

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

RECEIVED
FED MAIL ROOM

2000 DEC -7 P 2:56

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (In full) _____
 C00337426 102700
 ADDRESS: MICHAEL A AVELLA
 SNEENEY FOR CONGRESS
 PO BOX 4698
 SARATOGA SPRINGS NY 12866
 CITY, STATE _____

2. FEC IDENTIFICATION NUMBER _____
 3. IS THIS REPORT AN AMENDMENT?
 YES NO

4. TYPE OF REPORT

April 15 Quarterly Report 12-Day Pre-Election Report for the _____ (Type of Election)
 election on _____ in the State of _____
 July 15 Quarterly Report
 October 15 Quarterly Report 30-Day Post-Election Report following the General Election
 on Nov. 7, 2000 in the State of New York
 January 31 Year End Report Termination Report
 July 31 Mid-Year Report (Non-election Year Only)

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
10/19 through 11/27/00		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11 (e))	62893.37	624089.12
(b) Total Contribution Refunds (from Line 20(d))	—	800 —
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	62893.37	623289.12
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	239302.20	455146.62
(b) Total Offsets to Operating Expenditures (from Line 14)	—	220.03
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	239302.20	454926.59
8. Cash on Hand at Close of Reporting Period (from Line 27)	395101.42	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	5800	

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

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

Type or Print Name of Treasurer: Michael A. Avella
 Signature of Treasurer: [Signature] Date: 12-6-00

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

FEC FORM 3
(revised 4/97)

DETAILED SUMMARY PAGE

of Receipts and Disbursements

(Page 2, FEC FORM 3)

Name of Committee (In full)	Report Covering the Period:	
	From:	To:
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) -----	15656.37	
(ii) Unitemized -----	3797.-	
(iii) Total of contributions from individuals -----	19453.37	352582.51
(b) Political Party Committees -----	1000	8308.01
(c) Other Political Committees (such as PACs) -----	42440.-	263205.60
(d) The Candidate -----	-	-
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d)) -----	62893.37	624089.12
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES -----		
13. LOANS:		
(a) Made or Guaranteed by the Candidate -----		
(b) All Other Loans -----		
(c) TOTAL LOANS (add 13(a) and (b)) -----		
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) -----		221.03
15. OTHER RECEIPTS (Dividends, Interest, etc.) -----	894.48	5304.95
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15) -----	63727.85	627614.10
II. DISBURSEMENTS		
17. OPERATING EXPENDITURES -----	249302.20	455146.62
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES -----		
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate -----		
(b) Of All Other Loans -----		
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b)) -----		
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees -----		800
(b) Political Party Committees -----		
(c) Other Political Committees (such as PACs) -----		
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c)) -----		800
21. OTHER DISBURSEMENTS -----	10036.21	57060.48
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21) -----	249338.41	513007.10

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD -----	\$	580711.98
24. TOTAL RECEIPTS THIS PERIOD (from Line 16) -----	\$	63727.85
25. SUBTOTAL (add Line 23 and Line 24) -----	\$	644439.83
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22) -----	\$	249338.41
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25) -----	\$	395101.42

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 4
FOR LINE NUMBER 1102

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)

Agency for Congress

A. Full Name, Mailing Address and ZIP Code <i>Henry Hamilton P.O. Box 13321 Albany NY 12212</i>	Name of Employer <i>Hamilton & Hayes 35 Miller Rd. Albany NY 12205</i>	Date (month, day, year) <i>11/7/00</i>	Amount of Each Receipt this Period <i>200</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <i>Consultant</i>	Aggregate Year-to-Date > \$ <i>450</i>	

B. Full Name, Mailing Address and ZIP Code <i>Richard Powell 83 White Rd. Ballston Spa NY 12020</i>	Name of Employer <i>Self-employed consultant</i>	Date (month, day, year) <i>10/20/00</i>	Amount of Each Receipt this Period <i>300</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <i>Horse Racing Consultant</i>	Aggregate Year-to-Date > \$ <i>500</i>	

C. Full Name, Mailing Address and ZIP Code <i>Michaela Calio 11 West Melrose St Chevy Chase MD 20815</i>	Name of Employer <i>O'Brien Calio 1350 Eye St NW #640 Wash DC 20005</i>	Date (month, day, year) <i>10/29/00</i>	Amount of Each Receipt this Period <i>250-</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <i>Attorney</i>	Aggregate Year-to-Date > \$	

D. Full Name, Mailing Address and ZIP Code <i>Myron Gindberg 167 Sharon Rd. Millerton NY 12546</i>	Name of Employer <i>N/A</i>	Date (month, day, year) <i>10/20/00</i>	Amount of Each Receipt this Period <i>500</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <i>Retired</i>	Aggregate Year-to-Date > \$ <i>500</i>	

E. Full Name, Mailing Address and ZIP Code <i>A. J. Sperazza 22 Inacoff Dr. Menands NY 12204</i>	Name of Employer <i>Tacconer Inc Chap NY</i>	Date (month, day, year) <i>10/23/00</i>	Amount of Each Receipt this Period <i>1000-</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <i>Executive</i>	Aggregate Year-to-Date > \$ <i>1000</i>	

F. Full Name, Mailing Address and ZIP Code <i>Robert Nardelli</i>	Name of Employer <i>DE Asset Systems 1 River Rd. Schenebady NY</i>	Date (month, day, year) <i>10/26/00</i>	Amount of Each Receipt this Period <i>1000</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <i>Treas + CEO</i>	Aggregate Year-to-Date > \$ <i>1000</i>	

G. Full Name, Mailing Address and ZIP Code <i>Frank & Melissa H. Negro II 12 Dutch Village Menands NY 12204</i>	Name of Employer <i>Negro Industries & Re-development Albany NY</i>	Date (month, day, year) <i>10/20/00</i>	Amount of Each Receipt this Period <i>1000- (500 each)</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <i>Real Estate Dev / Assoc Mgr</i>	Aggregate Year-to-Date > \$ <i>1000</i>	

SUBTOTAL of Receipts This Page (optional)	<i>4250</i>
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 4
FOR LINE NUMBER 1101

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)

Amnesty for Congress

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<i>Wm. L. Teatar 2119 Kings Garden Way Falls Church VA 22043</i>	<i>Salomon Group 1501 Committee NW Washington DC</i>	<i>11/7/00</i>	<i>250</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <i>Consultant</i>		
	Aggregate Year-to-Date > \$ <i>250</i>		
<i>B. Full Name, Mailing Address and ZIP Code Gregory Campbell 42 Pine Tree Dr. Keeseville NY 12904</i>	<i>Name of Employer Campbell, Douglas 53 Broad St., #205 Bathburgh NY 12901</i>	<i>11/7/00</i>	<i>250</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <i>Stock Broker</i>		
	Aggregate Year-to-Date > \$ <i>750</i>		
<i>C. Full Name, Mailing Address and ZIP Code Brian D Bruno 35 Cole Ln Troy NY 12180</i>	<i>Name of Employer 80 State St Albany NY</i>	<i>11/7/00</i>	<i>99</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <i>Attorney</i>		
	Aggregate Year-to-Date > \$ <i>599</i>		
<i>D. Full Name, Mailing Address and ZIP Code Tom Mannix 20 Liberty Rd Troy NY 12180</i>	<i>Name of Employer City of Rome Municipal Center Troy NY</i>	<i>11/7/00</i>	<i>100</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <i>Asst Budget Dir</i>		
	Aggregate Year-to-Date > \$ <i>200</i>		
<i>E. Full Name, Mailing Address and ZIP Code Edward M. Bartholomew 14 Dasset Place Amesbury NY 12804</i>	<i>Name of Employer NY's Senate Majority Capital #431 Albany NY 12247</i>	<i>11/7/00</i>	<i>99</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <i>Attorney</i>		
	Aggregate Year-to-Date > \$ <i>344</i>		
<i>F. Full Name, Mailing Address and ZIP Code Brian P Sawedge 65 109th St Troy NY 12182</i>	<i>Name of Employer NY State Bldg 12 Rm 500 Albany NY 12240</i>	<i>11/7/00</i>	<i>150</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <i>Insp. Gen.</i>		
	Aggregate Year-to-Date > \$		
<i>G. Full Name, Mailing Address and ZIP Code Erroll Menzel 20 Van Rensselaer Dr Rensselaer NY 12144</i>	<i>Name of Employer requested info by letter</i>	<i>11/7/00</i>	<i>500</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:		
	Aggregate Year-to-Date > \$ <i>1000</i>		

SUBTOTAL of Receipts This Page (optional)

1398

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 4
FOR LINE NUMBER 182

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)

Emergency for Congress

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<i>Orad Lasenstein 74 Swift Rd Vanderbush NY 12186</i>	<i>have requested info by letter</i>	<i>10/28/00</i>	<i>500</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ <i>500</i>	
<i>Janet Elague 24 Ormel Lane Tennessee NY 12144</i>	<i>requested info by letter</i>	<i>11/2/00</i>	<i>1000</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ <i>1000</i>	
<i>Michael Chawday 538 Commercial Dr. Golden CO 80401</i>	<i>Atlas Air Inc 2000 Westchester Ave Tulsa OK 74107</i>	<i>10/25/00</i>	<i>1000</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <i>Pilot</i>	Aggregate Year-to-Date > \$ <i>1000</i>	
<i>Edward V.K. Cunningham Jr. PO Box 112 Toughkeense NY 12601</i>	<i>103 Tenth St Toughkeense NY 12601</i>	<i>10/31/00</i>	<i>500-</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <i>Attorney</i>	Aggregate Year-to-Date > \$ <i>500</i>	
<i>John Farnan Box 49 Roloff Rd Massena NY 12125</i>	<i>requested info by letter</i>	<i>10/19/00</i>	<i>500</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ <i>500</i>	
<i>Richard C. Saunders 42 Grant Ave Blauvelt NY 12801</i>	<i>State Farm 113 Bay St. Blauvelt NY 12801</i>	<i>10/19/00</i>	<i>200</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <i>Ins. Broker</i>	Aggregate Year-to-Date > \$ <i>200</i>	
<i>Henry F. Zwick P.O. Box Sceptertown NY 12168</i>	<i>Rensselaer County Greene NY</i>	<i>10/19/00</i>	<i>250-</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <i>County Executive</i>	Aggregate Year-to-Date > \$ <i>250</i>	

SUBTOTAL of Receipts This Page (optional)

3950

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 4 OF 4

FOR LINE NUMBER

1102

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)

Sweeney for Congress

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<i>Gary Traupe 1 Columbus Gardens Colonia NY 12047</i>	<i>Thompson Law Firm 342 6th Ave Troy NY 12182</i>	<i>10/21/00</i>	<i>250 -</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <i>Attorney</i>	Aggregate Year-to-Date: <i>> \$ 250</i>	
<i>Mrs Melissa Ledduke 47 Upper Wedgewood Ln Voorheesville NY 12186</i>	<i>Have requested info by fax</i>	<i>10/28/00</i>	<i>1000</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date: <i>> \$ 1000</i>	
<i>Spencer Ledduke 47 Upper Wedgewood Ln Voorheesville NY 12186</i>	<i>Have requested info by fax</i>	<i>10/28/00</i>	<i>1000</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date: <i>> \$ 1000</i>	
<i>Cheri Ledduke 576 Cavinton Place Algerhead NY 12159</i>	<i>Have requested info by fax</i>	<i>10/28/00</i>	<i>1000</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date: <i>> \$ 1000</i>	
<i>Glade Ledduke 76 Normanskill Rd Voorheesville NY 12186</i>	<i>Have requested add. info by fax</i>	<i>10/28/00</i>	<i>2000</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <i>Student</i>	Aggregate Year-to-Date: <i>> \$ 2000</i>	
<i>MARK Mitchell 2 Ridge Place Latham NY 12110</i>	<i>PH III 57.5 Broadway Albany NY 12207</i>	<i>10/21/00</i>	<i>250 - (Subst.)</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <i>CPA/Auditor</i>	Aggregate Year-to-Date: <i>> \$ 1000</i>	
<i>Cheryl Mitchell 2 Ridge Pl Latham NY 12110</i>	<i>N/A</i>	<i>10/21/00</i>	<i>558.37 (Subst.)</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <i>Homemaker</i>	Aggregate Year-to-Date: <i>> \$ 958.37</i>	

SUBTOTAL of Receipts This Page (optional)

6058.37

TOTAL This Period (last page this line number only)

15656.27

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)

Swearney for Congress

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<i>Saratoga County Republican Comm. 77 Van Deusen St Saratoga, NY 12504</i>	<i>Political Comm.</i>	<i>10/21/10</i>	<i>1000</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date \$	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	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
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	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
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	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
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	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
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	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
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date \$	

SUBTOTAL of Receipts This Page (optional) *1000*

TOTAL This Period (last page this line number only) *1000 -*

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 6
FOR LINE NUMBER 11C

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

NAME OF COMMITTEE (In Full)

Agency for Congress

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<i>UDV North America, Inc. Employees Participation 1501 K St. NW #1000 East Tower Wash DC 20005</i>	<i>UDV Common</i>	<i>10/23/00</i>	<i>1000</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ <i>1000</i>	
<i>American Airlines Pac 1101 17th St NW #600 Wash DC 20036</i>	<i>Pac</i>	<i>10/24/00</i>	<i>500</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ <i>1500</i>	
<i>Delaware Otis Corp Pac 1 Railroad Ave Casperstown NY 13326</i>	<i>Pac</i>	<i>10/21/00</i>	<i>500</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ <i>500</i>	
<i>Fed Express Pac 1980 Hancock Blvd. Memphis TN 38137</i>	<i>Pac</i>	<i>10/23/00</i>	<i>5000</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ <i>2000</i>	
<i>Liberty Mutual Insurance Co 175 Berkeley St Boston MA 02117</i>	<i>Pac</i>	<i>11/3/00</i>	<i>2500-</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ <i>3500</i>	
<i>Met Life Special Appreciation 6300 No Ames Rd #500 Freemont OH 43008</i>	<i>Pac</i>	<i>11/3/00</i>	<i>1000</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ <i>1000</i>	
<i>United Food & Comm Workers Internatl Union 1775 K St. NW Wash DC 20006-159-</i>	<i>Pac</i>	<i>10/30/00</i>	<i>1000-</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ <i>1000</i>	

SUBTOTAL of Receipts This Page (optional)

8500

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 6
FOR LINE NUMBER 11C

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

NAME OF COMMITTEE (in Full)

Support for Congress

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<i>Manufactured Housing Institute 2101 Wilson Blvd #610 Arlington VA 22201-3062</i>	<i>PAC</i>	<i>10/24/00</i>	<i>1000-</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	<i>11/4/00</i>	<i>1000</i>
Aggregate Year-to-Date > \$ <i>2500</i>			
<i>Nat. Assn of Security Guard Industries 5225 Wisconsin Ave NW Wash DC 20015</i>	<i>PAC</i>	<i>10/31/00</i>	<i>500</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date > \$ <i>500</i>			
<i>Am. Soc of Travel Agents Inc 1101 King St. #200 Alexandria VA 22304</i>	<i>PAC</i>	<i>11/4/00</i>	<i>500</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date > \$ <i>1000</i>			
<i>Philip Murrie Co Inc 120 Park Ave NY NY 10017</i>	<i>PAC</i>	<i>10/25/00</i>	<i>3000</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date > \$ <i>5000</i>			
<i>Beall's Pac Wash. Qualified Milk Card Loan 7120 Long Ave N.W. Wash</i>	<i>PAC</i>	<i>10/25/00</i>	<i>3000</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date > \$ <i>5000</i>			
<i>American Bankers Assn 1120 Conline N.W. Wash DC 20036</i>	<i>PAC</i>	<i>10/29/00</i>	<i>1500</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date > \$ <i>3000</i>			
<i>Turner Pac 1156 45th St. NW Wash DC 20005</i>	<i>PAC</i>	<i>10/23/00</i>	<i>1000</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date > \$ <i>4000</i>			

SUBTOTAL of Receipts This Page (optional) *11,500*

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 6
FOR LINE NUMBER 11C

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

NAME OF COMMITTEE (in Full)

Amnesty for Congress

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<i>Metropolitan Insurance Co. Employee Pac 1620 L St NW # 506 Wash DC 20036</i>	<i>Pac</i>	<i>11/3/00</i>	<i>1000 -</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date <i>> 9 2000</i>	
<i>Laborers Pol League 905 16th St NW Wash DC 20006</i>	<i>Pac</i>	<i>11/6/00</i>	<i>3500</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date <i>> 5 5000</i>	
<i>Amer Medical Assn. Pac 1101 Vermont Ave NW Wash DC 20005</i>	<i>Pac</i>	<i>11/4/00</i>	<i>2500 -</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date <i>> 6 3500</i>	
<i>Dem Workers Pol Action League 1750 N Y Ave NW Wash DC 20006</i>	<i>Pac</i>	<i>11/4/00</i>	<i>1000 -</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date <i>> 6 1000</i>	
<i>Tricon PO Box 32220 Louisville KY 40232-2220</i>	<i>Pac</i>	<i>11/3/00</i>	<i>1000 -</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date <i>> 5 1000</i>	
<i>DUOE Pol. Ed. Comm. 1125 M St NW Wash DC 20036</i>	<i>Pac</i>	<i>11/3/00</i>	<i>500 -</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date <i>> 5 2500</i>	
<i>Comm Letter Carriers Pol Ed. Nat. Asso of Letter Carriers 100 Indiana Ave NW Wash DC 20001</i>	<i>Pac</i>	<i>11/4/00</i>	<i>2000 -</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date <i>> 5 3000</i>	

SUBTOTAL of Receipts This Page (optional)

10,500

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 4 OF 6
FOR LINE NUMBER 11C

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

NAME OF COMMITTEE (In Full)

Source for Congress

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<i>Keycorp PBC 187 Public Sq Cleveland OH 44114</i>	<i>PBC</i>	<i>10/25/00</i>	<i>1000</i>
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation	Aggregate Year-to-Date > \$ <i>2000</i>	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<i>Comer International, Inc 1455 Penn Ave NW #900 Wash DC 20004</i>	<i>PBC</i>	<i>10/26/00</i>	<i>1000</i>
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation	Aggregate Year-to-Date > \$ <i>1500</i>	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<i>Chase Manhattan Corp Good For Fund 270 Park Ave NY NY 10017</i>	<i>PBC</i>	<i>10/31/00</i>	<i>500</i>
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation	Aggregate Year-to-Date > \$ <i>500</i>	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<i>Anderson - Smith PBC Republic Place 1716 I St. # 200 Wash DC 20006</i>	<i>PBC</i>	<i>10/31/00</i>	<i>750</i>
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation	Aggregate Year-to-Date > \$ <i>750</i>	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<i>United Airlines Inc - PBC PO Box 66475 Chicago IL 60666</i>	<i>PBC</i>	<i>10/31/00</i>	<i>500</i>
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation	Aggregate Year-to-Date > \$ <i>500</i>	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<i>Council of Insurance Agents 701 Penn Ave NW # 750 Wash DC 20004-2008</i>	<i>PBC</i>	<i>10/31/00</i>	<i>500</i>
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation	Aggregate Year-to-Date > \$ <i>500</i>	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<i>Home Depot Inc 2455 Gates Ferry Rd NW Atlanta GA 30339-4024</i>	<i>PBC</i>	<i>10/31/00</i>	<i>500</i>
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation	Aggregate Year-to-Date > \$ <i>500</i>	

SUBTOTAL of Receipts This Page (optional)

4750

TOTAL This Period (last page this line number only)

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)

Sweeney for Congress

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<i>Pge E. Long Energy Pac 47 Beale St Box 771000 San Francisco CA 94177 B29H</i>	<i>Pac</i>	<i>10/31/00</i>	<i>500</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ <i>1250</i>	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<i>Churchill Downs Inc Vet Pac 740 Central Ave Louisville Ky 40208</i>	<i>Pac</i>	<i>10/31/00</i>	<i>850</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ <i>1000</i>	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<i>Liberal Peoples Food Joint 315 Carondelet Controlld Dept New Orleans LA 70130</i>	<i>Pac</i>	<i>10/30/00</i>	<i>500</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ <i>500</i>	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<i>Ny State Electric & Gas Co Pac PO Box 5224 Binghamton Ny 13902-5224</i>	<i>Pac</i>	<i>11/7/00</i>	<i>590-</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ <i>1590</i>	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<i>CNA Outlets for Food Joint</i>	<i>Pac</i>	<i>10/21/00</i>	<i>500</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ <i>500</i>	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<i>Washington Mutual Pac 1201 Third Ave Seattle WA 98101</i>	<i>Pac</i>	<i>10/19/00</i>	<i>1750-</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ <i>1750</i>	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<i>Internet Racquet & Sport Club Pac 863 Auburn St Boston MA 02210</i>	<i>Pac</i>	<i>10/19/00</i>	<i>500</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ <i>500</i>	

SUBTOTAL of Receipts This Page (optional)

5190

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 6 OF 6
FOR LINE NUMBER 110

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)

Agency for Congress

A. Full Name, Mailing Address and ZIP Code <i>Abel Pate PAC 14600 Trinity Blvd # 500 Spring TX 76155-2512</i>	Name of Employer <i>PAC</i>	Date (month, day, year) <i>10/19/00</i>	Amount of Each Receipt this Period <i>1000</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ <i>1000</i>	
B. Full Name, Mailing Address and ZIP Code <i>ARMEN PAC 421 E Airport Freeway Spring TX 75762</i>	Name of Employer <i>PAC</i>	Date (month, day, year) <i>10/19/00</i>	Amount of Each Receipt this Period <i>1000</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ <i>1000</i>	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	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
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	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
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	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
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	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
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional) *2000*

TOTAL This Period (last page this line number only) *42440.-*

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 15

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)
Agency for Congress

A. Full Name, Mailing Address and ZIP Code <i>Trusted Bank PO Box 908 Schenectady NY 12301-0908</i>	Name of Employer <i>Interest</i>	Date (month, day, year) <i>11/06/00</i>	Amount of Each Receipt this Period <i>431.58</i>
	Occupation	<i>10/5/00</i>	<i>402.90</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ <i>3304.95</i>	

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)

TOTAL This Period (last page this line number only) *834.48*

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 5
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)

Swereeny for Congress

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
<i>The Victoria Group Inc 1320 Netherland Rd Baltimore MD 21222</i>	<i>Production/Media</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>10/19/00 10/25/00</i>	<i>27,000 155,015.00</i>
<i>Virago Design 2505 No 20th Rd # 401 Arlington VA 22201</i>	<i>Website Design</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>10/19/00</i>	<i>535</i>
<i>AT & T P.O. Box 9001310 Louisville KY 40290-1310</i>	<i>Phone L.P.</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>10/10/00 10/19/00 10/23/00</i>	<i>247.45 62.18 45.53</i>
<i>Verizon P.O. Box 15124 Albany NY 12212</i>	<i>Phone Service</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>10/19/00 10/20/00 10/20/00</i>	<i>253.30 25.62 82.00</i>
<i>Verizon 11</i>	<i>Phone Service</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>11/1/00 11/18/00</i>	<i>26.- 356.98</i>
<i>CellularOne P.O. Box 4595 Buffalo NY 14240</i>	<i>Phone service</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>10/19/00 11/28/00</i>	<i>129.35 122.23</i>
<i>Lisa's Graphics 1650 Crane St. Schenectady NY 12303</i>	<i>Printing</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>10/19/00</i>	<i>5556.12</i>
<i>Arch Paging P.O. Box 4062 Woburn MA 01858</i>	<i>Paging Service</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>10/20/00</i>	<i>21.-</i>
<i>Arch Paging 910 State St. Albany NY 12210</i>	<i>Paging Service</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>10/19/00</i>	<i>42.90</i>

SUBTOTAL of Disbursements This Page (optional)

189,878.66

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 5
FOR LINE NUMBER 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)

Severance for Congress

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
<i>Trustco Bank PO Box 908 Schuylkill NY 12301-0908</i>	<i>see attached</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>10/19/00 10/20/00 11/1/00 11/2/00</i>	<i>352.63 66.- 14.59 680.65</i>
<i>UPS PO Box 4980 Hagerstown MD 21747-4980</i>	<i>Postage</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>10/20/00 10/21/00 11/1/00</i>	<i>15.19 57.34 49.62</i>
<i>Campaign Resource Strategies 606 A Graham St #20501 Alexandria VA 22304</i>	<i>a consulting & reimbursement</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>10/19/00 10/19/00</i>	<i>2500.- 3269.38</i>
<i>C.R.S.</i>	<i>Consulting</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>11/1/00</i>	<i>2500.-</i>
<i>Hostel Communications PO Box 5128 Carol Stream IL 60199-0518</i>	<i>Phone Service</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>10/9/00 10/19/00 11/1/00</i>	<i>306.35 467.42 528.79</i>
<i>Spring Post PO Box 62071 Baltimore MD 21264-2071</i>	<i>Phone Service</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>10/19/00</i>	<i>80.11</i>
<i>Friends of Fataki 355 Lexington Ave 10th Fl NY NY 10017</i>	<i>Printing reimbursement</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <i>see attached</i>	<i>10/23/00</i>	<i>379.50</i>
<i>Alchab Treaties 607 Fawcett Lfge Fray NY 12180</i>	<i>Printing</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>10/23/00 11/1/00</i>	<i>1114.56 259.16 1433.16</i>
<i>Am Post 360 Lexington Ave NY NY 10017</i>	<i>Printing Reimbursement</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <i>see attached</i>	<i>11/1/00</i>	<i>880.16</i>

SUBTOTAL of Disbursements This Page (optional)

14928.61

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 3 OF 5
FOR LINE NUMBER 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)

Swearing for Congress

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
<i>Debut Communications 15 Carfree Ln. Lake George NY 12845</i>	<i>Car charges</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>10/23/00</i>	<i>37.45</i>
<i>Gene McDonald PO Box 391 Saundersville NY 12883</i>	<i>Telephone L.D.</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>10/24/00 11/10/00</i>	<i>59.58 48.80</i>
<i>Clayton J. Jansick PO Box 700 Ayrault NY 13057</i>	<i>Car Payment</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>10/24/00</i>	<i>\$ 573.67</i>
<i>Andrew J. Jansick 14 A Hunter Woods Ln Lewinsburg NY 12804</i>	<i>T.V. Show Disbursement - Lunches Beverage, Snacks Mileage</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>10/24/00 11/8/00</i>	<i>166.25 (A.) 125.01</i>
<i>Paul Lord 354 Lumbertown Estates Ct Falls Church VA 22042-3550</i>	<i>Consulting</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>11/13/00</i>	<i>5000.00</i>
<i>Mark J. Jansick PO Box 100 Oran NY 12180</i>	<i>Consulting & Mileage</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>11/1/00 11/8/00</i>	<i>416.66 409.51</i>
<i>Fabrizia Ranasi 20 Mitchell St. Saratoga NY 12866</i>	<i>Mileage</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>11/9/00</i>	<i>52.18</i>
<i>Federal Express PO Box 1140 Memphis TN 38101-1140</i>	<i>Package</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>11/12/00 11/18/00</i>	<i>19.90 28.54</i>
<i>Trusted PO Box 905 Saratoga NY 12801-0905</i>	<i>see attached</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>11/13/00 11/17/00</i>	<i>371.17 1571.94</i>

SUBTOTAL of Disbursements This Page (optional)

5820.66

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 4 OF 5

FOR LINE NUMBER

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 committees.

NAME OF COMMITTEE (in Full)

Emergency for Congress

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
<i>U.S. Postmaster West Ave. Saratoga NY 12866</i>	<i>Postage</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>10/23/00 10/25/00 10/30/00</i>	<i>23.50 1489.16 292.00</i>
<i>Narwood McCurt 455 Mac Rd Clifton Park NY 12065</i>	<i>Travel Expenses + Mileage</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>11/2/00 "</i>	<i>4185 - 1623.26</i>
<i>Kristi Converse Rochester Dr Saratoga NY 12866</i>	<i>Rent - Campaign office</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>11/3/00</i>	<i>280 -</i>
<i>Tricia Chopper Rte 50 Saratoga NY 12866</i>	<i>Food - Election night</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>11/7/00</i>	<i>397.88</i>
<i>Saratoga Civic League 14 Broadway Saratoga NY 12866</i>	<i>Election night Tobacco Products</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>11/7/00</i>	<i>140.54</i>
<i>Lundy's 70th Congress Saratoga NY 12866</i>	<i>Reception - Election night</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>11/7/00</i>	<i>406.53</i>
<i>Holiday Inn Broadway Saratoga NY 12866</i>	<i>Rental Suite</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>11/8/00</i>	<i>1367.15</i>
<i>Martin Jurek P.O. Box 13 Chatham NY 120</i>	<i>Consulting</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>11/17/00 11/8/00 10/31/00</i>	<i>500.00 8534.00 500.00</i>
<i>Andrew Frankley 44 A Hunter Drive Ln Ticonderoga NY 12884</i>	<i>Reimbursement Travel & meals</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>10/19/00</i>	<i>44.00</i>

SUBTOTAL of Disbursements This Page (optional)

19582.82

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 5 OF 5

FOR LINE NUMBER 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)

Agency for Congress

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Postage	Date (month, day, year) 11/12/00	Amount of Each Disbursement This Period 12 -
UPS PO Box 4980 Hagerstown MD 21747-4980	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
GT&T PO Box 9001310 Louisville KY 40290-1310	Purpose of Disbursement <i>Phone Service</i>	Date (month, day, year) 11/2/00	Amount of Each Disbursement This Period 230.68
C. Full Name, Mailing Address and ZIP Code Legendat VT W #2475 PO Box 5072 Saratoga NY 12866	Purpose of Disbursement <i>Ed/Journal</i>	Date (month, day, year) 11/17/00	Amount of Each Disbursement This Period 250
D. Full Name, Mailing Address and ZIP Code Hestel Communications PO Box 5188 Carol Stream IL 60197-5188	Purpose of Disbursement <i>Phone Service</i>	Date (month, day, year) 11/2/00	Amount of Each Disbursement This Period 309.12
E. Full Name, Mailing Address and ZIP Code Staples Rt. 50 Saratoga NY 12866	Purpose of Disbursement <i>Office Supplies</i>	Date (month, day, year) 11/2/00 11/21/00	Amount of Each Disbursement This Period 68.22 55.87
F. Full Name, Mailing Address and ZIP Code The Mailworks #5 Corporate Ctr. Albany NY 12206	Purpose of Disbursement <i>Mailing Service</i>	Date (month, day, year) 11/27/00	Amount of Each Disbursement This Period 459.58
G. Full Name, Mailing Address and ZIP Code U.S. Postmaster West Ave Saratoga NY 12866	Purpose of Disbursement <i>Postage</i>	Date (month, day, year) 10/23/00 10/26/00 10/31/00	Amount of Each Disbursement This Period 11.75 725. 136.85
H. Full Name, Mailing Address and ZIP Code U.S. Postmaster	Purpose of Disbursement <i>Postage</i>	Date (month, day, year) 10/27/00 10/30/00 10/27/00	Amount of Each Disbursement This Period 147.63 192.47 824.50
I. Full Name, Mailing Address and ZIP Code Mark Mitchell, Teresa Mark 2 Ridge Place Latham NY 12110 (see schedule)	Purpose of Disbursement <i>In-kind - F.R. Refreshments/Food</i>	Date (month, day, year) 10/21/00	Amount of Each Disbursement This Period 808.57

SUBTOTAL of Disbursements This Page (optional)	5534.74
TOTAL This Period (last page this line number only)	238745.49

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 2
FOR LINE NUMBER 21

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)

Agency for Congress

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
<i>Trusted Bank PO Box 908 Adelphi NY 12301-0908</i>	<i>Service Charge</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>11/6/00</i>	<i>36.21</i>
<i>Steve Buyer for Congress PO Box 412 Mentzelville IN 47960</i>	<i>Contribution IN-05</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>10/24/00</i>	<i>1000</i>
<i>Jean Johnson for Congress 126 E Main St Beyersville Pa. 17706</i>	<i>Contribution NY-02</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>10/24/00</i>	<i>1000</i>
<i>Jay Dickey for Congress 208 E Fifth Pine Bluff AR 71601</i>	<i>Contribution AR-04</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>10/26/00</i>	<i>1000</i>
<i>Lita Sessions for Congress PO Box 38585 Dallas TX 75238</i>	<i>Contribution TX-05</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>10/26/00</i>	<i>1000</i>
<i>Robin Hayes for Congress 285 Church St. No. Concord NC 28025</i>	<i>Contribution NC-08</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>10/26/00</i>	<i>1000</i>
<i>Mike Crayton for Congress 104 Sawncroft Dr. Warren NJ 07059</i>	<i>Contribution NJ-01</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>10/27/00</i>	<i>1000</i>
<i>Brian Bilbray for Congress 970 Seawatch Dr. #9 Imperial Beach CA 91932</i>	<i>Contribution CA-49</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>10/26/00</i>	<i>1000</i>
<i>Mark Nielson for Congress 464 Straightway Trl Watertown CT 06795</i>	<i>Contribution CT-05</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>10/19/00</i>	<i>1000</i>

SUBTOTAL of Disbursements This Page (optional)

8036.21

TOTAL This Period (last page this line number only)

8036.21

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 2
FOR LINE NUMBER 21

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)

Shirley Lee Congress

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Contribution	Date (month, day, year)	Amount of Each Disbursement This Period
<i>Shirley Lee Congress PO Box 260050 Madison WI 53726</i>	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>11/1/00</i>	<i>1000</i>
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement <i>KY-03</i> Contribution	Date (month, day, year)	Amount of Each Disbursement This Period
<i>Anna Northrup Congress 4006 Dutchmans Lane Lansville KY 40207</i>	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>10/24/00</i>	<i>1000</i>
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

2000

TOTAL This Period (last page this line number only)

19036.21

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

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

Name of Committee (in Full) <i>Finance for Congress</i>	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor <i>Carol Lucas 122 C St. NW #505 Wash DC 20001</i>	5800	—	—	5800
Nature of Debt (Purpose): <i>Rundowning fee with interest</i>				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
1) SUBTOTALS This Period This Page (optional)				5800
2) TOTALS This Period (last page in this line only)				
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				5800
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				

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 checked="" type="checkbox"/> First Class Mail	POSTMARKED 12-6-00
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>See</i> PREPARER	12-7-00 DATE PREPARED