

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) The Mary Bono Committee		2. IDENTIFICATION NUMBER C00332890
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported. PO Box 3370		
CITY, STATE and ZIP CODE Palm Springs, CA 92263	STATE/DISTRICT CA/44	3. IS THIS REPORT AN AMENDMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

4. TYPE OF REPORT

<input type="checkbox"/> April 15 Quarterly Report <input type="checkbox"/> July 15 Quarterly Report <input type="checkbox"/> October 15 Quarterly Report <input checked="" type="checkbox"/> January 31 Year End Report <input type="checkbox"/> July 31 Mid-Year Report (Non-election Year Only)	<input type="checkbox"/> Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____ <input type="checkbox"/> Thirtieth day report following the General Election on _____ in the State of _____ <input type="checkbox"/> Termination Report
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This report contains activity for Primary Election General Election Special Election Runoff Election

SUMMARY

5. Covering Period	COLUMN A This Period	COLUMN B Calendar Year-to-Date
07/01/1999 through 12/31/1999		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	215,614.62	284,286.51
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	215,614.62	284,286.51
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	141,976.78	208,065.56
(b) Total Offsets to Operating Expenditures (from Line 14)	329.01	338.46
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	141,647.77	207,727.10
8. Cash on Hand at Close of Reporting Period (from Line 27)	125,707.94	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-6530 Local 202-376-3120
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

Type or Print Name of Treasurer DANA W. REED	Date 1/16/00
Signature of Treasurer 	

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

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DETAILED SUMMARY PAGE

of Receipts and Disbursements
(Page 2, FEC FORM 3)

Name of Committee (in full) The Mary Bono Committee	Report Covering the Period:	
	From: 07/01/1999 To: 12/31/1999	
I. RECEIPTS	COLUMN A Total This Period	COLUMN B Calendar Year-To-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	80,915.26	
(ii) Unitemized	104,949.36	
(iii) Total of contributions from individuals	185,864.62	218,172.62
(b) Political Party Committees	0.00	199.89
(c) Other Political Committees (such as PACs)	29,750.00	65,914.00
(d) The Candidate	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans)(add 11(a)(iii), (b), (c) and (d))	215,614.62	284,286.51
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(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
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	329.01	338.46
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)	215,943.63	284,624.97
II. DISBURSEMENTS		
17. OPERATING EXPENDITURES	141,976.78	208,065.56
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(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
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))	0.00	0.00
21. OTHER DISBURSEMENTS	19,025.00	27,525.00
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)	161,001.78	235,590.56
III. CASH SUMMARY		
23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	\$	70,766.09
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)	\$	215,943.63
25. SUBTOTAL (add Line 23 and Line 24)	\$	286,709.72
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	\$	161,001.78
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)	\$	125,707.94

SCHEDULE A ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

NAME OF COMMITTEE (in Full)

The Mary Bono Committee C00332890

A. Full Name, Mailing Address and ZIP Code RICHARD ACCURSIO 935 KROME AVE. FLORIDA CITY, FL 33034	Name of Employer RICHARD ACCURSIO	Date(month, day, year) 12/13/1999	Amount of Each Receipt this Period 250.00
	Occupation FARMER	Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	
Aggregate Year-to-Date > \$ 250.00			
B. Full Name, Mailing Address and ZIP Code SAM ACCURSIO JR. 27725 SW 187TH AVE HOMESTEAD, FL 33031	Name of Employer SAM ACCURSIO JR.	Date(month, day, year) 12/13/1999	Amount of Each Receipt this Period 500.00
	Occupation FARMER	Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	
Aggregate Year-to-Date > \$ 500.00			
C. Full Name, Mailing Address and ZIP Code EUGENE AKINS 1304 HOLLY POINT RD. VIRGINIA BEACH, VA 23454	Name of Employer FL FARMERS & SUPPLIERS COALITION	Date(month, day, year) 12/27/1999	Amount of Each Receipt this Period 500.00
	Occupation AGRICULTURAL SUPPLIER	Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	
Aggregate Year-to-Date > \$ 500.00			
D. Full Name, Mailing Address and ZIP Code LYNN CASEY HALEI P.O. BOX 1203 BEAUMONT, CA 92223	Name of Employer	Date(month, day, year) 11/13/1999	Amount of Each Receipt this Period 396.00
	Occupation	Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	
Aggregate Year-to-Date > \$ 396.00			
E. Full Name, Mailing Address and ZIP Code JAMES E. BARFIELD P.O. BOX 3448 INDOKALEE, FL 34743	Name of Employer JAMES E. BARFIELD	Date(month, day, year) 12/20/1999	Amount of Each Receipt this Period 500.00
	Occupation FARMER	Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	
Aggregate Year-to-Date > \$ 500.00			
F. Full Name, Mailing Address and ZIP Code THOMAS C. BEISENER 2465 MESA TERRACE UPLAND, CA 91784	Name of Employer	Date(month, day, year) 10/19/1999	Amount of Each Receipt this Period 1,000.00
	Occupation RETIRED	Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	
Aggregate Year-to-Date > \$ 1,000.00			
G. Full Name, Mailing Address and ZIP Code CANDICE J. BENEDETTI 301 CAMINO ALTURAS PALM DESERT, CA 92264	Name of Employer	Date(month, day, year) 11/03/1999	Amount of Each Receipt this Period 250.00
	Occupation	Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	
Aggregate Year-to-Date > \$ 250.00			

SUBTOTAL of Receipts This Page (colspan 3)

3,396.00

TOTAL This Period (last page this line number only)

SCHEDULE A ITEMIZED RECEIPTS

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page (OMB 1545-0047)

PAGE 2 OF 25
FOR LINE NUMBER 11(B) (1)

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NAME OF COMMITTEE (in Full)

The Mary Bono Committee C00332890

<p>A. Full Name, Mailing Address and ZIP Code MARIE R. BIANCO 14510 BIG BASIN WAY #237 SARATOGA VILLAGE, CA 95070</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer HOMEMAKER</p> <p>Occupation HOMEMAKER</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date(month, day, year) 10/06/1999</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>B. Full Name, Mailing Address and ZIP Code ETHEL D. BLAIR 26100 DIMENSION DR. LAKE FOREST, CA 92630-7805</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer BLAIR'S TOWING</p> <p>Occupation OWNER</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date(month, day, year) 10/25/1999</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>C. Full Name, Mailing Address and ZIP Code EUGENIA M. BLALOCK P.O. BOX 2551 PALM DESERT, CA 92261</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date(month, day, year) 11/08/1999</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>D. Full Name, Mailing Address and ZIP Code LAWRENCE H. BLAYLOCK PO BOX CRAWLER 310 HOMESTEAD, FL 33090</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer BLAYLOCK OIL CO.</p> <p>Occupation OIL DISTRIBUTOR</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date(month, day, year) 12/13/1999</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>E. Full Name, Mailing Address and ZIP Code MICHAEL BOZICK 7733C MEDICINE BOW CIRCLE INDIAN WELLS, CA 92210</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation FARMER</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date(month, day, year) 11/02/1999</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>F. Full Name, Mailing Address and ZIP Code NICHOLAS L. BOZICK 45-675 OSWEGO LANE INDIAN WELLS, CA 92210-8916</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer SULTAN RANCHES</p> <p>Occupation OWNER</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date(month, day, year) 12/08/1999</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>G. Full Name, Mailing Address and ZIP Code JOHN T. BRASCH 545 PRIMROSE WAY LOUISVILLE, KY 40206</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date(month, day, year) 11/18/1999</p>	<p>Amount of Each Receipt this Period 250.00</p>

SUBTOTAL of Receipts This Page (optional)

3,000.00

TOTAL This Period (last page this line number only)

SCHEDULE A ITEMIZED RECEIPTS

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page (070-01899-1221/11 099)

PAGE 3 OF 25
FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full)

The Mary Bono Committee C30332890

<p>A. Full Name, Mailing Address and ZIP Code NEAL PALMER BROOKS PO BOX 400160 HONTSSTEAD, FL 33090</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):</p>	<p>Name of Employer BROOKS TROPICALS</p> <p>Occupation FARMER</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date(month, day, year) 12/13/1999</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>B. Full Name, Mailing Address and ZIP Code PAULA J. BROOKS P.O. BOX 1536 PARK CITY, UT 84060</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date(month, day, year) 11/05/1999</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>C. Full Name, Mailing Address and ZIP Code ROSSEL E. BURKETT JR. 72845 CALLE DE LA CELLA PALM DESERT, CA 92260</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):</p>	<p>Name of Employer</p> <p>Occupation RETIRED</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date(month, day, year) 11/01/1999</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>D. Full Name, Mailing Address and ZIP Code CABAZON BAND OF MISSION INDIANS 84-245 INDIAN SPRINGS DRIVE INDIO, CA 92201</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 1,000.00</p>	<p>Date(month, day, year) 12/03/1999</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>E. Full Name, Mailing Address and ZIP Code JACQUELINE J. CANNON 48-820 SHADY VIEW PALM DESERT, CA 92260</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):</p>	<p>Name of Employer MANAGEMENT SERVICES, INC.</p> <p>Occupation INSURANCE AGENT</p> <p>Aggregate Year-to-Date > \$ 550.00</p>	<p>Date(month, day, year) 10/29/1999</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>F. Full Name, Mailing Address and ZIP Code JOSE CARDENAL 7705 SW 139TH TERR. MIAMI, FL 33158</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):</p>	<p>Name of Employer RICHARDS TRACTOR CO.</p> <p>Occupation AG EQUIPMENT DEALER</p> <p>Aggregate Year-to-Date > \$ 1,000.00</p>	<p>Date(month, day, year) 12/13/1999</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>G. Full Name, Mailing Address and ZIP Code KERN CARPENTER 19295 SW. 264 ST. HOMESTEAD, FL 33011-1830</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):</p>	<p>Name of Employer K. CARPENTER FARMS</p> <p>Occupation FARMER</p> <p>Aggregate Year-to-Date > \$ 1,000.00</p>	<p>Date(month, day, year) 12/13/1999</p>	<p>Amount of Each Receipt this Period 1,000.00</p>

SUBTOTAL of Receipts This Page (optional)

4,500.00

TOTAL This Period (last page this line number only)

SCHEDULE A ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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NAME OF COMMITTEE (in Full)

The Mary Bono Committee C00332890

A. Full Name, Mailing Address and ZIP Code EARLE H. CHILES 111 SW 5TH AVE. #4000 PORTLAND, OR 97204 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer EARLE H. CHILES	Date(month, day, year) 11/09/1999	Amount of Each Receipt this Period 250.00
	Occupation INVESTMENTS Aggregate Year-to-Date > \$ 250.00		
B. Full Name, Mailing Address and ZIP Code MARGIT F. CHINIACO RUSCHE 11110 LAUREL AVE. BLOOMINGTON, CA 92260 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer	Date(month, day, year) 11/08/1999	Amount of Each Receipt this Period 125.00
	Occupation Aggregate Year-to-Date > \$ 275.00		
C. Full Name, Mailing Address and ZIP Code ROBERT E. CHISHOLM 717 JERONIMO DR CORAL GABLES, FL 33146 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer ROBERT E. CHISHOLM	Date(month, day, year) 12/13/1999	Amount of Each Receipt this Period 500.00
	Occupation ARCHITECT Aggregate Year-to-Date > \$ 500.00		
D. Full Name, Mailing Address and ZIP Code PETER B. CLARK 939 COAST BLVD. #16E LA JOLLA, CA 92037 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer	Date(month, day, year) 10/06/1999	Amount of Each Receipt this Period 500.00
	Occupation RETIRED Aggregate Year-to-Date > \$ 500.00		
E. Full Name, Mailing Address and ZIP Code BARRON COLLIER III 3838 FORT CHARLES DRIVE NAPLES, FL 33940 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer BARRON COLLIER CORP	Date(month, day, year) 12/13/1999	Amount of Each Receipt this Period 500.00
	Occupation AGRICULTURE/LAND DEV. Aggregate Year-to-Date > \$ 500.00		
F. Full Name, Mailing Address and ZIP Code JOHN COLLINS 600 COPERDALE DR, #512 FT. LAUDERDALE, FL 33334 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer JOHN COLLINS	Date(month, day, year) 12/13/1999	Amount of Each Receipt this Period 1,000.00
	Occupation LAND DEVELOPER/CONSTRUCTION Aggregate Year-to-Date > \$ 1,000.00		
G. Full Name, Mailing Address and ZIP Code JOSEPH COORS P.O. BOX 7112 RANCHO SANTA FE, CA 92067-7112 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer	Date(month, day, year) 10/28/1999	Amount of Each Receipt this Period 500.00
	Occupation RETIRED Aggregate Year-to-Date > \$ 500.00		

SUBTOTAL of Receipts This Page (optional)	3,375.00
TOTAL This Period (last page this line number only)	

SCHEDULE A ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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NAME OF COMMITTEE (In Full)

The Mary Bono Committee C00332890

A. Full Name, Mailing Address and ZIP Code WILLIAM R. CRAMER JR. 43105 ROCKVIEW DR. HEMET, CA 92544-8437	Name of Employer STAR MILLING CO.	Date(month, day, year) 09/16/1999	Amount of Each Receipt this Period 100.00
	Occupation AGRIBUSINESS	Aggregate Year-to-Date > \$ 250.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):			
B. Full Name, Mailing Address and ZIP Code DONALD E. CRAVENS 899 ISLAND DRIVE, #213 RANCHO MIRAGE, CA 92270	Name of Employer	Date(month, day, year) 10/25/1999	Amount of Each Receipt this Period 250.00
	Occupation RETIRED	Aggregate Year-to-Date > \$ 250.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):			
C. Full Name, Mailing Address and ZIP Code RICHARD CROWELL III P.O. BOX 1207 DESERT HOT SPRINGS, CA 92240	Name of Employer SUNLINE TRANSIT AGENCY	Date(month, day, year) 09/02/1999 11/01/1999	Amount of Each Receipt this Period 150.00 150.00
	Occupation GENERAL MANAGER & C.E.O.	Aggregate Year-to-Date > \$ 300.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):			
D. Full Name, Mailing Address and ZIP Code JAMES D. CUNNINGHAM 525 W. SUNSHINE CIRCLE PALM SPRINGS, CA 92264	Name of Employer OWNER	Date(month, day, year) 10/28/1999	Amount of Each Receipt this Period 250.00
	Occupation PS DISPOSAL SERVICES	Aggregate Year-to-Date > \$ 250.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):			
E. Full Name, Mailing Address and ZIP Code WILJIE DAVIS 161 N. LA BREA INGLEWOOD, CA 90301	Name of Employer	Date(month, day, year) 11/13/1999	Amount of Each Receipt this Period 250.00
	Occupation	Aggregate Year-to-Date > \$ 250.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):			
F. Full Name, Mailing Address and ZIP Code LARRY DELLI-VENURI 15401 S.W. 307TH ST. HOMESTEAD, FL 33030-3656	Name of Employer LARRY DELLI-VENURI	Date(month, day, year) 12/13/1999	Amount of Each Receipt this Period 1,000.00
	Occupation FARMER	Aggregate Year-to-Date > \$ 1,000.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):			
G. Full Name, Mailing Address and ZIP Code MARGARET M. DIBONA 40475 MORNINGSTAR ROAD RANCHO MIRAGE, CA 92270	Name of Employer	Date(month, day, year) 11/08/1999	Amount of Each Receipt this Period 250.00
	Occupation HOMEMAKER	Aggregate Year-to-Date > \$ 250.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):			

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

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page (07/01/1999 - 12/31/1999)

PAGE 6 OF 25
FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

The Mary Bono Committee C00332890

A. Full Name, Mailing Address and ZIP Code TONY DIMARE P.O. BOX 900460 HOMESTEAD, FL 33090-0460	Name of Employer DIMARE HOMESTEAD INC.	Date(month, day, year) 12/13/1999	Amount of Each Receipt this Period 500.00
	Occupation FARMER	Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	
Aggregate Year-to-Date > \$ 500.00			
B. Full Name, Mailing Address and ZIP Code JEAN DOMENIGONI WINCHESTER, CA 92596	Name of Employer	Date(month, day, year) 11/18/1999	Amount of Each Receipt this Period 250.00
	Occupation RETIRED	Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	
Aggregate Year-to-Date > \$ 250.00			
C. Full Name, Mailing Address and ZIP Code ROBERT J. DOTCHIN 412 NORTH ST. ASAPH STREET ALEXANDRIA, VA 22314	Name of Employer	Date(month, day, year) 12/27/1999	Amount of Each Receipt this Period 250.00
	Occupation	Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	
Aggregate Year-to-Date > \$ 250.00			
D. Full Name, Mailing Address and ZIP Code DENISE DU BARRY-HAY 78140 CALLE TAMPICO #200 LA QUINTA, CA 92253	Name of Employer THANE MARKETING INTERNATIONAL	Date(month, day, year) 11/06/1999	Amount of Each Receipt this Period 250.00
	Occupation VICE PRESIDENT	Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	
Aggregate Year-to-Date > \$ 250.00			
E. Full Name, Mailing Address and ZIP Code DONALD W. EASTVOLE, SR. 1578 MURRAY CANYON PALM SPRINGS, CA 92264	Name of Employer TRAVELBRIDGE	Date(month, day, year) 08/27/1999	Amount of Each Receipt this Period 1,000.00
	Occupation OWNER	Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	
Aggregate Year-to-Date > \$ 1,000.00			
F. Full Name, Mailing Address and ZIP Code ROBERT REICHENBERG 1 COLLINS IS NEWPORT BEACH, CA 92662	Name of Employer ELLISON EDUCATIONAL	Date(month, day, year) 09/02/1999	Amount of Each Receipt this Period 1,000.00
	Occupation CHAIRMAN	Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	
Aggregate Year-to-Date > \$ 1,000.00			
G. Full Name, Mailing Address and ZIP Code JOSEPH ESFORMS P.O. BOX 866 PALMETTO, FL 34220	Name of Employer PACIFIC TOMATO GROWERS	Date(month, day, year)	Amount of Each Receipt this Period
	Occupation FARMER	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	
Aggregate Year-to-Date > \$ 0.00			

SUBTOTAL of Receipts This Page (optional)

3,250.00

TOTAL This Period (last page this line number only)

SCHEDULE A **ITEMIZED RECEIPTS**
Contributions from Individuals/Persons

Use separate schedule(s)
 for each category of the
 Detailed Summary Page
 (07/01/1993 - 12/31/1999)

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

NAME OF COMMITTEE (in Full)

The Mary Bono Committee C00332890

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ANDREW L. FOSTER 40347 BARRINGTON PALM DESERT, CA 92211		11/08/1999	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation	Aggregate Year-to-Date > \$	500.00
B. Full Name, Mailing Address and ZIP Code JAMES C. FREE 1401 K ST, NW, #1200 WASHINGTON, DC 20005	THE SMITH FREE GROUP	07/31/1999	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	PRESIDENT & CEO	Aggregate Year-to-Date > \$	500.00
C. Full Name, Mailing Address and ZIP Code JAMAR GABLE 2600 GOLDEN GATE PARKWAY NAPLES, FL 33942-3206	COLLIER COS	12/13/1999	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	AGRICULTURE	Aggregate Year-to-Date > \$	500.00
D. Full Name, Mailing Address and ZIP Code KAREN GIBBS 74-900 HWY., 111 STE. 211 INDIAN WELLS, CA 92210		10/28/1999	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation	Aggregate Year-to-Date > \$	250.00
E. Full Name, Mailing Address and ZIP Code KATY GILL 3519 DUNDEE WAY VISTA, CA 92083	KATY GILL	11/13/1999 11/15/1999	250.00 198.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	RADIO STATION OWNER/MANAGER	Aggregate Year-to-Date > \$	748.00
F. Full Name, Mailing Address and ZIP Code TERRY LYNN GILMORE 3521 1/2 MONTECLAIR ST. LOS ANGELES, CA 90018-2440	DEPARTMENT OF PARKS & RECREATION	10/06/1999 10/19/1999	200.00 (200.00) Item - Other
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	SENIOR GARDENER II	Aggregate Year-to-Date > \$	0.00
G. Full Name, Mailing Address and ZIP Code GEORGE B. GLICKLEY 38-375 ZANZIBAR DR. PALM DESERT, CA 92211		08/10/1999	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	RETIRED	Aggregate Year-to-Date > \$	500.00

SUBTOTAL of Receipts This Page (optional)

2,698.00

TOTAL This Period (last page line number only)

SCHEDULE A **ITEMIZED RECEIPTS**
Contributions from Individuals/Persons

Use separate schedule(s)
for each category of the
Detailed Summary Page
(3701/1998 - 1231/1999)

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NAME OF COMMITTEE (In Full)

The Mary Bond Committee C00332893

A. Full Name, Mailing Address and ZIP Code FRED N. GRANT P.O. BOX 685 DEL MAR, CA 92014 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer Occupation	Date (month, day, year) 12/02/1999	Amount of Each Receipt this Period 250.00
	Aggregate Year-to-Date > \$ 250.00		
B. Full Name, Mailing Address and ZIP Code KENNETH R. GRAVES 19370 SW 280TH STREET EDGESTEAD, FL 33031 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer KENNETH R. GRAVES Occupation FARMER	Date (month, day, year) 12/13/1999	Amount of Each Receipt this Period 500.00
	Aggregate Year-to-Date > \$ 500.00		
C. Full Name, Mailing Address and ZIP Code TERRY L. GREEN 73-424 SILVER MOON TRAIL PALM DESERT, CA 92260 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer UC RIVERSIDE Occupation COLLEGE ADMINISTRATOR	Date (month, day, year) 11/08/1999	Amount of Each Receipt this Period 250.00
	Aggregate Year-to-Date > \$ 250.00		
D. Full Name, Mailing Address and ZIP Code ROBERT GREENBAUM ONE KNOXVEY PARK, 69-844 HWY 111, STE. H RANCHO MIRAGE, CA 92270 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer Occupation	Date (month, day, year) 10/26/1999	Amount of Each Receipt this Period 500.00
	Aggregate Year-to-Date > \$ 500.00		
E. Full Name, Mailing Address and ZIP Code DALE S. GRIBOW 184 KIVA DRIVE PALM DESERT, CA Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer DALE S. GRIBOW Occupation ATTORNEY	Date (month, day, year) 10/25/1999	Amount of Each Receipt this Period 250.00
	Aggregate Year-to-Date > \$ 250.00		
F. Full Name, Mailing Address and ZIP Code MARSHALL G. HAGAN 136 N. ROLLING HILL ROAD TAVERNIER, FL 33070 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer MARSHALL HAGAN Occupation FARMER	Date (month, day, year) 12/13/1999	Amount of Each Receipt this Period 1,000.00
	Aggregate Year-to-Date > \$ 1,000.00		
G. Full Name, Mailing Address and ZIP Code WILLIAM HALO 75171 PEPPERWOOD DRIVE INDIAN WELLS, CA 92210 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer Requested 3/5/98 Occupation	Date (month, day, year) 11/13/1999	Amount of Each Receipt this Period 250.00
	Aggregate Year-to-Date > \$ 250.00		

SUBTOTAL of Receipts This Page (optional)

3,000.00

TOTAL This Period (last page this line number only)

SCHEDULE A ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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NAME OF COMMITTEE (In Full)

The Mary Bono Committee C00332890

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt this Period
B. KEITH HEARD		10/28/1999 10/25/1999	250.00 250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500.00	
B. Full Name, Mailing Address and ZIP Code ROBERT HEMBORG 20625 DUNSMUIR PL. LAKE MATHews, CA 92370	Name of Employer HEMBORG FORD	Date(month, day, year) 09/02/1999	Amount of Each Receipt this Period 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation AUTO DEALER	Aggregate Year-to-Date > \$ 500.00	
C. Full Name, Mailing Address and ZIP Code BERNARD B. HENNING 599905 AVENIDA LA CUMBRE #5 MOUNTAIN CENTER, CA 92561	Name of Employer	Date(month, day, year) 11/08/1999 11/08/1999	Amount of Each Receipt this Period 250.00 250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500.00	
D. Full Name, Mailing Address and ZIP Code DENNIS P. HTJL 1050 ROSECRANS STREET SAN DIEGO, CA 92106-3053	Name of Employer D & H INVESTMENT COMPANY	Date(month, day, year) 09/10/1999	Amount of Each Receipt this Period 250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation PROPERTY MANAGER	Aggregate Year-to-Date > \$ 250.00	
E. Full Name, Mailing Address and ZIP Code PHILIP E. HIXON 3674 ANDREAS HILLS DR. PALM SPRINGS, CA 92264	Name of Employer	Date(month, day, year) 09/02/1999	Amount of Each Receipt this Period 250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation RETIRED	Aggregate Year-to-Date > \$ 250.00	
F. Full Name, Mailing Address and ZIP Code ROGER S. HOFFMAN 402 N. PAU CLAIRE AVENUE, APT. 312 MADISON, WI 53705-2820	Name of Employer ROGERS S. HOFFMAN	Date(month, day, year) 11/01/1999	Amount of Each Receipt this Period 250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation FINANCE	Aggregate Year-to-Date > \$ 750.00	
G. Full Name, Mailing Address and ZIP Code DANAVON L. HORN P.O. BOX 3958 PALM DESERT, CA 92261	Name of Employer PALM DESERT DEVELOPMENT COMPANY	Date(month, day, year) 11/02/1999	Amount of Each Receipt this Period 250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation PRESIDENT/OWNER	Aggregate Year-to-Date > \$ 400.00	

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

SCHEDULE A ITEMIZED RECEIPTS

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page (37010599 - 12310399)

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NAME OF COMMITTEE (in Full)

The Mary Bono Committee C00332890

<p>A. Full Name, Mailing Address and ZIP Code RICHARD R. HORTON 1402 KENILWORTH NICHOLS HILLS, OK 73120</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date(month, day, year) 10/29/1999</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>B. Full Name, Mailing Address and ZIP Code JAMES HUMBLE P.O. BOX 1569 HOMESTEAD, FL 33090-1569</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer JAMES HUMBLE</p> <p>Occupation FARMER</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date(month, day, year) 12/13/1999</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>C. Full Name, Mailing Address and ZIP Code JAMES A. HUSK JR. 8180 SW 84 TERR MIAMI, FL 33143</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer DIVARE COS.</p> <p>Occupation FARMER</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date(month, day, year) 12/13/1999</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>D. Full Name, Mailing Address and ZIP Code ROBERT T. ISHAM 135 HOT SPRINGS RD. SANTA BARBARA, CA 93108-2009</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation RETIRED</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date(month, day, year) 10/06/1999</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>E. Full Name, Mailing Address and ZIP Code HENRY N. JANNOL 1875 CENTURY PARK EAST, SUITE 1400 LOS ANGELES, CA 90067</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer LAW OFFICES OF HENRY N. JANNOL</p> <p>Occupation ATTORNEY</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date(month, day, year) 11/22/1999</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>F. Full Name, Mailing Address and ZIP Code WILLIAM M. JEFFERSY P.O. BOX 253 THERMAL, CA 92274</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer CALIFORNIA RED-DATE CO.</p> <p>Occupation AGRI-BUSINESS EXECUTIVE</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date(month, day, year) 08/27/1999</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>G. Full Name, Mailing Address and ZIP Code MRS. PAUL JENKINS 45-541 PARNER CIRCLE INLEAN WELLS, CA 92210</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation HOMEMAKER</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date(month, day, year) 11/08/1999</p>	<p>Amount of Each Receipt this Period 500.00</p>

SUBTOTAL of Receipts This Page (optional)

2,750.00

TOTAL This Period (last page this line number only)

SCHEDULE A ITEMIZED RECEIPTS
Contributions from Individuals/Persons

Use separate schedule(s)
 for each category of the
 Detailed Summary Page
 (07/01/1999 - 12/31/1999)

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NAME OF COMMITTEE (in Full)

The Mary Bond Committee C00332890

<p>A. Full Name, Mailing Address and ZIP Code EDWARD M. ZASS 1377 INVIERNO DRIVE PALM SPRINGS, CA 92264</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):</p>	<p>Name of Employer Occupation</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date(month, day, year) 11/02/1999</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>B. Full Name, Mailing Address and ZIP Code THOMAS V. KIRBY 7565 SW 86TH ST 123 MIAMI, FL 33143-7046</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):</p>	<p>Name of Employer DALLE COUNTRY FARM BUREAU Occupation EXECUTIVE DIRECTOR</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date(month, day, year) 12/13/1999</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>C. Full Name, Mailing Address and ZIP Code STEVEN C. KIRK 650 WEST AVE #905 MIAMI BEACH, FL 33139</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):</p>	<p>Name of Employer EVERGLADES COMMUNITY ASSOCIATION Occupation EXECUTIVE</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date(month, day, year) 12/13/1999</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>D. Full Name, Mailing Address and ZIP Code GIAN KVAMME 19490 GLEN UNA DRIVE SARATOGA, CA 95070</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):</p>	<p>Name of Employer Occupation</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date(month, day, year) 11/04/1999</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>E. Full Name, Mailing Address and ZIP Code KATHLEEN J. LASALLE 5941 N.E. 21 CIRCLE FT. LAUDERDALE, FL 33308</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):</p>	<p>Name of Employer THOMAS PRODUCE COMPANY Occupation VEGETABLE GROWER</p> <p>Aggregate Year-to-Date > \$ 1,000.00</p>	<p>Date(month, day, year) 12/13/1999</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>F. Full Name, Mailing Address and ZIP Code MARK E. LAWRENCE 948 VELLA ROAD PALM SPRINGS, CA 92234</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):</p>	<p>Name of Employer ACE PRINTING Occupation PRINTER/PARTNER</p> <p>Aggregate Year-to-Date > \$ 275.00</p>	<p>Date(month, day, year) 10/26/1999</p>	<p>Amount of Each Receipt this Period 125.00</p>
<p>G. Full Name, Mailing Address and ZIP Code CLARA T. LINK 24 S. GRAND AVE. PASADENA, CA 91105-1655</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):</p>	<p>Name of Employer Occupation RETIRED</p> <p>Aggregate Year-to-Date > \$ 300.00</p>	<p>Date(month, day, year) 10/19/1999</p>	<p>Amount of Each Receipt this Period 300.00</p>

SUBTOTAL of Receipts This Page (optional)

3,175.00

TOTAL This Period (last page this line number only)

SCHEDULE A **ITEMIZED RECEIPTS**
Contributions from Individuals/Persons

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NAME OF COMMITTEE (In Full)

The Xavy Bono Committee C00332890

A. Full Name, Mailing Address and ZIP Code HENRY LOPEZ 1991 W. LITCHFIELD RD., NO. 250 GOODYEAR, AZ 85338	Name of Employer DESERT CHEMICAL	Date(month, day, year) 11/04/1999 11/13/1999	Amount of Each Receipt this Period 150.00 100.00
	Occupation MANAGER	Aggregate Year-to-Date > \$ 400.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):			
B. Full Name, Mailing Address and ZIP Code WILLIAM H. LOENER 20251 SW 272ND ST. HOMESTEAD, FL 33031	Name of Employer FIRST NATIONAL BANK OF HOMESTEAD	Date(month, day, year) 12/13/1999	Amount of Each Receipt this Period 1,000.00
	Occupation BANKER	Aggregate Year-to-Date > \$ 1,000.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):			
C. Full Name, Mailing Address and ZIP Code STEPHEN JAMES LUCZO 100 26TH AVE. SANTA CRUZ, CA 95062-5314	Name of Employer SEAGATE	Date(month, day, year) 10/28/1999	Amount of Each Receipt this Period 250.00
	Occupation BUSINESS EXECUTIVE	Aggregate Year-to-Date > \$ 250.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):			
D. Full Name, Mailing Address and ZIP Code RICHARD LYNCH PO BOX 4077 FORT PIERCE, FL 34946-4077	Name of Employer RICHARD LYNCH	Date(month, day, year) 12/13/1999	Amount of Each Receipt this Period 300.00
	Occupation AGRICULTURE	Aggregate Year-to-Date > \$ 300.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):			
E. Full Name, Mailing Address and ZIP Code DANIEL J. MALONEY 207 S O'BRIEN ST TAMPA, FL 33609	Name of Employer SIX L'S PACKING	Date(month, day, year) 12/13/1999	Amount of Each Receipt this Period 500.00
	Occupation FARMER	Aggregate Year-to-Date > \$ 500.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):			
F. Full Name, Mailing Address and ZIP Code DAVID MARGULES 76929 SHEPPHIELD STREET PALM DESERT, CA 92211	Name of Employer	Date(month, day, year) 11/09/1999	Amount of Each Receipt this Period 250.00
	Occupation	Aggregate Year-to-Date > \$ 250.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):			
G. Full Name, Mailing Address and ZIP Code PAUL J. MARINELLI 1801 PRINCESS CT. NAPLES, FL 34110	Name of Employer PAUL J. MARINELLI	Date(month, day, year) 12/13/1999	Amount of Each Receipt this Period 500.00
	Occupation AGRICULTURE	Aggregate Year-to-Date > \$ 500.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):			

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

SCHEDULE A **ITEMIZED RECEIPTS**
Contributions from Individuals/Persons

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)

The Mary Bono Committee C00332890

<p>A. Full Name, Mailing Address and ZIP Code ALVIN MARKOVITZ 14935 ALTATA DR. PACIFIC PALISADES, CA 90273</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):</p>	<p>Name of Employer ALVIN MARKOVITZ</p> <p>Occupation PHYSICIAN</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date(month, day, year) 10/06/1999</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>B. Full Name, Mailing Address and ZIP Code MYRA C. MARTIN 29 EVENING STAR DRIVE RANCHO MIRAGE, CA 92270-3463</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):</p>	<p>Name of Employer MARTIN COMMUNICATIONS</p> <p>Occupation OWNER</p> <p>Aggregate Year-to-Date > \$ 550.00</p>	<p>Date(month, day, year) 10/29/1999</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>C. Full Name, Mailing Address and ZIP Code THOMAS B. MARTIN 29 EVENING STAR DRIVE RANCHO MIRAGE, CA 92270-3463</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):</p>	<p>Name of Employer MARTIN COMMUNICATIONS</p> <p>Occupation OWNER</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date(month, day, year) 10/29/1999</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>D. Full Name, Mailing Address and ZIP Code SHIRLEY C. MATTHESON 1205 TRINITY DR. MENLO PARK, CA 94025-6677</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):</p>	<p>Name of Employer THE MATTHESON COMPANIES</p> <p>Occupation REAL ESTATE PROPERTY MGMT.</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date(month, day, year) 09/22/1999</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>E. Full Name, Mailing Address and ZIP Code TERRY W. MC CARTHY 19380 BAINTER AVE. LOS GATOS, CA 95030-2991</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):</p>	<p>Name of Employer DELOITTE & TOUCHE</p> <p>Occupation C. P. A.</p> <p>Aggregate Year-to-Date > \$ 300.00</p>	<p>Date(month, day, year) 10/06/1999</p>	<p>Amount of Each Receipt this Period 300.00</p>
<p>F. Full Name, Mailing Address and ZIP Code KEVIN B. MC GUIRE 45655 APACHE RD. INDIAN WELLS, CA 92210</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date(month, day, year) 11/08/1999</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>G. Full Name, Mailing Address and ZIP Code MACEY L. McMILLIN, JR. 3428 MALPAZO CT. BONITA, CA 91902</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):</p>	<p>Name of Employer M. CORKY McMILLIN</p> <p>Occupation REALTOR</p> <p>Aggregate Year-to-Date > \$ 1,300.00</p>	<p>Date(month, day, year) 09/02/1999</p>	<p>Amount of Each Receipt this Period 1,000.00</p>

SUBTOTAL of Receipts This Page (optional)

2,800.00

TOTAL This Period (last page this line number only)

SCHEDULE A **ITEMIZED RECEIPTS**
Contributions from Individuals/Persons

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

NAME OF COMMITTEE (in Full)

The Mary Bono Committee C00332890

A. Full Name, Mailing Address and ZIP Code W.H. MCWETHEY, JR. 11839 SORRENTO VALLEY ROAD SAN DIEGO, CA 92121	Name of Employer	Date(month, day, year) 10/28/1999	Amount of Each Receipt this Period 1,000.00
	Occupation	Aggregate Year-to-Date > \$ 1,000.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):			
B. Full Name, Mailing Address and ZIP Code LOUIS W. MECCA 44640 WOODFIELD BLVD BOCA RATON, FL 33434-5308	Name of Employer MECCA FARMS, INC.	Date(month, day, year) 12/13/1999	Amount of Each Receipt this Period 500.00
	Occupation FARMER	Aggregate Year-to-Date > \$ 500.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):			
C. Full Name, Mailing Address and ZIP Code MARK L. MECCA 8571 WENDY LN. E WEST PALM BEACH, FL 33411-6506	Name of Employer MECCA FARMS, INC.	Date(month, day, year) 12/13/1999	Amount of Each Receipt this Period 500.00
	Occupation FARMER	Aggregate Year-to-Date > \$ 500.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):			
D. Full Name, Mailing Address and ZIP Code PETER L. MECCA 1302 S. LAKE DRIVE LANTANA, FL 33462	Name of Employer MECCA FARMS, INC	Date(month, day, year) 12/13/1999	Amount of Each Receipt this Period 500.00
	Occupation FARMER	Aggregate Year-to-Date > \$ 500.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):			
E. Full Name, Mailing Address and ZIP Code ROBERT A. MELKESIAN PO Box 2967 INDIO, CA 92202	Name of Employer MELKESIAN VINEYARDS	Date(month, day, year) 11/08/1999	Amount of Each Receipt this Period 250.00
	Occupation OWNER	Aggregate Year-to-Date > \$ 250.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):			
F. Full Name, Mailing Address and ZIP Code ROSE E. MIHATA 488 W. TAHQUITZ PALM SPRINGS, CA 92262	Name of Employer	Date(month, day, year) 11/08/1999	Amount of Each Receipt this Period 250.00
	Occupation RETIRED	Aggregate Year-to-Date > \$ 250.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):			
G. Full Name, Mailing Address and ZIP Code ROGER LEROY MILLER 26825 SW 164 COURT HOMESTEAD, FL 33031	Name of Employer ROGER MILLER	Date(month, day, year) 12/13/1999	Amount of Each Receipt this Period 1,000.00
	Occupation WRITER	Aggregate Year-to-Date > \$ 1,000.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):			

SUBTOTAL of Receipts This Page (optional)

4,000.00

TOTAL This Period (last page this line number only)

SCHEDULE A ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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NAME OF COMMITTEE (in Full)

The Mary Bono Committee C00332890

A. Full Name, Mailing Address and ZIP Code ANGELA MIRUSSO 8682 SAWPINE ROAD DELRAY BEACH, FL 33446	Name of Employer PERO FAMILY FARMS INC.	Date(month, day, year) 12/13/1999	Amount of Each Receipt this Period 500.00
	Occupation FARMER	Aggregate Year-to-Date > \$ 500.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):			
B. Full Name, Mailing Address and ZIP Code PATRICK J. MURPHY 1450 LAKEVIEW CIR. POMPANO BEACH, FL 33071	Name of Employer MURPHY & ROIG, P.A.	Date(month, day, year) 12/13/1999	Amount of Each Receipt this Period 500.00
	Occupation ATTORNEY	Aggregate Year-to-Date > \$ 500.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):			
C. Full Name, Mailing Address and ZIP Code DAVID MURRAE PO BOX 1957 LA BELLE, FL 33976	Name of Employer NOBLES PACKING CO	Date(month, day, year) 12/13/1999	Amount of Each Receipt this Period 500.00
	Occupation FARMER	Aggregate Year-to-Date > \$ 500.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):			
D. Full Name, Mailing Address and ZIP Code CAROLYN WILSON NABER P.O. BOX 50107 SASADENA, CA 91115	Name of Employer NABER & ASSOCIATES, INC.	Date(month, day, year) 11/05/1999	Amount of Each Receipt this Period 250.00
	Occupation MANAGER	Aggregate Year-to-Date > \$ 250.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):			
E. Full Name, Mailing Address and ZIP Code RICHARD V. NEILL 311 SOUTH 2ND ST FT. PIERCE, FL 34954	Name of Employer TRIANGLE FARMS	Date(month, day, year) 12/13/1999	Amount of Each Receipt this Period 500.00
	Occupation ATTORNEY	Aggregate Year-to-Date > \$ 500.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):			
F. Full Name, Mailing Address and ZIP Code DAVID T. NELSON 25401 SW 147TH AVE HOMESTEAD, FL 33032	Name of Employer DAVID T. NELSON	Date(month, day, year) 12/13/1999	Amount of Each Receipt this Period 400.00
	Occupation FARMER	Aggregate Year-to-Date > \$ 400.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):			
G. Full Name, Mailing Address and ZIP Code FRANCES B. NELSON 60 HILLSDALE MALL SAN MATEO, CA 94403	Name of Employer BO HANNON DEVELOPMENT COMPANY	Date(month, day, year) 10/06/1999	Amount of Each Receipt this Period 500.00
	Occupation EXECUTIVE	Aggregate Year-to-Date > \$ 500.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):			

SUBTOTAL of Receipts This Page (optional) 3,150.00

TOTAL This Period (last page this line number only)

SCHEDULE A **ITEMIZED RECEIPTS**
Contributions from Individuals/Persons

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

The Mary Boro Committee C00332890

<p>A. Full Name, Mailing Address and ZIP Code JOHN D. O'DONNELL 3 CIVIC PLAZA #160 NEWPORT BEACH, CA 92660</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):</p>	<p>Name of Employer THE O'DONNELL GROUP</p> <p>Occupation DEVELOPER</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date(month, day, year) 09/03/1999</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>B. Full Name, Mailing Address and ZIP Code RICHARD R. OLIPHANT 45-500 NAVajo ROAD INDIAN WELLS, CA 92210</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date(month, day, year) 10/28/1993</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>C. Full Name, Mailing Address and ZIP Code WILLIAM N. OSTERMAN 10 CANYON CREEK Rancho Mirage, CA 92270</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):</p>	<p>Name of Employer</p> <p>Occupation ARTIST</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date(month, day, year) 11/02/1999</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>D. Full Name, Mailing Address and ZIP Code CHARLES PERO 11211 S. MILITARY TRAIL NO 4624 BOYNTON BEACH, FL 33436</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):</p>	<p>Name of Employer PERO FAMILY FARMS</p> <p>Occupation FARMER</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date(month, day, year) 12/13/1999</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>E. Full Name, Mailing Address and ZIP Code FRANK PERO 20357 HACIENDA CT BOCA RATON, FL 33498</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):</p>	<p>Name of Employer PERO FAMILY FARMS</p> <p>Occupation FARMER</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date(month, day, year) 12/13/1999</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>F. Full Name, Mailing Address and ZIP Code KIMBERLY M. PERO 10130 CAMINO DEL DIOS DELRAY BEACH, FL 33446</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):</p>	<p>Name of Employer PERO FAMILY FARMS</p> <p>Occupation FARMER</p> <p>Aggregate Year-to-Date > \$ 1,000.00</p>	<p>Date(month, day, year) 12/13/1999</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>G. Full Name, Mailing Address and ZIP Code LUCILLE P. PERO 10338 RIO HERMOSO DELRAY BEACH, CA 33446</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):</p>	<p>Name of Employer PERO FAMILY FARMS</p> <p>Occupation FARMER</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date(month, day, year) 12/13/1999</p>	<p>Amount of Each Receipt this Period 500.00</p>

SUBTOTAL of Receipts This Page (optional)

3,750.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

Use separate schedule(s)
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NAME OF COMMITTEE (in Full)

The Mary Bono Committee C00332890

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
STEPHEN M. PLATT 1270 SIERRA WAY PALM SPRINGS, CA 92264	INSURANCE AGENT	11/23/1999	200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Aggregate Year-to-Date > \$	400.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WILLIAM T. POWERS 77340 BLACK MOUNTAIN TRAIL INDIAN WELLS, CA 92210-9185	FIRST COMMUNITY BANK	09/16/1999 10/03/1999	100.00 250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation BANKER	Aggregate Year-to-Date > \$	350.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PHILIP J. PROCACCI 6199 NW 31ST CT. BOCA RATON, FL 33496-3318	PROCACCI CORP.	12/13/1999	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation R. E. DEVELOPER	Aggregate Year-to-Date > \$	500.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JRPPREY B. RABIN P.O. BOX 900460 HOMESTEAD, FL 33090	DIKARE COMPANIES	12/13/1999	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation CFO	Aggregate Year-to-Date > \$	1,000.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
EVELYN H. RICHMOND 7625 SAN FELIPE RD. SAN JOSE, CA 95135	RETIRED	10/06/1999	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Aggregate Year-to-Date > \$	250.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
KEVIN P. RILEY 1130 SHENANDOAH RD. SAN MARINO, CA 91108	REQUESTED	11/04/1999	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation INVESTMENT ADVISOR	Aggregate Year-to-Date > \$	2,000.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MARION ROGERS RILEY 1130 SHENANDOAH RD. SAN MARINO, CA 91108	HOME MAKER	11/04/1999	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Aggregate Year-to-Date > \$	2,000.00	

SUBTOTAL of Receipts This Page (optional)

4,300.00

TOTAL This Period (last page this line number only)

SCHEDULE A **ITEMIZED RECEIPTS**
Contributions from Individuals/Persons

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

The Mary Bono Committee C00332890

A. Full Name, Mailing Address and ZIP Code BEN B. ROBERSON 151 WATERFORD CIRCLE RANCHO MIRAGE, CA 92270 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer RETIRED	Date (month, day, year) 09/02/1999 11/08/1999	Amount of Each Receipt this Period 100.00 250.00
	Aggregate Year-to-Date > \$ 400.00		
B. Full Name, Mailing Address and ZIP Code DIRCO RODRIGUEZ PO BOX 432495 SOUTH MIAMI, FL 33243 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer RODRIGUEZ GROVE SERVICE	Date (month, day, year) 12/13/1999	Amount of Each Receipt this Period 500.00
	Aggregate Year-to-Date > \$ 500.00		
C. Full Name, Mailing Address and ZIP Code DIEGO DANIEL RODRIGUEZ 6890 SUNSET DR. S. MIAMI, FL 33143-449	Name of Employer RODRIGUEZ GROVE SERVICES	Date (month, day, year) 12/13/1999	Amount of Each Receipt this Period 500.00
	Aggregate Year-to-Date > \$ 500.00		
D. Full Name, Mailing Address and ZIP Code FERNANDO ROIG 6835 GIRALDA CIRCLE BOCA RATON, FL 33433 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer MURPHY AND ROIG, P.A.	Date (month, day, year) 12/13/1999	Amount of Each Receipt this Period 1,000.00
	Aggregate Year-to-Date > \$ 1,000.00		
E. Full Name, Mailing Address and ZIP Code FRANK C. ROMANO JR. 44253 GALLIPOLI PL. REMST, CA 92544 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer FRANK C. ROMANO JR.	Date (month, day, year) 11/06/1999	Amount of Each Receipt this Period 250.00
	Aggregate Year-to-Date > \$ 250.00		
F. Full Name, Mailing Address and ZIP Code MIKE RUSSELL 1134 TAMARISK RD. PALM SPRINGS, CA 92262 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation	Date (month, day, year) 10/28/1999	Amount of Each Receipt this Period 250.00
	Aggregate Year-to-Date > \$ 250.00		
G. Full Name, Mailing Address and ZIP Code DAVID SANTANA 18370 S.W. 292ND STREET HOMESTEAD, FL 33030 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer FL FARMERS & SUPPLIERS COALITION	Date (month, day, year) 12/27/1999	Amount of Each Receipt this Period 1,000.00
	Aggregate Year-to-Date > \$ 1,000.00		

SUBTOTAL of Receipts This Page (optional)

3,850.00

TOTAL This Period (last page this line number only)

SCHEDULE A ITEMIZED RECEIPTS
Contributions from Individuals/Persons

Use separate schedule(s)
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NAME OF COMMITTEE (in Full)

The Mary Bond Committee C00332090

<p>A. Full Name, Mailing Address and ZIP Code JOHN W. SCHROEDER 18081 SCANLAN CT. FOUNTAIN VALLEY, CA 92709</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):</p>	<p>Name of Employer BOYS AND GIRLS CLUBS OF AMERICA</p> <p>Occupation EXECUTIVE</p> <p>Aggregate Year-to-Date > \$ 1,000.00</p>	<p>Date(month, day, year) 03/02/1999</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>B. Full Name, Mailing Address and ZIP Code JAMES J. SHEA 70168 SONORA RANCHED MARIAGE, CA 92270</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):</p>	<p>Name of Employer</p> <p>Occupation RETIRED</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date(month, day, year) 10/25/1999</p>	<p>Amount of Each Receipt this Period 200.00</p>
<p>C. Full Name, Mailing Address and ZIP Code M. ANGELA SHRAWDER 1302 FAIRWAY OAKS BIRMING, CA 92220</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):</p>	<p>Name of Employer M. ANGELA SHRAWDER</p> <p>Occupation R.N.</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date(month, day, year) 11/13/1999</p>	<p>Amount of Each Receipt this Period 200.00</p>
<p>D. Full Name, Mailing Address and ZIP Code MARCUS J. SITRIN 520 ALMA REAL DRIVE PACIFIC PALISADES, CA 90272</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):</p>	<p>Name of Employer MERRILL LYNCH</p> <p>Occupation ADVISOR</p> <p>Aggregate Year-to-Date > \$ 300.00</p>	<p>Date(month, day, year) 10/27/1999</p>	<p>Amount of Each Receipt this Period 200.00</p>
<p>E. Full Name, Mailing Address and ZIP Code DAVID C. SKINNER 82331 BLISS AVENUE INDIO, CA 92201</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):</p>	<p>Name of Employer HISPANIC TRAINING INST.</p> <p>Occupation LANGUAGE/LEARNING METHODS</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date(month, day, year) 11/02/1999</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>F. Full Name, Mailing Address and ZIP Code ALEXANDRA MARCELA SMIGIEL 1020 S. LAKESIDE DRIVE LAKE WORTH, FL 33460</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):</p>	<p>Name of Employer ALEXANDRA MARCELAN SMIGIEL</p> <p>Occupation BRALTOR</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date(month, day, year) 12/13/1999</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>G. Full Name, Mailing Address and ZIP Code E. DEL SMITH 4712 N. 22ND ST. ARLINGTON, VA 22207</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date(month, day, year) 08/06/1999</p>	<p>Amount of Each Receipt this Period 500.00</p>

SUBTOTAL of Receipts This Page (optional)

3,100.00

TOTAL This Period (last page this line number only)

SCHEDULE A **ITEMIZED RECEIPTS**
Contributions from Individuals/Persons

Use separate schedule(s)
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NAME OF COMMITTEE (in Full)

The Mary Bono Committee C00332890

A. Full Name, Mailing Address and ZIP Code ALAN C. SOBBA 2500 KEY BOULEVARD ARLINGTON, VA 22201	Name of Employer	Date (month, day, year) 12/10/1999	Amount of Each Receipt this Period 250.00
	Occupation	Aggregate Year-to-Date > \$ 250.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):			
B. Full Name, Mailing Address and ZIP Code GLYNDOL R. SCHESS 990 BAYVIEW AVE. PACIFIC GROVE, CA 93950	Name of Employer	Date (month, day, year) 10/06/1999	Amount of Each Receipt this Period 500.00
	Occupation RETIRED	Aggregate Year-to-Date > \$ 500.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):			
C. Full Name, Mailing Address and ZIP Code MARGOT E. SPENCE 73-476 SUN LANE PALM DESERT, CA 92260	Name of Employer PAUL VERLIE MGMT.	Date (month, day, year) 11/06/1999	Amount of Each Receipt this Period 250.00
	Occupation MANAGEMENT	Aggregate Year-to-Date > \$ 250.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):			
D. Full Name, Mailing Address and ZIP Code JULIET C. SPROUL 2935 BELLFLOWER LANE NAPLES, FL 34105	Name of Employer KOBLER PACKING COMPANY	Date (month, day, year) 12/13/1999	Amount of Each Receipt this Period 500.00
	Occupation AGRICULTURE	Aggregate Year-to-Date > \$ 500.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):			
E. Full Name, Mailing Address and ZIP Code JOYCE P. STEIN 46-930 W. EL DORADO DR. INDIAN WELLS, CA 92210	Name of Employer	Date (month, day, year) 11/08/1999	Amount of Each Receipt this Period 250.00
	Occupation	Aggregate Year-to-Date > \$ 450.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):			
F. Full Name, Mailing Address and ZIP Code JOSEPH H. STEIN, JR. 46-930 W. EL DORADO DRIVE INDIAN WELLS, CA 92210	Name of Employer JOSEPH H. STEIN, JR.	Date (month, day, year) 11/08/1999	Amount of Each Receipt this Period 300.00
	Occupation REAL ESTATE SALES & DVLPMNT	Aggregate Year-to-Date > \$ 300.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):			
G. Full Name, Mailing Address and ZIP Code RALPH L. STEPHENS 1665 FERNALD POINT LANE SANTA BARBARA, CA 93108-2906	Name of Employer A. E. INC.	Date (month, day, year) 09/30/1999	Amount of Each Receipt this Period 250.00
	Occupation EXECUTIVE	Aggregate Year-to-Date > \$ 250.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):			

SUBTOTAL of Receipts This Page (optional)

2,300.00

TOTAL This Period (last page this line number only)

SCHEDULE A ITEMIZED RECEIPTS

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page (07/31/1999 - 12/31/1999)

PAGE 21 OF 25
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)

The Mary Bono Committee C00332890

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
S. WAYNE STROSCHEIN P.O. BOX 1030 ELYTHE, CA 92236		10/26/1999	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500.00	
B. Full Name, Mailing Address and ZIP Code HARDY M. STROZIER III 57 EMERALD IRVINE, CA 92614		11/05/1999	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation	Aggregate Year-to-Date > \$ 250.00	
C. Full Name, Mailing Address and ZIP Code HAYWOOD C. SULLIVAN 60 SEAGATE DR NAPLES, FL 34013	Name of Employer HAYWOOD SULLIVAN	Date (month, day, year) 12/13/1999	Amount of Each Receipt this Period 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation INVESTOR	Aggregate Year-to-Date > \$ 1,000.00	
D. Full Name, Mailing Address and ZIP Code FREDERIC E. SUEFLER SMCRE TREE RANCH VALLE SPRINGS, CA 92264	Name of Employer KPSI RADIO CORP.	Date (month, day, year) 09/02/1999	Amount of Each Receipt this Period 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation OWNER	Aggregate Year-to-Date > \$ 1,000.00	
E. Full Name, Mailing Address and ZIP Code JOHN THOMAS 8600 SURREY LANE BOCA RATON, FL 33496	Name of Employer THOMAS PRODUCE CO.	Date (month, day, year) 12/13/1999	Amount of Each Receipt this Period 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation OWNER	Aggregate Year-to-Date > \$ 1,000.00	
F. Full Name, Mailing Address and ZIP Code STEPHEN THOMAS 8600 SURREY LANE BOCA RATON, FL 33496	Name of Employer THOMAS PRODUCE, INC.	Date (month, day, year) 12/13/1999	Amount of Each Receipt this Period 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation FARMER	Aggregate Year-to-Date > \$ 1,000.00	
G. Full Name, Mailing Address and ZIP Code NAQUEL K. THOMPSON 3755 GREENHILLS DR. BAKERSFIELD, CA 93306	Name of Employer	Date (month, day, year) 11/13/1999	Amount of Each Receipt this Period 250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation	Aggregate Year-to-Date > \$ 250.00	

SUBTOTAL of Receipts This Page (optional)

5,000.00

TOTAL This Period (last page line line number only)

SCHEDULE A ITEMIZED RECEIPTS

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page (07/01/1999 - 12/31/1999)

PAGE 22 OF 25
FOR LINE NUMBER 11 (a) (i)

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NAME OF COMMITTEE (in Full)

The Mary Bono Committee C00332890

A. Full Name, Mailing Address and ZIP Code ERIC TORRESE 5734SW 111TH TR MIAMI, FL 33176 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer ERIC TORRESE	Date (month, day, year) 12/13/1999	Amount of Each Receipt this Period 500.00
	Occupation FARMER Aggregate Year-to-Date > \$ 500.00		
B. Full Name, Mailing Address and ZIP Code JOHN C. TORRESE 10400 S.W. 64TH AVE. MIAMI, FL 33156 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer JOHN C. TORRESE	Date (month, day, year) 12/13/1999	Amount of Each Receipt this Period 500.00
	Occupation FARMER Aggregate Year-to-Date > \$ 500.00		
C. Full Name, Mailing Address and ZIP Code TIM TRAFF 27 CLANCY LANE SOUTH RANCHO MIRAGE, CA 92270 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer	Date (month, day, year) 10/26/1999	Amount of Each Receipt this Period 250.00
	Occupation Aggregate Year-to-Date > \$ 250.00		
D. Full Name, Mailing Address and ZIP Code DENNIS ULLRICH 1430 N. RICHMAN KNOLL FULLERTON, CA 92835 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer HYDRAPLOW	Date (month, day, year) 09/02/1999	Amount of Each Receipt this Period 500.00
	Occupation PRESIDENT Aggregate Year-to-Date > \$ 500.00		
E. Full Name, Mailing Address and ZIP Code MARIA E. ULLRICH 444 ARVIDA PARKWAY CORAL GABLES, FL 33156 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer MARIA ULLRICH	Date (month, day, year) 12/13/1999	Amount of Each Receipt this Period 1,000.00
	Occupation FARMER Aggregate Year-to-Date > \$ 1,000.00		
F. Full Name, Mailing Address and ZIP Code RAY J. WADE 39-100 VISTA DUNES RD RANCHO MIRAGE, CA 92270 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer PS DISPOSAL SERVICES	Date (month, day, year) 09/09/1999 10/28/1999	Amount of Each Receipt this Period 100.00 250.00
	Occupation OWNER Aggregate Year-to-Date > \$ 350.00		
G. Full Name, Mailing Address and ZIP Code GEORGE W. WEAVER 371 E. COMMERCIAL BLVD. FT. LAUDERDALE, FL 33334 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer BOYVIC FARMS	Date (month, day, year) 12/13/1999	Amount of Each Receipt this Period 500.00
	Occupation R.E. BROKE-FARMER Aggregate Year-to-Date > \$ 500.00		

SUBTOTAL of Receipts This Page (optional)

3,600.00

TOTAL This Period (last page this line number only)

SCHEDULE A ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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NAME OF COMMITTEE (in Full)
The Mary Bono Committee C0033289C

A. Full Name, Mailing Address and ZIP Code JAMES A. WILLINGHAM 615 EIGHTH WAY LONG BEACH, CA 90807	Name of Employer BOULEVARD BUICK-PONTIAC-GMC	Date(month, day, year) 10/19/1999	Amount of Each Receipt this Period 250.00
	Occupation AUTO DEALER OWNER Aggregate Year-to-Date > \$ 250.00	Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	
B. Full Name, Mailing Address and ZIP Code STEPHANEE WINSTON 2700 DONALD ROSS RD PALM BEACH GARDENS, FL 33410	Name of Employer NECCA FARMS INC.	Date(month, day, year) 12/13/1999	Amount of Each Receipt this Period 600.00
	Occupation AGRICULTURE Aggregate Year-to-Date > \$ 600.00	Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	
C. Full Name, Mailing Address and ZIP Code BOB WOLF 11640 DALEHURST ROAD MORENO VALLEY, CA 92555	Name of Employer BOB WOLF	Date(month, day, year) 11/21/1999 In-Kind Contribution: fundraiser	Amount of Each Receipt this Period 371.26
	Occupation REAL ESTATE Aggregate Year-to-Date > \$ 371.26	Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	
D. Full Name, Mailing Address and ZIP Code GEORGE E. WRIGHT, JR. P.O. BOX 1751 HOMESTEAD, FL 33090	Name of Employer GEORGE E. WRIGHT, JR. FARMS, INC	Date(month, day, year) 12/13/1999	Amount of Each Receipt this Period 500.00
	Occupation FARMER Aggregate Year-to-Date > \$ 500.00	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	
E. Full Name, Mailing Address and ZIP Code SELIM K. ZILKHA 750 LAUSANNE ROAD LOS ANGELES, CA 90077	Name of Employer SELIM K. ZILKHA	Date(month, day, year) 10/19/1999	Amount of Each Receipt this Period 1,000.00
	Occupation INVESTOR Aggregate Year-to-Date > \$ 1,000.00	Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	
F. Full Name, Mailing Address and ZIP Code ADVANTAGE MEDICAL GROUP 41-120 WASHINGTON STREET, STE. 101 BERMUDA DUNES, CA 92201	Name of Employer (Partnership)	Date(month, day, year) 11/05/1999 SEE APPROPRIATE SECTION BELOW	Amount of Each Receipt this Period 500.00
	Occupation Aggregate Year-to-Date > \$ 500.00	Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	
G. Full Name, Mailing Address and ZIP Code STEPHEN R. STEELE 41 - 120 WASHINGTON STREET STE. 101 BERMUDA DUNES, CA 92201	Name of Employer ADVANTAGE MEDICAL GROUP	Date(month, day, year) 11/05/1999	Amount of Each Receipt this Period 500.00 MEMO
	Occupation PHYSICIAN Aggregate Year-to-Date > \$ 500.00	Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	

SUBTOTAL of Receipts This Page (optional)	3,221.26
TOTAL This Period (last page in line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**
Contributions from Individuals/Persons

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NAME OF COMMITTEE (In Full)
 The Mary Bono Committee C00332890

A. Full Name, Mailing Address and ZIP Code DIAMOND TOMATO COMPANY P.O. BOX 2547 FT. PIERCE, FL 34954-2547	Name of Employer (Partnership)	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	12/13/1999	500.00 SEE ATTRIBUTION BELOW
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Aggregate Year-to-Date >		\$ 500.00
B. Full Name, Mailing Address and ZIP Code DIAMOND TOMATO COMPANY P.O. BOX 2547 FT. PIERCE, FL 34954-2547	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	12/13/1999	500.00 MEMO
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Aggregate Year-to-Date >		\$ 500.00
C. Full Name, Mailing Address and ZIP Code ESFORMKS PROPERTIES P.O. BOX 866 PALMETTO, FL 34220	Name of Employer (Partnership)	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	12/13/1999	750.00 ATTRIBUTION DOES NOT REACH REPORTING THRESHOLDS
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Aggregate Year-to-Date >		\$ 750.00
D. Full Name, Mailing Address and ZIP Code FRANK A. VISCO & ASSOCIATES P.O. BOX 2659 LANCASTER, CA 93539	Name of Employer (Partnership)	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	10/27/1999	1,000.00 SEE ATTRIBUTION BELOW
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Aggregate Year-to-Date >		\$ 1,000.00
E. Full Name, Mailing Address and ZIP Code FRANK A. VISCO P.O. BOX 2659 LANCASTER, CA 93539	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	10/27/1999	1,000.00 MEMO
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Aggregate Year-to-Date >		\$ 1,000.00
F. Full Name, Mailing Address and ZIP Code HAGAN FARMS PARTNERSHIP PO BOX 819 MIAMI, FL 33257	Name of Employer (Partnership)	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	12/13/1999	1,000.00 SEE ATTRIBUTION BELOW
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Aggregate Year-to-Date >		\$ 1,000.00
G. Full Name, Mailing Address and ZIP Code JOSEPH E. HAGAN PO BOX 819 MIAMI, FL 33257	Name of Employer HAGAN FARMS	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation FARMER	12/13/1999	1,000.00 MEMO
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Aggregate Year-to-Date >		\$ 1,000.00

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

SCHEDULE A ITEMIZED RECEIPTS
Contributions from Individuals/Persons

Use separate schedule(s)
 for each category of the
 Detailed Summary Page
 (07/01/1999 - 12/31/1999)

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 FOR LINE NUMBER
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NAME OF COMMITTEE (In Full)

The Mary Bono Committee C00332890

A. Full Name, Mailing Address and ZIP Code JACK AND MARK STIEFEL DAIRY 32750 HOLLAND RD. WINCHESTER, CA 92596	Name of Employer (Partnership)	Date(month, day, year) 10/26/1999 SEE ATTRIBUTION BELOW	Amount of Each Receipt this Period 500.00
	Occupation	Aggregate Year-to-Date > \$ 500.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
B. Full Name, Mailing Address and ZIP Code MARK STIEFEL 32750 HOLLAND RD. WINCHESTER, CA 92596	Name of Employer MARK STIEFEL	Date(month, day, year) 10/26/1999	Amount of Each Receipt this Period 500.00 MEMO
	Occupation DAIRYMAN	Aggregate Year-to-Date > \$ 1,100.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code LARocca FARMS 622 S.W. 5TH AVE FLORIDA CITY, FL 33034	Name of Employer (Partnership)	Date(month, day, year) 12/13/1999 SEE ATTRIBUTION BELOW	Amount of Each Receipt this Period 500.00
	Occupation	Aggregate Year-to-Date > \$ 500.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code JO AN SPEERS 622 S.W. 5TH AVE. FLORIDA CITY, FL 33034	Name of Employer LARocca FARMS	Date(month, day, year) 12/13/1999	Amount of Each Receipt this Period 500.00 MEMO
	Occupation EXECUTIVE	Aggregate Year-to-Date > \$ 500.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code NOBLES PACKING COMPANY P.O. DRAWER 2310 LABELLE, FL 33975	Name of Employer (Partnership)	Date(month, day, year) 12/13/1999 12/13/1999 SEE ATTRIBUTION BELOW	Amount of Each Receipt this Period 500.00 500.00
	Occupation	Aggregate Year-to-Date > \$ 1,000.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code LEWIS J NOBLES III PO BOX 2310 LA BELLE, FL 33975	Name of Employer NOBLES PACKING COMPANY	Date(month, day, year) 12/13/1999	Amount of Each Receipt this Period 500.00 MEMO
	Occupation FARMER	Aggregate Year-to-Date > \$ 500.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code LEWIS NOBLES JR. P.O. DRAWER 2310 LA BELLE, FL 33975	Name of Employer LEWIS NOBLES JR.	Date(month, day, year) 12/13/1999	Amount of Each Receipt this Period 500.00 MEMO
	Occupation FARMER	Aggregate Year-to-Date > \$ 500.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional)

2,000.00

TOTAL This Period (last page this line number only)

81,415.26

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Other Political Committees

Use separate schedule(s)
for each category of the
Detailed Summary Page
(07/01/1998 - 12/31/1998)

PAGE 1 OF 6
FOR LINE NUMBER 11(c)

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NAME OF COMMITTEE (in full)

The Mary Dono Committee C00332890

A. Full Name, Mailing Address and ZIP Code AGC POLITICAL ACTION COMMITTEE 1957 E. ST. N.W. WASHINGTON, DC 20036 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Name of Employer	Date(month, day, year)	Amount of Each Receipt this Period
	Occupation	07/13/1999	1,000.00
Aggregate Year-to-Date > \$		1,000.00	
B. Full Name, Mailing Address and ZIP Code AGSEP CIVIC ACTION COMMITTEE 1333 NEW HAMPSHIRE AVE. NW STE. 400 WASHINGTON, DC 20036 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Name of Employer	Date(month, day, year)	Amount of Each Receipt this Period
	Occupation	09/16/1999	500.00
Aggregate Year-to-Date > \$		500.00	
C. Full Name, Mailing Address and ZIP Code ALLIANT TECHSYSTEMS EMPLOYEE CITIZENSHIP FUND 600 - 2ND ST., NE HOPKINS, MN 55343 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Name of Employer	Date(month, day, year)	Amount of Each Receipt this Period
	Occupation	08/17/1999	500.00
Aggregate Year-to-Date > \$		500.00	
D. Full Name, Mailing Address and ZIP Code AMERICAN & MOTEL ASSOCIATION PAC 1201 NEW YORK AVENUE, N.W. SUITE 600 WASHINGTON, DC 20005-3931 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Name of Employer	Date(month, day, year)	Amount of Each Receipt this Period
	Occupation	10/12/1999	500.00
Aggregate Year-to-Date > \$		1,500.00	
E. Full Name, Mailing Address and ZIP Code AMERICAN AIRLINES PAC 1101 17TH STREET, NW, STE. 600 WASHINGTON, DC 20036 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Name of Employer	Date(month, day, year)	Amount of Each Receipt this Period
	Occupation	08/25/1999	1,000.00
Aggregate Year-to-Date > \$		1,000.00	
F. Full Name, Mailing Address and ZIP Code AMERICAN MARITIME OFFICERS VOLUNTARY PAC 650 FOURTH AVE. BROOKLYN, NY 11232 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Name of Employer	Date(month, day, year)	Amount of Each Receipt this Period
	Occupation	08/04/1999	500.00
Aggregate Year-to-Date > \$		500.00	
G. Full Name, Mailing Address and ZIP Code AMERICAN SOCIETY OF TRAVEL AGENTS, INC. PAC 1101 KING STREET, STE. 200 ALEXANDRIA, VA 22314 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Name of Employer	Date(month, day, year)	Amount of Each Receipt this Period
	Occupation	07/24/1999	250.00
Aggregate Year-to-Date > \$		250.00	

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

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Other Political Committees

Use separate schedule(s)
for each category of the
Detailed Summary Page
(07/01/1999 - 12/31/1999)

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FOR LINE NUMBER
11(c)

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NAME OF COMMITTEE (In Full)

The Mary Bono Committee C00332890

A. Full Name, Mailing Address and ZIP Code ARCO PAC 333 SOUTH HOPE STREET, 19TH FLOOR LOS ANGELES, CA 90071	Name of Employer	Date(month, day, year)	Amount of Each Receipt this Period
	Occupation	11/12/1999	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Aggregate Year-to-Date	> \$ 500.00	
B. Full Name, Mailing Address and ZIP Code AT&T PAC 32 AVE. OF THE AMERICAS NEW YORK, NY 10013	Name of Employer	Date(month, day, year)	Amount of Each Receipt this Period
	Occupation	07/29/1999	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Aggregate Year-to-Date	> \$ 1,000.00	
C. Full Name, Mailing Address and ZIP Code BUILD PAC 1201 15TH ST. NW WASHINGTON, DC 20005-2800	Name of Employer	Date(month, day, year)	Amount of Each Receipt this Period
	Occupation	12/20/1999	2,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Aggregate Year-to-Date	> \$ 2,000.00	
D. Full Name, Mailing Address and ZIP Code CHICAGO MERCANTILE EXCHANGE PAC 30 S. WACKER DRIVE CHICAGO, IL 60606	Name of Employer	Date(month, day, year)	Amount of Each Receipt this Period
	Occupation	12/03/1999	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Aggregate Year-to-Date	> \$ 500.00	
E. Full Name, Mailing Address and ZIP Code COCA-COLA ENTERPRISES INC. EMPLOYEE NP COMMITTEE PAC P.O. BOX 723040 ATLANTA, GA 31139-0040	Name of Employer	Date(month, day, year)	Amount of Each Receipt this Period
	Occupation	12/27/1999	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Aggregate Year-to-Date	> \$ 2,000.00	
F. Full Name, Mailing Address and ZIP Code COUNTRYWIDE POLITICAL ACTION COMMITTEE 155 N. LAKE AVE. PASADENA, CA 91109	Name of Employer	Date(month, day, year)	Amount of Each Receipt this Period
	Occupation	07/30/1999	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Aggregate Year-to-Date	> \$ 500.00	
G. Full Name, Mailing Address and ZIP Code DAIRY FARMERS OF AMERICA, INC. PAC 3253 E. CHESTNUT EXPRESSWAY SPRINGFIELD, MO 65802	Name of Employer	Date(month, day, year)	Amount of Each Receipt this Period
	Occupation	07/27/1999	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Aggregate Year-to-Date	> \$ 500.00	

SUBTOTAL of Receipts This Page (optional)

6,000.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Other Political Committees

Use separate schedule(s)
for each category of the
Detailed Summary Page
(07/01/1999 - 12/31/1999)

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NAME OF COMMITTEE (in Full)

The Mary Bono Committee C00332890

A. Full Name, Mailing Address and ZIP Code LOG CABIN REPUBLICANS PAC 1210 LOS ROBLES DRIVE PALM SPRINGS, CA 92262	Name of Employer	Date(month, day, year)	Amount of Each Receipt this Period
	Occupation	11/23/1999	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Aggregate Year-to-Date > \$		500.00
B. Full Name, Mailing Address and ZIP Code MEREDITH & SIMPSON CONSTRUCTION CO. P.O. DRAWERY INDIO, CA 92202	Name of Employer	Date(month, day, year)	Amount of Each Receipt this Period
	Occupation	10/27/1999	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Aggregate Year-to-Date > \$		500.00
C. Full Name, Mailing Address and ZIP Code MICROSOFT CORPORATION POLITICAL ACTION COMMITTEE 16011 N.E. 36TH WAY, BOX 97617 REDMOND, WA 98073	Name of Employer	Date(month, day, year)	Amount of Each Receipt this Period
	Occupation	10/13/1999	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Aggregate Year-to-Date > \$		1,000.00
D. Full Name, Mailing Address and ZIP Code NATIONAL BEER WHOLESALERS ASSOCIATION PAC 1100 S. WASHINGTON STREET ALEXANDRIA, VA 22314-0054	Name of Employer	Date(month, day, year)	Amount of Each Receipt this Period
	Occupation	10/25/1999	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Aggregate Year-to-Date > \$		3,000.00
E. Full Name, Mailing Address and ZIP Code NATIONAL CATTLEMAN'S BEEF ASSOCIATION PAC 5420 S. QUEBEC ST. GREENWOOD VILLAGE, CO 80155	Name of Employer	Date(month, day, year)	Amount of Each Receipt this Period
	Occupation	09/30/1999	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Aggregate Year-to-Date > \$		500.00
F. Full Name, Mailing Address and ZIP Code NATIONAL RESTAURANT ASSOCIATION PAC 1200 SEVENTEENTH STREET, NW WASHINGTON, DC 20036	Name of Employer	Date(month, day, year)	Amount of Each Receipt this Period
	Occupation	09/07/1999	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Aggregate Year-to-Date > \$		3,000.00
G. Full Name, Mailing Address and ZIP Code NEWS AMERICA-FOX P.A.C. 344 N. CAPITOL ST. NW #722 WASHINGTON, DC 20001-1512	Name of Employer	Date(month, day, year)	Amount of Each Receipt this Period
	Occupation	10/25/1999	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Aggregate Year-to-Date > \$		500.00

SUBTOTAL of Receipts This Page (optional)

4,500.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Other Political Committees

Use separate schedule(s)
for each category of the
Detailed Summary Page
(370111883 - 12/31/1998)

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FOR LINE NUMBER 11 (c)

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NAME OF COMMITTEE (In Full)

The Mary Bono Committee C00332890

<p>A. Full Name, Mailing Address and ZIP Code RAYTHEON POLITICAL ACTION COMMITTEE 141 SPRING STREET LEXINGTON, MA 02421</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 2,000.00</p>	<p>Date(month, day, year) 08/16/1999</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>B. Full Name, Mailing Address and ZIP Code REALTORS PAC 430 N. MICHIGAN AVENUE CHICAGO, IL 60611</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 1,500.00</p>	<p>Date(month, day, year) 12/20/1999 07/14/1999</p>	<p>Amount of Each Receipt this Period 1,000.00 500.00</p>
<p>C. Full Name, Mailing Address and ZIP Code SCHRRING - PLOUGH CORP. BETTER GOVERNMENT FUND 1 GIRALDA FARM MADISON, NJ 07940</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 1,000.00</p>	<p>Date(month, day, year) 08/21/1999</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>D. Full Name, Mailing Address and ZIP Code SONY PICTURES ENTERTAINMENT, INC. PAC 10202 W. WASHINGTON BLVD. CULVER CITY, CA 90232</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date(month, day, year) 08/04/1999</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>E. Full Name, Mailing Address and ZIP Code THE ASCAP LEGISLATIVE FUND FOR THE ARTS 1 LINCOLN PLAZA NEW YORK, NY 10023</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date(month, day, year) 07/23/1999</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>F. Full Name, Mailing Address and ZIP Code THE GLAXO WELLCOME PAC FIVE MOORE DR. RESEARCH TRIANGLE PARK, NC 27709</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 1,000.00</p>	<p>Date(month, day, year) 08/09/1999</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>G. Full Name, Mailing Address and ZIP Code THE WALT DISNEY COMPANY EMPLOYEES PAC 1150 - 17TH ST., NW., STE. 400 WASHINGTON, DC 20036</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date(month, day, year) 07/30/1999</p>	<p>Amount of Each Receipt this Period 500.00</p>

SUBTOTAL of Receipts This Page (optional)

6,000.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Other Political Committees

Use separate schedule(s)
for each category of the
Detailed Summary Page
(07/01/1999 - 12/31/1999)

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FOR LINE NUMBER
11 (c)

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

NAME OF COMMITTEE (in Full)

The Mary Bono Committee C00332890

A. Full Name, Mailing Address and ZIP Code UNITED AIRLINES, INC. PAC 25 CONNECTICUT AVE., N.W. #121 WASHINGTON, DC 20036	Name of Employer	Date(month, day, year)	Amount of Each Receipt this Period
	Occupation	12/27/1999	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Aggregate Year-to-Date > \$ 500.00		
B. Full Name, Mailing Address and ZIP Code UPS PAC 55 GLENLAKE PARKWAY ATLANTA, GA 30328	Name of Employer	Date(month, day, year)	Amount of Each Receipt this Period
	Occupation	11/08/1999 07/14/1999	1,000.00 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Aggregate Year-to-Date > \$ 1,500.00		
C. Full Name, Mailing Address and ZIP Code WINE AND SPIRITS WHOLESALERS OF AMERICA, INC. PAC 805 FIFTEENTH ST., N.W., STE. 430 WASHINGTON, DC 20005	Name of Employer	Date(month, day, year)	Amount of Each Receipt this Period
	Occupation	08/06/1999	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Aggregate Year-to-Date > \$ 500.00		
D. Full Name, Mailing Address and ZIP Code WISE LIST 3205 N STREET, NW WASHINGTON, DC 20007	Name of Employer	Date(month, day, year)	Amount of Each Receipt this Period
	Occupation	10/11/1999	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)

3,500.00

TOTAL This Period (last page this line number only)

29,750.00

SCHEDULE A

ITEMIZED RECEIPTS

Offsets to Operating Expenditures

Use separate schedule(a)
for each category of the
Detailed Summary Page
(07/01/1999 - 12/31/1999)

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FOR LINE NUMBER 14

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

NAME OF COMMITTEE (In Full)
The Mary Bono Committee C00332890

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt this Period
UNITED STATES TREASURY WESTERN DISTRIBUTION CENTER RANCHO CORDOVA, CA 95743-9999	Re Fund	07/07/1999	329.01
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$	338.46	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)	329.01
TOTAL This Period (last page this line number only)	329.01

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page
(07/01/1999 - 12/31/1999)

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FOR LINE NUMBER
17

Operating Expenses

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NAME OF COMMITTEE (in Full)

The Mary Bono Committee C00332890

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
ACE PRINTING CO. 948 VELLA ROAD PALM SPRINGS, CA 92264	ENVELOPES Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/18/1999	419.32
B. Full Name, Mailing Address and ZIP Code AT&T P.O. BOX 78225 PHOENIX, AZ 85062	PHONE BILL Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/16/1999 10/18/1999	239.26 477.34
C. Full Name, Mailing Address and ZIP Code AT&T WIRELESS SERVICES P.O. BOX 60360 LOS ANGELES, CA 90060-0360	PHONE BILL Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	12/10/1999 12/10/1999	92.65 27.79
D. Full Name, Mailing Address and ZIP Code same as above	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/08/1999 11/08/1999 10/18/1999 10/18/1999	27.79 92.65 0.84 0.84
E. Full Name, Mailing Address and ZIP Code same as above	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	09/10/1999 09/10/1999 08/23/1999 08/23/1999	32.94 97.80 27.34 92.20
F. Full Name, Mailing Address and ZIP Code same as above	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	07/08/1999 07/08/1999	27.34 92.40
G. Full Name, Mailing Address and ZIP Code AUTUMN PUBLISHING, INC. P.O. BOX 1530 VIENNA, VA 22183	CAPITOL HILL CRESTING CARD Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/22/1999	4,446.36
H. Full Name, Mailing Address and ZIP Code BANK OF AMERICA 588 S. PALM CANYON DRIVE PALM SPRINGS, CA 92262	CHECK SUPPLY/SERVICE CHARGE Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	09/17/1999 08/23/1999	10.00 241.29
I. Full Name, Mailing Address and ZIP Code same as above	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	09/09/1999 09/10/1999 09/21/1999 10/07/1999	20.57 104.00 4.00 4.00

SUBTOTAL of Disbursements This Page (optional)

6,508.72

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Operating Expenses

Use separate schedule(s)
for each category of the
Detailed Summary Page
(07/01/1988 - 12/31/1998)

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NAME OF COMMITTEE (in Full)

The Mary Bono Committee C00332893

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
same as above	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/06/1999	54.00
		10/13/1999	4.00
B. Full Name, Mailing Address and ZIP Code CAPITOL HILL CLUB 300 FIRST STREET, S.E. WASHINGTON, DC 20003	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 07/06/1999	Amount of Each Disbursement This Period 300.00
C. Full Name, Mailing Address and ZIP Code same as above	Purpose of Disbursement CHRISTMAS FUND Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 10/16/1999	Amount of Each Disbursement This Period 25.00
D. Full Name, Mailing Address and ZIP Code COMPUTER GALLERY 72-605 HWY. 111 PALM DESERT, CA 92260	Purpose of Disbursement TECHNICAL SUPPORT Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 12/06/1999	Amount of Each Disbursement This Period 988.75
E. Full Name, Mailing Address and ZIP Code TONY DACOSTA 1555 S. PALM CANYON DR., SUITE D-105 PALM SPRINGS, CA 92264	Purpose of Disbursement OFFICE SUPPLIES Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 12/06/1999	Amount of Each Disbursement This Period 21.95
F. Full Name, Mailing Address and ZIP Code same as above	Purpose of Disbursement OFFICE SUPPLIES/POSTAGE Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 12/08/1999	Amount of Each Disbursement This Period 42.37
G. Full Name, Mailing Address and ZIP Code same as above	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 11/06/1999 10/25/1999 09/16/1999 09/08/1999	Amount of Each Disbursement This Period 27.44 33.00 443.03 25.39
H. Full Name, Mailing Address and ZIP Code same as above	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 08/23/1999 07/14/1999 07/07/1999	Amount of Each Disbursement This Period 55.56 86.88 24.64
J. Full Name, Mailing Address and ZIP Code DAVID L. ANDRIJKOVIS, INC. 50 E. ST., S.E. WASHINGTON, DC 20003	Purpose of Disbursement STATIONARY Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 08/24/1999	Amount of Each Disbursement This Period 452.50

SUBTOTAL of Disbursements This Page (optional)

2,584.51

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Operating Expenses

Use separate schedule(s)
for each category of the
Detailed Summary Page
(77011999 - 12211999)

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FOR LINE NUMBER
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NAME OF COMMITTEE (in Full)

The Mary Bono Committee C00352890

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
DESERT INK 1842 MESA DRIVE PALM SPRINGS, CA 92264	PROFESSIONAL SERVICES JUNE 1999 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	07/29/1999	1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year)	Amount of Each Disbursement this Period
C. Full Name, Mailing Address and ZIP Code FEDERAL EXPRESS P.O. BOX 1140 MEMPHIS, TN 38101-1140	Purpose of Disbursement AIR BILL Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 12/10/1999	Amount of Each Disbursement this Period 20.25
D. Full Name, Mailing Address and ZIP Code same as above	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 12/06/1999 11/30/1999 11/16/1999 11/11/1999	Amount of Each Disbursement this Period 75.25 39.00 18.75 20.00
E. Full Name, Mailing Address and ZIP Code same as above	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 11/08/1999 11/03/1999 09/21/1999 09/10/1999	Amount of Each Disbursement this Period 173.75 120.25 21.00 47.00
F. Full Name, Mailing Address and ZIP Code same as above	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 08/23/1999 07/17/1999 07/07/1999	Amount of Each Disbursement this Period 48.25 24.00 19.25
G. Full Name, Mailing Address and ZIP Code GILLIARD, BLANNING & ASSOCIATES INC. 321 11TH ST., STE. 600 SACRAMENTO, CA 95814	Purpose of Disbursement PRINTING/LIST PURCHASE Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 09/22/1999 08/19/1999	Amount of Each Disbursement this Period 28,548.97 21,615.00
H. Full Name, Mailing Address and ZIP Code GTE CALIFORNIA PAYMENT PROCESSING CENTER INGLEWOOD, CA 90313-0001	Purpose of Disbursement PHONE BILLS Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 12/10/1999 08/23/1999	Amount of Each Disbursement this Period 263.00 276.00
I. Full Name, Mailing Address and ZIP Code same as above	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 10/18/1999 09/20/1999 11/16/1999 07/16/1999	Amount of Each Disbursement this Period 252.19 284.03 246.26 40.55

SUBTOTAL of Disbursements This Page (optional)

53,157.77

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Operating Expenses

Use separate schedule(s) for each category of the Detailed Summary Page (COM/1995 - 12/31/1999)

PAGE 4 OF 8
FOR LINE NUMBER 17

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

NAME OF COMMITTEE (in Full)

The Mary Bono Committee C00332890

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
LAVELY & SINGER 7365 CENTURY PARK EAST, SUITE 2400 LOS ANGELES, CA 90067	CAMPAIGN REPORT PREPARATION Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	07/17/1999	5,088.11
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year)	Amount of Each Disbursement this Period
C. Full Name, Mailing Address and ZIP Code MARY BONO 64-505 VIA AMANTE PALM SPRINGS, CA 92264	TRAVEL REIMBURSEMENT Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	07/01/1999 11/08/1999 09/09/1999 07/29/1999	111.48 565.28 2,636.32 341.67
D. Full Name, Mailing Address and ZIP Code same as above	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 07/08/1999	Amount of Each Disbursement this Period 89.31
E. Full Name, Mailing Address and ZIP Code same as above	TRAVEL REIMBURSEMENT Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 12/15/1999 07/29/1999	Amount of Each Disbursement this Period 3,766.00 860.00
F. Full Name, Mailing Address and ZIP Code MARC MC GRATH 14340 ELLISWORTH, STE. 108 MCRENO VALLEY, CA 92553	CATERING Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 11/22/1999	Amount of Each Disbursement this Period 745.09
G. Full Name, Mailing Address and ZIP Code MONTGOMERY, GLICK & CO. 5951 VARIEL AVENUE WOODLAND HILLS, CA 91367	LEGAL/PREPARE FINANCIAL REPORTS Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 07/29/1999	Amount of Each Disbursement this Period 1,230.00
H. Full Name, Mailing Address and ZIP Code same as above	LEGAL/PREPARE FINANCIAL STATEMENTS Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 07/16/1999	Amount of Each Disbursement this Period 1,957.50
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year)	Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

17,409.76

TOTAL This Period (last page this line number only)

SCHEDULE B
Operating Expenses

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page
(C7011/1000 - 12/31/1999)

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17	

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NAME OF COMMITTEE (In Full)

The Mary Bono Committee C00332890

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
BRIAN NESTANDE P.O. BOX 3370 PALM SPRING, CA 92263	CONSULTING Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	12/22/1999	5,000.00
same as above	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/30/1999 09/09/1999	10,000.00 460.30
OCCEIDENTAL COMMUNICATIONS GROUP 701 E. BALL RD., #102 ANAHEIM, CA 92805	MAILER Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	09/30/1999	1,982.34
same as above	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	09/09/1999	1,212.41
PITNEY BOWES CREDIT CORP. P.O. BOX 85460 LOUISVILLE, KY 40285-5460	POSTAGE MACHINE RENTAL Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/23/1999 08/23/1999	410.35 410.35
same as above	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/22/1999 09/20/1999 11/16/1999 07/16/1999	410.35 410.35 69.42 410.35
POLITICAL DATA, INC. P.O. BOX 1706 BURBANK, CA 91507	DATABASE Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	08/23/1999	398.49
REED AND DAVIDSON 520 S. GRAND AVE., STE. 700 LOS ANGELES, CA 90071	LEGAL/CAMPAIGN REPORTING Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	12/02/1999	550.00
same as above	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/26/1999 10/01/1999 09/24/1999	509.21 550.00 1,100.00

SUBTOTAL of Disbursements This Page (optional)

23,880.92

TOTAL This Period (last page this line number only)

SCHEDULE B **ITEMIZED DISBURSEMENTS**
Operating Expenses

Use separate schedule(s) for each category of the Detailed Summary Page (07/01/1999 - 12/31/1999)

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FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

The Mary Bono Committee C00332890

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year)	Amount of Each Disbursement this Period
B. Full Name, Mailing Address and ZIP Code ROCKLE & WHITE 5519 INSPIRATION DR. RIVERSIDE, CA 92505	Purpose of Disbursement INVITATIONS FOR 12/11/99 FUNDRAISER Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 11/30/1999	Amount of Each Disbursement this Period 1,648.38
C. Full Name, Mailing Address and ZIP Code same as above	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 11/03/1999	Amount of Each Disbursement this Period 1,646.38
D. Full Name, Mailing Address and ZIP Code SECRETARY OF STATE PO BOX 1294 SACRAMENTO, CA 95814	Purpose of Disbursement FILING FEE Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 11/22/1999	Amount of Each Disbursement this Period 1,367.00
E. Full Name, Mailing Address and ZIP Code SG COMPUTER SYSTEMS 12725 CATALPA AVE. DESERT HOT SPRINGS, CA 92240	Purpose of Disbursement DATABASE MANAGEMENT Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 12/10/1999	Amount of Each Disbursement this Period 182.19
F. Full Name, Mailing Address and ZIP Code same as above	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 10/11/1999	Amount of Each Disbursement this Period 661.80
G. Full Name, Mailing Address and ZIP Code STAPLES 330 SOUTH PALM CANYON DRIVE PALM SPRINGS, CA 92262	Purpose of Disbursement OFFICE SUPPLIES Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 11/23/1999	Amount of Each Disbursement this Period 224.32
H. Full Name, Mailing Address and ZIP Code same as above	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 10/22/1999	Amount of Each Disbursement this Period 252.50
I. Full Name, Mailing Address and ZIP Code THE FLOWER GALLERY/CATHEDRAL CITY FLORIST 45-275 PRICKLEY PEAR #4 PALM DESERT, CA 92260	Purpose of Disbursement 36 ROSRS 11/09/99 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 11/23/1999	Amount of Each Disbursement this Period 161.63

SUBTOTAL of Disbursements This Page (optional)

6,144.20

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Operating Expenses

Use separate schedule(s) for each category of the Detailed Summary Page (C2701/1999 - 12/31/1999)

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FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

The Mary Bono Committee C00332890

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
same as above	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General	09/17/1999	75.43
	Other (specify):		
B. Full Name, Mailing Address and ZIP Code THE MONACO GROUP 701 E. BALBOA RD., SUITE 103 ANAHEIM, CA 92805	Purpose of Disbursement POSTAGE	Date (month, day, year) 09/17/1999	Amount of Each Disbursement This Period 16,500.00
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General		
C. Full Name, Mailing Address and ZIP Code TIME WARNER CABLE P.O. BOX 78055 PHOENIX, AZ 85062-8055	Purpose of Disbursement CABLE BILL	Date (month, day, year) 12/10/1999	Amount of Each Disbursement This Period 38.09
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General	08/23/1999	38.09
D. Full Name, Mailing Address and ZIP Code same as above	Purpose of Disbursement	Date (month, day, year) 10/18/1999	Amount of Each Disbursement This Period 38.09
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General	09/17/1999	38.09
E. Full Name, Mailing Address and ZIP Code U.S. POSTMASTER AMALCO ROAD PALM SPRINGS, CA 92263	Purpose of Disbursement POSTAGE	Date (month, day, year) 11/04/1999	Amount of Each Disbursement This Period 3,000.00
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General		
F. Full Name, Mailing Address and ZIP Code same as above	Purpose of Disbursement	Date (month, day, year) 09/20/1999	Amount of Each Disbursement This Period 1,500.00
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General	07/29/1999	49.08
G. Full Name, Mailing Address and ZIP Code VALLEY OFFICE EQUIPMENT, INC. 36-665 BANKSIDE DR., #D CATHEDRAL CITY, CA 92234	Purpose of Disbursement COPIER RENTAL EQUIPMENT	Date (month, day, year) 12/10/1999	Amount of Each Disbursement This Period 215.51
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General		
H. Full Name, Mailing Address and ZIP Code same as above	Purpose of Disbursement	Date (month, day, year) 11/16/1999	Amount of Each Disbursement This Period 215.51
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General	10/22/1999	215.51
I. Full Name, Mailing Address and ZIP Code VNFSC, A SUBSIDIARY OF BANK ONE P.O. BOX 78505 PHOENIX, AZ 85062-8505	Purpose of Disbursement CAMPAIGN VEHICLE	Date (month, day, year) 12/21/1999	Amount of Each Disbursement This Period 667.97
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General	08/23/1999	667.97

SUBTOTAL of Disbursements This Page (optional)

24,260.02

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Operating Expenses

Use separate schedule(s) for each category of the Detailed Summary Page (07/01/1999 - 12/31/1999)

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FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

The Mary Bono Committee C00322890

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
same as above	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/18/1999	687.97
		09/17/1999	687.97
		11/11/1999	687.97
		07/08/1999	687.97
B. Full Name, Mailing Address and ZIP Code WESSMAN DEVELOPMENT COMPANY 1535 S. PALM CANYON DRIVE, STE. G-106 PALM SPRINGS, CA 92264	Purpose of Disbursement OFFICE RENTAL	Date (month, day, year) 12/21/1999	Amount of Each Disbursement This Period 665.00
same as above	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/16/1999	665.00
		10/12/1999	665.00
		09/17/1999	665.00
		08/23/1999	665.00
D. Full Name, Mailing Address and ZIP Code same as above	Purpose of Disbursement	Date (month, day, year) 07/16/1999	Amount of Each Disbursement This Period 665.00
same as above	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
E. Full Name, Mailing Address and ZIP Code WEST VALLEY - C.R.A. 66675 PIERSON BLVD. DESERT HOT SPRINGS, CA 92240	Purpose of Disbursement OVERHEAD	Date (month, day, year) 10/03/1999	Amount of Each Disbursement This Period 500.00
F. Full Name, Mailing Address and ZIP Code BOB WOLF 11640 DALEHURST ROAD MORENO VALLEY, CA 92558 (contributor)	Purpose of Disbursement FUNDRAISER	Date (month, day, year) 11/21/1999	Amount of Each Disbursement This Period 371.26
		in-kind received	
G. Full Name, Mailing Address and ZIP Code Unitemized operating expenses (less than \$200) This Period: 07/01/1999 - 12/31/1999	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period 442.74
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional):	8,055.86
TOTAL This Period (last page this line number only)	141,976.78

SCHEDULE B

ITEMIZED DISBURSEMENTS

Other Disbursements

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NAME OF COMMITTEE (in Full)

The Mazy Solo Committee C00332850

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
DESERT REPUBLICAN COORDINATING COUNCIL 15500 BUBBLING WELLS ROAD DESERT HOT SPRINGS, CA 92240	VOTER REGISTRATION Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/03/1999	1,000.00
B. Full Name, Mailing Address and ZIP Code ELIA PIROZZI FOR CONGRESS 7365 CARMELIAN AVENUE RANCHO CUCAMONGA, CA 91730	Purpose of Disbursement CAMPAIGN CONTRIBUTION ELIA PIROZZI CA/42 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/15/1999	1,000.00
C. Full Name, Mailing Address and ZIP Code NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE 320 FIRST STREET S.E. WASHINGTON, DC 20003	Purpose of Disbursement CONTRIBUTION Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/03/1999 08/16/1999	10,000.00 5,000.00
D. Full Name, Mailing Address and ZIP Code RIVERSIDE COUNTY REPUBLICAN WOMEN 6247 PEBBLE BEACH DRIVE BANNING, CA 92220	Purpose of Disbursement VOTER REGISTRATION Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/03/1999	2,000.00
E. Full Name, Mailing Address and ZIP Code Unitemized other disbursements (less than \$200) This Period: 07/01/1999 - 12/31/1999	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		25.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	19,025.00
TOTAL This Period (last page this line number only)	19,025.00

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 1/31/02
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	

SA
PREPARER

2/4/02
DATE PREPARED