailing Address and Zip Code</b><br>Merck PAC US<br>Teel Oliver<br>601 Pennsylvania Ave, NW, Suite 1200<br>Washington, DC 20004-<br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                       | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> \$1000.00 | <b>Date (month, day, year)</b><br>06/11/99 | <b>Amount of Each Receipt this Period</b><br>\$1000.00           |
| <b>Full Name, Mailing Address and Zip Code</b><br>Metropolitan Life Insurance Co. Empl PAC<br>Vince Reusing<br>1620 L Street, NW, Suite 800<br>Washington, DC 20036-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> \$176.30  | <b>Date (month, day, year)</b><br>05/10/99 | <b>Amount of Each Receipt this Period</b><br>\$176.30<br>IN-KIND |
| <b>Full Name, Mailing Address and Zip Code</b><br>Metropolitan Life Insurance Co. Empl PAC<br>Vince Reusing<br>1620 L Street, NW, Suite 800<br>Washington, DC 20036-<br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> \$176.30  | <b>Date (month, day, year)</b><br>05/20/99 | <b>Amount of Each Receipt this Period</b><br>\$3000.00           |
| <b>Full Name, Mailing Address and Zip Code</b><br>Mississippi Band of Choctaw Indians<br>Phillip Martin - Tribal Chief<br>P.O. Box 6010<br>Philadelphia, MS 39350-<br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> \$1000.00 | <b>Date (month, day, year)</b><br>02/01/99 | <b>Amount of Each Receipt this Period</b><br>\$1000.00           |
| <b>Full Name, Mailing Address and Zip Code</b><br>Mutual Of Omaha Companies PAC<br>William C. Mattox - E.V.P.<br>Mutual of Omaha Plaza<br>Omaha, NE 68175-<br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)           | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> \$1000.00 | <b>Date (month, day, year)</b><br>05/25/99 | <b>Amount of Each Receipt this Period</b><br>\$1000.00           |

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

\$10176.30

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

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule  
for each category of line  
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FOR LINE NUMBER  
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## NAME OF COMMITTEE (In Full)

Rangel For Congress 2000

|                                                                                                                                                             |                                                  |                                            |                                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|--------------------------------------------|--------------------------------------------------------|
| <b>Full Name, Mailing Address and Zip Code</b><br>Mutual Of Omaha Companies PAC<br>William C. Mattox - E.V.P.<br>Mutual of Omaha Plaza<br>Omaha, NE 68175-  | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>06/24/99 | <b>Amount of Each Receipt this Period</b><br>\$1000.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                | <b>Aggregate Year-to-Date -&gt;</b> \$2000.00    |                                            |                                                        |
| <b>Full Name, Mailing Address and Zip Code</b><br>NAMESPAC<br>Judith Rensallat, RN<br>625 Slaters Lane, Suite 200<br>Alexandria, VA 22314-                  | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>04/21/99 | <b>Amount of Each Receipt this Period</b><br>\$500.00  |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                | <b>Aggregate Year-to-Date -&gt;</b> \$500.00     |                                            |                                                        |
| <b>Full Name, Mailing Address and Zip Code</b><br>NATSS PAC<br>119 South Saint Asaph St<br>Alexandria, VA 22314-3119                                        | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>05/06/99 | <b>Amount of Each Receipt this Period</b><br>\$1000.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                | <b>Aggregate Year-to-Date -&gt;</b> \$1000.00    |                                            |                                                        |
| <b>Full Name, Mailing Address and Zip Code</b><br>NEJA PAC<br>3625 Bishop Drive<br>Brookfield, WI 53005-6607                                                | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>06/11/99 | <b>Amount of Each Receipt this Period</b><br>\$1000.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                | <b>Aggregate Year-to-Date -&gt;</b> \$1000.00    |                                            |                                                        |
| <b>Full Name, Mailing Address and Zip Code</b><br>NRLCA PAC<br>Ken Parmelee<br>1630 Duke Street, 4th Fl<br>Alexandria, VA 22314-3465                        | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>06/15/99 | <b>Amount of Each Receipt this Period</b><br>\$2500.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                | <b>Aggregate Year-to-Date -&gt;</b> \$2500.00    |                                            |                                                        |
| <b>Full Name, Mailing Address and Zip Code</b><br>Nat'l Education Assn. PAC<br>Gregory S. Nash - President<br>1201 16th Street, NW<br>Washington, DC 20036- | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>01/19/99 | <b>Amount of Each Receipt this Period</b><br>\$4000.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                | <b>Aggregate Year-to-Date -&gt;</b> \$4000.00    |                                            |                                                        |
| <b>Full Name, Mailing Address and Zip Code</b><br>National Assoc. of Social Workers PAC<br>750 First Street, NE, Suite 100<br>Washington, DC 20002-         | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>06/18/99 | <b>Amount of Each Receipt this Period</b><br>\$1000.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                | <b>Aggregate Year-to-Date -&gt;</b> \$1000.00    |                                            |                                                        |

SUBTOTAL of Receipts This Page (optional)

\$11000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A**
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
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11(c)

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**NAME OF COMMITTEE (In Full)**

Rangel For Congress 2000

|                                                                                                                                                                                                                                                                                                                                         |                                                  |                                            |                                                                                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|--------------------------------------------|---------------------------------------------------------------------------------------------------------|
| <b>Full Name, Mailing Address and Zip Code</b><br>National Assoc. of Real Estate Invmt PAC<br>Martin L. Depoy - V.P. Govt. Rel.<br>1875 Eye Street, NW, Suite 600<br>Washington, DC 20006-5413<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>04/01/99 | <b>Amount of Each Receipt this Period</b><br>\$1000.00<br><b>Aggregate Year-to-Date -&gt;</b> \$1000.00 |
| <b>Full Name, Mailing Address and Zip Code</b><br>National Assoc. of Real Estate Invmt PAC<br>Martin L. Depoy - V.P. Govt. Rel.<br>1875 Eye Street, NW, Suite 600<br>Washington, DC 20006-5413<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>05/06/99 | <b>Amount of Each Receipt this Period</b><br>\$1000.00<br><b>Aggregate Year-to-Date -&gt;</b> \$2000.00 |
| <b>Full Name, Mailing Address and Zip Code</b><br>National Association of Water Co. PAC<br>Louis J. Jenny<br>1725 K Street, NW, Suite 1212<br>Washington, DC 20006-<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                            | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>05/13/99 | <b>Amount of Each Receipt this Period</b><br>\$1000.00<br><b>Aggregate Year-to-Date -&gt;</b> \$1000.00 |
| <b>Full Name, Mailing Address and Zip Code</b><br>National Cmt To Preserve S.S. & Medicare<br>Cheryl A. Gannon - Dir. Govt. Rel. & Pol<br>10 S Street, NE, Suite 600<br>Washington, DC 20002-<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)  | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>03/30/99 | <b>Amount of Each Receipt this Period</b><br>\$1000.00<br><b>Aggregate Year-to-Date -&gt;</b> \$1000.00 |
| <b>Full Name, Mailing Address and Zip Code</b><br>National Realty PAC<br>Jeffrey E. DeBoer<br>1420 New York Avenue, NW, Suite 1100<br>Washington, DC 20005-<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                    | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>04/13/99 | <b>Amount of Each Receipt this Period</b><br>\$1000.00<br><b>Aggregate Year-to-Date -&gt;</b> \$1000.00 |
| <b>Full Name, Mailing Address and Zip Code</b><br>National Renal Administrators Assoc. PAC<br>11250 Roger Bacon Dr., Suite 8<br>Reston, VA 22090-<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                              | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>06/18/99 | <b>Amount of Each Receipt this Period</b><br>\$1000.00<br><b>Aggregate Year-to-Date -&gt;</b> \$1000.00 |
| <b>Full Name, Mailing Address and Zip Code</b><br>New England Life PAC<br>Kathryn F. Plezak<br>501 Boylston Street<br>Boston, MA 02116-3700<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                                    | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>05/04/99 | <b>Amount of Each Receipt this Period</b><br>\$1000.00<br><b>Aggregate Year-to-Date -&gt;</b> \$1000.00 |

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

\$7000.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s)  
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**NAME OF COMMITTEE (In Full)**  
Rangel For Congress 2000

|                                                                                                                                                                                                                                                                                                                         |                                                                                                       |                                                                                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>Full Name, Mailing Address and Zip Code</b><br>New York Life PAC<br>Jeannine M. Dowling - Director<br>51 Madison Avenue<br>New York, NY 10010-<br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                       | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> \$1000.00 | <b>Date (month, day, year)</b><br>03/29/99<br><br><b>Amount of Each Receipt this Period</b><br>\$1000.00 |
| <b>Full Name, Mailing Address and Zip Code</b><br>Norfolk Southern Corp. Good Govt Fund<br><br>Three Commerical Place<br>Norfolk, VA 23510-2191<br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                         | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> \$1000.00 | <b>Date (month, day, year)</b><br>05/06/99<br><br><b>Amount of Each Receipt this Period</b><br>\$1000.00 |
| <b>Full Name, Mailing Address and Zip Code</b><br>Northwestern Mutual Life Federal PAC<br>Frederic H. Sweet<br>720 S. Wisconsin Ave<br>Milwaukee, WI 53202-<br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)             | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> \$1000.00 | <b>Date (month, day, year)</b><br>03/11/99<br><br><b>Amount of Each Receipt this Period</b><br>\$1000.00 |
| <b>Full Name, Mailing Address and Zip Code</b><br>Northwestern Mutual Life Federal PAC<br>Frederic H. Sweet<br>720 S. Wisconsin Ave<br>Milwaukee, WI 53202-<br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)             | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> \$2000.00 | <b>Date (month, day, year)</b><br>05/04/99<br><br><b>Amount of Each Receipt this Period</b><br>\$1000.00 |
| <b>Full Name, Mailing Address and Zip Code</b><br>ORPHTHPAC<br>101 Greenway North<br>Steve Miller<br>Flushing, NY 11375-<br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                                | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> \$1000.00 | <b>Date (month, day, year)</b><br>06/30/99<br><br><b>Amount of Each Receipt this Period</b><br>\$1000.00 |
| <b>Full Name, Mailing Address and Zip Code</b><br>PIA PAC<br>Meghan Brody<br>400 N. Washington Street<br>Alexandria, VA 22314-<br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                          | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> \$1000.00 | <b>Date (month, day, year)</b><br>06/30/99<br><br><b>Amount of Each Receipt this Period</b><br>\$1000.00 |
| <b>Full Name, Mailing Address and Zip Code</b><br>Eainewobber Fund For Better Govt.<br>Kathleen Shanahan<br>1285 Avenue of the Americas, 14th Fl<br>New York, NY 10019-<br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> \$500.00  | <b>Date (month, day, year)</b><br>06/15/99<br><br><b>Amount of Each Receipt this Period</b><br>\$500.00  |
| <b>SUBTOTAL of Receipts This Page (optional)</b>                                                                                                                                                                                                                                                                        |                                                                                                       | \$6500.00                                                                                                |
| <b>TOTAL This Period (last page this line number only)</b>                                                                                                                                                                                                                                                              |                                                                                                       |                                                                                                          |

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11(c)

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**NAME OF COMMITTEE (In Full)**  
Rangel For Congress 2000

|                                                                                                                                                                                                                                                                                                                                         |                                                                                             |                                                                                                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>Full Name, Mailing Address and Zip Code</b><br>Parsons Brinckerhoff, Inc. PAC<br>Catherine Connor<br>1401 K Street, NW, Suite 701<br>Washington, DC 20005-<br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                           | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Date (month, day, year)</b><br>05/07/99<br><br><b>Amount of Each Receipt this Period</b><br>\$1000.00 |
| <b>Full Name, Mailing Address and Zip Code</b><br>Parsons Corporation PAC<br><br>100 N. Walnut Street<br>Pasadena, CA 91124-<br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                                            | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Date (month, day, year)</b><br>05/06/99<br><br><b>Amount of Each Receipt this Period</b><br>\$1000.00 |
| <b>Full Name, Mailing Address and Zip Code</b><br>Peony PAC<br>Susan Bize<br>1156 15th Street, NW<br>Washington, DC 20005-<br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                                              | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Date (month, day, year)</b><br>05/06/99<br><br><b>Amount of Each Receipt this Period</b><br>\$1000.00 |
| <b>Full Name, Mailing Address and Zip Code</b><br>Petroleum Marketers Association of America<br>John Maniscalco - E.V.P.<br>1901 N. Fort Myer Drive, Suite 1200<br>Arlington, VA 22209-<br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Date (month, day, year)</b><br>05/25/99<br><br><b>Amount of Each Receipt this Period</b><br>\$500.00  |
| <b>Full Name, Mailing Address and Zip Code</b><br>Pfizer PAC<br>Alan G. Levin - Treasurer<br>235 East 42nd Street<br>New York, NY 10017-<br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                                | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Date (month, day, year)</b><br>02/26/99<br><br><b>Amount of Each Receipt this Period</b><br>\$1000.00 |
| <b>Full Name, Mailing Address and Zip Code</b><br>Pharmaceutical Research & Manuf of Am<br>Tara M. Lichtenfels<br>1100 15th Street, NW<br>Washington, DC 20005-<br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                         | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Date (month, day, year)</b><br>06/02/99<br><br><b>Amount of Each Receipt this Period</b><br>\$1000.00 |
| <b>Full Name, Mailing Address and Zip Code</b><br>Philip Morris Companies Inc PAC<br>120 Park Ave<br><br>New York, NY 10017-<br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                                            | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Date (month, day, year)</b><br>06/24/99<br><br><b>Amount of Each Receipt this Period</b><br>\$1000.00 |
| <b>SUBTOTAL of Receipts This Page (optional)</b>                                                                                                                                                                                                                                                                                        |                                                                                             | \$6500.00                                                                                                |
| <b>TOTAL This Period (last page this line number only)</b>                                                                                                                                                                                                                                                                              |                                                                                             |                                                                                                          |

**SCHEDULE A**

**ITEMIZED RECEIPTS**

See separate schedule(s)  
for each category of the  
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**NAME OF COMMITTEE (In Full)**  
Rangel For Congress 2000

|                                                                                                                                                             |                                                                                             |                                            |                                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|--------------------------------------------|--------------------------------------------------------|
| <b>Full Name, Mailing Address and Zip Code</b><br>Phoenix Home Life PAC<br>Maura L. Melley - Sr. V.P. Pub. Rel.<br>One American Row<br>Hartford, CT 06115-  | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Date (month, day, year)</b><br>03/29/99 | <b>Amount of Each Receipt this Period</b><br>\$1000.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                |                                                                                             |                                            |                                                        |
| <b>Full Name, Mailing Address and Zip Code</b><br>Physical Therapy PAC<br>Michael Matlack<br>1111 N. Fairfax Street<br>Alexandria, VA 22314-                | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Date (month, day, year)</b><br>05/20/99 | <b>Amount of Each Receipt this Period</b><br>\$1000.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                |                                                                                             |                                            |                                                        |
| <b>Full Name, Mailing Address and Zip Code</b><br>Principal Life Insurance Co., PAC<br>Stuart J. Brahs - V.P.<br>711 High Street<br>Des Moines, IA 50392-   | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Date (month, day, year)</b><br>04/26/99 | <b>Amount of Each Receipt this Period</b><br>\$1000.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                |                                                                                             |                                            |                                                        |
| <b>Full Name, Mailing Address and Zip Code</b><br>Professionals in Advertising PAC<br><br>40 West 23rd Street<br>New York, NY 10010-                        | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Date (month, day, year)</b><br>03/11/99 | <b>Amount of Each Receipt this Period</b><br>\$1000.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                |                                                                                             |                                            |                                                        |
| <b>Full Name, Mailing Address and Zip Code</b><br>R Duffy Wall & Associates PAC<br>Bill Brewster<br>601 13th Street, NW, Suite 410<br>Washington, DC 20005- | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Date (month, day, year)</b><br>06/30/99 | <b>Amount of Each Receipt this Period</b><br>\$1000.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                |                                                                                             |                                            |                                                        |
| <b>Full Name, Mailing Address and Zip Code</b><br>Realtors PAC<br>Dan Nadaab<br>700 11th Street, NW<br>Washington, DC 20001-4507                            | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Date (month, day, year)</b><br>05/10/99 | <b>Amount of Each Receipt this Period</b><br>\$1000.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                |                                                                                             |                                            |                                                        |
| <b>Full Name, Mailing Address and Zip Code</b><br>Renal Leadership Council PAC<br><br>1300 Connecticut Avenue, Suite 1000<br>Washington, DC 20036-          | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Date (month, day, year)</b><br>06/18/99 | <b>Amount of Each Receipt this Period</b><br>\$1000.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                |                                                                                             |                                            |                                                        |

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

\$7000.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

See separate Schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 17 OF 21  
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11(c)

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**NAME OF COMMITTEE (In Full)**  
Rangel For Congress 2000

|                                                                                                                                                                                           |                                                  |                                            |                                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|--------------------------------------------|--------------------------------------------------------|
| <b>Full Name, Mailing Address and Zip Code</b><br>Republic Industries, Inc.<br>Howard Conklin<br>200 S. Andrews Avenue, 2nd Fl<br>Fort Lauderdale, FL 33301-                              | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>03/11/99 | <b>Amount of Each Receipt this Period</b><br>\$1000.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                              | <b>Aggregate Year-to-Date -&gt;</b> \$1000.00    |                                            |                                                        |
| <b>Full Name, Mailing Address and Zip Code</b><br>RetailPAC, National Retail Federation<br>Steve Pfister - Sr. V.P. Govt. Rel.<br>325 7th Avenue, NW, Suite 1000<br>Washington, DC 20004- | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>03/29/99 | <b>Amount of Each Receipt this Period</b><br>\$1000.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                              | <b>Aggregate Year-to-Date -&gt;</b> \$1000.00    |                                            |                                                        |
| <b>Full Name, Mailing Address and Zip Code</b><br>Rite Aid PAC<br>William A.K. Tietelman<br><br>Harrisburg, PA 17105-                                                                     | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>04/26/99 | <b>Amount of Each Receipt this Period</b><br>\$1000.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                              | <b>Aggregate Year-to-Date -&gt;</b> \$1000.00    |                                            |                                                        |
| <b>Full Name, Mailing Address and Zip Code</b><br>SBC Communications Inc. PAC<br>Marian McDowell<br>1401 I Street, NW, Suite 1100<br>Washington, DC 20005-                                | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>05/06/99 | <b>Amount of Each Receipt this Period</b><br>\$1000.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                              | <b>Aggregate Year-to-Date -&gt;</b> \$1000.00    |                                            |                                                        |
| <b>Full Name, Mailing Address and Zip Code</b><br>Salt River Project Political Involvement<br>Renee Eastman<br>P.O. Box 52025<br>Phoenix, AZ 85072-2025                                   | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>05/06/99 | <b>Amount of Each Receipt this Period</b><br>\$500.00  |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                              | <b>Aggregate Year-to-Date -&gt;</b> \$500.00     |                                            |                                                        |
| <b>Full Name, Mailing Address and Zip Code</b><br>Sea Land Assoc. Good Govt. Fund<br>Peter J. Finnerty<br>1331 Pennsylvania Avenue, NW, Suite 560<br>Washington, DC 20004-1703            | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>05/06/99 | <b>Amount of Each Receipt this Period</b><br>\$1000.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                              | <b>Aggregate Year-to-Date -&gt;</b> \$1000.00    |                                            |                                                        |
| <b>Full Name, Mailing Address and Zip Code</b><br>Seafarers Political Activity Donation<br>David Weindel - Chairman<br>5201 Auth Way<br>Camp Springs, MD 20746-                           | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>04/21/99 | <b>Amount of Each Receipt this Period</b><br>\$2500.00 |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                              | <b>Aggregate Year-to-Date -&gt;</b> \$2500.00    |                                            |                                                        |

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

\$8000.00

**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 11(c)

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**NAME OF COMMITTEE (In Full)**  
Rangel For Congress 2000

|                                                                                                                                                                                                                                                                                                                         |                                                                                             |                                                             |                                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|-------------------------------------------------------------|--------------------------------------------------------|
| <b>Full Name, Mailing Address and Zip Code</b><br>Television & Radio PAC<br>Amanda Kornegay<br>1771 N Street, NW<br>Washington, DC 20036-2391<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                  | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Date (month, day, year)</b><br>04/01/99<br><br>\$1000.00 | <b>Amount of Each Receipt this Period</b><br>\$1000.00 |
| <b>Full Name, Mailing Address and Zip Code</b><br>Temple-Inland Inc. For Respons. Govt<br>J. Lem Anderson<br>P.O. Box 405<br>Diboll, TX 75941-<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                 | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Date (month, day, year)</b><br>05/27/99<br><br>\$1000.00 | <b>Amount of Each Receipt this Period</b><br>\$1000.00 |
| <b>Full Name, Mailing Address and Zip Code</b><br>The Glaxo Wellcome PAC<br>William J. Schuyler<br>Five Moore Dr.<br>Durham, NC 27709-<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                         | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Date (month, day, year)</b><br>06/02/99<br><br>\$1000.00 | <b>Amount of Each Receipt this Period</b><br>\$1000.00 |
| <b>Full Name, Mailing Address and Zip Code</b><br>The Hartford Advocates Fund Federal Acct<br>Eric Thompson<br>1101 Connecticut Avenue, NW, Suite 401<br>Washington, DC 20003-<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Date (month, day, year)</b><br>05/20/99<br><br>\$1000.00 | <b>Amount of Each Receipt this Period</b><br>\$1000.00 |
| <b>Full Name, Mailing Address and Zip Code</b><br>The Hartford Advocates Fund Federal Acct<br>Eric Thompson<br>1101 Connecticut Avenue, NW, Suite 401<br>Washington, DC 20003-<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Date (month, day, year)</b><br>06/30/99<br><br>\$2000.00 | <b>Amount of Each Receipt this Period</b><br>\$1000.00 |
| <b>Full Name, Mailing Address and Zip Code</b><br>The Howard Hughes Corp. PAC<br>Richard Alcolde<br>3800 Howard Hughes Parkway<br>Las Vegas, NV 89109-0927<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                     | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Date (month, day, year)</b><br>05/04/99<br><br>\$1000.00 | <b>Amount of Each Receipt this Period</b><br>\$1000.00 |
| <b>Full Name, Mailing Address and Zip Code</b><br>The J.P. Morgan & Co, Inc. PAC<br>60 Wall St<br>New York, NY 10260-<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                                          | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Date (month, day, year)</b><br>06/24/99<br><br>\$1000.00 | <b>Amount of Each Receipt this Period</b><br>\$1000.00 |
| <b>SUBTOTAL of Receipts This Page (optional)</b>                                                                                                                                                                                                                                                                        |                                                                                             |                                                             | \$7000.00                                              |
| <b>TOTAL This Period (last page this line number only)</b>                                                                                                                                                                                                                                                              |                                                                                             |                                                             |                                                        |

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedules for each category of the Detailed Summary Page

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FOR LINE NUMBER 11 (c)

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**NAME OF COMMITTEE (In Full)**  
Rangel For Congress 2000

|                                                                                                                                                                      |                                                  |                                            |                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|--------------------------------------------|--------------------------------------------------------|
| <b>Full Name, Mailing Address and Zip Code</b><br>The Limited Inc. PAC<br>Matthew G. Kallner - Dir. of Govt. Aff.<br>Two Limited Parkway<br>Columbus, OH 43230-      | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>04/26/99 | <b>Amount of Each Receipt this Period</b><br>\$1000.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                         | <b>Aggregate Year-to-Date -&gt;</b> \$1000.00    |                                            |                                                        |
| <b>Full Name, Mailing Address and Zip Code</b><br>The Mohegan Tribe<br><br>P.O. Box 488<br>Uncasville, CT 06382-                                                     | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>01/19/99 | <b>Amount of Each Receipt this Period</b><br>\$1000.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                         | <b>Aggregate Year-to-Date -&gt;</b> \$1000.00    |                                            |                                                        |
| <b>Full Name, Mailing Address and Zip Code</b><br>The NEA Fund Children & Pub. Ed.<br>Gregory S. Nash<br>217 Lark Street<br>Albany, NY 12210-                        | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>04/16/99 | <b>Amount of Each Receipt this Period</b><br>\$4000.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                         | <b>Aggregate Year-to-Date -&gt;</b> \$4000.00    |                                            |                                                        |
| <b>Full Name, Mailing Address and Zip Code</b><br>The Procter & Gamble Co. Good Govt. Cmt<br>James R. McCarthy<br>One Procter & Gambl Plaza<br>Cincinnati, OH 45202- | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>03/29/99 | <b>Amount of Each Receipt this Period</b><br>\$5000.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                         | <b>Aggregate Year-to-Date -&gt;</b> \$5000.00    |                                            |                                                        |
| <b>Full Name, Mailing Address and Zip Code</b><br>The Robert Mondavi Corporation<br>P.O. Box 106<br><br>Oakville, CA 94562-                                          | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>06/15/99 | <b>Amount of Each Receipt this Period</b><br>\$1000.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                         | <b>Aggregate Year-to-Date -&gt;</b> \$1000.00    |                                            |                                                        |
| <b>Full Name, Mailing Address and Zip Code</b><br>The Society of Thoracic Surgeons PAC<br><br>1200 19th Street, NW, Suite 300<br>Washington, DC 20036-2422           | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>04/26/99 | <b>Amount of Each Receipt this Period</b><br>\$1000.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                         | <b>Aggregate Year-to-Date -&gt;</b> \$1000.00    |                                            |                                                        |
| <b>Full Name, Mailing Address and Zip Code</b><br>Thelen, Reid & Eriest PAC<br><br>701 Pennsylvania Avenue, NW<br>Washington, DC 20004-                              | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>05/07/99 | <b>Amount of Each Receipt this Period</b><br>\$1000.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                         | <b>Aggregate Year-to-Date -&gt;</b> \$1000.00    |                                            |                                                        |

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

\$14000.00

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

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate scheduling  
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detailed Summary PagePAGE 20 OF 21  
FOR LINE NUMBER  
11(c)

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NAME OF COMMITTEE (In Full)  
Rangel For Congress 2000

|                                                                                                                                                                                        |                                                  |                                            |                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|--------------------------------------------|--------------------------------------------------------|
| <b>Full Name, Mailing Address and Zip Code</b><br>Title Industry PAC<br>Ann vom Elgen - Legis. Counsel<br>1828 L Street, NW, Suite 705<br>Washington, DC 20036-                        | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>03/30/99 | <b>Amount of Each Receipt this Period</b><br>\$1000.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                           | <b>Aggregate Year-to-Date -&gt;</b> \$1000.00    |                                            |                                                        |
| <b>Full Name, Mailing Address and Zip Code</b><br>Torchmark Corp. PAC<br>Stephen W. Still<br>2001 Third Avenue, South<br>Birmingham, AL 35233-2185                                     | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>06/18/99 | <b>Amount of Each Receipt this Period</b><br>\$1000.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                           | <b>Aggregate Year-to-Date -&gt;</b> \$1000.00    |                                            |                                                        |
| <b>Full Name, Mailing Address and Zip Code</b><br>Transportation Political Education League<br>James M. Brunkenhoefer<br>14500 Detroit Avenue<br>Lakewood, OH 44107-                   | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>05/04/99 | <b>Amount of Each Receipt this Period</b><br>\$1000.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                           | <b>Aggregate Year-to-Date -&gt;</b> \$1000.00    |                                            |                                                        |
| <b>Full Name, Mailing Address and Zip Code</b><br>Cupperware PAC<br>James E. Rose, Jr.<br>14901 S. Orange Blossom Trail<br>Orlando, FL 32837-                                          | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>03/11/99 | <b>Amount of Each Receipt this Period</b><br>\$1000.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                           | <b>Aggregate Year-to-Date -&gt;</b> \$1000.00    |                                            |                                                        |
| <b>Full Name, Mailing Address and Zip Code</b><br>OAW V CAP<br>Stephen P. Yokich - President<br>8000 E. Jefferson<br>Detroit, MI 48214-3963                                            | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>02/22/99 | <b>Amount of Each Receipt this Period</b><br>\$1000.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                           | <b>Aggregate Year-to-Date -&gt;</b> \$1000.00    |                                            |                                                        |
| <b>Full Name, Mailing Address and Zip Code</b><br>USAA Group PAC<br>Christopher Seeger<br>9800 Fredericksburg Rd<br>San Antonio, TX 78288-                                             | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>06/30/99 | <b>Amount of Each Receipt this Period</b><br>\$1000.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                           | <b>Aggregate Year-to-Date -&gt;</b> \$1000.00    |                                            |                                                        |
| <b>Full Name, Mailing Address and Zip Code</b><br>Union Pacific Corporation Fund For Govt.<br>Mary E. McAlliffe - Treasurer<br>600 13th Street, NW, Suite 340<br>Washington, DC 20005- | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>03/17/99 | <b>Amount of Each Receipt this Period</b><br>\$1000.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                           | <b>Aggregate Year-to-Date -&gt;</b> \$1000.00    |                                            |                                                        |

SUBTOTAL of Receipts This Page (optional)

\$7000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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PAGE 21 OF 21  
FOR LINE NUMBER 11(c)

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**NAME OF COMMITTEE (In Full)**  
Rangel For Congress 2000

|                                                                                                                                                                                                                                                                                                              |                                                                                                       |                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>Full Name, Mailing Address and Zip Code</b><br>Viacom International Inc. PAC<br>Carol A. Mellon<br>1501 M Street, NW, Suite 1100<br>Washington, DC 20005-<br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> \$1000.00 | <b>Date (month, day, year)</b><br>03/11/99<br><br><b>Amount of Each Receipt this Period</b><br>\$1000.00 |
| <b>Full Name, Mailing Address and Zip Code</b><br>Washington Mutual PAC<br>J. Benson Porter<br>1201 Third Avenue<br>Seattle, WA 98101-<br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                       | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> \$500.00  | <b>Date (month, day, year)</b><br>02/25/99<br><br><b>Amount of Each Receipt this Period</b><br>\$500.00  |
| <b>Full Name, Mailing Address and Zip Code</b><br>White & Case PAC<br>1747b Pennsylvania Ave, NW<br>Washington, DC 20006-<br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                    | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> \$2000.00 | <b>Date (month, day, year)</b><br>06/30/99<br><br><b>Amount of Each Receipt this Period</b><br>\$2000.00 |
| <b>Full Name, Mailing Address and Zip Code</b><br>Wine Institute PAC<br>Steve Gross<br>425 Market St., Suite 1000<br>San Francisco, CA 94105-<br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> \$500.00  | <b>Date (month, day, year)</b><br>06/30/99<br><br><b>Amount of Each Receipt this Period</b><br>\$500.00  |
| <b>Full Name, Mailing Address and Zip Code</b><br>Wine and Spirits Wholesalers of America<br>805 Fifteenth Street, NW, Suite 430<br>Washington, DC 20005-<br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)    | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> \$1000.00 | <b>Date (month, day, year)</b><br>06/18/99<br><br><b>Amount of Each Receipt this Period</b><br>\$1000.00 |
| <b>Full Name, Mailing Address and Zip Code</b><br>Worldcom, Inc. Federal PAC<br>Cathy Schultz<br>515 West Amite<br>Jackson, MS 39201-<br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                        | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> \$1000.00 | <b>Date (month, day, year)</b><br>04/26/99<br><br><b>Amount of Each Receipt this Period</b><br>\$1000.00 |
| <b>Full Name, Mailing Address and Zip Code</b><br>Zeneca Inc PAC<br>James P. Schlicht<br>1250 Eye Street, NW, Suite 804<br>Washington, DC 20005-<br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)             | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> \$1000.00 | <b>Date (month, day, year)</b><br>04/16/99<br><br><b>Amount of Each Receipt this Period</b><br>\$1000.00 |

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

\$7000.00

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

\$177410.33

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary PagePAGE 1 OF 1  
FOR LINE NUMBER  
14

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## NAME OF COMMITTEE (In Full)

Rangel For Congress 2000

|                                                                                                                                                                                                                                                         |                                                                                             |                                                            |                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|------------------------------------------------------------|-------------------------------------------------------|
| <b>Full Name, Mailing Address and Zip Code</b><br>Charles E. Rangel<br>40 West 135th St<br>New York, NY 10037-<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Date (month, day, year)</b><br>01/13/99<br><br>\$202.33 | <b>Amount of Each Receipt this Period</b><br>\$202.33 |
| <b>Full Name, Mailing Address and Zip Code</b><br><br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                                                        | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Date (month, day, year)</b><br>/ /                      | <b>Amount of Each Receipt this Period</b>             |
| <b>Full Name, Mailing Address and Zip Code</b><br><br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                                                        | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Date (month, day, year)</b><br>/ /                      | <b>Amount of Each Receipt this Period</b>             |
| <b>Full Name, Mailing Address and Zip Code</b><br><br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                                                        | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Date (month, day, year)</b><br>/ /                      | <b>Amount of Each Receipt this Period</b>             |
| <b>Full Name, Mailing Address and Zip Code</b><br><br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                                                        | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Date (month, day, year)</b><br>/ /                      | <b>Amount of Each Receipt this Period</b>             |
| <b>Full Name, Mailing Address and Zip Code</b><br><br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                                                        | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Date (month, day, year)</b><br>/ /                      | <b>Amount of Each Receipt this Period</b>             |
| <b>Full Name, Mailing Address and Zip Code</b><br><br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                                                        | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Date (month, day, year)</b><br>/ /                      | <b>Amount of Each Receipt this Period</b>             |
| <b>Full Name, Mailing Address and Zip Code</b><br><br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                                                        | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Date (month, day, year)</b><br>/ /                      | <b>Amount of Each Receipt this Period</b>             |
| <b>SUBTOTAL of Receipts This Page (optional)</b>                                                                                                                                                                                                        |                                                                                             |                                                            | \$202.33                                              |
| <b>TOTAL This Period (last page this line number only)</b>                                                                                                                                                                                              |                                                                                             |                                                            | \$202.33                                              |

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s)  
For each category of line  
Detailed Summary Page

PAGE 1 OF 1  
FOR LINE NUMBER 15

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**NAME OF COMMITTEE (In Full)**  
Rangel For Congress 2000

|                                                                                                                                              |                                                                               |                                            |                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|--------------------------------------------|--------------------------------------------------------|
| <b>Full Name, Mailing Address and Zip Code</b><br>Eve Clayton Committee For Congress<br>P.O. Box 479<br>Warrenton, NC 27589-                 | <b>Name of Employer</b><br>For 1998 Campaign<br>Election<br><b>Occupation</b> | <b>Date (month, day, year)</b><br>06/18/99 | <b>Amount of Each Receipt this Period</b><br>\$1000.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Aggregate Year-to-Date -&gt;</b> \$1000.00                                 |                                            |                                                        |
| <b>Full Name, Mailing Address and Zip Code</b><br><br>                                                                                       | <b>Name of Employer</b><br><br><b>Occupation</b>                              | <b>Date (month, day, year)</b><br>/ /      | <b>Amount of Each Receipt this Period</b>              |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)            | <b>Aggregate Year-to-Date -&gt;</b>                                           |                                            |                                                        |
| <b>Full Name, Mailing Address and Zip Code</b><br><br>                                                                                       | <b>Name of Employer</b><br><br><b>Occupation</b>                              | <b>Date (month, day, year)</b><br>/ /      | <b>Amount of Each Receipt this Period</b>              |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)            | <b>Aggregate Year-to-Date -&gt;</b>                                           |                                            |                                                        |
| <b>Full Name, Mailing Address and Zip Code</b><br><br>                                                                                       | <b>Name of Employer</b><br><br><b>Occupation</b>                              | <b>Date (month, day, year)</b><br>/ /      | <b>Amount of Each Receipt this Period</b>              |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)            | <b>Aggregate Year-to-Date -&gt;</b>                                           |                                            |                                                        |
| <b>Full Name, Mailing Address and Zip Code</b><br><br>                                                                                       | <b>Name of Employer</b><br><br><b>Occupation</b>                              | <b>Date (month, day, year)</b><br>/ /      | <b>Amount of Each Receipt this Period</b>              |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)            | <b>Aggregate Year-to-Date -&gt;</b>                                           |                                            |                                                        |
| <b>Full Name, Mailing Address and Zip Code</b><br><br>                                                                                       | <b>Name of Employer</b><br><br><b>Occupation</b>                              | <b>Date (month, day, year)</b><br>/ /      | <b>Amount of Each Receipt this Period</b>              |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)            | <b>Aggregate Year-to-Date -&gt;</b>                                           |                                            |                                                        |
| <b>Full Name, Mailing Address and Zip Code</b><br><br>                                                                                       | <b>Name of Employer</b><br><br><b>Occupation</b>                              | <b>Date (month, day, year)</b><br>/ /      | <b>Amount of Each Receipt this Period</b>              |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)            | <b>Aggregate Year-to-Date -&gt;</b>                                           |                                            |                                                        |
| <b>Full Name, Mailing Address and Zip Code</b><br><br>                                                                                       | <b>Name of Employer</b><br><br><b>Occupation</b>                              | <b>Date (month, day, year)</b><br>/ /      | <b>Amount of Each Receipt this Period</b>              |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)            | <b>Aggregate Year-to-Date -&gt;</b>                                           |                                            |                                                        |
| <b>SUBTOTAL of Receipts This Page (optional)</b>                                                                                             |                                                                               |                                            | \$1000.00                                              |
| <b>TOTAL This Period (last page this line number only)</b>                                                                                   |                                                                               |                                            | \$1000.00                                              |

**SCHEDULE B**
**ITEMIZED DISBURSEMENTS**

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

 PAGE 1 OF 43  
 FOR LINE NUMBER 17

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**NAME OF COMMITTEE (In Full)**  
 Rangel For Congress 2000

|                                                                                                                                    |                                                                                                                                                                                                   |                                            |                                                            |
|------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|------------------------------------------------------------|
| <b>Full Name, Mailing Address and Zip Code</b><br>369TH Veterans Association, Inc.<br><br>P.O. BOX 369<br><br>Englewood, NJ 07631- | <b>Purpose of Disbursement</b><br>Ad Journal<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):              | <b>Date (month, day, year)</b><br>03/11/99 | <b>Amount of Each Disbursement This Period</b><br>\$100.00 |
| <b>Full Name, Mailing Address and Zip Code</b><br>46th Street Photo<br><br>New York, NY 10019-                                     | <b>Purpose of Disbursement</b><br>Office Equipment (VISA)<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Date (month, day, year)</b><br>06/18/99 | <b>Amount of Each Disbursement This Period</b><br>\$509.96 |
| <b>Full Name, Mailing Address and Zip Code</b><br>ALKIT Pro Camera<br><br>P.O. Box 19117<br><br>Newark, NJ 07195-                  | <b>Purpose of Disbursement</b><br>Office Equipment<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):        | <b>Date (month, day, year)</b><br>06/15/99 | <b>Amount of Each Disbursement This Period</b><br>\$184.57 |
| <b>Full Name, Mailing Address and Zip Code</b><br>ALLSTATE<br><br>P.O. BOX 32572<br><br>Charlotte, NC 28232-                       | <b>Purpose of Disbursement</b><br>Auto Insurance<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):          | <b>Date (month, day, year)</b><br>01/13/99 | <b>Amount of Each Disbursement This Period</b><br>\$824.90 |
| <b>Full Name, Mailing Address and Zip Code</b><br>AOL Service<br><br>P.O. Box 29593<br><br>New York, NY 10087-9593                 | <b>Purpose of Disbursement</b><br>Internet Svc (VISA)<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):     | <b>Date (month, day, year)</b><br>02/10/99 | <b>Amount of Each Disbursement This Period</b><br>\$21.95  |
| <b>Full Name, Mailing Address and Zip Code</b><br>AOL Service<br><br>P.O. Box 29593<br><br>New York, NY 10087-9593                 | <b>Purpose of Disbursement</b><br>Internet Svc (VISA)<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):     | <b>Date (month, day, year)</b><br>03/16/99 | <b>Amount of Each Disbursement This Period</b><br>\$21.95  |
| <b>Full Name, Mailing Address and Zip Code</b><br>AOL Service<br><br>P.O. Box 29593<br><br>New York, NY 10087-9593                 | <b>Purpose of Disbursement</b><br>Internet Svc<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):            | <b>Date (month, day, year)</b><br>03/14/99 | <b>Amount of Each Disbursement This Period</b><br>\$21.95  |

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

\$1685.28

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
following summary page

PAGE 2 OF 43  
FOR LINE NUMBER 17

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**NAME OF COMMITTEE (In Full)**  
Rangel For Congress 2000

|                                                                                                                                                              |                                                                                                                                                                                            |                                     |                                                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------------------------------------------------|
| Full Name, Mailing Address and Zip Code<br>AOL Service<br><br>P.O. Box 29593<br><br>New York, NY 10087-9593                                                  | Purpose of Disbursement<br>Internet Svc (VISA)<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)      | Date (month, day, year)<br>04/21/99 | Amount of Each Disbursement This Period<br>\$21.95                 |
| Full Name, Mailing Address and Zip Code<br>AOL Service<br><br>P.O. Box 29593<br><br>New York, NY 10087-9593                                                  | Purpose of Disbursement<br>Internet Svc (VISA)<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)      | Date (month, day, year)<br>01/29/99 | Amount of Each Disbursement This Period<br>\$21.95                 |
| Full Name, Mailing Address and Zip Code<br>ASAPAC<br><br>Maniel Ronilla<br>520 N. Northwest Hwy<br>Park Ridge, IL 60068-                                     | Purpose of Disbursement<br><br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                         | Date (month, day, year)<br>04/27/99 | Amount of Each Disbursement This Period<br>\$844.00<br><br>IN KIND |
| Full Name, Mailing Address and Zip Code<br>Abyssinian Baptist Church<br><br>132 Odell Clark Pl<br><br>New York, NY 10030-                                    | Purpose of Disbursement<br>Ad Journal<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)               | Date (month, day, year)<br>02/08/99 | Amount of Each Disbursement This Period<br>\$100.00                |
| Full Name, Mailing Address and Zip Code<br>America's Community Bankers PAC<br><br>Robert R. Davis<br>900 19th Street, NW, Suite 400<br>Washington, DC 20006- | Purpose of Disbursement<br><br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                         | Date (month, day, year)<br>04/07/99 | Amount of Each Disbursement This Period<br>\$302.33<br><br>IN KIND |
| Full Name, Mailing Address and Zip Code<br>American Air<br><br>P.O. Box 619612-MD 2400<br><br>Dallas, TX 75261-9612                                          | Purpose of Disbursement<br>Air travel (VISA)<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)        | Date (month, day, year)<br>06/29/99 | Amount of Each Disbursement This Period<br>\$8.00                  |
| Full Name, Mailing Address and Zip Code<br>Amtrak<br><br>60 Massachusetts Ave, NE<br><br>Washington, DC 20002-                                               | Purpose of Disbursement<br>Travel to Wash DC (VISA)<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month, day, year)<br>05/14/99 | Amount of Each Disbursement This Period<br>\$136.00                |

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

\$1434.23

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



**SCHEDULE B**
**ITEMIZED DISBURSEMENTS**

Use separate line items 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)**  
 Rangel For Congress 2000

|                                                                                                                                     |                                                                                                                                                                                            |                                            |                                                             |
|-------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-------------------------------------------------------------|
| <b>Full Name, Mailing Address and Zip Code</b><br>Aristotle Publishing<br><br>205 Pennsylvania Ave, SE<br><br>Washington, DC 20003- | <b>Purpose of Disbursement</b><br>Software Support<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Date (month, day, year)</b><br>04/05/99 | <b>Amount of Each Disbursement This Period</b><br>\$1950.00 |
| <b>Full Name, Mailing Address and Zip Code</b><br>Atlas Communications, LTD<br><br>P.O. Box 740516<br><br>Atlanta, GA 30374-0516    | <b>Purpose of Disbursement</b><br>Telephone Svc<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):    | <b>Date (month, day, year)</b><br>06/25/99 | <b>Amount of Each Disbursement This Period</b><br>\$12.12   |
| <b>Full Name, Mailing Address and Zip Code</b><br>Atlas Communications, LTD<br><br>P.O. Box 740516<br><br>Atlanta, GA 30374-0516    | <b>Purpose of Disbursement</b><br>Telephone Svc<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):    | <b>Date (month, day, year)</b><br>04/19/99 | <b>Amount of Each Disbursement This Period</b><br>\$95.17   |
| <b>Full Name, Mailing Address and Zip Code</b><br>Atlas Communications, LTD<br><br>P.O. Box 740516<br><br>Atlanta, GA 30374-0516    | <b>Purpose of Disbursement</b><br>Telephone Svc<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):    | <b>Date (month, day, year)</b><br>05/28/99 | <b>Amount of Each Disbursement This Period</b><br>\$8.02    |
| <b>Full Name, Mailing Address and Zip Code</b><br>Automatic Data Processing<br><br>99 Jefferson Rd<br><br>Parsippany, NJ 07054-     | <b>Purpose of Disbursement</b><br>Payroll Fees<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):     | <b>Date (month, day, year)</b><br>04/02/99 | <b>Amount of Each Disbursement This Period</b><br>\$250.00  |
| <b>Full Name, Mailing Address and Zip Code</b><br>Automatic Data Processing<br><br>99 Jefferson Rd<br><br>Parsippany, NJ 07054-     | <b>Purpose of Disbursement</b><br>Payroll Taxes<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):    | <b>Date (month, day, year)</b><br>04/30/99 | <b>Amount of Each Disbursement This Period</b><br>\$1873.46 |
| <b>Full Name, Mailing Address and Zip Code</b><br>Automatic Data Processing<br><br>99 Jefferson Rd<br><br>Parsippany, NJ 07054-     | <b>Purpose of Disbursement</b><br>Payroll Fees<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):     | <b>Date (month, day, year)</b><br>01/29/99 | <b>Amount of Each Disbursement This Period</b><br>\$50.50   |

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

\$4239.27

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 4 OF 43  
FOR LINE NUMBER 17

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**NAME OF COMMITTEE (In Full)**  
Rangel For Congress 2000

|                                                                                                                  |                                                                                                                                                                             |                                     |                                                      |
|------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|------------------------------------------------------|
| Full Name, Mailing Address and Zip Code<br>Automatic Data Processing<br>99 Jefferson Rd<br>Parsippany, NJ 07054- | Purpose of Disbursement<br>Payroll Taxes<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month, day, year)<br>06/29/99 | Amount of Each Disbursement This Period<br>\$1534.33 |
| Full Name, Mailing Address and Zip Code<br>Automatic Data Processing<br>99 Jefferson Rd<br>Parsippany, NJ 07054- | Purpose of Disbursement<br>Payroll Taxes<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month, day, year)<br>05/28/99 | Amount of Each Disbursement This Period<br>\$1539.80 |
| Full Name, Mailing Address and Zip Code<br>Automatic Data Processing<br>99 Jefferson Rd<br>Parsippany, NJ 07054- | Purpose of Disbursement<br>Payroll Fees<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)  | Date (month, day, year)<br>04/02/99 | Amount of Each Disbursement This Period<br>\$37.75   |
| Full Name, Mailing Address and Zip Code<br>Automatic Data Processing<br>99 Jefferson Rd<br>Parsippany, NJ 07054- | Purpose of Disbursement<br>Payroll Fees<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)  | Date (month, day, year)<br>06/25/99 | Amount of Each Disbursement This Period<br>\$39.50   |
| Full Name, Mailing Address and Zip Code<br>Automatic Data Processing<br>99 Jefferson Rd<br>Parsippany, NJ 07054- | Purpose of Disbursement<br>Payroll Fees<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)  | Date (month, day, year)<br>04/07/99 | Amount of Each Disbursement This Period<br>\$250.00  |
| Full Name, Mailing Address and Zip Code<br>Automatic Data Processing<br>99 Jefferson Rd<br>Parsippany, NJ 07054- | Purpose of Disbursement<br>Payroll Fees<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)  | Date (month, day, year)<br>05/27/99 | Amount of Each Disbursement This Period<br>\$39.50   |
| Full Name, Mailing Address and Zip Code<br>Automatic Data Processing<br>99 Jefferson Rd<br>Parsippany, NJ 07054- | Purpose of Disbursement<br>Payroll Taxes<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month, day, year)<br>04/15/99 | Amount of Each Disbursement This Period<br>\$1279.27 |

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

\$4720.15

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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**NAME OF COMMITTEE (In Full)**  
Rangel For Congress 2000

|                                                                                                                  |                                                                                                                                                                                |                                     |                                                      |
|------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|------------------------------------------------------|
| Full Name, Mailing Address and Zip Code<br>Automatic Data Processing<br>99 Jefferson Rd<br>Parsippany, NJ 07054- | Purpose of Disbursement<br>Payroll Fees<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):    | Date (month, day, year)<br>05/13/99 | Amount of Each Disbursement This Period<br>\$39.50   |
| Full Name, Mailing Address and Zip Code<br>Automatic Data Processing<br>99 Jefferson Rd<br>Parsippany, NJ 07054- | Purpose of Disbursement<br>Payroll Fees<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):    | Date (month, day, year)<br>04/24/99 | Amount of Each Disbursement This Period<br>\$37.75   |
| Full Name, Mailing Address and Zip Code<br>Automatic Data Processing<br>99 Jefferson Rd<br>Parsippany, NJ 07054- | Purpose of Disbursement<br>Payroll Expense<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Date (month, day, year)<br>04/21/99 | Amount of Each Disbursement This Period<br>\$37.75   |
| Full Name, Mailing Address and Zip Code<br>Automatic Data Processing<br>99 Jefferson Rd<br>Parsippany, NJ 07054- | Purpose of Disbursement<br>Payroll Taxes<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):   | Date (month, day, year)<br>05/14/99 | Amount of Each Disbursement This Period<br>\$1585.34 |
| Full Name, Mailing Address and Zip Code<br>Automatic Data Processing<br>99 Jefferson Rd<br>Parsippany, NJ 07054- | Purpose of Disbursement<br>Payroll Taxes<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):   | Date (month, day, year)<br>04/02/99 | Amount of Each Disbursement This Period<br>\$1253.30 |
| Full Name, Mailing Address and Zip Code<br>Automatic Data Processing<br>99 Jefferson Rd<br>Parsippany, NJ 07054- | Purpose of Disbursement<br>Payroll Taxes<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):   | Date (month, day, year)<br>06/15/99 | Amount of Each Disbursement This Period<br>\$1539.78 |
| Full Name, Mailing Address and Zip Code<br>Automatic Data Processing<br>99 Jefferson Rd<br>Parsippany, NJ 07054- | Purpose of Disbursement<br>Payroll Fees<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):    | Date (month, day, year)<br>06/14/99 | Amount of Each Disbursement This Period<br>\$39.50   |

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

\$4532.92

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedules for each category of the Detailed Summary Page

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**NAME OF COMMITTEE (In Full)**

Rangel For Congress 2000

|                                                                                                                          |                                                                                                                                                                                               |                                     |                                                       |
|--------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------------------------|
| Full Name, Mailing Address and Zip Code<br>Automatic Data Processing<br><br>99 Jefferson Rd<br><br>Parsippany, NJ 07054- | Purpose of Disbursement<br>Payroll Fees<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):               | Date (month, day, year)<br>04/30/99 | Amount of Each Disbursement This Period<br>\$39.50    |
| Full Name, Mailing Address and Zip Code<br>BBH Solutions<br><br>121 East 24th Street<br><br>New York, NY 10010-          | Purpose of Disbursement<br>Computer Equipment/Support<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Date (month, day, year)<br>03/11/99 | Amount of Each Disbursement This Period<br>\$18670.69 |
| Full Name, Mailing Address and Zip Code<br>BBH Solutions<br><br>121 East 24th Street<br><br>New York, NY 10010-          | Purpose of Disbursement<br>Computer Equipment/Support<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Date (month, day, year)<br>04/15/99 | Amount of Each Disbursement This Period<br>\$6223.36  |
| Full Name, Mailing Address and Zip Code<br>BELL ATLANTIC<br><br>P.O. BOX 4830<br><br>Trenton, NJ 08650-                  | Purpose of Disbursement<br>Telephone Svc<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):              | Date (month, day, year)<br>02/17/99 | Amount of Each Disbursement This Period<br>\$333.95   |
| Full Name, Mailing Address and Zip Code<br>BELL ATLANTIC<br><br>P.O. BOX 4830<br><br>Trenton, NJ 08650-                  | Purpose of Disbursement<br>Telephone Svc<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):              | Date (month, day, year)<br>03/21/99 | Amount of Each Disbursement This Period<br>\$515.48   |
| Full Name, Mailing Address and Zip Code<br>BELL ATLANTIC<br><br>P.O. BOX 4830<br><br>Trenton, NJ 08650-                  | Purpose of Disbursement<br>Telephone Svc<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):              | Date (month, day, year)<br>04/15/99 | Amount of Each Disbursement This Period<br>\$563.66   |
| Full Name, Mailing Address and Zip Code<br>BELL ATLANTIC<br><br>P.O. BOX 4830<br><br>Trenton, NJ 08650-                  | Purpose of Disbursement<br>Telephone Svc<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):              | Date (month, day, year)<br>04/15/99 | Amount of Each Disbursement This Period<br>\$163.10   |

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

\$26509.94

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

## SCHEDULE B

## ITEMIZED DISBURSEMENTS

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## NAME OF COMMITTEE (In Full)

Rangel For Congress 2000

|                                                                                                         |                                                                                                                                                                                 |                                     |                                                     |
|---------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-----------------------------------------------------|
| Full Name, Mailing Address and Zip Code<br>BELL ATLANTIC<br><br>P.O. BOX 4830<br><br>Trenton, NJ 08650- | Purpose of Disbursement<br>Telephone Svc<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month, day, year)<br>06/29/99 | Amount of Each Disbursement This Period<br>\$25.72  |
| Full Name, Mailing Address and Zip Code<br>BELL ATLANTIC<br><br>P.O. BOX 4830<br><br>Trenton, NJ 08650- | Purpose of Disbursement<br>Telephone Svc<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month, day, year)<br>06/14/99 | Amount of Each Disbursement This Period<br>\$31.85  |
| Full Name, Mailing Address and Zip Code<br>BELL ATLANTIC<br><br>P.O. BOX 4830<br><br>Trenton, NJ 08650- | Purpose of Disbursement<br>Telephone Svc<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month, day, year)<br>05/10/99 | Amount of Each Disbursement This Period<br>\$190.59 |
| Full Name, Mailing Address and Zip Code<br>BELL ATLANTIC<br><br>P.O. BOX 4830<br><br>Trenton, NJ 08650- | Purpose of Disbursement<br>Telephone Svc<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month, day, year)<br>06/14/99 | Amount of Each Disbursement This Period<br>\$438.15 |
| Full Name, Mailing Address and Zip Code<br>BELL ATLANTIC<br><br>P.O. BOX 4830<br><br>Trenton, NJ 08650- | Purpose of Disbursement<br>Telephone Svc<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month, day, year)<br>06/14/99 | Amount of Each Disbursement This Period<br>\$217.78 |
| Full Name, Mailing Address and Zip Code<br>BELL ATLANTIC<br><br>P.O. BOX 4830<br><br>Trenton, NJ 08650- | Purpose of Disbursement<br>Telephone Svc<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month, day, year)<br>03/30/99 | Amount of Each Disbursement This Period<br>\$24.39  |
| Full Name, Mailing Address and Zip Code<br>BELL ATLANTIC<br><br>P.O. BOX 4830<br><br>Trenton, NJ 08650- | Purpose of Disbursement<br>Telephone Svc<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month, day, year)<br>02/02/99 | Amount of Each Disbursement This Period<br>\$30.09  |

SUBTOTAL of Disbursements This Page (optional)

5958.57

TOTAL This Period (last page this line number only)

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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**NAME OF COMMITTEE (In Full)**  
Rangel For Congress 2000

|                                                                                                         |                                                                                                                                                                                  |                                     |                                                     |
|---------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-----------------------------------------------------|
| Full Name, Mailing Address and Zip Code<br>BELL ATLANTIC<br><br>P.O. BOX 4830<br><br>Trenton, NJ 08650- | Purpose of Disbursement<br>Telephone Svc<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Date (month, day, year)<br>02/17/99 | Amount of Each Disbursement This Period<br>\$197.99 |
| Full Name, Mailing Address and Zip Code<br>BELL ATLANTIC<br><br>P.O. BOX 4830<br><br>Trenton, NJ 08650- | Purpose of Disbursement<br>Telephone Svc<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Date (month, day, year)<br>03/16/99 | Amount of Each Disbursement This Period<br>\$419.05 |
| Full Name, Mailing Address and Zip Code<br>BELL ATLANTIC<br><br>P.O. BOX 4830<br><br>Trenton, NJ 08650- | Purpose of Disbursement<br>Telephone Svc<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Date (month, day, year)<br>03/16/99 | Amount of Each Disbursement This Period<br>\$217.06 |
| Full Name, Mailing Address and Zip Code<br>BELL ATLANTIC<br><br>P.O. BOX 4830<br><br>Trenton, NJ 08650- | Purpose of Disbursement<br>Telephone Svc<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Date (month, day, year)<br>01/13/99 | Amount of Each Disbursement This Period<br>\$375.64 |
| Full Name, Mailing Address and Zip Code<br>BELL ATLANTIC<br><br>P.O. BOX 4830<br><br>Trenton, NJ 08650- | Purpose of Disbursement<br>Telephone Svc<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Date (month, day, year)<br>01/14/99 | Amount of Each Disbursement This Period<br>\$149.23 |
| Full Name, Mailing Address and Zip Code<br>BELL ATLANTIC<br><br>P.O. BOX 4830<br><br>Trenton, NJ 08650- | Purpose of Disbursement<br>Telephone Svc<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Date (month, day, year)<br>03/02/99 | Amount of Each Disbursement This Period<br>\$34.46  |
| Full Name, Mailing Address and Zip Code<br>BELL ATLANTIC<br><br>P.O. BOX 4830<br><br>Trenton, NJ 08650- | Purpose of Disbursement<br>Telephone Svc<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Date (month, day, year)<br>04/30/99 | Amount of Each Disbursement This Period<br>\$31.74  |

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

\$1425.17

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedule for each category of the following summary page

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**NAME OF COMMITTEE (In Full)**  
Rangel For Congress 2000

|                                                                                                                                         |                                                                                                                                                                                                 |                                            |                                                             |
|-----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-------------------------------------------------------------|
| <b>Full Name, Mailing Address and Zip Code</b><br>BIPARTISAN CONGRESSIONAL RETREAT<br><br>2354 RAYBURN HOB<br><br>Washington, DC 20515- | <b>Purpose of Disbursement</b><br>Registration Fees<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):     | <b>Date (month, day, year)</b><br>03/17/99 | <b>Amount of Each Disbursement This Period</b><br>\$60.00   |
| <b>Full Name, Mailing Address and Zip Code</b><br>JAMES E. BOOKER<br><br>10 WEST 135TH ST<br><br>New York, NY 10037-                    | <b>Purpose of Disbursement</b><br>Public Relations Fees<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Date (month, day, year)</b><br>03/03/99 | <b>Amount of Each Disbursement This Period</b><br>\$1200.00 |
| <b>Full Name, Mailing Address and Zip Code</b><br>JAMES E. BOOKER<br><br>10 WEST 135TH ST<br><br>New York, NY 10037-                    | <b>Purpose of Disbursement</b><br>Public Relations Fee<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):  | <b>Date (month, day, year)</b><br>05/27/99 | <b>Amount of Each Disbursement This Period</b><br>\$500.00  |
| <b>Full Name, Mailing Address and Zip Code</b><br>Bargold Storage Systems<br><br>216 East 45th Street<br><br>New York, NY 10017-        | <b>Purpose of Disbursement</b><br>Storage Rental<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):        | <b>Date (month, day, year)</b><br>04/30/99 | <b>Amount of Each Disbursement This Period</b><br>\$36.00   |
| <b>Full Name, Mailing Address and Zip Code</b><br>Bargold Storage Systems<br><br>216 East 45th Street<br><br>New York, NY 10017-        | <b>Purpose of Disbursement</b><br>Office Storage<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):        | <b>Date (month, day, year)</b><br>06/25/99 | <b>Amount of Each Disbursement This Period</b><br>\$36.00   |
| <b>Full Name, Mailing Address and Zip Code</b><br>Bargold Storage Systems<br><br>216 East 45th Street<br><br>New York, NY 10017-        | <b>Purpose of Disbursement</b><br>Storage Rental<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):        | <b>Date (month, day, year)</b><br>03/25/99 | <b>Amount of Each Disbursement This Period</b><br>\$72.00   |
| <b>Full Name, Mailing Address and Zip Code</b><br>Bargold Storage Systems<br><br>216 East 45th Street<br><br>New York, NY 10017-        | <b>Purpose of Disbursement</b><br>Storage Rental<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):        | <b>Date (month, day, year)</b><br>05/28/99 | <b>Amount of Each Disbursement This Period</b><br>\$36.00   |

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

\$1940.00

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

**SCHEDULE B**
**ITEMIZED DISBURSEMENTS**

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**NAME OF COMMITTEE (In Full)**

Rangel For Congress 2000

|                                                                                                                                           |                                                                                                                                                                                           |                                            |                                                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|--------------------------------------------------------------------------|
| <b>Full Name, Mailing Address and Zip Code</b><br>Albert Beckett<br><br>725 Riverside Dr., #100<br><br>New York, NY 10032-                | <b>Purpose of Disbursement</b><br>Salary<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)           | <b>Date (month, day, year)</b><br>05/20/99 | <b>Amount of Each Disbursement This Period</b><br>\$300.00               |
| <b>Full Name, Mailing Address and Zip Code</b><br>Bond PAC<br><br>Micah S. Green<br>1445 New York Avenue, NW<br>Washington, DC 20005-2158 | <b>Purpose of Disbursement</b><br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                     | <b>Date (month, day, year)</b><br>03/25/99 | <b>Amount of Each Disbursement This Period</b><br>\$95.70<br><br>IN KIND |
| <b>Full Name, Mailing Address and Zip Code</b><br>Brooklyn Democrats<br><br>16 Court Street, Suite 1115<br><br>Brooklyn, NY 11241-        | <b>Purpose of Disbursement</b><br>Ad Journal<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)       | <b>Date (month, day, year)</b><br>01/13/99 | <b>Amount of Each Disbursement This Period</b><br>\$300.00               |
| <b>Full Name, Mailing Address and Zip Code</b><br>CHASE MANHATTAN BANK<br><br>300 WEST 125TH ST<br><br>New York, NY 10027-                | <b>Purpose of Disbursement</b><br>Bank Charges<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)     | <b>Date (month, day, year)</b><br>05/24/99 | <b>Amount of Each Disbursement This Period</b><br>\$10.00                |
| <b>Full Name, Mailing Address and Zip Code</b><br>CHASE MANHATTAN BANK<br><br>300 WEST 125TH ST<br><br>New York, NY 10027-                | <b>Purpose of Disbursement</b><br>Bank Charges<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)     | <b>Date (month, day, year)</b><br>01/21/99 | <b>Amount of Each Disbursement This Period</b><br>\$10.00                |
| <b>Full Name, Mailing Address and Zip Code</b><br>CON EDISON<br><br>4 IRVING PLACE<br><br>New York, NY 10003-                             | <b>Purpose of Disbursement</b><br>Office Utilities<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Date (month, day, year)</b><br>03/11/99 | <b>Amount of Each Disbursement This Period</b><br>\$36.71                |
| <b>Full Name, Mailing Address and Zip Code</b><br>CON EDISON<br><br>4 IRVING PLACE<br><br>New York, NY 10003-                             | <b>Purpose of Disbursement</b><br>Office Utility<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   | <b>Date (month, day, year)</b><br>05/13/99 | <b>Amount of Each Disbursement This Period</b><br>\$96.80                |

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

\$849.21

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



**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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**NAME OF COMMITTEE (in Full)**  
Rangel For Congress 2000

|                                                                                                                            |                                                                                                                                                                                                   |                                     |                                                     |
|----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-----------------------------------------------------|
| Full Name, Mailing Address and Zip Code<br>CON EDISON<br><br>4 IRVING PLACE<br><br>New York, NY 10003-                     | Purpose of Disbursement<br>Office Utilities<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                | Date (month, day, year)<br>04/05/99 | Amount of Each Disbursement This Period<br>\$45.71  |
| Full Name, Mailing Address and Zip Code<br>CON EDISON<br><br>4 IRVING PLACE<br><br>New York, NY 10003-                     | Purpose of Disbursement<br>Office Utilities<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                | Date (month, day, year)<br>06/04/99 | Amount of Each Disbursement This Period<br>\$106.90 |
| Full Name, Mailing Address and Zip Code<br>CON EDISON<br><br>4 IRVING PLACE<br><br>New York, NY 10003-                     | Purpose of Disbursement<br>Office Utilities<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                | Date (month, day, year)<br>02/02/99 | Amount of Each Disbursement This Period<br>\$29.88  |
| Full Name, Mailing Address and Zip Code<br>Champion Trophies Inc.<br><br>409 K STREET, NW<br><br>Washington, DC 20001-     | Purpose of Disbursement<br>Constituent Plaque (VISA)<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)       | Date (month, day, year)<br>03/16/99 | Amount of Each Disbursement This Period<br>\$132.18 |
| Full Name, Mailing Address and Zip Code<br>Champion Trophies Inc.<br><br>409 K STREET, NW<br><br>Washington, DC 20001-     | Purpose of Disbursement<br>Frames & Lamination of Articles<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month, day, year)<br>05/14/99 | Amount of Each Disbursement This Period<br>\$189.23 |
| Full Name, Mailing Address and Zip Code<br>Circuit City<br><br>3222 M Street, NW<br><br>Washington, DC 20001-              | Purpose of Disbursement<br>Office Equipment (VISA)<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)         | Date (month, day, year)<br>03/16/99 | Amount of Each Disbursement This Period<br>\$282.37 |
| Full Name, Mailing Address and Zip Code<br>Coleman's Inc.<br><br>520 North Capital Street, NW<br><br>Washington, DC 20001- | Purpose of Disbursement<br>Catering 6/24/99 Event<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)          | Date (month, day, year)<br>06/29/99 | Amount of Each Disbursement This Period<br>\$973.09 |

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

\$1759.42

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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**NAME OF COMMITTEE (In Full)**  
Rangel For Congress 2000

|                                                                                                                               |                                                                                                                                                                                                       |                                        |                                                             |
|-------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-------------------------------------------------------------|
| Full Name, Mailing Address and Zip Code<br>Columbia University<br><br>630 West 168th Street<br><br>New York, NY 10032-        | Purpose of Disbursement<br>Leaders Breakfast<br>meeting<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):       | Date (month,<br>day, year)<br>02/09/99 | Amount of Each<br>Disbursement<br>This Period<br>\$365.70   |
| Full Name, Mailing Address and Zip Code<br>Council on Foreign Relations<br><br>50 East 68th Street<br><br>New York, NY 10021- | Purpose of Disbursement<br>Membership Dues<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                    | Date (month,<br>day, year)<br>02/23/99 | Amount of Each<br>Disbursement<br>This Period<br>\$275.00   |
| Full Name, Mailing Address and Zip Code<br>Crain's New York Business<br><br>220 East 42nd Street<br><br>New York, NY 10017-   | Purpose of Disbursement<br>Business Database (DE)<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):             | Date (month,<br>day, year)<br>03/15/99 | Amount of Each<br>Disbursement<br>This Period<br>\$142.50   |
| Full Name, Mailing Address and Zip Code<br>Crown Trophy<br><br>83 Maiden Ln<br><br>New York, NY 10038-                        | Purpose of Disbursement<br>Plaque (Constituents)<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):              | Date (month,<br>day, year)<br>04/20/99 | Amount of Each<br>Disbursement<br>This Period<br>\$50.00    |
| Full Name, Mailing Address and Zip Code<br>DCCC<br><br>430 SOUTH CAPITOL STREET<br><br>Washington, DC 20003-                  | Purpose of Disbursement<br>30K Excess Contr/20K<br>Membership<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Date (month,<br>day, year)<br>04/19/99 | Amount of Each<br>Disbursement<br>This Period<br>\$50000.00 |
| Full Name, Mailing Address and Zip Code<br>DELTA AIRLINES<br><br>AIRPORT CENTRAL OFFICE<br><br>Atlanta, GA 30320-             | Purpose of Disbursement<br>Air travel (VISA)<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                  | Date (month,<br>day, year)<br>06/29/99 | Amount of Each<br>Disbursement<br>This Period<br>\$436.75   |
| Full Name, Mailing Address and Zip Code<br>DEWITT CLINTON SCHOLARSHIP<br><br>P.O. BOX 566<br><br>Elmsford, NY 10523-          | Purpose of Disbursement<br>Ad Journal<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                         | Date (month,<br>day, year)<br>04/22/99 | Amount of Each<br>Disbursement<br>This Period<br>\$200.00   |

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

\$51469.95

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedule for each category of line item detailed summary page

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**NAME OF COMMITTEE (In Full)**  
Rangel For Congress 2000

|                                                                                                                      |                                                                                                                                                                               |                                     |                                                      |
|----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|------------------------------------------------------|
| Full Name, Mailing Address and Zip Code<br>DICK GIDROW FORD INC<br><br>2030 EAST TREMONT AVE<br><br>Bronx, NY 10462- | Purpose of Disbursement<br>Auto Repair<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month, day, year)<br>01/12/99 | Amount of Each Disbursement This Period<br>\$293.30  |
| Full Name, Mailing Address and Zip Code<br>DICK GIDROW FORD INC<br><br>2030 EAST TREMONT AVE<br><br>Bronx, NY 10462- | Purpose of Disbursement<br>Auto Repair<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month, day, year)<br>02/04/99 | Amount of Each Disbursement This Period<br>\$2784.23 |
| Full Name, Mailing Address and Zip Code<br>DISTRICT CABLE<br><br>2217 14TH ST, NW<br><br>Washington, DC 20009-       | Purpose of Disbursement<br>Cable TV<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)    | Date (month, day, year)<br>03/16/99 | Amount of Each Disbursement This Period<br>\$127.70  |
| Full Name, Mailing Address and Zip Code<br>DISTRICT CABLE<br><br>2217 14TH ST, NW<br><br>Washington, DC 20009-       | Purpose of Disbursement<br>Cable TV<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)    | Date (month, day, year)<br>05/28/99 | Amount of Each Disbursement This Period<br>\$58.85   |
| Full Name, Mailing Address and Zip Code<br>DISTRICT CABLE<br><br>2217 14TH ST, NW<br><br>Washington, DC 20009-       | Purpose of Disbursement<br>Cable TV<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)    | Date (month, day, year)<br>01/13/99 | Amount of Each Disbursement This Period<br>\$58.65   |
| Full Name, Mailing Address and Zip Code<br>DISTRICT CABLE<br><br>2217 14TH ST, NW<br><br>Washington, DC 20009-       | Purpose of Disbursement<br>Cable TV<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)    | Date (month, day, year)<br>04/21/99 | Amount of Each Disbursement This Period<br>\$57.10   |
| Full Name, Mailing Address and Zip Code<br>DISTRICT CABLE<br><br>2217 14TH ST, NW<br><br>Washington, DC 20009-       | Purpose of Disbursement<br>Cable TV<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)    | Date (month, day, year)<br>03/26/99 | Amount of Each Disbursement This Period<br>\$63.85   |

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

\$3443.88

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

See separate schedule(s)  
for each category of the  
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**NAME OF COMMITTEE (In Full)**  
Rangel For Congress 2000

|                                                                                                                            |                                                                                                                                                                                                 |                                     |                                                     |
|----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-----------------------------------------------------|
| Full Name, Mailing Address and Zip Code<br>DISTRICT CABLE<br><br>2217 14TH ST, NW<br><br>Washington, DC 20009-             | Purpose of Disbursement<br>Cable TV<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                      | Date (month, day, year)<br>06/29/99 | Amount of Each Disbursement This Period<br>\$60.11  |
| Full Name, Mailing Address and Zip Code<br>DMC Custom Framing<br><br>2707 Blueridge Avenue<br><br>Silver Spring, MD 20902- | Purpose of Disbursement<br>Framing for office<br>Plaques<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month, day, year)<br>06/08/99 | Amount of Each Disbursement This Period<br>\$565.00 |
| Full Name, Mailing Address and Zip Code<br>Delta Sigma Theta Sorority, Inc.                                                | Purpose of Disbursement<br>Ad Journal<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                    | Date (month, day, year)<br>05/04/99 | Amount of Each Disbursement This Period<br>\$100.00 |
| Full Name, Mailing Address and Zip Code<br>Dove Flowers, Inc<br><br>2300 Wisconsin Avenue, NW<br><br>Washington, DC 20007- | Purpose of Disbursement<br>Flowers (Constituents)<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)        | Date (month, day, year)<br>05/14/99 | Amount of Each Disbursement This Period<br>\$90.42  |
| Full Name, Mailing Address and Zip Code<br>Dove Flowers, Inc<br><br>2300 Wisconsin Avenue, NW<br><br>Washington, DC 20007- | Purpose of Disbursement<br>Flowers (Constituents)<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)        | Date (month, day, year)<br>03/26/99 | Amount of Each Disbursement This Period<br>\$74.35  |
| Full Name, Mailing Address and Zip Code<br>Dove Flowers, Inc<br><br>2300 Wisconsin Avenue, NW<br><br>Washington, DC 20007- | Purpose of Disbursement<br>Flowers (Constituents)<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)        | Date (month, day, year)<br>02/09/99 | Amount of Each Disbursement This Period<br>\$164.45 |
| Full Name, Mailing Address and Zip Code<br>Dove Flowers, Inc<br><br>2300 Wisconsin Avenue, NW<br><br>Washington, DC 20007- | Purpose of Disbursement<br>Flowers (Constituents)<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)        | Date (month, day, year)<br>04/21/99 | Amount of Each Disbursement This Period<br>\$161.53 |

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

\$1216.06

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedules for each category of the Detailed Summary Page

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**NAME OF COMMITTEE (In Full)**

Rangel For Congress 2000

|                                                                                                                            |                                                                                                                                                                                           |                                     |                                                     |
|----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-----------------------------------------------------|
| Full Name, Mailing Address and Zip Code<br>Dove Flowers, Inc<br><br>2300 Wisconsin Avenue, NW<br><br>Washington, DC 20007- | Purpose of Disbursement<br>Flowers { Constituents!<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month, day, year)<br>01/13/99 | Amount of Each Disbursement This Period<br>\$297.16 |
| Full Name, Mailing Address and Zip Code<br>Joseph K. Dowley, Esq.<br><br>8417 Martingale Dr.<br><br>Mc Lean, VA 22102-     | Purpose of Disbursement<br>3/2/99 Event Catering<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   | Date (month, day, year)<br>04/16/99 | Amount of Each Disbursement This Period<br>\$376.20 |
| Full Name, Mailing Address and Zip Code<br>EAB VISA<br><br>P.O. BOX 835<br><br>Garden City, NY 11530-                      | Purpose of Disbursement<br>Finance Charges<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)         | Date (month, day, year)<br>06/18/99 | Amount of Each Disbursement This Period<br>\$13.17  |
| Full Name, Mailing Address and Zip Code<br>EAB VISA<br><br>P.O. BOX 835<br><br>Garden City, NY 11530-                      | Purpose of Disbursement<br>Finance Charges<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)         | Date (month, day, year)<br>05/14/99 | Amount of Each Disbursement This Period<br>\$26.58  |
| Full Name, Mailing Address and Zip Code<br>EAB VISA<br><br>P.O. BOX 835<br><br>Garden City, NY 11530-                      | Purpose of Disbursement<br>Finance Fees<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)            | Date (month, day, year)<br>02/10/99 | Amount of Each Disbursement This Period<br>\$62.68  |
| Full Name, Mailing Address and Zip Code<br>EAB VISA<br><br>P.O. BOX 835<br><br>Garden City, NY 11530-                      | Purpose of Disbursement<br>Finance Charges<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)         | Date (month, day, year)<br>04/21/99 | Amount of Each Disbursement This Period<br>\$14.81  |
| Full Name, Mailing Address and Zip Code<br>EXXON<br><br>P.O. BOX 103028<br><br>Roswell, GA 30076-                          | Purpose of Disbursement<br>Auto Fuel<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)               | Date (month, day, year)<br>04/21/99 | Amount of Each Disbursement This Period<br>\$69.48  |

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

\$860.08

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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**NAME OF COMMITTEE (In Full)**  
Rangel For Congress 2000

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|-------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|------------------------------------------------------|
| Full Name, Mailing Address and Zip Code<br>EXXON<br><br>P.O. BOX 103028<br><br>Roswell, GA 30076-           | Purpose of Disbursement<br>Auto Fuel<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):               | Date (month, day, year)<br>03/16/99 | Amount of Each Disbursement This Period<br>\$50.67   |
| Full Name, Mailing Address and Zip Code<br>EXXON<br><br>P.O. BOX 103028<br><br>Roswell, GA 30076-           | Purpose of Disbursement<br>Auto Fuel<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):               | Date (month, day, year)<br>04/29/99 | Amount of Each Disbursement This Period<br>\$37.31   |
| Full Name, Mailing Address and Zip Code<br>Earthlink<br><br>P.O. Box 70880<br><br>Pasadena, CA 91117-7880   | Purpose of Disbursement<br>Internet Svc<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):            | Date (month, day, year)<br>06/25/99 | Amount of Each Disbursement This Period<br>\$24.95   |
| Full Name, Mailing Address and Zip Code<br>Earthlink<br><br>P.O. Box 70880<br><br>Pasadena, CA 91117-7880   | Purpose of Disbursement<br>Internet Svc<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):            | Date (month, day, year)<br>05/21/99 | Amount of Each Disbursement This Period<br>\$19.95   |
| Full Name, Mailing Address and Zip Code<br>Douglas Evans<br><br>P.O. Box 853<br><br>South Orange, NJ 07079- | Purpose of Disbursement<br>Compliance/Finance Fees<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Date (month, day, year)<br>06/29/99 | Amount of Each Disbursement This Period<br>\$3475.00 |
| Full Name, Mailing Address and Zip Code<br>Douglas Evans<br><br>P.O. Box 853<br><br>South Orange, NJ 07079- | Purpose of Disbursement<br>Finance/Compliance Fees<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Date (month, day, year)<br>03/15/99 | Amount of Each Disbursement This Period<br>\$3300.00 |
| Full Name, Mailing Address and Zip Code<br>Douglas Evans<br><br>P.O. Box 853<br><br>South Orange, NJ 07079- | Purpose of Disbursement<br>Travel/ Supply<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):          | Date (month, day, year)<br>04/29/99 | Amount of Each Disbursement This Period<br>\$70.16   |

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

\$6978.04

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

**SCHEDULE B**
**ITEMIZED DISBURSEMENTS**

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**NAME OF COMMITTEE (In Full)**  
Rangel For Congress 2000

|                                                                                                            |                                                                                                                                                                                                        |                                            |                                                             |
|------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-------------------------------------------------------------|
| <b>Full Name, Mailing Address and Zip Code</b><br>Douglas Evans<br>P.O. Box 853<br>South Orange, NJ 07079- | <b>Purpose of Disbursement</b><br>Finance/ Compliance Fees<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)      | <b>Date (month, day, year)</b><br>05/14/99 | <b>Amount of Each Disbursement This Period</b><br>\$3475.00 |
| <b>Full Name, Mailing Address and Zip Code</b><br>Douglas Evans<br>P.O. Box 853<br>South Orange, NJ 07079- | <b>Purpose of Disbursement</b><br>Office Supply & Travel<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)        | <b>Date (month, day, year)</b><br>06/29/99 | <b>Amount of Each Disbursement This Period</b><br>\$65.83   |
| <b>Full Name, Mailing Address and Zip Code</b><br>Douglas Evans<br>P.O. Box 853<br>South Orange, NJ 07079- | <b>Purpose of Disbursement</b><br>Travel / Postage / Telephone<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)  | <b>Date (month, day, year)</b><br>02/15/99 | <b>Amount of Each Disbursement This Period</b><br>\$137.30  |
| <b>Full Name, Mailing Address and Zip Code</b><br>Douglas Evans<br>P.O. Box 853<br>South Orange, NJ 07079- | <b>Purpose of Disbursement</b><br>Reimb. Office Supply & Travel<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Date (month, day, year)</b><br>05/28/99 | <b>Amount of Each Disbursement This Period</b><br>\$80.50   |
| <b>Full Name, Mailing Address and Zip Code</b><br>Douglas Evans<br>P.O. Box 853<br>South Orange, NJ 07079- | <b>Purpose of Disbursement</b><br>Finance/Compliance Fees<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)       | <b>Date (month, day, year)</b><br>04/30/99 | <b>Amount of Each Disbursement This Period</b><br>\$3475.00 |
| <b>Full Name, Mailing Address and Zip Code</b><br>Douglas Evans<br>P.O. Box 853<br>South Orange, NJ 07079- | <b>Purpose of Disbursement</b><br>Travel/Office Supply<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)          | <b>Date (month, day, year)</b><br>04/15/99 | <b>Amount of Each Disbursement This Period</b><br>\$76.63   |
| <b>Full Name, Mailing Address and Zip Code</b><br>Douglas Evans<br>P.O. Box 853<br>South Orange, NJ 07079- | <b>Purpose of Disbursement</b><br>Finance/Compliance Fees<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)       | <b>Date (month, day, year)</b><br>04/15/99 | <b>Amount of Each Disbursement This Period</b><br>\$3475.00 |

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

\$10785.26

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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**NAME OF COMMITTEE (In Full)**  
Rangel For Congress 2000

|                                                                                                            |                                                                                                                                                                                              |                                            |                                                             |
|------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-------------------------------------------------------------|
| <b>Full Name, Mailing Address and Zip Code</b><br>Douglas Evans<br>P.O. Box 853<br>South Orange, NJ 07079- | <b>Purpose of Disbursement</b><br>Finance/Compliance Fees<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Date (month, day, year)</b><br>05/28/99 | <b>Amount of Each Disbursement This Period</b><br>\$3475.00 |
| <b>Full Name, Mailing Address and Zip Code</b><br>Douglas Evans<br>P.O. Box 853<br>South Orange, NJ 07079- | <b>Purpose of Disbursement</b><br>Travel/Postage<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)          | <b>Date (month, day, year)</b><br>03/15/99 | <b>Amount of Each Disbursement This Period</b><br>\$119.02  |
| <b>Full Name, Mailing Address and Zip Code</b><br>Douglas Evans<br>P.O. Box 853<br>South Orange, NJ 07079- | <b>Purpose of Disbursement</b><br>Travel<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                  | <b>Date (month, day, year)</b><br>01/22/99 | <b>Amount of Each Disbursement This Period</b><br>\$87.55   |
| <b>Full Name, Mailing Address and Zip Code</b><br>Douglas Evans<br>P.O. Box 853<br>South Orange, NJ 07079- | <b>Purpose of Disbursement</b><br>Finance/Compliance Fees<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Date (month, day, year)</b><br>06/13/99 | <b>Amount of Each Disbursement This Period</b><br>\$3475.00 |
| <b>Full Name, Mailing Address and Zip Code</b><br>Douglas Evans<br>P.O. Box 853<br>South Orange, NJ 07079- | <b>Purpose of Disbursement</b><br>Travel/Supply/Postage<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   | <b>Date (month, day, year)</b><br>02/26/99 | <b>Amount of Each Disbursement This Period</b><br>\$108.60  |
| <b>Full Name, Mailing Address and Zip Code</b><br>Douglas Evans<br>P.O. Box 853<br>South Orange, NJ 07079- | <b>Purpose of Disbursement</b><br>Finance/Compliance Fees<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Date (month, day, year)</b><br>01/29/99 | <b>Amount of Each Disbursement This Period</b><br>\$3475.00 |
| <b>Full Name, Mailing Address and Zip Code</b><br>Douglas Evans<br>P.O. Box 853<br>South Orange, NJ 07079- | <b>Purpose of Disbursement</b><br>Finance/Compliance Fees<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Date (month, day, year)</b><br>02/26/99 | <b>Amount of Each Disbursement This Period</b><br>\$3300.00 |

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

\$14040.17

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



**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 19 OF 43  
FOR LINE NUMBER 17

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**NAME OF COMMITTEE (In Full)**  
Rangel For Congress 2000

|                                                                                                            |                                                                                                                                                                                               |                                            |                                                             |
|------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-------------------------------------------------------------|
| <b>Full Name, Mailing Address and Zip Code</b><br>Douglas Evans<br>P.O. Box 853<br>South Orange, NJ 07079- | <b>Purpose of Disbursement</b><br>Finance/Compliance Fee<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):  | <b>Date (month, day, year)</b><br>01/14/99 | <b>Amount of Each Disbursement This Period</b><br>\$3475.00 |
| <b>Full Name, Mailing Address and Zip Code</b><br>Douglas Evans<br>P.O. Box 853<br>South Orange, NJ 07079- | <b>Purpose of Disbursement</b><br>Finance/Compliance Fees<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Date (month, day, year)</b><br>04/01/99 | <b>Amount of Each Disbursement This Period</b><br>\$3475.00 |
| <b>Full Name, Mailing Address and Zip Code</b><br>Douglas Evans<br>P.O. Box 853<br>South Orange, NJ 07079- | <b>Purpose of Disbursement</b><br>Finance/Compliance Fees<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Date (month, day, year)</b><br>02/15/99 | <b>Amount of Each Disbursement This Period</b><br>\$3475.00 |
| <b>Full Name, Mailing Address and Zip Code</b><br>PARC30<br>P.O. BOX 202<br>New York, NY 10013-            | <b>Purpose of Disbursement</b><br>Ad Journal<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):              | <b>Date (month, day, year)</b><br>02/05/99 | <b>Amount of Each Disbursement This Period</b><br>\$100.00  |
| <b>Full Name, Mailing Address and Zip Code</b><br>Fedex<br>P.O. Box 1140<br>Memphis, TN 38101-1140         | <b>Purpose of Disbursement</b><br>Express Mail<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):            | <b>Date (month, day, year)</b><br>03/10/99 | <b>Amount of Each Disbursement This Period</b><br>\$92.00   |
| <b>Full Name, Mailing Address and Zip Code</b><br>Fedex<br>P.O. Box 1140<br>Memphis, TN 38101-1140         | <b>Purpose of Disbursement</b><br>Express Mail<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):            | <b>Date (month, day, year)</b><br>06/25/99 | <b>Amount of Each Disbursement This Period</b><br>\$16.75   |
| <b>Full Name, Mailing Address and Zip Code</b><br>Fedex<br>P.O. Box 1140<br>Memphis, TN 38101-1140         | <b>Purpose of Disbursement</b><br>Express Mail<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):            | <b>Date (month, day, year)</b><br>04/05/99 | <b>Amount of Each Disbursement This Period</b><br>\$30.50   |

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

\$10664.25

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedules for each category on the Detailed Summary Page

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FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)  
Rangel For Congress 2000

|                                                                                                     |                                                                                                                                                                                |                                     |                                                    |
|-----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|----------------------------------------------------|
| Full Name, Mailing Address and Zip Code<br>Fedex<br><br>P.O. Box 1140<br><br>Memphis, TN 38101-1140 | Purpose of Disbursement<br>Express Mail<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month, day, year)<br>06/14/99 | Amount of Each Disbursement This Period<br>\$49.50 |
| Full Name, Mailing Address and Zip Code<br>Fedex<br><br>P.O. Box 1140<br><br>Memphis, TN 38101-1140 | Purpose of Disbursement<br>Express Mail<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month, day, year)<br>05/10/99 | Amount of Each Disbursement This Period<br>\$61.50 |
| Full Name, Mailing Address and Zip Code<br>Fedex<br><br>P.O. Box 1140<br><br>Memphis, TN 38101-1140 | Purpose of Disbursement<br>Express Mail<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month, day, year)<br>06/29/99 | Amount of Each Disbursement This Period<br>\$72.75 |
| Full Name, Mailing Address and Zip Code<br>Fedex<br><br>P.O. Box 1140<br><br>Memphis, TN 38101-1140 | Purpose of Disbursement<br>Express Mail<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month, day, year)<br>01/29/99 | Amount of Each Disbursement This Period<br>\$41.50 |
| Full Name, Mailing Address and Zip Code<br>Fedex<br><br>P.O. Box 1140<br><br>Memphis, TN 38101-1140 | Purpose of Disbursement<br>Express Mail<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month, day, year)<br>04/15/99 | Amount of Each Disbursement This Period<br>\$13.75 |
| Full Name, Mailing Address and Zip Code<br>Fedex<br><br>P.O. Box 1140<br><br>Memphis, TN 38101-1140 | Purpose of Disbursement<br>Express Mail<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month, day, year)<br>05/28/99 | Amount of Each Disbursement This Period<br>\$37.00 |
| Full Name, Mailing Address and Zip Code<br>Fedex<br><br>P.O. Box 1140<br><br>Memphis, TN 38101-1140 | Purpose of Disbursement<br>Express Mail<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month, day, year)<br>05/21/99 | Amount of Each Disbursement This Period<br>\$41.25 |

SUBTOTAL of Disbursements This Page (optional)

\$317.25

TOTAL This Period (last page this line number only)

**SCHEDULE B**
**ITEMIZED DISBURSEMENTS**

Use separate schedule (a) 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)**  
 Rangel For Congress 2000

|                                                                                                            |                                                                                                                                                                                       |                                            |                                                           |
|------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-----------------------------------------------------------|
| <b>Full Name, Mailing Address and Zip Code</b><br>Fedex<br><br>P.O. Box 1140<br><br>Memphis, TN 38101-1140 | <b>Purpose of Disbursement</b><br>Express Mail<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Date (month, day, year)</b><br>04/19/99 | <b>Amount of Each Disbursement This Period</b><br>\$13.75 |
| <b>Full Name, Mailing Address and Zip Code</b><br>Fedex<br><br>P.O. Box 1140<br><br>Memphis, TN 38101-1140 | <b>Purpose of Disbursement</b><br>Express Mail<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Date (month, day, year)</b><br>06/04/99 | <b>Amount of Each Disbursement This Period</b><br>\$45.75 |
| <b>Full Name, Mailing Address and Zip Code</b><br>Fedex<br><br>P.O. Box 1140<br><br>Memphis, TN 38101-1140 | <b>Purpose of Disbursement</b><br>Express Mail<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Date (month, day, year)</b><br>03/25/99 | <b>Amount of Each Disbursement This Period</b><br>\$16.50 |
| <b>Full Name, Mailing Address and Zip Code</b><br>Fedex<br><br>P.O. Box 1140<br><br>Memphis, TN 38101-1140 | <b>Purpose of Disbursement</b><br>Express Mail<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Date (month, day, year)</b><br>03/02/99 | <b>Amount of Each Disbursement This Period</b><br>\$16.50 |
| <b>Full Name, Mailing Address and Zip Code</b><br>Fedex<br><br>P.O. Box 1140<br><br>Memphis, TN 38101-1140 | <b>Purpose of Disbursement</b><br>Express Mail<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Date (month, day, year)</b><br>02/17/99 | <b>Amount of Each Disbursement This Period</b><br>\$35.23 |
| <b>Full Name, Mailing Address and Zip Code</b><br>Fedex<br><br>P.O. Box 1140<br><br>Memphis, TN 38101-1140 | <b>Purpose of Disbursement</b><br>Express Mail<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Date (month, day, year)</b><br>02/02/99 | <b>Amount of Each Disbursement This Period</b><br>\$40.00 |
| <b>Full Name, Mailing Address and Zip Code</b><br>Fedex<br><br>P.O. Box 1140<br><br>Memphis, TN 38101-1140 | <b>Purpose of Disbursement</b><br>Express Mail<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Date (month, day, year)</b><br>03/30/99 | <b>Amount of Each Disbursement This Period</b><br>\$30.25 |

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

\$198.00

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 22 OF 43  
FOR LINE NUMBER 17

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**NAME OF COMMITTEE (In Full)**  
Rangel For Congress 2000

|                                                                                                                          |                                                                                                                                                                                        |                                     |                                                     |
|--------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-----------------------------------------------------|
| Full Name, Mailing Address and Zip Code<br>Fedex<br><br>P.O. Box 1140<br><br>Memphis, TN 38101-1140                      | Purpose of Disbursement<br>Express Mail<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)         | Date (month, day, year)<br>02/17/99 | Amount of Each Disbursement This Period<br>\$16.50  |
| Full Name, Mailing Address and Zip Code<br>Fedex<br><br>P.O. Box 1140<br><br>Memphis, TN 38101-1140                      | Purpose of Disbursement<br>Express Mail<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)         | Date (month, day, year)<br>02/22/99 | Amount of Each Disbursement This Period<br>\$81.00  |
| Full Name, Mailing Address and Zip Code<br>Fedex<br><br>P.O. Box 1140<br><br>Memphis, TN 38101-1140                      | Purpose of Disbursement<br>Express Mail<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)         | Date (month, day, year)<br>06/04/99 | Amount of Each Disbursement This Period<br>\$101.25 |
| Full Name, Mailing Address and Zip Code<br>S & M Service Center, Inc.<br><br>1824 Park Avenue<br><br>New York, NY 10035- | Purpose of Disbursement<br>Auto Repair (VISA)<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   | Date (month, day, year)<br>02/10/99 | Amount of Each Disbursement This Period<br>\$120.00 |
| Full Name, Mailing Address and Zip Code<br>G-Neil<br><br>720 International Parkway<br><br>Fort Lauderdale, FL 33355-0939 | Purpose of Disbursement<br>Publication<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)          | Date (month, day, year)<br>01/13/99 | Amount of Each Disbursement This Period<br>\$14.99  |
| Full Name, Mailing Address and Zip Code<br>GEICO<br><br>1 GEICO PLAZA<br><br>Washington, DC 20046-                       | Purpose of Disbursement<br>Auto Insurance<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)       | Date (month, day, year)<br>04/29/99 | Amount of Each Disbursement This Period<br>\$515.00 |
| Full Name, Mailing Address and Zip Code<br>GTEAIR<br><br>Cortland, IL 60112-                                             | Purpose of Disbursement<br>Telephone Svc (VISA)<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month, day, year)<br>01/29/99 | Amount of Each Disbursement This Period<br>\$123.97 |

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

\$972.71

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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FOR LINE NUMBER 17

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**NAME OF COMMITTEE (in Full)**  
Rangel For Congress 2000

|                                                                                                                                                              |                                                                                                                                                                                                     |                                     |                                                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------------------------------------------------|
| Full Name, Mailing Address and Zip Code<br>STERIA<br><br>Cortland, IL 60112-                                                                                 | Purpose of Disbursement<br>Telephone Svc (VISA)<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):             | Date (month, day, year)<br>06/18/99 | Amount of Each Disbursement This Period<br>\$6.72                  |
| Full Name, Mailing Address and Zip Code<br>Gardner, Cecelia & Douglas<br><br>Kathleen M. Nilles, Esq.<br>1301 K St., NW, Suite 900E<br>Washington, DC 20005- | Purpose of Disbursement<br>5/6/99 Catering Event<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):            | Date (month, day, year)<br>05/14/99 | Amount of Each Disbursement This Period<br>\$208.65                |
| Full Name, Mailing Address and Zip Code<br>Gist Family Catering Svc<br><br>1622 Vermont Ave, NW<br>Washington, DC 20009-                                     | Purpose of Disbursement<br>5/12/99 CBC Luncheon<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):             | Date (month, day, year)<br>05/14/99 | Amount of Each Disbursement This Period<br>\$449.00                |
| Full Name, Mailing Address and Zip Code<br>Gist Family Catering Svc<br><br>1622 Vermont Ave, NW<br>Washington, DC 20009-                                     | Purpose of Disbursement<br>Catering for Event (VISA)<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):        | Date (month, day, year)<br>06/18/99 | Amount of Each Disbursement This Period<br>\$449.00                |
| Full Name, Mailing Address and Zip Code<br>Frederick H. Graefe<br><br>1050 Connecticut Avenue, NW, Suite 1100<br>Washington, DC 20036-                       | Purpose of Disbursement<br><br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                 | Date (month, day, year)<br>04/27/99 | Amount of Each Disbursement This Period<br>\$221.58<br><br>IN KIND |
| Full Name, Mailing Address and Zip Code<br>Guardian Foundation<br><br>120 Erskine Place, Suite 22-E<br>Bronx, NY 10475-                                      | Purpose of Disbursement<br>Ad Journal<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                       | Date (month, day, year)<br>02/05/99 | Amount of Each Disbursement This Period<br>\$125.00                |
| Full Name, Mailing Address and Zip Code<br>Hauke & Associates<br><br>1615 L Street, NW, Suite 700<br>Washington, DC 20036-                                   | Purpose of Disbursement<br>5/6/99 Event Postage for Invites<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Date (month, day, year)<br>05/28/99 | Amount of Each Disbursement This Period<br>\$45.87                 |

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

\$1505.82

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 24 OF 43  
FOR LINE NUMBER 17

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**NAME OF COMMITTEE (In Full)**  
Rangel For Congress 2000

|                                                                                                                                          |                                                                                                                                                                                            |                                     |                                                      |
|------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|------------------------------------------------------|
| Full Name, Mailing Address and Zip Code<br>Hersey Lodge Convention Center<br><br>P.O. Box 446<br><br>Hershey, PA 17033-                  | Purpose of Disbursement<br>Lodging for Event (VISA)<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month, day, year)<br>04/21/99 | Amount of Each Disbursement This Period<br>\$48.73   |
| Full Name, Mailing Address and Zip Code<br>Hispanic Federation<br><br>145 West 145th Street<br><br>New York, NY 10037-                   | Purpose of Disbursement<br>Ad Journal<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)               | Date (month, day, year)<br>02/23/99 | Amount of Each Disbursement This Period<br>\$500.00  |
| Full Name, Mailing Address and Zip Code<br>Karen Humble<br><br>c/o Ways & Means Committee<br>1102 Longworth BOB<br>Washington, DC 20515- | Purpose of Disbursement<br>Committee Photo's<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)        | Date (month, day, year)<br>06/01/99 | Amount of Each Disbursement This Period<br>\$115.00  |
| Full Name, Mailing Address and Zip Code<br>Hunt Printing Co.<br><br>302 West 134th St<br><br>New York, NY 10030-                         | Purpose of Disbursement<br>Printing<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                 | Date (month, day, year)<br>04/15/99 | Amount of Each Disbursement This Period<br>\$292.30  |
| Full Name, Mailing Address and Zip Code<br>Hunt Printing Co.<br><br>302 West 134th St<br><br>New York, NY 10030-                         | Purpose of Disbursement<br>Printing<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                 | Date (month, day, year)<br>03/18/99 | Amount of Each Disbursement This Period<br>\$573.72  |
| Full Name, Mailing Address and Zip Code<br>Hunt Printing Co.<br><br>302 West 134th St<br><br>New York, NY 10030-                         | Purpose of Disbursement<br>Printing<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                 | Date (month, day, year)<br>05/28/99 | Amount of Each Disbursement This Period<br>\$1353.50 |
| Full Name, Mailing Address and Zip Code<br>Intuit<br><br>2000 Sarasota Parkway<br><br>Conyers, GA 30206-                                 | Purpose of Disbursement<br>Office Supply (DE)<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)       | Date (month, day, year)<br>01/22/99 | Amount of Each Disbursement This Period<br>\$68.89   |

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

\$2952.14

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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FOR LINE NUMBER 17

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**NAME OF COMMITTEE (In Full)**  
Rangel For Congress 2000

|                                                                                                                      |                                                                                                                                                                                        |                                     |                                                      |
|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|------------------------------------------------------|
| Full Name, Mailing Address and Zip Code<br>JET MAGAZINE<br><br>P.O. BOX 538<br><br>Chicago, IL 60690-                | Purpose of Disbursement<br>Subscription<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)         | Date (month, day, year)<br>06/29/99 | Amount of Each Disbursement This Period<br>\$68.00   |
| Full Name, Mailing Address and Zip Code<br>Dorothy Jackson<br><br>1504 Red Oak Drive<br><br>Silver Spring, MD 20910- | Purpose of Disbursement<br>Salary<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)               | Date (month, day, year)<br>04/30/99 | Amount of Each Disbursement This Period<br>\$1475.95 |
| Full Name, Mailing Address and Zip Code<br>Dorothy Jackson<br><br>1504 Red Oak Drive<br><br>Silver Spring, MD 20910- | Purpose of Disbursement<br>Salary<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)               | Date (month, day, year)<br>06/15/99 | Amount of Each Disbursement This Period<br>\$1259.22 |
| Full Name, Mailing Address and Zip Code<br>Dorothy Jackson<br><br>1504 Red Oak Drive<br><br>Silver Spring, MD 20910- | Purpose of Disbursement<br>Salary<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)               | Date (month, day, year)<br>06/29/99 | Amount of Each Disbursement This Period<br>\$1259.22 |
| Full Name, Mailing Address and Zip Code<br>Dorothy Jackson<br><br>1504 Red Oak Drive<br><br>Silver Spring, MD 20910- | Purpose of Disbursement<br>Salary<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)               | Date (month, day, year)<br>05/28/99 | Amount of Each Disbursement This Period<br>\$1259.21 |
| Full Name, Mailing Address and Zip Code<br>Dorothy Jackson<br><br>1504 Red Oak Drive<br><br>Silver Spring, MD 20910- | Purpose of Disbursement<br>Salary<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)               | Date (month, day, year)<br>05/14/99 | Amount of Each Disbursement This Period<br>\$1252.66 |
| Full Name, Mailing Address and Zip Code<br>Jazz Standard<br><br>116 East 27th Street<br><br>New York, NY 10016-      | Purpose of Disbursement<br>July 22nd Fundraiser<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month, day, year)<br>06/14/99 | Amount of Each Disbursement This Period<br>\$225.00  |

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

\$6799.26

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





**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the detailed Substantive Page

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FOR LINE NUMBER 17

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**NAME OF COMMITTEE (in Full)**  
Rangel For Congress 2000

|                                                                                                                                         |                                                                                                                                                                                                  |                                            |                                                                            |
|-----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|----------------------------------------------------------------------------|
| <b>Full Name, Mailing Address and Zip Code</b><br>Lenox Terrace Development Assoc.<br><br>P.O. Box 21018<br><br>New York, NY 10286-2118 | <b>Purpose of Disbursement</b><br>Office Rent<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)             | <b>Date (month, day, year)</b><br>02/01/99 | <b>Amount of Each Disbursement This Period</b><br>\$318.82                 |
| <b>Full Name, Mailing Address and Zip Code</b><br>Lenox Terrace Development Assoc.<br><br>P.O. Box 21018<br><br>New York, NY 10286-2118 | <b>Purpose of Disbursement</b><br>Office Rent<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)             | <b>Date (month, day, year)</b><br>05/28/99 | <b>Amount of Each Disbursement This Period</b><br>\$519.82                 |
| <b>Full Name, Mailing Address and Zip Code</b><br>Lenox Terrace Development Assoc.<br><br>P.O. Box 21018<br><br>New York, NY 10286-2118 | <b>Purpose of Disbursement</b><br>Office Rent<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)             | <b>Date (month, day, year)</b><br>02/26/99 | <b>Amount of Each Disbursement This Period</b><br>\$518.82                 |
| <b>Full Name, Mailing Address and Zip Code</b><br>Lenox Terrace Development Assoc.<br><br>P.O. Box 21018<br><br>New York, NY 10286-2118 | <b>Purpose of Disbursement</b><br>Office Security Deposit<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Date (month, day, year)</b><br>06/25/99 | <b>Amount of Each Disbursement This Period</b><br>\$19.95                  |
| <b>Full Name, Mailing Address and Zip Code</b><br>Robert J. Leonard<br><br>1150 17th Street, Suite 601<br><br>Washington, DC 20036-     | <b>Purpose of Disbursement</b><br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                            | <b>Date (month, day, year)</b><br>05/11/99 | <b>Amount of Each Disbursement This Period</b><br>\$1000.00<br><br>IN KIND |
| <b>Full Name, Mailing Address and Zip Code</b><br>Howard Lowe<br><br>51 West 131 Street<br><br>New York, NY 10037-                      | <b>Purpose of Disbursement</b><br>Computer Svc Fee<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)        | <b>Date (month, day, year)</b><br>05/28/99 | <b>Amount of Each Disbursement This Period</b><br>\$250.00                 |
| <b>Full Name, Mailing Address and Zip Code</b><br>Howard Lowe<br><br>51 West 131 Street<br><br>New York, NY 10037-                      | <b>Purpose of Disbursement</b><br>Computer Svc Fees<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)       | <b>Date (month, day, year)</b><br>04/28/99 | <b>Amount of Each Disbursement This Period</b><br>\$275.00                 |

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

\$3101.41

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedule for  
each category of the  
Detailed Summary Page

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**NAME OF COMMITTEE (In Full)**

Rangel For Congress 2000

|                                                                                                          |                                                                                                                                                                                                  |                                        |                                                           |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-----------------------------------------------------------|
| Full Name, Mailing Address and Zip Code<br>Lustre<br><br>Washington, DC 20001-                           | Purpose of Disbursement<br>Constituent Meeting<br>(VISA)<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Date (month,<br>day, year)<br>04/21/99 | Amount of Each<br>Disbursement<br>This Period<br>\$84.45  |
| Full Name, Mailing Address and Zip Code<br>MCI Worldcom<br><br>P.O. BOX 4644<br><br>Iowa City, IA 52244- | Purpose of Disbursement<br>Telephone Svc<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                 | Date (month,<br>day, year)<br>06/23/99 | Amount of Each<br>Disbursement<br>This Period<br>\$131.73 |
| Full Name, Mailing Address and Zip Code<br>MCI Worldcom<br><br>P.O. BOX 4644<br><br>Iowa City, IA 52244- | Purpose of Disbursement<br>Telephone Svc<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                 | Date (month,<br>day, year)<br>05/28/99 | Amount of Each<br>Disbursement<br>This Period<br>\$12.71  |
| Full Name, Mailing Address and Zip Code<br>MCI Worldcom<br><br>P.O. BOX 4644<br><br>Iowa City, IA 52244- | Purpose of Disbursement<br>Telephone Svc<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                 | Date (month,<br>day, year)<br>04/26/99 | Amount of Each<br>Disbursement<br>This Period<br>\$25.60  |
| Full Name, Mailing Address and Zip Code<br>MCI Worldcom<br><br>P.O. BOX 4644<br><br>Iowa City, IA 52244- | Purpose of Disbursement<br>Telephone Svc<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                 | Date (month,<br>day, year)<br>01/20/99 | Amount of Each<br>Disbursement<br>This Period<br>\$117.44 |
| Full Name, Mailing Address and Zip Code<br>MCI Worldcom<br><br>P.O. BOX 4644<br><br>Iowa City, IA 52244- | Purpose of Disbursement<br>Telephone Svc<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                 | Date (month,<br>day, year)<br>02/22/99 | Amount of Each<br>Disbursement<br>This Period<br>\$133.44 |
| Full Name, Mailing Address and Zip Code<br>MCI Worldcom<br><br>P.O. BOX 4644<br><br>Iowa City, IA 52244- | Purpose of Disbursement<br>Telephone Svc<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                 | Date (month,<br>day, year)<br>03/25/99 | Amount of Each<br>Disbursement<br>This Period<br>\$24.09  |

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

5529.46

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

See separate schedule (a) for each category of the Detailed Summary Page

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**NAME OF COMMITTEE (In Full)**  
Rangel For Congress 2000

|                                                                                                                                                                          |                                                                                                                                                                                                |                                            |                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|---------------------------------------------------------------------------|
| <b>Full Name, Mailing Address and Zip Code</b><br>MCI Worldcom<br><br>P.O. BOX 4644<br><br>Iowa City, IA 52244-                                                          | <b>Purpose of Disbursement</b><br>Telephone Svc<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):        | <b>Date (month, day, year)</b><br>05/28/99 | <b>Amount of Each Disbursement This Period</b><br>\$156.60                |
| <b>Full Name, Mailing Address and Zip Code</b><br>Macy's<br><br>34 Street<br><br>New York, NY 10030-                                                                     | <b>Purpose of Disbursement</b><br>Office Supply<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):        | <b>Date (month, day, year)</b><br>02/11/99 | <b>Amount of Each Disbursement This Period</b><br>\$197.43                |
| <b>Full Name, Mailing Address and Zip Code</b><br>Macy's<br><br>34 Street<br><br>New York, NY 10030-                                                                     | <b>Purpose of Disbursement</b><br>Office Supply (VISA)<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Date (month, day, year)</b><br>02/10/99 | <b>Amount of Each Disbursement This Period</b><br>\$216.28                |
| <b>Full Name, Mailing Address and Zip Code</b><br>Metropolitan Life Insurance Co. Empl PAC<br><br>Vince Rensing<br>1620 L Street, NW, Suite 800<br>Washington, DC 20036- | <b>Purpose of Disbursement</b><br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                         | <b>Date (month, day, year)</b><br>05/10/99 | <b>Amount of Each Disbursement This Period</b><br>\$176.30<br><br>IN KIND |
| <b>Full Name, Mailing Address and Zip Code</b><br>NATIONAL DEMOCRATIC CLUB<br><br>30 IVY STREET, SE<br><br>Washington, DC 20003-                                         | <b>Purpose of Disbursement</b><br>Membership Dues<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):      | <b>Date (month, day, year)</b><br>02/17/99 | <b>Amount of Each Disbursement This Period</b><br>\$137.50                |
| <b>Full Name, Mailing Address and Zip Code</b><br>NOTICIAS DEL MUNDO<br><br>401 5th Avenue<br><br>New York, NY 10016-                                                    | <b>Purpose of Disbursement</b><br>Advertisement<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):        | <b>Date (month, day, year)</b><br>03/11/99 | <b>Amount of Each Disbursement This Period</b><br>\$232.00                |
| <b>Full Name, Mailing Address and Zip Code</b><br>NYC Chapter of CSU<br><br>P.O. Box 831<br><br>New York, NY 10027-                                                      | <b>Purpose of Disbursement</b><br>Ad Journal<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):           | <b>Date (month, day, year)</b><br>01/13/99 | <b>Amount of Each Disbursement This Period</b><br>\$150.00                |

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

\$1266.11

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedule for each category of the Detailed Summary Page

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**NAME OF COMMITTEE (In Full)**  
Rangel For Congress 2000

|                                                                                                                                            |                                                                                                                                                                                                       |                                            |                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|---------------------------------------------------------------------------|
| <b>Full Name, Mailing Address and Zip Code</b><br>NYC Department of Finance<br><br>P.O. Box 1724<br><br>New York, NY 10116-1724            | <b>Purpose of Disbursement</b><br>Parking Ticket<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):              | <b>Date (month, day, year)</b><br>03/11/99 | <b>Amount of Each Disbursement This Period</b><br>\$50.00                 |
| <b>Full Name, Mailing Address and Zip Code</b><br>NYC Department of Finance<br><br>P.O. Box 1724<br><br>New York, NY 10116-1724            | <b>Purpose of Disbursement</b><br>Parking Ticket<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):              | <b>Date (month, day, year)</b><br>01/13/99 | <b>Amount of Each Disbursement This Period</b><br>\$55.00                 |
| <b>Full Name, Mailing Address and Zip Code</b><br>National Car Rental<br><br>Harrisburg Int'l Arpt<br><br>Middletown, PA 17057-            | <b>Purpose of Disbursement</b><br>Car Rental for Event (VISA)<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Date (month, day, year)</b><br>03/14/99 | <b>Amount of Each Disbursement This Period</b><br>\$173.37                |
| <b>Full Name, Mailing Address and Zip Code</b><br>Elmer J. Neidermeyer, Jr.<br><br>42 Spruce Lane<br><br>Colts Neck, NJ 07722-             | <b>Purpose of Disbursement</b><br><br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                            | <b>Date (month, day, year)</b><br>05/26/99 | <b>Amount of Each Disbursement This Period</b><br>\$733.00<br><br>IN KIND |
| <b>Full Name, Mailing Address and Zip Code</b><br>New Mt. Zion Baptist Church<br><br>171 West 140th Street<br><br>New York, NY 10030-      | <b>Purpose of Disbursement</b><br>Ad Journal<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                  | <b>Date (month, day, year)</b><br>02/08/99 | <b>Amount of Each Disbursement This Period</b><br>\$100.00                |
| <b>Full Name, Mailing Address and Zip Code</b><br>New York Decorating Co. Inc.<br><br>33-11 37th Avenue<br><br>Long Island City, NY 11101- | <b>Purpose of Disbursement</b><br>Decoration for Event<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):        | <b>Date (month, day, year)</b><br>06/08/99 | <b>Amount of Each Disbursement This Period</b><br>\$960.00                |
| <b>Full Name, Mailing Address and Zip Code</b><br>Adeze Anuli Okoko                                                                        | <b>Purpose of Disbursement</b><br>Salary<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                      | <b>Date (month, day, year)</b><br>04/08/99 | <b>Amount of Each Disbursement This Period</b><br>\$50.00                 |

**SUBTOTAL** of Disbursements This Page (optional):

\$2121.37

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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**NAME OF COMMITTEE (In Full)**  
Rangel For Congress 2000

|                                                                                                                             |                                                                                                                                                                                           |                                     |                                                     |
|-----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-----------------------------------------------------|
| Full Name, Mailing Address and Zip Code<br>Omni Hotel<br><br>State & Lodge Streets<br><br>Albany, NY 12207-                 | Purpose of Disbursement<br>Lodging for Event<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)       | Date (month, day, year)<br>02/18/99 | Amount of Each Disbursement This Period<br>\$496.40 |
| Full Name, Mailing Address and Zip Code<br>PBCC<br><br>P.O. BOX 5151<br><br>Norwalk, CT 06856-5151                          | Purpose of Disbursement<br>Postage Equipment Lease<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month, day, year)<br>02/05/99 | Amount of Each Disbursement This Period<br>\$282.53 |
| Full Name, Mailing Address and Zip Code<br>PBCC<br><br>P.O. BOX 5151<br><br>Norwalk, CT 06856-5151                          | Purpose of Disbursement<br>Postage Equipment Lease<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month, day, year)<br>05/14/99 | Amount of Each Disbursement This Period<br>\$282.53 |
| Full Name, Mailing Address and Zip Code<br>PITNEY BOWES INC<br><br>P.O. BOX 85390<br><br>Louisville, KY 40285-              | Purpose of Disbursement<br>Postage Equipment Lease<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month, day, year)<br>01/14/99 | Amount of Each Disbursement This Period<br>\$177.53 |
| Full Name, Mailing Address and Zip Code<br>POSTMASTER, NYC<br><br>MANHATTANVILLE STATION<br><br>New York, NY 10027-         | Purpose of Disbursement<br>Postage<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                 | Date (month, day, year)<br>03/26/99 | Amount of Each Disbursement This Period<br>\$160.00 |
| Full Name, Mailing Address and Zip Code<br>Plate Catering<br><br>2445 Lyttonsville Rd, #508<br><br>Silver Spring, MD 20910- | Purpose of Disbursement<br>4/14/99 Event Catering<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)  | Date (month, day, year)<br>04/16/99 | Amount of Each Disbursement This Period<br>\$735.00 |
| Full Name, Mailing Address and Zip Code<br>Plate Catering<br><br>2445 Lyttonsville Rd, #508<br><br>Silver Spring, MD 20910- | Purpose of Disbursement<br>Catering 4/21/99 Event<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)  | Date (month, day, year)<br>05/12/99 | Amount of Each Disbursement This Period<br>\$735.00 |

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

\$2868.99

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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**NAME OF COMMITTEE (In Full)**

Rangel For Congress 2000

|                                                                                                                          |                                                                                                                                                                                              |                                     |                                                     |
|--------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-----------------------------------------------------|
| Full Name, Mailing Address and Zip Code<br>Postmaster South Orange<br><br>112 Vose Street<br><br>South Orange, NJ 07079- | Purpose of Disbursement<br>Postage<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                    | Date (month, day, year)<br>04/15/99 | Amount of Each Disbursement This Period<br>\$66.00  |
| Full Name, Mailing Address and Zip Code<br>Postmaster South Orange<br><br>112 Vose Street<br><br>South Orange, NJ 07079- | Purpose of Disbursement<br>Postage<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                    | Date (month, day, year)<br>04/28/99 | Amount of Each Disbursement This Period<br>\$66.00  |
| Full Name, Mailing Address and Zip Code<br>Postmaster South Orange<br><br>112 Vose Street<br><br>South Orange, NJ 07079- | Purpose of Disbursement<br>Postage<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                    | Date (month, day, year)<br>05/14/99 | Amount of Each Disbursement This Period<br>\$132.00 |
| Full Name, Mailing Address and Zip Code<br>Postmaster South Orange<br><br>112 Vose Street<br><br>South Orange, NJ 07079- | Purpose of Disbursement<br>Postage<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                    | Date (month, day, year)<br>06/08/99 | Amount of Each Disbursement This Period<br>\$24.75  |
| Full Name, Mailing Address and Zip Code<br>Postmaster South Orange<br><br>112 Vose Street<br><br>South Orange, NJ 07079- | Purpose of Disbursement<br>Postage<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                    | Date (month, day, year)<br>01/22/99 | Amount of Each Disbursement This Period<br>\$330.00 |
| Full Name, Mailing Address and Zip Code<br>Restaurant El Conuco<br><br>Santo Domingo                                     | Purpose of Disbursement<br>Meals w/Constituent (VISA)<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month, day, year)<br>01/29/99 | Amount of Each Disbursement This Period<br>\$114.85 |
| Full Name, Mailing Address and Zip Code<br>STAND GUARD<br><br>P.O. BOX 60098<br><br>New Orleans, LA 70160-               | Purpose of Disbursement<br>Office Supply<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)              | Date (month, day, year)<br>06/18/99 | Amount of Each Disbursement This Period<br>\$15.61  |

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

\$749.41

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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FOR LINE NUMBER 17

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**NAME OF COMMITTEE (In Full)**  
Rangel For Congress 2000

|                                                                                                                         |                                                                                                                                                                                 |                                     |                                                     |
|-------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-----------------------------------------------------|
| Full Name, Mailing Address and Zip Code<br>STAND GUARD<br><br>P.O. BOX 60098<br><br>New Orleans, LA 70160-              | Purpose of Disbursement<br>Office Supply<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month, day, year)<br>01/13/99 | Amount of Each Disbursement This Period<br>\$15.81  |
| Full Name, Mailing Address and Zip Code<br>STAND GUARD<br><br>P.O. BOX 60098<br><br>New Orleans, LA 70160-              | Purpose of Disbursement<br>Office Supply<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month, day, year)<br>04/29/99 | Amount of Each Disbursement This Period<br>\$63.24  |
| Full Name, Mailing Address and Zip Code<br>STANDARD COFFEE SERVICE INC<br><br>P.O. BOX 150<br><br>Germantown, MD 20875- | Purpose of Disbursement<br>Coffee Supply<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month, day, year)<br>03/26/99 | Amount of Each Disbursement This Period<br>\$12.87  |
| Full Name, Mailing Address and Zip Code<br>STANDARD COFFEE SERVICE INC<br><br>P.O. BOX 150<br><br>Germantown, MD 20875- | Purpose of Disbursement<br>Coffee Supply<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month, day, year)<br>03/16/99 | Amount of Each Disbursement This Period<br>\$102.99 |
| Full Name, Mailing Address and Zip Code<br>STANDARD COFFEE SERVICE INC<br><br>P.O. BOX 150<br><br>Germantown, MD 20875- | Purpose of Disbursement<br>Coffee Supply<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month, day, year)<br>04/29/99 | Amount of Each Disbursement This Period<br>\$60.39  |
| Full Name, Mailing Address and Zip Code<br>STANDARD COFFEE SERVICE INC<br><br>P.O. BOX 150<br><br>Germantown, MD 20875- | Purpose of Disbursement<br>Coffee Supply<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month, day, year)<br>06/29/99 | Amount of Each Disbursement This Period<br>\$74.36  |
| Full Name, Mailing Address and Zip Code<br>STAPLES<br><br>P.O. BOX 30292<br><br>Salt Lake City, UT 84130-               | Purpose of Disbursement<br>Office Supply<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month, day, year)<br>04/15/99 | Amount of Each Disbursement This Period<br>\$203.78 |

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

\$533.44

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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FOR LINE NUMBER 17

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**NAME OF COMMITTEE (In Full)**

Rangel For Congress 2000

|                                                                                                           |                                                                                                                                                                                        |                                     |                                                      |
|-----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|------------------------------------------------------|
| Full Name, Mailing Address and Zip Code<br>STAPLES<br><br>P.O. BOX 30292<br><br>Salt Lake City, UT 84130- | Purpose of Disbursement<br>Office Supply<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)        | Date (month, day, year)<br>03/16/99 | Amount of Each Disbursement This Period<br>\$90.00   |
| Full Name, Mailing Address and Zip Code<br>STAPLES<br><br>P.O. BOX 30292<br><br>Salt Lake City, UT 84130- | Purpose of Disbursement<br>Office Supply<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)        | Date (month, day, year)<br>05/10/99 | Amount of Each Disbursement This Period<br>\$643.99  |
| Full Name, Mailing Address and Zip Code<br>STAPLES<br><br>P.O. BOX 30292<br><br>Salt Lake City, UT 84130- | Purpose of Disbursement<br>Office Supplies<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)      | Date (month, day, year)<br>06/14/99 | Amount of Each Disbursement This Period<br>\$72.33   |
| Full Name, Mailing Address and Zip Code<br>STAPLES<br><br>P.O. BOX 30292<br><br>Salt Lake City, UT 84130- | Purpose of Disbursement<br>Office Supply<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)        | Date (month, day, year)<br>02/17/99 | Amount of Each Disbursement This Period<br>\$117.16  |
| Full Name, Mailing Address and Zip Code<br>STAPLES<br><br>P.O. BOX 30292<br><br>Salt Lake City, UT 84130- | Purpose of Disbursement<br>Office Supply (D.F.)<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month, day, year)<br>01/22/99 | Amount of Each Disbursement This Period<br>\$100.59  |
| Full Name, Mailing Address and Zip Code<br>STAPLES<br><br>P.O. BOX 30292<br><br>Salt Lake City, UT 84130- | Purpose of Disbursement<br>Office Supply<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)        | Date (month, day, year)<br>01/13/99 | Amount of Each Disbursement This Period<br>\$159.67  |
| Full Name, Mailing Address and Zip Code<br>BRENDA SWYGERT<br><br>2334 REOB<br><br>Washington, DC 20515-   | Purpose of Disbursement<br>Salary<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)               | Date (month, day, year)<br>05/24/99 | Amount of Each Disbursement This Period<br>\$1800.00 |

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

\$2183.44

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



**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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**NAME OF COMMITTEE (In Full)**

Rangel For Congress 2000

|                                                                                                                               |                                                                                                                                                                                            |                                     |                                                      |
|-------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|------------------------------------------------------|
| Full Name, Mailing Address and Zip Code<br>Sharper Images<br><br>226 Madison Ave<br><br>New York, NY 10022-                   | Purpose of Disbursement<br>Office Equip (VISA)<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)      | Date (month, day, year)<br>02/10/99 | Amount of Each Disbursement This Period<br>\$99.43   |
| Full Name, Mailing Address and Zip Code<br>Sheraton Hotel Calton<br><br>Washington, DC 20003-                                 | Purpose of Disbursement<br>Lodging for Event (VISA)<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month, day, year)<br>05/14/99 | Amount of Each Disbursement This Period<br>\$56.20   |
| Full Name, Mailing Address and Zip Code<br>Sound City<br><br>58 West 45th St<br><br>New York, NY 10036-                       | Purpose of Disbursement<br>Office Equipment (VISA)<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)  | Date (month, day, year)<br>01/29/99 | Amount of Each Disbursement This Period<br>\$426.31  |
| Full Name, Mailing Address and Zip Code<br>Sovereign Lighting<br><br>New York, NY 10013-                                      | Purpose of Disbursement<br>Office Equipment (VISA)<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)  | Date (month, day, year)<br>06/13/99 | Amount of Each Disbursement This Period<br>\$324.75  |
| Full Name, Mailing Address and Zip Code<br>St. Aloysius<br><br>219 West 132nd St<br><br>New York, NY 10027-                   | Purpose of Disbursement<br>Ad Journal<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)               | Date (month, day, year)<br>05/04/99 | Amount of Each Disbursement This Period<br>\$100.00  |
| Full Name, Mailing Address and Zip Code<br>St. Charles Church Journal<br><br>211 West 141st Street<br><br>New York, NY 10030- | Purpose of Disbursement<br>Ad Journal<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)               | Date (month, day, year)<br>06/08/99 | Amount of Each Disbursement This Period<br>\$60.00   |
| Full Name, Mailing Address and Zip Code<br>Walter Swett<br><br>342 State Street, Apt 4<br><br>Brooklyn, NY 11217-             | Purpose of Disbursement<br>Salary<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                   | Date (month, day, year)<br>04/30/99 | Amount of Each Disbursement This Period<br>\$1528.28 |

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

\$2595.17

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

How many schedules?  
For each category of the  
Detailed Summary Page

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**NAME OF COMMITTEE (in Full)**  
Rangel For Congress 2000

|                                                                                                                   |                                                                                                                                                                                     |                                     |                                                      |
|-------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|------------------------------------------------------|
| Full Name, Mailing Address and Zip Code<br>Walter Swett<br><br>342 State Street, Apt 4<br><br>Brooklyn, NY 11217- | Purpose of Disbursement<br>Health Insurance<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Date (month, day, year)<br>06/29/99 | Amount of Each Disbursement This Period<br>\$200.00  |
| Full Name, Mailing Address and Zip Code<br>Walter Swett<br><br>342 State Street, Apt 4<br><br>Brooklyn, NY 11217- | Purpose of Disbursement<br>Salary<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):           | Date (month, day, year)<br>06/15/99 | Amount of Each Disbursement This Period<br>\$1528.28 |
| Full Name, Mailing Address and Zip Code<br>Walter Swett<br><br>342 State Street, Apt 4<br><br>Brooklyn, NY 11217- | Purpose of Disbursement<br>Salary<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):           | Date (month, day, year)<br>06/29/99 | Amount of Each Disbursement This Period<br>\$1528.28 |
| Full Name, Mailing Address and Zip Code<br>Walter Swett<br><br>342 State Street, Apt 4<br><br>Brooklyn, NY 11217- | Purpose of Disbursement<br>Health Insurance<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Date (month, day, year)<br>04/01/99 | Amount of Each Disbursement This Period<br>\$200.00  |
| Full Name, Mailing Address and Zip Code<br>Walter Swett<br><br>342 State Street, Apt 4<br><br>Brooklyn, NY 11217- | Purpose of Disbursement<br>Salary<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):           | Date (month, day, year)<br>04/01/99 | Amount of Each Disbursement This Period<br>\$1554.15 |
| Full Name, Mailing Address and Zip Code<br>Walter Swett<br><br>342 State Street, Apt 4<br><br>Brooklyn, NY 11217- | Purpose of Disbursement<br>Salary<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):           | Date (month, day, year)<br>04/15/99 | Amount of Each Disbursement This Period<br>\$1528.28 |
| Full Name, Mailing Address and Zip Code<br>Walter Swett<br><br>342 State Street, Apt 4<br><br>Brooklyn, NY 11217- | Purpose of Disbursement<br>Salary<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):           | Date (month, day, year)<br>05/28/99 | Amount of Each Disbursement This Period<br>\$1528.28 |

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

\$8567.27

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

## SCHEDULE B

## ITEMIZED DISBURSEMENTS

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

|                 |    |
|-----------------|----|
| PAGE            | OF |
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| 17              |    |

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## NAME OF COMMITTEE (in Full)

Rangel For Congress 2000

|                                                                                                                     |                                                                                                                                                                                     |                                     |                                                      |
|---------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|------------------------------------------------------|
| Full Name, Mailing Address and Zip Code<br>Walter Swett<br><br>342 State Street, Apt 4<br><br>Brooklyn, NY 11217-   | Purpose of Disbursement<br>Health Insurance<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Date (month, day, year)<br>05/28/99 | Amount of Each Disbursement This Period<br>\$200.00  |
| Full Name, Mailing Address and Zip Code<br>Walter Swett<br><br>342 State Street, Apt 4<br><br>Brooklyn, NY 11217-   | Purpose of Disbursement<br>Salary<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):           | Date (month, day, year)<br>05/14/99 | Amount of Each Disbursement This Period<br>\$1528.28 |
| Full Name, Mailing Address and Zip Code<br>Walter Swett<br><br>342 State Street, Apt 4<br><br>Brooklyn, NY 11217-   | Purpose of Disbursement<br>Health Insurance<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Date (month, day, year)<br>05/10/99 | Amount of Each Disbursement This Period<br>\$200.00  |
| Full Name, Mailing Address and Zip Code<br>THE CENTER<br><br>208 WEST 13TH<br><br>New York, NY 10011-               | Purpose of Disbursement<br>Contribution<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):     | Date (month, day, year)<br>02/05/99 | Amount of Each Disbursement This Period<br>\$300.00  |
| Full Name, Mailing Address and Zip Code<br>TIME WARNER CABLE OF NYC<br><br>5120 Broadway<br><br>New York, NY 10034- | Purpose of Disbursement<br>Cable TV<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):         | Date (month, day, year)<br>05/10/99 | Amount of Each Disbursement This Period<br>\$73.92   |
| Full Name, Mailing Address and Zip Code<br>TIME WARNER CABLE OF NYC<br><br>5120 Broadway<br><br>New York, NY 10034- | Purpose of Disbursement<br>Cable TV<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):         | Date (month, day, year)<br>05/10/99 | Amount of Each Disbursement This Period<br>\$53.33   |
| Full Name, Mailing Address and Zip Code<br>TIME WARNER CABLE OF NYC<br><br>5120 Broadway<br><br>New York, NY 10034- | Purpose of Disbursement<br>Cable TV<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):         | Date (month, day, year)<br>01/29/99 | Amount of Each Disbursement This Period<br>\$88.78   |

SUBTOTAL of Disbursements This Page (optional)

\$2444.31

TOTAL This Period (last page this line number only)

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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FOR LINE NUMBER 17

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**NAME OF COMMITTEE (In Full)**

Rangel For Congress 2000

|                                                                                                                     |                                                                                                                                                                            |                                     |                                                     |
|---------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-----------------------------------------------------|
| Full Name, Mailing Address and Zip Code<br>TIME WARNER CABLE OF NYC<br><br>5120 Broadway<br><br>New York, NY 10034- | Purpose of Disbursement<br>Cable TV<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month, day, year)<br>04/01/99 | Amount of Each Disbursement This Period<br>\$53.33  |
| Full Name, Mailing Address and Zip Code<br>TIME WARNER CABLE OF NYC<br><br>5120 Broadway<br><br>New York, NY 10034- | Purpose of Disbursement<br>Cable TV<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month, day, year)<br>02/26/99 | Amount of Each Disbursement This Period<br>\$92.55  |
| Full Name, Mailing Address and Zip Code<br>TIME WARNER CABLE OF NYC<br><br>5120 Broadway<br><br>New York, NY 10034- | Purpose of Disbursement<br>Cable TV<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month, day, year)<br>04/15/99 | Amount of Each Disbursement This Period<br>\$73.92  |
| Full Name, Mailing Address and Zip Code<br>TIME WARNER CABLE OF NYC<br><br>5120 Broadway<br><br>New York, NY 10034- | Purpose of Disbursement<br>Cable TV<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month, day, year)<br>06/04/99 | Amount of Each Disbursement This Period<br>\$47.14  |
| Full Name, Mailing Address and Zip Code<br>TIME WARNER CABLE OF NYC<br><br>5120 Broadway<br><br>New York, NY 10034- | Purpose of Disbursement<br>Cable TV<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month, day, year)<br>01/20/99 | Amount of Each Disbursement This Period<br>\$69.33  |
| Full Name, Mailing Address and Zip Code<br>TIME WARNER CABLE OF NYC<br><br>5120 Broadway<br><br>New York, NY 10034- | Purpose of Disbursement<br>Cable TV<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month, day, year)<br>06/29/99 | Amount of Each Disbursement This Period<br>\$195.10 |
| Full Name, Mailing Address and Zip Code<br>TIME WARNER CABLE OF NYC<br><br>5120 Broadway<br><br>New York, NY 10034- | Purpose of Disbursement<br>Cable TV<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month, day, year)<br>03/16/99 | Amount of Each Disbursement This Period<br>\$73.92  |

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

\$595.29

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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**NAME OF COMMITTEE (In Full)**

Rangel For Congress 2000

|                                                                                                                     |                                                                                                                                                                                  |                                     |                                                     |
|---------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-----------------------------------------------------|
| Full Name, Mailing Address and Zip Code<br>TIME WARNER CABLE OF NYC<br><br>5120 Broadway<br><br>New York, NY 10034- | Purpose of Disbursement<br>Cable TV<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)       | Date (month, day, year)<br>03/30/99 | Amount of Each Disbursement This Period<br>\$92.55  |
| Full Name, Mailing Address and Zip Code<br>TIME WARNER CABLE OF NYC<br><br>5120 Broadway<br><br>New York, NY 10034- | Purpose of Disbursement<br>Cable TV<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)       | Date (month, day, year)<br>02/17/99 | Amount of Each Disbursement This Period<br>\$73.92  |
| Full Name, Mailing Address and Zip Code<br>TIME WARNER CABLE OF NYC<br><br>5120 Broadway<br><br>New York, NY 10034- | Purpose of Disbursement<br>Cable TV<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)       | Date (month, day, year)<br>03/08/99 | Amount of Each Disbursement This Period<br>\$53.33  |
| Full Name, Mailing Address and Zip Code<br>TIME WARNER CABLE OF NYC<br><br>5120 Broadway<br><br>New York, NY 10034- | Purpose of Disbursement<br>Cable TV<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)       | Date (month, day, year)<br>02/02/99 | Amount of Each Disbursement This Period<br>\$52.60  |
| Full Name, Mailing Address and Zip Code<br>TIME WARNER CABLE OF NYC<br><br>5120 Broadway<br><br>New York, NY 10034- | Purpose of Disbursement<br>Cable TV<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)       | Date (month, day, year)<br>06/18/99 | Amount of Each Disbursement This Period<br>\$73.92  |
| Full Name, Mailing Address and Zip Code<br>TIME WARNER CABLE OF NYC<br><br>5120 Broadway<br><br>New York, NY 10034- | Purpose of Disbursement<br>Cable TV<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)       | Date (month, day, year)<br>04/26/99 | Amount of Each Disbursement This Period<br>\$136.71 |
| Full Name, Mailing Address and Zip Code<br>The Floral Studio<br><br>Washington, DC 20002-                           | Purpose of Disbursement<br>Flowers (VISA)<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month, day, year)<br>06/18/99 | Amount of Each Disbursement This Period<br>\$166.53 |

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

\$649.56

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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FOR LINE NUMBER 17

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**NAME OF COMMITTEE (In Full)**

Rangel For Congress 2000

|                                                                                                                                     |                                                                                                                                                                                                     |                                     |                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-----------------------------------------------------|
| Full Name, Mailing Address and Zip Code<br>The Floral Studio<br><br>Washington, DC 20002-                                           | Purpose of Disbursement<br>Flowers (Constituents)<br>(VISA)<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Date (month, day, year)<br>03/14/99 | Amount of Each Disbursement This Period<br>\$87.24  |
| Full Name, Mailing Address and Zip Code<br>The Hiram Grand Lodge<br><br>124 West 124th Street<br><br>New York, NY 10027-            | Purpose of Disbursement<br>Ad Journal<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                       | Date (month, day, year)<br>02/08/99 | Amount of Each Disbursement This Period<br>\$65.00  |
| Full Name, Mailing Address and Zip Code<br>The Monocle<br><br>107 J Street, NE<br><br>Washington, DC 20002-                         | Purpose of Disbursement<br>3/25/99 fundraiser event<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):         | Date (month, day, year)<br>04/15/99 | Amount of Each Disbursement This Period<br>\$451.55 |
| Full Name, Mailing Address and Zip Code<br>The State Insurance Fund<br><br>199 Church St<br><br>New York, NY 10007-                 | Purpose of Disbursement<br>Worker Comp Insurance<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):            | Date (month, day, year)<br>02/05/99 | Amount of Each Disbursement This Period<br>\$17.00  |
| Full Name, Mailing Address and Zip Code<br>Transamerican Hotel<br><br>Santo Domingo                                                 | Purpose of Disbursement<br>Hotel (VISA)<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                     | Date (month, day, year)<br>01/29/99 | Amount of Each Disbursement This Period<br>\$135.61 |
| Full Name, Mailing Address and Zip Code<br>Trover Shop<br><br>221 Pennsylvania Ave, SE<br><br>Washington, DC 20001-                 | Purpose of Disbursement<br>Office Supply (VISA)<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):             | Date (month, day, year)<br>06/29/99 | Amount of Each Disbursement This Period<br>\$88.50  |
| Full Name, Mailing Address and Zip Code<br>U.S. Airways Shuttle<br><br>Crystal Park 4, 2345 Crystal Dr.<br><br>Arlington, VA 22227- | Purpose of Disbursement<br>Air Travel (VISA)<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                | Date (month, day, year)<br>06/29/99 | Amount of Each Disbursement This Period<br>\$443.12 |

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

\$1288.02

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedules for each category of the Detailed Summary Page

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**NAME OF COMMITTEE (In Full)**  
Rangel For Congress 2000

|                                                                                                                                         |                                                                                                                                                                                             |                                     |                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-----------------------------------------------------|
| Full Name, Mailing Address and Zip Code<br>USAir<br><br>2345 Crystal Dr<br><br>Arlington, VA 22227-                                     | Purpose of Disbursement<br>Travel (VISA)<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)             | Date (month, day, year)<br>03/16/99 | Amount of Each Disbursement This Period<br>\$90.00  |
| Full Name, Mailing Address and Zip Code<br>Vintage Vamps Catering<br><br>/                                                              | Purpose of Disbursement<br>Community Leaders Meeting<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month, day, year)<br>01/16/99 | Amount of Each Disbursement This Period<br>\$324.75 |
| Full Name, Mailing Address and Zip Code<br>Washington Counsel, P.C.<br><br>1150 17th Street, NW<br><br>Washington, DC 20036-            | Purpose of Disbursement<br>Admin for 4/22/99 Event<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   | Date (month, day, year)<br>06/04/99 | Amount of Each Disbursement This Period<br>\$478.06 |
| Full Name, Mailing Address and Zip Code<br>Wintergreen Resort<br><br>P.O. Box 706<br><br>Nellysford, VA 22958-                          | Purpose of Disbursement<br>Lodging (VISA)<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)            | Date (month, day, year)<br>03/16/99 | Amount of Each Disbursement This Period<br>\$438.75 |
| Full Name, Mailing Address and Zip Code<br>Women's National Demo Club<br><br>1526 New Hampshire Avenue, NW<br><br>Washington, DC 20036- | Purpose of Disbursement<br>Membership Dues<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)           | Date (month, day, year)<br>02/09/99 | Amount of Each Disbursement This Period<br>\$48.00  |
| Full Name, Mailing Address and Zip Code<br>Women's National Demo Club<br><br>1526 New Hampshire Avenue, NW<br><br>Washington, DC 20036- | Purpose of Disbursement<br>Membership Dues<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)           | Date (month, day, year)<br>02/25/99 | Amount of Each Disbursement This Period<br>\$24.00  |
| Full Name, Mailing Address and Zip Code<br>Women's National Demo Club<br><br>1526 New Hampshire Avenue, NW<br><br>Washington, DC 20036- | Purpose of Disbursement<br>Membership Dues<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)           | Date (month, day, year)<br>06/23/99 | Amount of Each Disbursement This Period<br>\$24.00  |

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

\$1427.56

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)  
Rangel For Congress 2000

|                                                                                                                                         |                                                                                                                                                                                   |                                     |                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-----------------------------------------------------|
| Full Name, Mailing Address and Zip Code<br>Women's National Demo Club<br><br>1526 New Hampshire Avenue, NW<br><br>Washington, DC 20036- | Purpose of Disbursement<br>Membership Dues<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month, day, year)<br>02/25/99 | Amount of Each Disbursement This Period<br>\$24.00  |
| Full Name, Mailing Address and Zip Code<br>Women's National Demo Club<br><br>1526 New Hampshire Avenue, NW<br><br>Washington, DC 20036- | Purpose of Disbursement<br>Membership Dues<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month, day, year)<br>03/26/99 | Amount of Each Disbursement This Period<br>\$24.00  |
| Full Name, Mailing Address and Zip Code<br>World Courier<br><br>P.O. Box 425480<br><br>New Hyde Park, NY 11042-5480                     | Purpose of Disbursement<br>Express Mail<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)    | Date (month, day, year)<br>04/22/99 | Amount of Each Disbursement This Period<br>\$265.00 |
| Full Name, Mailing Address and Zip Code<br>Choong Yae                                                                                   | Purpose of Disbursement<br>Salary<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)          | Date (month, day, year)<br>01/25/99 | Amount of Each Disbursement This Period<br>\$25.00  |
| Full Name, Mailing Address and Zip Code<br>Young, Gifted & Black Program                                                                | Purpose of Disbursement<br>Ad Journal<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)      | Date (month, day, year)<br>05/27/99 | Amount of Each Disbursement This Period<br>\$65.00  |
| Full Name, Mailing Address and Zip Code<br>ZALE S KOFF GRAPHIC INC<br><br>75 VARICK ST<br><br>New York, NY 10013-                       | Purpose of Disbursement<br>Printing<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)        | Date (month, day, year)<br>02/22/99 | Amount of Each Disbursement This Period<br>\$308.51 |
| Full Name, Mailing Address and Zip Code<br>ZALE S KOFF GRAPHIC INC<br><br>75 VARICK ST<br><br>New York, NY 10013-                       | Purpose of Disbursement<br>Printing<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)        | Date (month, day, year)<br>03/08/99 | Amount of Each Disbursement This Period<br>\$378.89 |

SUBTOTAL of Disbursements This Page (optional)

\$1090.39

TOTAL This Period (last page this line number only)



**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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**NAME OF COMMITTEE (In Full)**  
Rangel For Congress 2000

|                                                                                                                   |                                                                                                                                                                                          |                                     |                                                     |
|-------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-----------------------------------------------------|
| Full Name, Mailing Address and Zip Code<br>ZALE S KOFF GRAPHIC INC<br><br>75 VARICK ST<br><br>New York, NY 10013- | Purpose of Disbursement<br>Printing<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):              | Date (month, day, year)<br>05/21/99 | Amount of Each Disbursement This Period<br>\$763.16 |
| Full Name, Mailing Address and Zip Code<br>Zelda LeCoat<br><br>10416 Royal Road<br><br>Silver Spring, MD 20903-   | Purpose of Disbursement<br>3/4/99 Event Catering<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Date (month, day, year)<br>04/19/99 | Amount of Each Disbursement This Period<br>\$925.00 |
| Full Name, Mailing Address and Zip Code<br><br><br><br><br>                                                       | Purpose of Disbursement<br><br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                      | Date (month, day, year)<br>/ /      | Amount of Each Disbursement This Period             |
| Full Name, Mailing Address and Zip Code<br><br><br><br><br>                                                       | Purpose of Disbursement<br><br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                      | Date (month, day, year)<br>/ /      | Amount of Each Disbursement This Period             |
| Full Name, Mailing Address and Zip Code<br><br><br><br><br>                                                       | Purpose of Disbursement<br><br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                      | Date (month, day, year)<br>/ /      | Amount of Each Disbursement This Period             |
| Full Name, Mailing Address and Zip Code<br><br><br><br><br>                                                       | Purpose of Disbursement<br><br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                      | Date (month, day, year)<br>/ /      | Amount of Each Disbursement This Period             |
| Full Name, Mailing Address and Zip Code<br><br><br><br><br>                                                       | Purpose of Disbursement<br><br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                      | Date (month, day, year)<br>/ /      | Amount of Each Disbursement This Period             |
| Full Name, Mailing Address and Zip Code<br><br><br><br><br>                                                       | Purpose of Disbursement<br><br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                      | Date (month, day, year)<br>/ /      | Amount of Each Disbursement This Period             |

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

\$1688.16

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

\$199115.02

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 20a

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**NAME OF COMMITTEE (In Full)**  
Rangel For Congress 2000

|                                                                                                          |                                                                                                                                                                                                |                                     |                                                     |
|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-----------------------------------------------------|
| Full Name, Mailing Address and Zip Code<br>Eligio Pena<br><br>725 Commack Rd<br><br>Brentwood, NY 11717- | Purpose of Disbursement<br>Over Contribution<br><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month, day, year)<br>06/25/99 | Amount of Each Disbursement This Period<br>\$500.00 |
| Full Name, Mailing Address and Zip Code                                                                  | Purpose of Disbursement<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                 | Date (month, day, year)<br>/ /      | Amount of Each Disbursement This Period             |
| Full Name, Mailing Address and Zip Code                                                                  | Purpose of Disbursement<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                 | Date (month, day, year)<br>/ /      | Amount of Each Disbursement This Period             |
| Full Name, Mailing Address and Zip Code                                                                  | Purpose of Disbursement<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                 | Date (month, day, year)<br>/ /      | Amount of Each Disbursement This Period             |
| Full Name, Mailing Address and Zip Code                                                                  | Purpose of Disbursement<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                 | Date (month, day, year)<br>/ /      | Amount of Each Disbursement This Period             |
| Full Name, Mailing Address and Zip Code                                                                  | Purpose of Disbursement<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                 | Date (month, day, year)<br>/ /      | Amount of Each Disbursement This Period             |
| Full Name, Mailing Address and Zip Code                                                                  | Purpose of Disbursement<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                 | Date (month, day, year)<br>/ /      | Amount of Each Disbursement This Period             |
| Full Name, Mailing Address and Zip Code                                                                  | Purpose of Disbursement<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                 | Date (month, day, year)<br>/ /      | Amount of Each Disbursement This Period             |

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

\$500.00

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

\$500.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 20c

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**NAME OF COMMITTEE (In Full)**  
Rangel For Congress 2000

|                                                                                                                                                          |                                                                                                                                                                                                       |                                        |                                                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|------------------------------------------------------------|
| Full Name, Mailing Address and Zip Code<br>Nat'l Education Assn. PAC<br><br>Gregory S. Nash - President<br>1201 16th Street, NW<br>Washington, DC 20036- | Purpose of Disbursement<br>Received after '98 Cycle<br><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month,<br>day, year)<br>03/18/99 | Amount of Each<br>Disbursement<br>This Period<br>\$4000.00 |
| Full Name, Mailing Address and Zip Code                                                                                                                  | Purpose of Disbursement<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                        | Date (month,<br>day, year)<br>/ /      | Amount of Each<br>Disbursement<br>This Period              |
| Full Name, Mailing Address and Zip Code                                                                                                                  | Purpose of Disbursement<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                        | Date (month,<br>day, year)<br>/ /      | Amount of Each<br>Disbursement<br>This Period              |
| Full Name, Mailing Address and Zip Code                                                                                                                  | Purpose of Disbursement<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                        | Date (month,<br>day, year)<br>/ /      | Amount of Each<br>Disbursement<br>This Period              |
| Full Name, Mailing Address and Zip Code                                                                                                                  | Purpose of Disbursement<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                        | Date (month,<br>day, year)<br>/ /      | Amount of Each<br>Disbursement<br>This Period              |
| Full Name, Mailing Address and Zip Code                                                                                                                  | Purpose of Disbursement<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                        | Date (month,<br>day, year)<br>/ /      | Amount of Each<br>Disbursement<br>This Period              |
| Full Name, Mailing Address and Zip Code                                                                                                                  | Purpose of Disbursement<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                        | Date (month,<br>day, year)<br>/ /      | Amount of Each<br>Disbursement<br>This Period              |
| Full Name, Mailing Address and Zip Code                                                                                                                  | Purpose of Disbursement<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                        | Date (month,<br>day, year)<br>/ /      | Amount of Each<br>Disbursement<br>This Period              |

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

\$4000.00

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

\$4000.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedule for each category of the detailed Summary Page

PAGE 1 OF 10  
FOR LINE NUMBER 21

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**NAME OF COMMITTEE (In Full)**  
Rangel For Congress 2000

|                                                                                                                          |                                                                                                                                                                                       |                                     |                                                     |
|--------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-----------------------------------------------------|
| Full Name, Mailing Address and Zip Code<br>ADA<br>1625 K ST, NW, SUITE 210<br>Washington, DC 20006-                      | Purpose of Disbursement<br>Contribution<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month, day, year)<br>02/05/99 | Amount of Each Disbursement This Period<br>\$500.00 |
| Full Name, Mailing Address and Zip Code<br>ANSONIA INDEPENDENT DEMOCRATS<br>200 WEST 72ND ST<br>New York, NY 10023-      | Purpose of Disbursement<br>Contribution<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month, day, year)<br>04/20/99 | Amount of Each Disbursement This Period<br>\$100.00 |
| Full Name, Mailing Address and Zip Code<br>Americans for Democratic Action<br>1625 K Street, NW<br>Washington, DC 20006- | Purpose of Disbursement<br>Contribution<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month, day, year)<br>04/20/99 | Amount of Each Disbursement This Period<br>\$500.00 |
| Full Name, Mailing Address and Zip Code<br>Bethany Baptist Church<br>303 West 153rd Street<br>New York, NY 10039-        | Purpose of Disbursement<br>Contribution<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month, day, year)<br>01/13/99 | Amount of Each Disbursement This Period<br>\$100.00 |
| Full Name, Mailing Address and Zip Code<br>Bethany Baptist Church<br>303 West 153rd Street<br>New York, NY 10039-        | Purpose of Disbursement<br>Contribution<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month, day, year)<br>01/27/99 | Amount of Each Disbursement This Period<br>\$100.00 |
| Full Name, Mailing Address and Zip Code<br>Black Ministry of Archdiocese NY<br>1011 1st Avenue<br>New York, NY 10022-    | Purpose of Disbursement<br>Contribution<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month, day, year)<br>02/09/99 | Amount of Each Disbursement This Period<br>\$100.00 |
| Full Name, Mailing Address and Zip Code<br>Broadway Democratic Club<br>P.O. Box 1099<br>New York, NY 10025-              | Purpose of Disbursement<br>Contribution<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month, day, year)<br>06/09/99 | Amount of Each Disbursement This Period<br>\$250.00 |

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

\$1650.00

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedule for each category of the Detailed Budgetary Page

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FOR LINE NUMBER 21

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**NAME OF COMMITTEE (In Full)**  
Rangel For Congress 2000

|                                                                                                                                                |                                                                                                                                                                                           |                                     |                                                      |
|------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|------------------------------------------------------|
| Full Name, Mailing Address and Zip Code<br>Broadway Democratic Club<br><br>P.O. Box 1099<br><br>New York, NY 10025-                            | Purpose of Disbursement<br>Contribution<br><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month, day, year)<br>02/08/99 | Amount of Each Disbursement This Period<br>\$1000.00 |
| Full Name, Mailing Address and Zip Code<br>CENTRAL PARK CONSERVANCY<br><br>CENTRAL PARK<br><br>New York, NY 10021-                             | Purpose of Disbursement<br>Contribution<br><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month, day, year)<br>04/13/99 | Amount of Each Disbursement This Period<br>\$350.00  |
| Full Name, Mailing Address and Zip Code<br>COMMUNITY FREE DEMOCRATS<br><br>57 WEST 93RD ST<br><br>New York, NY 10025-                          | Purpose of Disbursement<br>Contribution<br><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month, day, year)<br>02/09/99 | Amount of Each Disbursement This Period<br>\$300.00  |
| Full Name, Mailing Address and Zip Code<br>Calvary Fund Inc<br><br>1740 Eastchester Rd<br><br>Bronx, NY 10461-                                 | Purpose of Disbursement<br>Contribution<br><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month, day, year)<br>01/20/99 | Amount of Each Disbursement This Period<br>\$100.00  |
| Full Name, Mailing Address and Zip Code<br>Chelsea Reform Democratic Club<br><br>P.O. Box 1120<br><br>New York, NY 10113-1120                  | Purpose of Disbursement<br>Contribution<br><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month, day, year)<br>05/14/99 | Amount of Each Disbursement This Period<br>\$100.00  |
| Full Name, Mailing Address and Zip Code<br>College Democrats of America<br><br>430 South Capitol Street, SE<br><br>Washington, DC 20003-       | Purpose of Disbursement<br>Contribution<br><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month, day, year)<br>04/29/99 | Amount of Each Disbursement This Period<br>\$500.00  |
| Full Name, Mailing Address and Zip Code<br>Community Assoc. of Progressive Dominica<br><br>3940 Broadway, 2nd Floor<br><br>New York, NY 10032- | Purpose of Disbursement<br>Contribution<br><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month, day, year)<br>01/14/99 | Amount of Each Disbursement This Period<br>\$100.00  |

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

\$2450.00

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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FOR LINE NUMBER 21

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**NAME OF COMMITTEE (In Full)**  
Rangel For Congress 2000

|                                                                                                                                                     |                                                                                                                                                                                                   |                                            |                                                            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|------------------------------------------------------------|
| <b>Full Name, Mailing Address and Zip Code</b><br>Concerned Democratic Coalition of NM<br><br>656 West 204th St, Suite 5<br><br>New York, NY 10034- | <b>Purpose of Disbursement</b><br>Contribution<br><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Date (month, day, year)</b><br>04/29/99 | <b>Amount of Each Disbursement This Period</b><br>\$500.00 |
| <b>Full Name, Mailing Address and Zip Code</b><br>Congressional Club<br><br>2001 New Hampshire Ave, NW<br><br>Washington, DC 20009-                 | <b>Purpose of Disbursement</b><br>Contribution<br><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Date (month, day, year)</b><br>02/22/99 | <b>Amount of Each Disbursement This Period</b><br>\$150.00 |
| <b>Full Name, Mailing Address and Zip Code</b><br>DOROTHY ROSE BLOMBERG FUND<br><br>600 WEST 161ST STREET, #6A<br><br>New York, NY 10032-           | <b>Purpose of Disbursement</b><br>Contribution<br><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Date (month, day, year)</b><br>01/13/99 | <b>Amount of Each Disbursement This Period</b><br>\$100.00 |
| <b>Full Name, Mailing Address and Zip Code</b><br>David A. Paterson for a New - NY<br><br>P.O. Box 5558<br><br>New York, NY 10027-                  | <b>Purpose of Disbursement</b><br>Contribution<br><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Date (month, day, year)</b><br>05/20/99 | <b>Amount of Each Disbursement This Period</b><br>\$500.00 |
| <b>Full Name, Mailing Address and Zip Code</b><br>East Harlem Area Council<br><br>331 East 116th Street<br><br>New York, NY 10029-                  | <b>Purpose of Disbursement</b><br>Contribution<br><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Date (month, day, year)</b><br>06/09/99 | <b>Amount of Each Disbursement This Period</b><br>\$100.00 |
| <b>Full Name, Mailing Address and Zip Code</b><br>FRIENDS OF CHARLIE KING<br><br>17 WEST 87TH ST, #25<br><br>New York, NY 10024-                    | <b>Purpose of Disbursement</b><br>Contribution<br><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Date (month, day, year)</b><br>06/04/99 | <b>Amount of Each Disbursement This Period</b><br>\$100.00 |
| <b>Full Name, Mailing Address and Zip Code</b><br>Fannie Pennington<br><br>699 Lenox Avenue<br><br>New York, NY 10037-                              | <b>Purpose of Disbursement</b><br>Contribution<br><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Date (month, day, year)</b><br>03/12/99 | <b>Amount of Each Disbursement This Period</b><br>\$100.00 |

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

\$1550.00

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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**NAME OF COMMITTEE (In full)**  
Rangel For Congress 2000

|                                                                                                                                                |                                                                                                                                                                                           |                                     |                                                      |
|------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|------------------------------------------------------|
| Full Name, Mailing Address and Zip Code<br>Floridians For Fairness<br><br>P.O. Box 9352<br><br>Fort Lauderdale, FL 33310-                      | Purpose of Disbursement<br>Contribution<br><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month, day, year)<br>05/14/99 | Amount of Each Disbursement This Period<br>\$500.00  |
| Full Name, Mailing Address and Zip Code<br>Frederick E. Samuel Demo Club<br><br>P.O. Box 414<br><br>New York, NY 10030-                        | Purpose of Disbursement<br>Contribution<br><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month, day, year)<br>06/11/99 | Amount of Each Disbursement This Period<br>\$500.00  |
| Full Name, Mailing Address and Zip Code<br>Friends of Keith L.J. Wright<br><br>2160 Madison Ave<br><br>New York, NY 10037-                     | Purpose of Disbursement<br>Contribution<br><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month, day, year)<br>05/12/99 | Amount of Each Disbursement This Period<br>\$500.00  |
| Full Name, Mailing Address and Zip Code<br>Friends of Arthur Eve<br><br>Ellen Glyden - Treasurer<br>498 Northland Avenue<br>Buffalo, NY 14211- | Purpose of Disbursement<br>Contribution<br><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month, day, year)<br>04/19/99 | Amount of Each Disbursement This Period<br>\$3100.00 |
| Full Name, Mailing Address and Zip Code<br>Friends of Rex Brown & Wayne Hall<br><br>80 Clinton Street<br><br>Hempstead, NY 11550-              | Purpose of Disbursement<br>Contribution<br><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month, day, year)<br>03/26/99 | Amount of Each Disbursement This Period<br>\$100.00  |
| Full Name, Mailing Address and Zip Code<br>Friends of Juanita Watkins<br><br>220-07 Merrick Blvd<br><br>Jamaica, NY 11413-                     | Purpose of Disbursement<br>Contribution<br><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month, day, year)<br>04/22/99 | Amount of Each Disbursement This Period<br>\$125.00  |
| Full Name, Mailing Address and Zip Code<br>Glid<br><br>208 West 13th St<br><br>New York, NY 10011-                                             | Purpose of Disbursement<br>Contribution<br><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month, day, year)<br>05/21/99 | Amount of Each Disbursement This Period<br>\$150.00  |

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

\$4975.00

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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**NAME OF COMMITTEE (In Full)**  
Rangel For Congress 2000

|                                                                                                                                       |                                                                                                                                                                                           |                                     |                                                     |
|---------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-----------------------------------------------------|
| Full Name, Mailing Address and Zip Code<br>Hale House<br><br>240 East 82nd St., #4K<br><br>New York, NY 10028-                        | Purpose of Disbursement<br>Contribution<br><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month, day, year)<br>01/13/99 | Amount of Each Disbursement This Period<br>\$100.00 |
| Full Name, Mailing Address and Zip Code<br>Harlem Jazz Foundation, Inc.<br><br>19 West 34th St, Suite 1107<br><br>New York, NY 10001- | Purpose of Disbursement<br>Contribution<br><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month, day, year)<br>05/09/99 | Amount of Each Disbursement This Period<br>\$100.00 |
| Full Name, Mailing Address and Zip Code<br>Keep Rising To The Top, Inc.<br><br><br><br><br>                                           | Purpose of Disbursement<br>Contribution<br><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month, day, year)<br>03/05/99 | Amount of Each Disbursement This Period<br>\$150.00 |
| Full Name, Mailing Address and Zip Code<br>Lexington Democratic Club<br><br>301 East 79th St<br><br>New York, NY 10021-               | Purpose of Disbursement<br>Contribution<br><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month, day, year)<br>04/20/99 | Amount of Each Disbursement This Period<br>\$250.00 |
| Full Name, Mailing Address and Zip Code<br>MCMANUS DEMOCRATIC ASSOC<br><br>228 WEST 52ND ST<br><br>New York, NY 10019-                | Purpose of Disbursement<br>Contribution<br><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month, day, year)<br>06/09/99 | Amount of Each Disbursement This Period<br>\$150.00 |
| Full Name, Mailing Address and Zip Code<br>Ralph Menar<br><br>c/o Rice H. S.<br>14 Maple Parkway<br>Staten Island, NY 10303-          | Purpose of Disbursement<br>Contribution<br><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month, day, year)<br>05/10/99 | Amount of Each Disbursement This Period<br>\$250.00 |
| Full Name, Mailing Address and Zip Code<br>Metropolitan A.M.E. Church<br><br>58 West 135th Street<br><br>New York, NY 10037-          | Purpose of Disbursement<br>Contribution<br><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month, day, year)<br>05/15/99 | Amount of Each Disbursement This Period<br>\$100.00 |

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

\$1100.00

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**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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**NAME OF COMMITTEE (In Full)**  
Rangel For Congress 2000

|                                                                                                                                              |                                                                                                                                                                                            |                                        |                                                            |
|----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|------------------------------------------------------------|
| Full Name, Mailing Address and Zip Code<br>Mike Espy Legal Defense Fund<br><br>P.O. Box 24206<br><br>Jackson, MS 39225-                      | Purpose of Disbursement<br>Contribution<br><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Date (month,<br>day, year)<br>03/26/99 | Amount of Each<br>Disbursement<br>This Period<br>\$500.00  |
| Full Name, Mailing Address and Zip Code<br>Mitchell-Lowe Resident Coalition<br><br>P.O. Box 20414<br><br>New York, NY 10025-                 | Purpose of Disbursement<br>Contribution<br><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Date (month,<br>day, year)<br>04/20/99 | Amount of Each<br>Disbursement<br>This Period<br>\$100.00  |
| Full Name, Mailing Address and Zip Code<br>NAACP<br><br>P.O. BOX 64983<br><br>Baltimore, MD 21298-                                           | Purpose of Disbursement<br>Contribution<br><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Date (month,<br>day, year)<br>02/05/99 | Amount of Each<br>Disbursement<br>This Period<br>\$500.00  |
| Full Name, Mailing Address and Zip Code<br>NAACP<br><br>P.O. BOX 64983<br><br>Baltimore, MD 21298-                                           | Purpose of Disbursement<br>Contribution<br><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Date (month,<br>day, year)<br>04/26/99 | Amount of Each<br>Disbursement<br>This Period<br>\$500.00  |
| Full Name, Mailing Address and Zip Code<br>NECO<br><br>555 Madison Ave, 12th Fl<br><br>New York, NY 10022-                                   | Purpose of Disbursement<br>Contribution<br><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Date (month,<br>day, year)<br>05/21/99 | Amount of Each<br>Disbursement<br>This Period<br>\$500.00  |
| Full Name, Mailing Address and Zip Code<br>NYS Associate of Black & Puerto Rican<br><br>P.O. Box 2079, Empire Plaza<br><br>Albany, NY 12220- | Purpose of Disbursement<br>Contribution<br><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Date (month,<br>day, year)<br>02/13/99 | Amount of Each<br>Disbursement<br>This Period<br>\$300.00  |
| Full Name, Mailing Address and Zip Code<br>KYS Democratic Assembly Campaign Com.<br><br>107 Washington Avenue<br><br>Albany, NY 12210-       | Purpose of Disbursement<br>Contribution<br><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Date (month,<br>day, year)<br>05/12/99 | Amount of Each<br>Disbursement<br>This Period<br>\$5000.00 |

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\$7400.00

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**SCHEDULE B**
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**NAME OF COMMITTEE (In Full)**  
 Rangel For Congress 2000

|                                                                                                                                                       |                                                                                                                                                                                                |                                            |                                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-------------------------------------------------------------|
| <b>Full Name, Mailing Address and Zip Code</b><br>NYSDC/Victory 2000<br><br>60 Madison Avenue, Suite 1201<br><br>New York, NY 10010-                  | <b>Purpose of Disbursement Contribution</b><br><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Date (month, day, year)</b><br>04/16/99 | <b>Amount of Each Disbursement This Period</b><br>\$1500.00 |
| <b>Full Name, Mailing Address and Zip Code</b><br>National Race For The Cure<br><br>1320 Old Chain Bridge Rd, Suite 330<br><br>Mc Lean, VA 22101-     | <b>Purpose of Disbursement Contribution</b><br><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Date (month, day, year)</b><br>06/18/99 | <b>Amount of Each Disbursement This Period</b><br>\$25.00   |
| <b>Full Name, Mailing Address and Zip Code</b><br>National Women's Political Caucus<br><br>250 West 78th Street, Suite 30R<br><br>New York, NY 10024- | <b>Purpose of Disbursement Contribution</b><br><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Date (month, day, year)</b><br>06/04/99 | <b>Amount of Each Disbursement This Period</b><br>\$300.00  |
| <b>Full Name, Mailing Address and Zip Code</b><br>New Heights Neighborhood Center<br><br>260 Audubon Avenue<br><br>New York, NY 10033-                | <b>Purpose of Disbursement Contribution</b><br><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Date (month, day, year)</b><br>02/05/99 | <b>Amount of Each Disbursement This Period</b><br>\$100.00  |
| <b>Full Name, Mailing Address and Zip Code</b><br>New York State Senate Campaign<br><br>107 Washington Ave<br><br>Albany, NY 12210-                   | <b>Purpose of Disbursement Contribution</b><br><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Date (month, day, year)</b><br>05/21/99 | <b>Amount of Each Disbursement This Period</b><br>\$5000.00 |
| <b>Full Name, Mailing Address and Zip Code</b><br>New York County Democratic Gate<br><br>/                                                            | <b>Purpose of Disbursement Contribution</b><br><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Date (month, day, year)</b><br>03/03/99 | <b>Amount of Each Disbursement This Period</b><br>\$440.00  |
| <b>Full Name, Mailing Address and Zip Code</b><br>New York Republican County Cmte<br><br>45 East 45th St, Suite 230<br><br>New York, NY 10017-        | <b>Purpose of Disbursement Contribution</b><br><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Date (month, day, year)</b><br>02/05/99 | <b>Amount of Each Disbursement This Period</b><br>\$1000.00 |

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\$8365.00

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**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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**NAME OF COMMITTEE (In Full)**  
Rangel for Congress 2000

|                                                                                                                                     |                                                                                                                                                                                            |                                     |                                                      |
|-------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|------------------------------------------------------|
| Full Name, Mailing Address and Zip Code<br>New Yorkers for Law & Order                                                              | Purpose of Disbursement<br>Contribution<br><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Date (month, day, year)<br>04/10/99 | Amount of Each Disbursement This Period<br>\$1000.00 |
| Full Name, Mailing Address and Zip Code<br>DPUS 118<br><br>210 East 86th St, Suite 401<br><br>New York, NY 10028-                   | Purpose of Disbursement<br>Contribution<br><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Date (month, day, year)<br>01/13/99 | Amount of Each Disbursement This Period<br>\$100.00  |
| Full Name, Mailing Address and Zip Code<br>PARK RIVER INDEP DEMOCRATS<br><br>P.O. BOX 1316<br><br>New York, NY 10025-               | Purpose of Disbursement<br>Contribution<br><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Date (month, day, year)<br>06/25/99 | Amount of Each Disbursement This Period<br>\$100.00  |
| Full Name, Mailing Address and Zip Code<br>Richardson 99<br><br>P.O. Box 991<br><br>New Rochelle, NY 10801-                         | Purpose of Disbursement<br>Contribution<br><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Date (month, day, year)<br>06/29/99 | Amount of Each Disbursement This Period<br>\$500.00  |
| Full Name, Mailing Address and Zip Code<br>SKINNER FARM LEADERSHIP INST.<br><br>P.O. BOX 90160<br><br>Washington, DC 20077-         | Purpose of Disbursement<br>Contribution<br><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Date (month, day, year)<br>01/13/99 | Amount of Each Disbursement This Period<br>\$100.00  |
| Full Name, Mailing Address and Zip Code<br>ST. John's University School of Law<br><br>8000 Utopia Parkway<br><br>Jamaica, NY 11439- | Purpose of Disbursement<br>Contribution<br><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Date (month, day, year)<br>04/20/99 | Amount of Each Disbursement This Period<br>\$100.00  |
| Full Name, Mailing Address and Zip Code<br>Second Canyon<br><br>10 Lenox Ave<br><br>New York, NY 10026-                             | Purpose of Disbursement<br>Contribution<br><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Date (month, day, year)<br>04/27/99 | Amount of Each Disbursement This Period<br>\$100.00  |

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

\$2000.00

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**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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**NAME OF COMMITTEE (In Full)**  
Rangel For Congress 2000

|                                                                                                                                      |                                                                                                                                                                                                |                                            |                                                             |
|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-------------------------------------------------------------|
| <b>Full Name, Mailing Address and Zip Code</b><br>THE CONNOR COMMITTEE<br><br>61 PIERREPONT ST<br><br>Brooklyn, NY 11201-            | <b>Purpose of Disbursement Contribution</b><br><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Date (month, day, year)</b><br>04/30/99 | <b>Amount of Each Disbursement This Period</b><br>\$550.00  |
| <b>Full Name, Mailing Address and Zip Code</b><br>THREE PARKS INDEP DEMO<br><br>235 WEST 102ND ST., 2M<br><br>New York, NY 10025-    | <b>Purpose of Disbursement Contribution</b><br><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Date (month, day, year)</b><br>05/06/99 | <b>Amount of Each Disbursement This Period</b><br>\$230.00  |
| <b>Full Name, Mailing Address and Zip Code</b><br>THREE PARKS INDEP DEMO<br><br>235 WEST 102ND ST., 2M<br><br>New York, NY 10025-    | <b>Purpose of Disbursement Contribution</b><br><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Date (month, day, year)</b><br>01/13/99 | <b>Amount of Each Disbursement This Period</b><br>\$1000.00 |
| <b>Full Name, Mailing Address and Zip Code</b><br>TIOGA-CARVER COMMUNITY FUND<br><br>P. O. BOX 614<br><br>New York, NY 10032-        | <b>Purpose of Disbursement Contribution</b><br><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Date (month, day, year)</b><br>05/14/99 | <b>Amount of Each Disbursement This Period</b><br>\$100.00  |
| <b>Full Name, Mailing Address and Zip Code</b><br>The Abyssinian Baptist Church<br><br>132 Odell Clark Pl<br><br>New York, NY 10030- | <b>Purpose of Disbursement Contribution</b><br><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Date (month, day, year)</b><br>04/20/99 | <b>Amount of Each Disbursement This Period</b><br>\$100.00  |
| <b>Full Name, Mailing Address and Zip Code</b><br>The Church on the Hill AME Zion<br><br><br><br><br><br><br><br>                    | <b>Purpose of Disbursement Contribution</b><br><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Date (month, day, year)</b><br>04/06/99 | <b>Amount of Each Disbursement This Period</b><br>\$100.00  |
| <b>Full Name, Mailing Address and Zip Code</b><br>The Egg<br><br><br><br><br><br><br><br>                                            | <b>Purpose of Disbursement Contribution</b><br><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Date (month, day, year)</b><br>02/13/99 | <b>Amount of Each Disbursement This Period</b><br>\$105.00  |

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

\$2205.00

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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FOR LINE NUMBER 21

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**NAME OF COMMITTEE (In Full)**  
Rangel For Congress 2000

|                                                                                                                               |                                                                                                                                                                                           |                                     |                                                      |
|-------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|------------------------------------------------------|
| Full Name, Mailing Address and Zip Code<br>Victory 2000/NYSOC<br><br>60 Madison Avenue, Suite 1201<br><br>New York, NY 10015- | Purpose of Disbursement<br>Contribution<br><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month, day, year)<br>05/14/99 | Amount of Each Disbursement This Period<br>\$5000.00 |
| Full Name, Mailing Address and Zip Code                                                                                       | Purpose of Disbursement<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                            | Date (month, day, year)<br>/ /      | Amount of Each Disbursement This Period              |
| Full Name, Mailing Address and Zip Code                                                                                       | Purpose of Disbursement<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                            | Date (month, day, year)<br>/ /      | Amount of Each Disbursement This Period              |
| Full Name, Mailing Address and Zip Code                                                                                       | Purpose of Disbursement<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                            | Date (month, day, year)<br>/ /      | Amount of Each Disbursement This Period              |
| Full Name, Mailing Address and Zip Code                                                                                       | Purpose of Disbursement<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                            | Date (month, day, year)<br>/ /      | Amount of Each Disbursement This Period              |
| Full Name, Mailing Address and Zip Code                                                                                       | Purpose of Disbursement<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                            | Date (month, day, year)<br>/ /      | Amount of Each Disbursement This Period              |
| Full Name, Mailing Address and Zip Code                                                                                       | Purpose of Disbursement<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                            | Date (month, day, year)<br>/ /      | Amount of Each Disbursement This Period              |

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

\$5000.00

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

\$36695.00

**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

☐ Hand Delivered Date of Receipt

POSTMARKED

POSTMARKED

7-28-75

☐ Postmark Illegible

Date of Receipt

Date of Receipt

## Postmarked

**and/or Date of Receipt**

SMU  
PREPARER

7-30-81  
DATE PREPARED