

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

(Summary Page)

RECEIVED
FEC MAIL ROOM

2008 AUG 24 P 2:58

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) Elaine Bloom for Congress		2. FEC IDENTIFICATION NUMBER C00345405
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported. 5255 Collins Ave.		
CITY, STATE and ZIP CODE Miami Beach, FL 33140	STATE/DISTRICT FL/22	3. IS THIS REPORT AN AMENDMENT? <input type="checkbox"/> YEB <input checked="" type="checkbox"/> NO

4. TYPE OF REPORT


- April 15 Quarterly Report
- 12-Day Pre-Election Report for the Primary (Type of Election)
election on 8/5/00 in the State of Florida
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid-Year Report (Non-election Year Only)
- 30-Day Post-Election Report following the General Election
on _____ in the State of _____
- Termination Report

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

SUMMARY

5. Covering Period	COLUMN A This Period	COLUMN B Calendar Year-to-Date
<u>7/1/00</u> through <u>8/16/00</u>		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	\$126,337.50	\$881,303.66
(b) Total Contribution Refunds (from Line 20(d))	\$0.00	\$4,318.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	\$126,337.50	\$876,985.66
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	\$736,070.42	\$1,021,481.32
(b) Total Offsets to Operating Expenditures (from Line 14)	\$0.00	\$479.36
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	\$736,070.42	\$1,021,001.96
8. Cash on Hand at Close of Reporting Period (from Line 27)	\$477,155.56	For further information contact: Federal Election Commission 800 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	\$0.00	
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	\$105,100.00	

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

Type or Print Name of Treasurer Richard A. Berkowitz	Date 8/23/00
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. 5497g.

--	--	--	--	--	--	--	--

FEC FORM 3
(revised 4/87)

DETAILED SUMMARY PAGE

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

Name of Committee (In full) Elaine Bloom for Congress	Report Covering the Period	
	From	To
	7/1/00	8/16/00
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) -----	\$76,793.50	
(ii) Unitemized -----	\$22,044.00	
(iii) Total of contributions from individuals -----	\$98,837.50	\$702,053.31
(b) Political Party Committees -----	\$0.00	\$3,477.25
(c) Other Political Committees (such as PACs) -----	\$27,500.00	\$172,329.31
(d) The Candidate -----	\$0.00	\$3,443.79
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(i), (b), (c) and (d)) -----	\$126,337.50	\$881,303.66
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.) -----	\$0.00	\$479.36
15. OTHER RECEIPTS (Dividends, Interest, etc.) -----	\$4,375.89	\$18,775.58
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15) -----	\$130,713.39	\$900,558.60
II. DISBURSEMENTS		
17. OPERATING EXPENDITURES -----	\$736,070.42	\$1,021,481.32
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	\$4,318.00
(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	\$4,318.00
21. OTHER DISBURSEMENTS -----	\$0.00	\$0.00
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21) -----	\$736,070.42	\$1,025,799.32

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD -----	\$ 1,082,512.59
24. TOTAL RECEIPTS THIS PERIOD (from Line 16) -----	\$ 130,713.39
25. SUBTOTAL (add Line 23 and Line 24) -----	\$ 1,213,225.98
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22) -----	\$ 736,070.42
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25) -----	\$ 477,155.56

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

PAGE 1 OF 21
FOR LINE NUMBER 11(a)(i)

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

NAME OF COMMITTEE (in Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code Norma Jean Abraham 4891 SW 76th Street Miami, FL 33143 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Retired	Date (month, day, year) 7/18/00	Amount of Each Receipt this Period \$250.00
	Occupation Retired Aggregate Year-to-Date > \$ 1,250.00		
B. Full Name, Mailing Address and ZIP Code Norma Jean Abraham 4891 SW 76th Street Miami, FL 33143 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Retired	Date (month, day, year) 7/18/00	Amount of Each Receipt this Period \$750.00
	Occupation Retired Aggregate Year-to-Date > \$ 1,250.00		
C. Full Name, Mailing Address and ZIP Code Sara Adler 1900 Sunset Harbor Dr. PH-6 Miami, FL 33139 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer New Israel Fund	Date (month, day, year) 8/4/00	Amount of Each Receipt this Period \$500.00
	Occupation Development Director Aggregate Year-to-Date > \$ 1,000.00		
D. Full Name, Mailing Address and ZIP Code Adrienne Arsht 3031 Brickell Ave. Miami, FL 33129 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Total Bank	Date (month, day, year) 7/31/00	Amount of Each Receipt this Period \$1,000.00
	Occupation Chairman of the Board Aggregate Year-to-Date > \$ 2,000.00		
E. Full Name, Mailing Address and ZIP Code David Auslander 777 Brickell Ave., Suite 100 Miami, FL 33131 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Nemiroff & Auslander PA	Date (month, day, year) 7/9/00	Amount of Each Receipt this Period \$250.00
	Occupation Attorney Aggregate Year-to-Date > \$ 750.00		
F. Full Name, Mailing Address and ZIP Code Joan Balkin 611 86th Street Miami Beach, FL 33141 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Miami-Dade Public Schools	Date (month, day, year) 8/4/00	Amount of Each Receipt this Period \$200.00
	Occupation School teacher Aggregate Year-to-Date > \$ 1,200.00		
G. Full Name, Mailing Address and ZIP Code S. Ronald Barnette c/o DPG 1065 E 26th Street Hialeah, FL 33013 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Dimensions Plastic Corp	Date (month, day, year) 7/25/00	Amount of Each Receipt this Period \$500.00
	Occupation Manufacturer Aggregate Year-to-Date > \$ 500.00		

SUBTOTAL of Receipts This Page (optional) \$3,450.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

Use separate sheets for each category of the Detailed Summary Page

PAGE 2 OF 21
FOR LINE NUMBER 11(a)(i)

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

NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code George Batchelor The Batchelor Foundation P.O. Box 523223 Miami, FL 33152 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Aerospace Finance, Ltd.	Date (month, day, year) 8/16/00	Amount of Each Receipt this Period \$1,000.00
	Occupation Aviation Executive Aggregate Year-to-Date > \$ 2,000.00		
B. Full Name, Mailing Address and ZIP Code George Batchelor The Batchelor Foundation P.O. Box 523223 Miami, FL 33152 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Aerospace Finance, Ltd.	Date (month, day, year) 8/16/00	Amount of Each Receipt this Period \$1,000.00
	Occupation Aviation Executive Aggregate Year-to-Date > \$ 2,000.00		
C. Full Name, Mailing Address and ZIP Code David Berg 555 NE 15th Street Miami, FL 33132 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Berg, Ettelman & Berg PA	Date (month, day, year) 8/14/00	Amount of Each Receipt this Period \$500.00
	Occupation Attorney Aggregate Year-to-Date > \$ 500.00		
D. Full Name, Mailing Address and ZIP Code Maria Bergmann 18801 NE 21 Ave North Miami Beach, FL 33179 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer N/A	Date (month, day, year) 8/15/00	Amount of Each Receipt this Period \$1,000.00
	Occupation Homemaker Aggregate Year-to-Date > \$ 1,000.00		
E. Full Name, Mailing Address and ZIP Code Carla Berkowitz 19910 NE 19th Court Miami Beach, FL 33179 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year) 8/4/00	Amount of Each Receipt this Period \$1,000.00
	Occupation Homemaker Aggregate Year-to-Date > \$ 2,000.00		
F. Full Name, Mailing Address and ZIP Code Anne Bloom 5775 Collins Ave., #606 Miami, FL 33140 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self	Date (month, day, year) 8/14/00	Amount of Each Receipt this Period \$1,000.00
	Occupation Attorney Aggregate Year-to-Date > \$ 1,000.00		
G. Full Name, Mailing Address and ZIP Code Naomi Bloom 8695 College Parkway #362 Fort Myers, FL 33919 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Bloom & Wallace	Date (month, day, year) 7/11/00	Amount of Each Receipt this Period \$250.00
	Occupation Consultant Aggregate Year-to-Date > \$ 450.00		

SUBTOTAL of Receipts This Page (optional) \$5,750.00

TOTAL This Period (last page the line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

PAGE 3 OF 21
FOR LINE NUMBER 11(a)(i)

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

NAME OF COMMITTEE (in Full)

Elaine Bloom for Congress CD0345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Emily's List 805 15th Street, NW, Suite 400 Washington, DC 20005	Note: Above Contribution earmarked through this organi	7/11/00	MEMO \$250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation Conduit total: \$3,840.00	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
Edward Blumberg 100 N. Biscayne Blvd., #2802 Miami, FL 33132	Deutsch & Blumberg	8/18/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$	\$1,000.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Elspeth Bobbs 630 East Alameda Santa Fe, NM 87501	Self	7/26/00	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Property Manager	Aggregate Year-to-Date > \$	\$250.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ernest Bogen 4880 Pine Tree Drive Miami, FL 33140	Self	7/20/00	\$750.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Investor	Aggregate Year-to-Date > \$	\$1,250.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ernest Bogen 4880 Pine Tree Drive Miami, FL 33140	Self	7/20/00	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Investor	Aggregate Year-to-Date > \$	\$1,250.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Patrica Book 2251 NE 201st Street North Miami Beach, FL 33180	Homemaker	8/4/00	\$1,500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$1,500.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ronald Book 2251 NE 201st St Aventura, FL 33180	Ronald A. Book, PA	8/4/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$	\$1,000.00

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

TOTAL This Period (less 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

PAGE 4 OF 21
FOR LINE NUMBER 11(a)(1)

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

NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress CD0345405

A. Full Name, Mailing Address and ZIP Code Morris Broad 3609 Alhambra Ct. Coral Gables, FL 33134 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Retired	Date (month, day, year) 8/14/00	Amount of Each Receipt this Period \$1,000.00
	Occupation Retired Aggregate Year-to-Date > \$ 1,000.00		
B. Full Name, Mailing Address and ZIP Code Alfred Garner 550 Biltmore Way, Suite 700 Coral Gables, FL 33134 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Bank United	Date (month, day, year) 8/16/00	Amount of Each Receipt this Period \$1,000.00
	Occupation Chairman of the Board Aggregate Year-to-Date > \$ 1,000.00		
C. Full Name, Mailing Address and ZIP Code Anne Garner 550 Biltmore Way, Ste. 700 Miami, FL 33134 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self	Date (month, day, year) 8/16/00	Amount of Each Receipt this Period \$1,000.00
	Occupation Homemaker Aggregate Year-to-Date > \$ 1,000.00		
D. Full Name, Mailing Address and ZIP Code Jack Gammel 12747 Biscayne Blvd. North Miami, FL 33181 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer J & D Financial Corporation	Date (month, day, year) 8/11/00	Amount of Each Receipt this Period \$1,000.00
	Occupation Investor Aggregate Year-to-Date > \$ 1,000.00		
E. Full Name, Mailing Address and ZIP Code Howard Chusid 3860 North 40th Avenue Hollywood, FL 33021 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Statewide Health Plans	Date (month, day, year) 7/28/00	Amount of Each Receipt this Period \$250.00
	Occupation Administrator Aggregate Year-to-Date > \$ 250.00		
F. Full Name, Mailing Address and ZIP Code Jeffrey Cohen 2745 SW 32 Avenue Miami, FL 33133 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year) 8/4/00	Amount of Each Receipt this Period \$250.00
	Occupation CRNA Aggregate Year-to-Date > \$ 250.00		
G. Full Name, Mailing Address and ZIP Code Steven Cook 815 Club Hills Drive Eustis, FL 32726 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self	Date (month, day, year) 8/4/00	Amount of Each Receipt this Period \$500.00
	Occupation CRNA Aggregate Year-to-Date > \$ 750.00		

SUBTOTAL of Receipts This Page (optional) \$5,000.00

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

PAGE 5 OF 21
FOR LINE NUMBER 11(a)(1)

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

NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code George DePontis 780 Palm Bay Lane #501 Miami, FL 33138 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self	Date (month, day, year) 8/4/00	Amount of Each Receipt This Period \$1,000.00
	Occupation Political Consultant Aggregate Year-to-Date > \$ 2,000.00		
B. Full Name, Mailing Address and ZIP Code Paul Detty 1134 Stone Run Court Lancaster, OH 43130 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year) 8/4/00	Amount of Each Receipt This Period \$250.00
	Occupation Aggregate Year-to-Date > \$ 250.00		
C. Full Name, Mailing Address and ZIP Code Robert Devins 2335 South Ocean Blvd. 10C Palm Beach, FL 33480 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Retired	Date (month, day, year) 7/25/00	Amount of Each Receipt This Period \$1,000.00
	Occupation Retired Attorney Aggregate Year-to-Date > \$ 52,000.00		
D. Full Name, Mailing Address and ZIP Code Robert Devins 2335 South Ocean Blvd. 10C Palm Beach, FL 33480 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Retired	Date (month, day, year) 7/25/00	Amount of Each Receipt This Period \$1,000.00
	Occupation Retired Attorney Aggregate Year-to-Date > \$ 2,000.00		
E. Full Name, Mailing Address and ZIP Code Henry Dorfman 9999 Collins Ave. #12J Bal Harbour, FL 33154 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Retired	Date (month, day, year) 7/26/00	Amount of Each Receipt This Period \$500.00
	Occupation Retired Aggregate Year-to-Date > \$ 500.00		
F. Full Name, Mailing Address and ZIP Code Norman Drucker 801 NE 157th St., Suite 308 N. Miami Beach, FL 33162 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Norman Drucker P.A.	Date (month, day, year) 8/18/00	Amount of Each Receipt This Period \$250.00
	Occupation Attorney Aggregate Year-to-Date > \$ 250.00		
G. Full Name, Mailing Address and ZIP Code Ruth Drucker 550 South Ocean Boca Raton, FL 33432 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Retired	Date (month, day, year) 7/18/00	Amount of Each Receipt This Period \$250.00
	Occupation Retired Aggregate Year-to-Date > \$ 350.00		

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

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

PAGE OF
B 21
FOR LINE NUMBER
11(a)(i)

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

NAME OF COMMITTEE (in Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Christopher Dunworth 115 3rd Riva Alto Terrace Miami Beach, FL 33139	New World Symphony	7/31/00	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Manager	Aggregate Year-to-Date > \$	\$500.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Lynn Edwards PMB 225, 117 E Louisa St Seattle, WA 98102	self	7/5/00	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation physician	Aggregate Year-to-Date > \$	\$1,000.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
MoveOn.org P.O. Box 9063 Berkeley, CA 94709	Note: Above Contribution earmarked through this organi	7/5/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation Conduit total: \$5,293.00	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
Abram Engler Anderson 303 E. San Marino Drive Miami Beach, FL 33139	Information	7/31/00	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Requested	Aggregate Year-to-Date > \$	\$2,000.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Abram Engler Anderson 303 E. San Marino Drive Miami Beach, FL 33139	Information	7/31/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Requested	Aggregate Year-to-Date > \$	\$2,000.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Sandford Fagadau 10856 Straight Lane Dallas, TX 75229	Self	8/15/00	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Oil and Gas Production	Aggregate Year-to-Date > \$	\$350.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Sandford Fagadau 10856 Straight Lane Dallas, TX 75229	Self	8/15/00	\$100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Oil and Gas Production	Aggregate Year-to-Date > \$	\$350.00

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

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

PAGE 7 OF 21
FOR LINE NUMBER 11(a)(i)

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

NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code Donald Forman 5790 SW 96th St. Miami, FL 33156-2052 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Retired	Date (month, day, year) 8/15/00	Amount of Each Receipt this Period \$1,000.00
	Occupation Aggregate Year-to-Date > \$	\$1,000.00	
B. Full Name, Mailing Address and ZIP Code Sylvia Forman 5790 SW 96 St. Miami, FL 33156-2052 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Retired	Date (month, day, year) 8/15/00	Amount of Each Receipt this Period \$1,000.00
	Occupation Aggregate Year-to-Date > \$	\$1,000.00	
C. Full Name, Mailing Address and ZIP Code Phillip Freidin 44 W. Flagler St., #2500 Miami, FL 33130 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self	Date (month, day, year) 7/25/00	Amount of Each Receipt this Period \$1,000.00
	Occupation Attorney Aggregate Year-to-Date > \$	\$1,000.00	
D. Full Name, Mailing Address and ZIP Code Susan Fried 1875 NE 197th Terrace North Miami Beach, FL 33179 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self	Date (month, day, year) 7/18/00	Amount of Each Receipt this Period \$250.00
	Occupation Public Relations Aggregate Year-to-Date > \$	\$1,250.00	
E. Full Name, Mailing Address and ZIP Code Susan Fried 1875 NE 197th Terrace North Miami Beach, FL 33179 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self	Date (month, day, year) 7/18/00	Amount of Each Receipt this Period \$750.00
	Occupation Public Relations Aggregate Year-to-Date > \$	\$1,250.00	
F. Full Name, Mailing Address and ZIP Code Melvyn Frumkes 100 North Biscayne Blvd. Miami, FL 33132 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Melvyn B. Frumkes & Assoc., P.A.	Date (month, day, year) 7/18/00	Amount of Each Receipt this Period \$750.00
	Occupation Attorney Aggregate Year-to-Date > \$	\$1,000.00	
G. Full Name, Mailing Address and ZIP Code Melvyn Frumkes 100 North Biscayne Blvd. Miami, FL 33132 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Melvyn B. Frumkes & Assoc., P.A.	Date (month, day, year) 7/18/00	Amount of Each Receipt this Period \$250.00
	Occupation Attorney Aggregate Year-to-Date > \$	\$1,000.00	

SUBTOTAL of Receipts This Page (optional) \$5,000.00

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

PAGE 8 OF 21
FOR LINE NUMBER 11(a)(1)

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

NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress CD03-45405

A. Full Name, Mailing Address and ZIP Code Allen Fuller 11101 SW 64th Avenue Miami, FL 33156 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Fuller & Suarez, P.A.	Date (month, day, year) 7/20/00	Amount of Each Receipt this Period \$500.00
	Occupation Attorney Aggregate Year-to-Date > \$ 500.00		
B. Full Name, Mailing Address and ZIP Code John Fuller 1111 Lincoln Road Penthouse 802 Miami Beach, FL 33139 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Fuller, Mallah & Associates, PA	Date (month, day, year) 8/4/00	Amount of Each Receipt this Period \$200.00
	Occupation Attorney Aggregate Year-to-Date > \$ 450.00		
C. Full Name, Mailing Address and ZIP Code Joseph Geller 7552 West Treasure Drive North Bay Village, FL 33141 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self	Date (month, day, year) 8/4/00	Amount of Each Receipt this Period \$200.00
	Occupation Attorney Aggregate Year-to-Date > \$ 1,300.00		
D. Full Name, Mailing Address and ZIP Code Madeline Gardlello 18151 NE 31st Court #2016 Miami, FL 33160 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self-Employed	Date (month, day, year) 7/31/00	Amount of Each Receipt this Period \$200.00
	Occupation Business Consultant Aggregate Year-to-Date > \$ 300.00		
E. Full Name, Mailing Address and ZIP Code Norman Giller 4500 Prairie Avenue Miami Beach, FL 33140 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Giller Group Ltd.	Date (month, day, year) 7/25/00	Amount of Each Receipt this Period \$500.00
	Occupation Owner Aggregate Year-to-Date > \$ 1,500.00		
F. Full Name, Mailing Address and ZIP Code Norman Giller 4500 Prairie Avenue Miami Beach, FL 33140 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Giller Group Ltd.	Date (month, day, year) 7/25/00	Amount of Each Receipt this Period \$500.00
	Occupation Owner Aggregate Year-to-Date > \$ 1,500.00		
G. Full Name, Mailing Address and ZIP Code Dalia Glotmann 5446 North Bay Road Miami, FL 33140 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year) 8/18/00	Amount of Each Receipt this Period \$1,000.00
	Occupation Homemaker Aggregate Year-to-Date > \$ 1,000.00		

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) for each category of the Detailed Summary Page

PAGE 9 OF 21
FOR LINE NUMBER 11(a)(i)

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

NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code Alan Gold 7515 Glenshannon Circle Dallas, TX 75225 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self	Date (month, day, year) 8/15/00	Amount of Each Receipt this Period \$500.00
	Occupation Investor	Aggregate Year-to-Date > \$	\$500.00
B. Full Name, Mailing Address and ZIP Code Morton Goudiss 1111 Lincoln Road, Suite 325 Miami Beach, FL 33139 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer self	Date (month, day, year) 7/31/00	Amount of Each Receipt this Period \$100.00
	Occupation attorney	Aggregate Year-to-Date > \$	\$350.00
C. Full Name, Mailing Address and ZIP Code Loren Granoff 1756 N Bayshore Dr #190 Miami, FL 33132-1132 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self	Date (month, day, year) 7/31/00	Amount of Each Receipt this Period \$200.00
	Occupation Attorney	Aggregate Year-to-Date > \$	\$1,200.00
D. Full Name, Mailing Address and ZIP Code Loren Granoff 1756 N Bayshore Dr #190 Miami, FL 33132-1132 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self	Date (month, day, year) 7/31/00	Amount of Each Receipt this Period \$800.00
	Occupation Attorney	Aggregate Year-to-Date > \$	\$1,200.00
E. Full Name, Mailing Address and ZIP Code Carey Haughwout 324 Datura St., Ste. 250 West Palm Beach, FL 33401 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self	Date (month, day, year) 8/15/00	Amount of Each Receipt this Period \$500.00
	Occupation Attorney	Aggregate Year-to-Date > \$	\$500.00
F. Full Name, Mailing Address and ZIP Code Marc Hauser 1111 Kane Concourse, #916 Bay Harbor Islands, FL 33154 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self	Date (month, day, year) 7/28/00	Amount of Each Receipt this Period \$300.00
	Occupation Attorney at Law	Aggregate Year-to-Date > \$	\$400.00
G. Full Name, Mailing Address and ZIP Code Alan Heilig 1800 NE 114 Street, Apt. 808 Miami, FL 33181 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Retired	Date (month, day, year) 7/28/00	Amount of Each Receipt this Period \$200.00
	Occupation Retired	Aggregate Year-to-Date > \$	\$1,450.00

SUBTOTAL of Receipts This Page (optional) \$2,600.00

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

PAGE 10 OF 21
FOR LINE NUMBER 11 (a)(i)

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

NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress CD0345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Diane Heller 50 W. Dilido Drive Miami Beach, FL 33139		7/20/00	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Community Activist	Aggregate Year-to-Date > \$	\$500.00
B. Full Name, Mailing Address and ZIP Code Lola Jacobson 7440 SW 82nd Street Miami, FL 33143	Jacobson Properties	7/25/00	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Real Estate	Aggregate Year-to-Date > \$	\$1,000.00
C. Full Name, Mailing Address and ZIP Code Robert Kagan 3055 Harbor Drive Fort Lauderdale, FL 33318-2480	Northeast Medical Center	7/25/00	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Medical Doctor	Aggregate Year-to-Date > \$	\$1,000.00
D. Full Name, Mailing Address and ZIP Code Arnold Kaplan 19940 NE 22 Ct. Miami, FL 33179	Self	7/25/00	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physician	Aggregate Year-to-Date > \$	\$250.00
E. Full Name, Mailing Address and ZIP Code Amy Katz 145 Central Park W. New York, NY 10023	Self	7/13/00	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$	\$250.00
F. Full Name, Mailing Address and ZIP Code Emily's List 805 15th Street, NW, Suite 400 Washington, DC 20005	Note: Above Contribution earmarked through this organi	7/13/00	\$250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation Conduit total: \$3,840.00	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code Ezra Katz 2665 S. Bayshore Drive, PH-2A Coconut Grove, FL 33133	Aztec Communications	8/4/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner	Aggregate Year-to-Date > \$	\$1,000.00

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

PAGE 11 OF 21
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 purpose, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code Hal Kaye 1440 Biscaya Drive Surfside, FL 33154 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Retired	Date (month, day, year) 8/4/00	Amount of Each Receipt this Period \$250.00
	Occupation Retired	Aggregate Year-to-Date > \$	\$450.00
B. Full Name, Mailing Address and ZIP Code Roberta Kaye 1440 Biscaya Drive Surfside, FL 33154 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Retired	Date (month, day, year) 8/4/00	Amount of Each Receipt this Period \$250.00
	Occupation Retired	Aggregate Year-to-Date > \$	\$250.00
C. Full Name, Mailing Address and ZIP Code Suzanne Keeley 8500 SW 92nd Street Ste 104 Miami, FL 33156 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self	Date (month, day, year) 8/4/00	Amount of Each Receipt this Period \$500.00
	Occupation Doctor-Ph.D.	Aggregate Year-to-Date > \$	\$500.00
D. Full Name, Mailing Address and ZIP Code Jesse Kehres 25623 W Camino Vista Hayward, CA 94541 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Retired	Date (month, day, year) 7/6/00	Amount of Each Receipt this Period \$100.00
	Occupation Engineer	Aggregate Year-to-Date > \$	\$300.00
E. Full Name, Mailing Address and ZIP Code MoveOn.org P.O. Box 9083 Berkeley, CA 94709- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Name of Employer Note: Above Contribution earmarked through this organi	Date (month, day, year) 7/8/00	Amount of Each Receipt this Period MEMO \$100.00
	Occupation Conduit total: \$5,293.00	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code Nancy Kipnis 394 S. Hibiscus Dr Miami Beach, FL 33139 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year) 8/4/00	Amount of Each Receipt this Period \$1,000.00
	Occupation Attorney	Aggregate Year-to-Date > \$	\$1,000.00
G. Full Name, Mailing Address and ZIP Code Maxene Kleier 1980 S. Ocean Dr., Apt. 15-F Hallandale, FL 33009 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Retired	Date (month, day, year) 7/31/00	Amount of Each Receipt this Period \$50.00
	Occupation Retired	Aggregate Year-to-Date > \$	\$400.00

SUBTOTAL of Receipts This Page (optional) \$2,150.00

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 Detailed Summary Page

PAGE 12 OF 21
FOR LINE NUMBER 11(a)(i)

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

NAME OF COMMITTEE (in Full)

Elaine Bloom for Congress CD0345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Maxene Kleier 1980 S. Ocean Dr., Apt. 15-P Hallandale, FL 33009	Retired	7/27/00	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	Aggregate Year-to-Date > \$	\$400.00
B. Full Name, Mailing Address and ZIP Code Emily's List 805 15th Street, NW, Suite 400 Washington, DC 20005	Name of Employer Note: Above Contribution earmarked through this organi	Date (month, day, year) 7/27/00	Amount of Each Receipt this Period MEMO \$250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation Conduit total: \$3,840.00	Aggregate Year-to-Date > \$	
C. Full Name, Mailing Address and ZIP Code Dorothy Knecht 17 Bret Harte Terrace San Francisco, CA 94133	Name of Employer Retired	Date (month, day, year) 7/18/00	Amount of Each Receipt this Period \$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	Aggregate Year-to-Date > \$	\$250.00
D. Full Name, Mailing Address and ZIP Code Steven Kravitz 4000 Island Blvd., #2506 Aventura, FL 33160	Name of Employer Greenberg Traurig	Date (month, day, year) 8/15/00	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$	\$1,000.00
E. Full Name, Mailing Address and ZIP Code B. Pair Landon 2 Casuarina Concourse Coral Gables, FL 33143	Name of Employer Retired	Date (month, day, year) 7/20/00	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	Aggregate Year-to-Date > \$	\$1,000.00
F. Full Name, Mailing Address and ZIP Code Debra Leibowitz 8 West Riva Alta Dr. Miami Beach, FL 33139	Name of Employer Self	Date (month, day, year) 7/31/00	Amount of Each Receipt this Period \$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Advertising	Aggregate Year-to-Date > \$	\$250.00
G. Full Name, Mailing Address and ZIP Code Matthew Leibowitz 8 W Riva Alta Drive Miami Beach, FL 33139-1254	Name of Employer Self	Date (month, day, year) 7/31/00	Amount of Each Receipt this Period \$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	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

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

PAGE 13 OF 21
FOR LINE NUMBER 11(a)(i)

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

NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

<p>A. Full Name, Mailing Address and ZIP Code Jack Lelser 3040 NE 40th Street Fort Lauderdale, FL 33308</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Just for Cooks</p> <p>Occupation Store Owner</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year) 7/18/00</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Bernard Levine 266 South Coconut Lane Miami Beach, FL 33139</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Self</p> <p>Occupation Business Executive</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year) 8/8/00</p>	<p>Amount of Each Receipt this Period \$1,000.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Mark Levy 4 Shannon Circle West Palm Beach, FL 33401</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Self</p> <p>Occupation Owner Century Village Club F</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year) 8/16/00</p>	<p>Amount of Each Receipt this Period \$1,000.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Marsha Levy 75 Royal Palm Dr Fort Lauderdale, FL 33301</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Great American Farms</p> <p>Occupation Business Executive</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year) 7/25/00</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Sandra Levy 577 Ocean Blvd. Golden Beach, FL 33160</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Information</p> <p>Occupation Requested</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year) 8/8/00</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>F. Full Name, Mailing Address and ZIP Code Bennett Lifter 18425 NW 2nd Avenue, #305 Miami, FL 33189</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Self-Employed</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year) 8/4/00</p>	<p>Amount of Each Receipt this Period \$400.00</p>
<p>G. Full Name, Mailing Address and ZIP Code Cathy Lively 4534 Hunting Trail Lake Worth, FL 33467</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Gay, Ramsey and Warren</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year) 8/15/00</p>	<p>Amount of Each Receipt this Period \$1,000.00</p>

SUBTOTAL of Receipts This Page (optional) \$4,400.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

Use separate schedules for each category of the Detailed Summary Page

PAGE 14 OF 21
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)

Efaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code Cathy Lively 4534 Hunting Trail Lake Worth, FL 33487 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Gay, Ramsey and Warren	Date (month, day, year) 8/15/00	Amount of Each Receipt this Period \$1,000.00
	Occupation Attorney Aggregate Year-to-Date > \$ 2,000.00		
B. Full Name, Mailing Address and ZIP Code Anne Lyons 3000 SW 82 Avenue Miami, FL 33155 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Miami Childrens Hospital	Date (month, day, year) 7/31/00	Amount of Each Receipt this Period \$1,000.00
	Occupation VP for Development Aggregate Year-to-Date > \$ 1,000.00		
C. Full Name, Mailing Address and ZIP Code Ray Marchman 520 Brickell Key Drive, #PH00 Miami, FL 33131 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Northern Trust Bank	Date (month, day, year) 7/25/00	Amount of Each Receipt this Period \$200.00
	Occupation Banker Aggregate Year-to-Date > \$ 1,200.00		
D. Full Name, Mailing Address and ZIP Code Steven Messing 10100 SW 83rd Ave. Miami, FL 33156-332B Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer KPMG LLP	Date (month, day, year) 8/16/00	Amount of Each Receipt this Period \$500.00
	Occupation CPA Aggregate Year-to-Date > \$ 500.00		
E. Full Name, Mailing Address and ZIP Code Bess Miller 10021 E Broadview Dr. Miami Beach, FL 33154 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Information	Date (month, day, year) 8/4/00	Amount of Each Receipt this Period \$1,000.00
	Occupation Requested Aggregate Year-to-Date > \$ 1,000.00		
F. Full Name, Mailing Address and ZIP Code Martha Mishcon 1000 Island Blvd. #2803 Williams Island, FL 33160 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year) 7/31/00	Amount of Each Receipt this Period \$200.00
	Occupation Community Activist Aggregate Year-to-Date > \$ 300.00		
G. Full Name, Mailing Address and ZIP Code Robert Montgomery PO Drawer 3086 West Palm Beach, FL 33402-3086 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self	Date (month, day, year) 8/16/00	Amount of Each Receipt this Period \$500.00
	Occupation Attorney Aggregate Year-to-Date > \$ 500.00		

SUBTOTAL of Receipts This Page (optional) \$4,400.00

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

PAGE 15 OF 21
FOR LINE NUMBER 11(a)(i)

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

NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code John Nawalanic 140 W. Tropical Way Plantation, FL 33317 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Timeframe Anesthesia Inc.	Date (month, day, year) 7/18/00	Amount of Each Receipt This Period \$200.00
	Occupation President, CRNA Aggregate Year-to-Date > \$	\$1,500.00	
B. Full Name, Mailing Address and ZIP Code John Nawalanic 140 W. Tropical Way Plantation, FL 33317 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Timeframe Anesthesia Inc.	Date (month, day, year) 7/18/00	Amount of Each Receipt This Period \$200.00
	Occupation President, CRNA Aggregate Year-to-Date > \$	\$1,500.00	
C. Full Name, Mailing Address and ZIP Code Sharon Nawalanic 140 W. Tropical Way Fort Lauderdale, FL 33317 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self	Date (month, day, year) 7/18/00	Amount of Each Receipt This Period \$500.00
	Occupation Community Activist Aggregate Year-to-Date > \$	\$500.00	
D. Full Name, Mailing Address and ZIP Code Brian Narross 1900 Sunset Harbour Dr., #1912 Miami, FL 33139 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self	Date (month, day, year) 7/31/00	Amount of Each Receipt This Period \$200.00
	Occupation Consultant Aggregate Year-to-Date > \$	\$350.00	
E. Full Name, Mailing Address and ZIP Code Phillis Oeters 6812 San Vicente Street Coral Gables, FL 33146 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Baptist Healthcare System	Date (month, day, year) 8/4/00	Amount of Each Receipt This Period \$1,000.00
	Occupation Administrator Aggregate Year-to-Date > \$	\$1,000.00	
F. Full Name, Mailing Address and ZIP Code Suzanne Oliver 3760 N. 56th Ave. Hollywood, FL 33021 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self	Date (month, day, year) 8/4/00	Amount of Each Receipt This Period \$250.00
	Occupation CRNA Aggregate Year-to-Date > \$	\$550.00	
G. Full Name, Mailing Address and ZIP Code Stash Ostrow 2100 NE 22nd St. Fort Lauderdale, FL 33305-1544 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Retired	Date (month, day, year) 8/16/00	Amount of Each Receipt This Period \$250.00
	Occupation Retired Aggregate Year-to-Date > \$	\$250.00	

SUBTOTAL of Receipts This Page (optional)

\$3,200.00

TOTAL This Period (last page this the number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

PAGE 16 OF 21
FOR LINE NUMBER 11(a)(i)

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

NAME OF COMMITTEE (in Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Diana Pillarelli 921 S Park Road #110 Hollywood, FL 33021	Retired	8/4/00	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Investor	Aggregate Year-to-Date > \$	\$250.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Robert Potamkin 7714 Fisher Island Dr. Miami, FL 33109	Self	8/15/00	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Auto Dealer	Aggregate Year-to-Date > \$	\$1,000.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Neal Potter 6801 Brookville Road Chevy Chase, MD 20815	Montgomery County, MD	8/11/00	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Public Official	Aggregate Year-to-Date > \$	\$250.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
PeacePac 110 Maryland Ave., NE Washington, DC 20002	Note: Above Contribution earmarked through this organi	8/11/00	\$250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation: Conduit total: \$1,310.00	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
Carole Pumpian PMB 511 1602 Alton Rd. Miami Beach, FL 33139	Retired	8/4/00	\$200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Community Activist	Aggregate Year-to-Date > \$	\$300.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Victor Reab 2 Grove Isle Dr., PH 9 Miami, FL 33133-4110		8/16/00	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date > \$	\$500.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Laurie Riemer 20143 NE 19th Place Miami, FL 33179	self-employed	8/4/00	\$200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: lawyer/mediator	Aggregate Year-to-Date > \$	\$1,200.00

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

PAGE 17 OF 21
FOR LINE NUMBER 11(a)(i)

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

NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stanley Rosenblatt 66 West Flagler St. Miami, FL 33130	Stanley Rosenblatt, P.A.	8/4/00	\$100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Attorney Aggregate Year-to-Date > \$ 500.00		
Stanley Rosenblatt 66 West Flagler St. Miami, FL 33130	Stanley Rosenblatt, P.A.	8/4/00	\$400.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Attorney Aggregate Year-to-Date > \$ 500.00		
Joel Rosenthal Courthouse Express Couriers, Inc. 19 West Flagler Street Miami, FL 33130	Courthouse Express Couriers	8/1/00	\$42.75
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Owner Aggregate Year-to-Date > \$ 470.75		In-kind
Joel Rosenthal Courthouse Express Couriers, Inc. 19 West Flagler Street Miami, FL 33130	Courthouse Express Couriers	8/15/00	\$97.25
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Owner Aggregate Year-to-Date > \$ 470.75		In-kind
Joel Rosenthal Courthouse Express Couriers, Inc. 19 West Flagler Street Miami, FL 33130	Courthouse Express Couriers	7/17/00	\$213.50
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Owner Aggregate Year-to-Date > \$ 470.75		In-kind
Vicki Roth Grand Bay Plaza PH1 2665 S. Bayshore Drive Coconut Grove, FL 33133		8/15/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Housewife Aggregate Year-to-Date > \$ 1,500.00		
Howard Scharlin 1389 SW 1st Avenue, 4th Floor Miami, FL 33130	Self-Employed	8/13/00	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Attorney Aggregate Year-to-Date > \$ 1,250.00		In-kind In-home exemption

SUBTOTAL of Receipts This Page (optional)

\$2,343.50

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

PAGE 18 OF 21

FOR LINE NUMBER 11(a)(6)

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

NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress CD0345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Edna Gene Schopfman 10155 Collins Avenue # 904 Bal Harbour, FL 33154		7/26/00	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$250.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dorothy Seaman 21428 Bridge View Dr. Boca Raton, FL 33428	N/A	7/25/00	\$200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Volunteer/Fund Raizer	Aggregate Year-to-Date > \$	\$300.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Marilyn Segal 919 S. Southlake Drive Hollywood, FL 33020	NOVA Southeastern University	8/8/00	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Psychologist	Aggregate Year-to-Date > \$	\$350.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
H.J. Seiden 13635 Deering Bay Drive #223 Coral Gables, FL 33158		8/4/00	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Homemaker	Aggregate Year-to-Date > \$	\$1,000.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Melvin Sharoky 919 Anchorage Road Tampa, FL 33602	Somerset Pharmaceuticals, Inc.	8/14/00	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	Aggregate Year-to-Date > \$	\$2,000.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Melvin Sharoky 919 Anchorage Road Tampa, FL 33602	Somerset Pharmaceuticals, Inc.	8/14/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	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
Richard Sharpstein 201 S. Biscayne Blvd., Suite 2380 Miami, FL 33131	Self	8/4/00	\$400.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$	\$1,400.00

SUBTOTAL of Receipts This Page (optional) \$4,100.00

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

PAGE 19 OF 21
FOR LINE NUMBER 11(a)(i)

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

NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress D00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Craig Sher 5858 Central Avenue Saint Petersburg, FL 33707	Sembler Company	8/4/00	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Executive	Aggregate Year-to-Date > \$ 250.00	
III. Full Name, Mailing Address and ZIP Code Diana Shinaberry 9312 N. Miami Avenue Miami, FL 33150	Burdines	7/31/00	\$200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Retailer	Aggregate Year-to-Date > \$ 225.00	
C. Full Name, Mailing Address and ZIP Code Lois Siegel 3 Grove Isle Drive #1108 Coconut Grove, FL 33133	Self	8/15/00	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Homemaker	Aggregate Year-to-Date > \$ 1,000.00	
D. Full Name, Mailing Address and ZIP Code Jacquelyn Simkin 200 SE First Street No. 703 Miami, FL 33131	Self	8/4/00	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Investor	Aggregate Year-to-Date > \$ 1,000.00	
E. Full Name, Mailing Address and ZIP Code Jean Soman 9000 Arvida Dr. Coral Gables, FL 33156	Self	7/25/00	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Writer	Aggregate Year-to-Date > \$ 250.00	
F. Full Name, Mailing Address and ZIP Code Stephen Stock 371 Holloway Drive Plantation, FL 33317		8/4/00	\$150.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CRNA	Aggregate Year-to-Date > \$ 250.00	
G. Full Name, Mailing Address and ZIP Code Keren Swartz 5001 Egret Point Circle Boca Raton, FL 33431	N/A	8/11/00	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Homemaker	Aggregate Year-to-Date > \$ 1,500.00	

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) for each category of the Deleted Summary Page

PAGE 20 OF 21

FOR LINE NUMBER 11(a)(i)

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

NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code Karen Swartz 5001 Egret Point Circle Boca Raton, FL 33431	Name of Employer N/A	Date (month, day, year) 8/11/00	Amount of Each Receipt this Period \$750.00
	Occupation Homemaker	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	
Aggregate Year-to-Date > \$		\$1,500.00	
B. Full Name, Mailing Address and ZIP Code Rita Swedroe 1111 Lincoln Road, Suite 300 Miami, FL 33139	Name of Employer	Date (month, day, year) 8/14/00	Amount of Each Receipt this Period \$500.00
	Occupation Homemaker	Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	
Aggregate Year-to-Date > \$		\$500.00	
C. Full Name, Mailing Address and ZIP Code Herman Tauber 10155 Collins Ave #510 Bal Harbour, FL 33154	Name of Employer Retired	Date (month, day, year) 7/26/00	Amount of Each Receipt this Period \$500.00
	Occupation	Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	
Aggregate Year-to-Date > \$		\$500.00	
D. Full Name, Mailing Address and ZIP Code Salomon Ternier 2127 Brickell Ave. #2001 Miami, FL 33129	Name of Employer Bijoux Ternier	Date (month, day, year) 8/14/00	Amount of Each Receipt this Period \$1,000.00
	Occupation Business Executive	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	
Aggregate Year-to-Date > \$		\$2,000.00	
E. Full Name, Mailing Address and ZIP Code Stephanie Trump 4000 Island Blvd. PH-4 Williams Island, FL 33160	Name of Employer Self	Date (month, day, year) 7/25/00	Amount of Each Receipt this Period \$1,000.00
	Occupation Homemaker	Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	
Aggregate Year-to-Date > \$		\$2,000.00	
F. Full Name, Mailing Address and ZIP Code Stephanie Trump 4000 Island Blvd. PH-4 Williams Island, FL 33160	Name of Employer Self	Date (month, day, year) 7/25/00	Amount of Each Receipt this Period \$1,000.00
	Occupation Homemaker	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	
Aggregate Year-to-Date > \$		\$2,000.00	
G. Full Name, Mailing Address and ZIP Code David Walters 3000 SW 62nd Avenue Miami, FL 33155	Name of Employer Retired	Date (month, day, year) 7/20/00	Amount of Each Receipt this Period \$1,000.00
	Occupation Retired	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	
Aggregate Year-to-Date > \$		\$1,000.00	

SUBTOTAL of Receipts This Page (optional)

\$5,750.00

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

PAGE 21 OF 21
FOR LINE NUMBER 11(a)(i)

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

NAME OF COMMITTEE (In Full)
Elaine Bloom for Congress CD0345405

A. Full Name, Mailing Address and ZIP Code Faith Read Xenos 909 Algeringa Ave. Coral Gables, FL 33134	Name of Employer Singer and Xenos	Date (month, day, year) 7/31/00	Amount of Each Receipt this Period \$250.00
	Occupation Wealth Manager	Aggregate Year-to-Date > \$ 1,250.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
B. Full Name, Mailing Address and ZIP Code Faith Read Xenos 909 Algeringa Ave. Coral Gables, FL 33134	Name of Employer Singer and Xenos	Date (month, day, year) 7/31/00	Amount of Each Receipt this Period \$750.00
	Occupation Wealth Manager	Aggregate Year-to-Date > \$ 1,250.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code Sonja Zuckerman 9999 Collins Ave., Apt. 4B Bal Harbour, FL 33154	Name of Employer Retired	Date (month, day, year) 8/4/00	Amount of Each Receipt this Period \$200.00
	Occupation Retired	Aggregate Year-to-Date > \$ 400.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional)	\$1,200.00
TOTAL This Period (last page this line number only)	\$76,793.50

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Other Political Committees

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

PAGE 1 OF 2
FOR LINE NUMBER 11(C)

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

NAME OF COMMITTEE (in Full)

Elaine Bloom for Congress C00345405

<p>A. Full Name, Mailing Address and ZIP Code American Association of Nurse Anesthetists CRNA 412 First Street, SE Suite 12 Washington, DC 20003</p>	<p>Name of Employer</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation</p>	<p>8/4/00</p>	<p>\$500.00</p>
<p>Aggregate Year-to-Date > \$</p>		<p>\$1,000.00</p>	
<p>B. Full Name, Mailing Address and ZIP Code CWA-COPE 501 3rd Street NW Washington, DC 20001-</p>	<p>Name of Employer</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation</p>	<p>7/25/00</p>	<p>\$3,000.00</p>
<p>Aggregate Year-to-Date > \$</p>		<p>\$3,000.00</p>	
<p>C. Full Name, Mailing Address and ZIP Code Handgun Control 1225 Eye Street, NW Suite 1100 Washington, DC 20005-</p>	<p>Name of Employer</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation</p>	<p>8/11/00</p>	<p>\$3,000.00</p>
<p>Aggregate Year-to-Date > \$</p>		<p>\$3,000.00</p>	
<p>D. Full Name, Mailing Address and ZIP Code Hoyer for Congress 7905 Malcolm Road, Suite 102 Clinton, MD 20735-</p>	<p>Name of Employer</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation</p>	<p>8/15/00</p>	<p>\$1,000.00</p>
<p>Aggregate Year-to-Date > \$</p>		<p>\$1,000.00</p>	
<p>E. Full Name, Mailing Address and ZIP Code International Union of Operating Engineers 1125 Seventeenth Street NW Washington, DC 20036</p>	<p>Name of Employer</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation</p>	<p>8/4/00</p>	<p>\$1,000.00</p>
<p>Aggregate Year-to-Date > \$</p>		<p>\$1,600.00</p>	
<p>F. Full Name, Mailing Address and ZIP Code KidsPac, Inc. 80 Trowbridge Street Cambridge, MA 02138-</p>	<p>Name of Employer</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation</p>	<p>8/16/00</p>	<p>\$2,000.00</p>
<p>Aggregate Year-to-Date > \$</p>		<p>\$2,000.00</p>	
<p>G. Full Name, Mailing Address and ZIP Code Laborer's Political League 905 16th Street, NW Washington, DC 20006</p>	<p>Name of Employer</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation</p>	<p>7/20/00</p>	<p>\$2,500.00</p>
<p>Aggregate Year-to-Date > \$</p>		<p>\$7,500.00</p>	

SUBTOTAL of Receipts This Page (optional)

\$13,000.00

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

PAGE 2 OF 2
FOR LINE NUMBER 11(c)

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

NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code National Children's PAC 6740 Newbold Drive Bethesda, MD 20817-	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	8/4/00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		\$5,000.00
B. Full Name, Mailing Address and ZIP Code National Committee for an Effective Congress 122 G Street, NW, Suite 550 Washington, DC 20001	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	8/8/00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		\$2,500.00
C. Full Name, Mailing Address and ZIP Code Plumbers Local Union 519 PAC 14105 NW 58th Street Court Miami Lakes, FL 33014	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	7/25/00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		\$2,000.00
D. Full Name, Mailing Address and ZIP Code Plumbers Local Union 519 PAC 14105 NW 58th Street Court Miami Lakes, FL 33014	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	7/20/00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		\$2,000.00
E. Full Name, Mailing Address and ZIP Code Re-Elect Congressman Joe Moakley Committee 141 Tremont Street Boston, MA 02111-1209	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	7/18/00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		\$1,000.00
F. Full Name, Mailing Address and ZIP Code Service Employees International Union (SEIU) 1313 L Street NW Washington, DC 20005	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	7/25/00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		\$5,000.00
G. Full Name, Mailing Address and ZIP Code United Association Political Education Committee United Association of Plumbers & Pipefitters 901 Massachusetts Ave., NW Washington, DC 20001	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	8/4/00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		\$2,500.00

SUBTOTAL of Receipts This Page (optional) \$14,500.00

TOTAL This Period (last page this line number only) \$27,500.00

SCHEDULE A

ITEMIZED RECEIPTS

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

Other Receipts

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

NAME OF COMMITTEE (In Full)
Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
City National Bank 300 71st Street Miami Beach, FL 33141	* Bank Interest	7/31/00	\$168.32
	Occupation		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		\$18,599.41
B. Full Name, Mailing Address and ZIP Code City National Bank 300 71st Street Miami Beach, FL 33141	* CD Interest	7/19/00	\$452.54
	Occupation		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		\$18,599.41
C. Full Name, Mailing Address and ZIP Code City National Bank 300 71st Street Miami Beach, FL 33141	* CD Interest	7/19/00	\$248.03
	Occupation		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		\$18,599.41
D. Full Name, Mailing Address and ZIP Code City National Bank 300 71st Street Miami Beach, FL 33141	* CD Interest	7/19/00	\$778.14
	Occupation		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		\$18,599.41
E. Full Name, Mailing Address and ZIP Code City National Bank 300 71st Street Miami Beach, FL 33141	* CD Interest	7/19/00	\$388.52
	Occupation		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		\$18,599.41
F. Full Name, Mailing Address and ZIP Code City National Bank 300 71st Street Miami Beach, FL 33141	* CD Interest	7/19/00	\$2,352.34
	Occupation		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		\$18,599.41
G. Full Name, Mailing Address and ZIP Code			
	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)	\$4,375.89
TOTAL This Period (last page this line number only)	\$4,375.89

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 13
FOR LINE NUMBER 17

Operating Expenditures

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

NAME OF COMMITTEE (in Full)

Elaine Bloom for Congress CDD3454D5

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Aaron Rents, Inc. 7101 Coral Way Miami, FL 33155	Furniture rental Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/1/00	\$113.76
B. Full Name, Mailing Address and ZIP Code Advanced Prompting Systems 1771 NW 129 Terrace Miami, FL 33167	Purpose of Disbursement Production Expense Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/4/00	\$400.00
C. Full Name, Mailing Address and ZIP Code AT&T Cable Services 18601 NW 2nd Ave. Miami, FL 33169	Purpose of Disbursement Cable Service Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/5/00	\$224.35
D. Full Name, Mailing Address and ZIP Code AT&T Cable Services 18601 NW 2nd Ave. Miami, FL 33169	Purpose of Disbursement Cable Service Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/17/00	\$25.61
E. Full Name, Mailing Address and ZIP Code AT&T P.O. Box 16730 Mesa, AZ 85211	Purpose of Disbursement Telephone expense Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/11/00	\$692.32
F. Full Name, Mailing Address and ZIP Code AT&T P.O. Box 16730 Mesa, AZ 85211	Purpose of Disbursement Telephone Expense Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/17/00	\$875.90
G. Full Name, Mailing Address and ZIP Code Bell South PO Box 33009 Charlotte, NC 28243	Purpose of Disbursement Telephone Expense Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/8/00	\$252.90
H. Full Name, Mailing Address and ZIP Code Bell South PO Box 33009 Charlotte, NC 28243	Purpose of Disbursement Telephone expense Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/1/00	\$497.90
I. Full Name, Mailing Address and ZIP Code City National Bank 300 71st Street Miami Beach, FL 33141	Purpose of Disbursement Bank Charge Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/10/00	\$6.00

SUBTOTAL of Disbursements This Page (optional) \$3,388.76

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 **19**
FOR LINE NUMBER **17**

Operating Expenditures

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

NAME OF COMMITTEE (in Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
City National Bank 300 71st Street Miami Beach, FL 33141	Service Charge Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/18/00	\$20.00
B. Full Name, Mailing Address and ZIP Code Democrats.com 500 East 77th Street Apt. 1423 New York, NY 10021	Credit card fee Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/15/00	\$150.00
C. Full Name, Mailing Address and ZIP Code Democrats.com 500 East 77th Street Apt. 1423 New York, NY 10021	Credit card fee Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/5/00	\$1.87
D. Full Name, Mailing Address and ZIP Code Democrats.com 500 East 77th Street Apt. 1423 New York, NY 10021	credit card fee Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/30/00	\$1.87
E. Full Name, Mailing Address and ZIP Code Democrats.com 500 East 77th Street Apt. 1423 New York, NY 10021	credit card fee Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/30/00	\$15.00
F. Full Name, Mailing Address and ZIP Code Dyna-Print, Inc. P.O. Box 3634 Hollywood, FL 33083-3634	Production Expense Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/8/00	\$1,057.88
G. Full Name, Mailing Address and ZIP Code Effective Strategies 426 North Saint Asaph Street Alexandria, VA 22314	Consulting fees Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/1/00	\$1,000.00
H. Full Name, Mailing Address and ZIP Code Effective Strategies 426 North Saint Asaph Street Alexandria, VA 22314	Consulting fees Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/4/00	\$1,000.00
I. Full Name, Mailing Address and ZIP Code EMILY's List 805 15th Street, NW, Suite 400 Washington, DC 20005	Credit Card Fee Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/13/00	\$5.41

SUBTOTAL of Disbursements This Page (optional)

\$3,252.03

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Operating Expenditures

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

NAME OF COMMITTEE (in Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
EMILY's List 805 15th Street, NW, Suite 400 Washington, DC 20005	Credit Card Fee Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/23/00	\$2.20
EMILY's List 805 15th Street, NW, Suite 400 Washington, DC 20005	Credit Card Fee Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/31/00	\$6.69
EMILY's List 805 15th Street, NW, Suite 400 Washington, DC 20005	Credit card fee Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/8/00	\$0.58
EMILY's List 805 15th Street, NW, Suite 400 Washington, DC 20005	Credit Card Fee Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/13/00	\$2.15
FL Division of Unemployment Compensation Division of Tax 107 E Madison Street Tallahassee, FL 32399-0212	FL Unemployment tax Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/28/00	\$94.00
Florida Power & Light Company P.O. Box 025576 Miami, FL 33102	Utilities Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/1/00	\$193.97
Florida Power & Light Company P.O. Box 025576 Miami, FL 33102	Utilities Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/28/00	\$218.55
Fortunet Systems, Inc. 3050 Biscayne Blvd., Suite 1006 Miami, FL 33137	Computer service Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/28/00	\$3.54
Fortunet Systems, Inc. 3050 Biscayne Blvd., Suite 1006 Miami, FL 33137	Computer Service Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/17/00	\$174.00

SUBTOTAL of Disbursements This Page (optional) \$395.68

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 13
FOR LINE NUMBER 17

Operating Expenditures

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

NAME OF COMMITTEE (in Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Hamilton Beattie & Staff 308 1/2 Center Street Fernandina Beach, FL 32034	Polling Expense Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/17/00	\$9,300.00
B. Full Name, Mailing Address and ZIP Code Internal Revenue Service Atlanta, 39901	Purpose of Disbursement Interest Tax Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/15/00	\$1,725.00
C. Full Name, Mailing Address and ZIP Code Internal Revenue Service Atlanta, 39901	Purpose of Disbursement Payroll Taxes Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/1/00	\$2,123.88
D. Full Name, Mailing Address and ZIP Code Internal Revenue Service Atlanta, 39901	Purpose of Disbursement Payroll Taxes Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/17/00	\$1,169.38
E. Full Name, Mailing Address and ZIP Code Internal Revenue Service Atlanta, 39901	Purpose of Disbursement FUTA for 2nd Quarter Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/28/00	\$37.60
F. Full Name, Mailing Address and ZIP Code Internal Revenue Service Atlanta, 39901	Purpose of Disbursement Payroll Taxes Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/15/00	\$1,169.38
G. Full Name, Mailing Address and ZIP Code Internal Revenue Service Atlanta, 39901	Purpose of Disbursement Payroll Taxes Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/4/00	\$1,169.38
H. Full Name, Mailing Address and ZIP Code Loeys Miami Beach Hotel 1601 Collins Avenue Miami, FL 33139	Purpose of Disbursement Event Costs Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/7/00	\$2,568.27
I. Full Name, Mailing Address and ZIP Code Marc Dickeman 1621 NE 18th Avenue Fort Lauderdale, FL 33305	Purpose of Disbursement Reimbursable expense Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/2/00	\$300.00

SUBTOTAL of Disbursements This Page (optional)

\$19,562.89

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Operating Expenditures

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

NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress CD0345405

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
MoveOn.Org P.O. Box 9083 Berkeley, CA 94709-	Credit Card Fees Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/16/00	\$19.41
MoveOn.Org P.O. Box 9083 Berkeley, CA 94709-	Credit Card Fees Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/11/00	\$11.75
MoveOn.Org P.O. Box 9083 Berkeley, CA 94709-	Credit Card Fees Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/8/00	\$20.44
Moving Picture Electronic Services 748 N. Victoria Park Road Fort Lauderdale, FL 33304	Production Expense Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/3/00	\$2,209.97
Moving Picture Electronic Services 748 N. Victoria Park Road Fort Lauderdale, FL 33304	Production Expense Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/4/00	\$80.43
Mr. Bill Smaling 226D NW 185 Way Hollywood, FL 33029	Production expense Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/3/00	\$1,400.00
Mr. David Wells 748 N. Victoria Park Road Fort Lauderdale, FL 33304	Production expense Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/3/00	\$1,237.50
Mr. Howard Scharlin 1399 SW 1st Avenue, 4th Floor Miami, FL 33130	In-home exemption Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/13/00	\$1,000.00 *
Mr. Jeff Tognio 1845 Alameda Drive Miami, FL 33181	Production expense Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/3/00	\$1,400.00

* in-kind received

SUBTOTAL of Disbursements This Page (optional)	\$7,369.50
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 8 OF 13
FOR LINE NUMBER 17

Operating Expenditures

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

NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress CD0345405

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mr. Jeffrey Garcia 401 SW 125 Ave Miami, FL 33184	Reimbursable expense Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/12/00	\$266.00
Mr. Jeffrey Garcia 401 SW 125 Ave Miami, FL 33184	Payroll Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/4/00	\$1,736.75
Mr. Jeffrey Garcia 401 SW 125 Ave Miami, FL 33184	Payroll Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/1/00	\$1,736.75
Mr. Jeffrey Garcia 401 SW 125 Ave Miami, FL 33184	Payroll Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/1/00	\$3,473.50
Mr. Jeffrey Garcia 401 SW 125 Ave Miami, FL 33184	Reimbursable expense Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/1/00	\$470.00
Mr. Jeffrey Garcia 401 SW 125 Ave Miami, FL 33184	Payroll Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/15/00	\$1,736.75
Mr. Jeffrey Garcia 401 SW 125 Ave Miami, FL 33184	Reimbursable expense Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/1/00	\$75.00
Mr. Jeffrey Garcia 401 SW 125 Ave Miami, FL 33184	Payroll Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/17/00	\$1,736.75
Mr. Jimmy Hopkins Information Requested	Production expense Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/3/00	\$1,361.25

SUBTOTAL of Disbursements This Page (optional)

\$12,591.75

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE OF
7 13
FOR LINE NUMBER
17

Operating Expenditures

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

NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress CD0345405

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mr. Joel Rosenthal Courthouse Express Couriers, Inc. 19 West Flagler Street Miami, FL 33130	Courier Services Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/15/00	\$87.25 * * in-kind received
Mr. Joel Rosenthal Courthouse Express Couriers, Inc. 19 West Flagler Street Miami, FL 33130	Courier Services Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/1/00	\$42.75 * * in-kind received
Mr. Joel Rosenthal Courthouse Express Couriers, Inc. 19 West Flagler Street Miami, FL 33130	Courier Services Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/17/00	\$213.50 * * in-kind received
Mr. Jon Hutchins Media Strategies and Research 445 Union Blvd. Lakewood, CO 80228	Media Buy Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/18/00	\$650,000.00
Mr. Steve Cifone 321 NW 107 Avenue Plantation, FL 33324	Production expense Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/3/00	\$1,830.00
Mr. Tom Erickson Erickson & Company 38 Ivy Street, SE Washington, DC 20003	Consulting fees Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/1/00	\$2,054.24
Mr. Tom Erickson Erickson & Company 38 Ivy Street, SE Washington, DC 20003	Consulting fees Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/28/00	\$2,003.25
Ms. Amy Andryszak 5680 Pine Tree Drive Miami Beach, FL 33140	Payroll Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/1/00	\$592.00
Ms. Amy Andryszak 5680 Pine Tree Drive Miami Beach, FL 33140	Reimbursable expense Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/17/00	\$338.00

SUBTOTAL of Disbursements This Page (optional)

\$857,160.99

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 8 OF 13
FOR LINE NUMBER 17

Operating Expenditures

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

NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Ms. Amy Andryszak 5680 Pine Tree Drive Miami Beach, FL 33140	Payroll Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/15/00	\$592.50
Ms. Amy Andryszak 5680 Pine Tree Drive Miami Beach, FL 33140	Reimbursable expense Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/4/00	\$364.00
Ms. Amy Andryszak 5680 Pine Tree Drive Miami Beach, FL 33140	Payroll Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/17/00	\$582.50
Ms. Amy Andryszak 5680 Pine Tree Drive Miami Beach, FL 33140	Reimbursable expense Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/1/00	\$290.00
Ms. Amy Andryszak 5680 Pine Tree Drive Miami Beach, FL 33140	Payroll Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/4/00	\$592.50
Ms. Amy Andryszak 5680 Pine Tree Drive Miami Beach, FL 33140	Reimbursable expense Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/15/00	\$275.00
Ms. Amy Schwartz 2200 South Ocean Lane, Apt. 803 Ft. Lauderdale, FL 33315	Reimbursable expense Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/4/00	\$49.17
Ms. Angeles Bellon 9760 SW 74th Street Miami, FL 33173	Data service Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/7/00	\$224.00
Ms. Angeles Bellon 9760 SW 74th Street Miami, FL 33173	Data Services Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/17/00	\$456.00

SUBTOTAL of Disbursements This Page (optional)

\$3,435.67

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 **9** OF **13**
FOR LINE NUMBER **17**

Operating Expenditures

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

NAME OF COMMITTEE (In Full)

Elaina Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Ms. Angeles Bellon 9760 SW 74th Street Miami, FL 33173	Data Services Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/4/00	\$416.00
Ms. Daniella Kross 1250 Atlantic Shores Blvd. #105 Hallandale, FL 33009	Production expense Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/3/00	\$1,000.00
Murphy Pulnam Media 901 North Washington Street, Suite 500 Alexandria, VA 22314	Media Services Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/1/00	\$2,500.00
Nation's Bank 1501 Pennsylvania Ave. NW Washington, DC 20005	Bank Fee Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/31/00	\$11.00
NGP Software 5440 Nevada Ave. NW Washington, DC 20015	Tech Support Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/1/00	\$1,000.00
Petty Cash 1922 Tyler Street Hollywood, FL 33020	Petty Cash Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/15/00	\$100.00
Petty Cash 1922 Tyler Street Hollywood, FL 33020	Petty Cash Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/26/00	\$100.00
Precision Copier Service, Inc. 5623 NW 74th Ave. Miami, FL 33166	Copier Service Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/24/00	\$63.90
Precision Copier Service, Inc. 5623 NW 74th Ave. Miami, FL 33166	Copier Service Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/17/00	\$159.75

SUBTOTAL of Disbursements This Page (optional)

\$5,350.85

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE OF
10 13
FOR LINE NUMBER
17

Operating Expenditures

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

NAME OF COMMITTEE (in Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Premiere Technologies, Inc. One Industrial Way West, Bldg. D Eatontown, NJ 07724	Blast fax services Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/10/00	\$802.75
Premiere Technologies, Inc. One Industrial Way West, Bldg. D Eatontown, NJ 07724	Blast fax service Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/28/00	\$933.76
Union Printing 2321 Pembroke Road Hollywood, FL 33020	Printing expense Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/31/00	\$2,834.99
Union Printing 2321 Pembroke Road Hollywood, FL 33020	Printing Expense Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/7/00	\$1,290.60
Union Printing 2321 Pembroke Road Hollywood, FL 33020	Printing expenses Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/17/00	\$988.42
Union Printing 2321 Pembroke Road Hollywood, FL 33020	Printing expense Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/1/00	\$1,113.23
Unique Producers Service Inc. 13815 NW 19th Avenue Opa Locka, FL 33054	Production expense Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/11/00	\$3,149.90
United Parcel Service P.O. Box 505820 The Lakes, NV 88905-5820	Shipping services Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/28/00	\$38.25
United Parcel Service P.O. Box 505820 The Lakes, NV 88905-5820	Shipping services Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/8/00	\$49.90

SUBTOTAL of Disbursements This Page (optional)

\$11,198.70

TOTAL This Period (list page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 11 OF 13
FOR LINE NUMBER 17

Operating Expenditures

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

NAME OF COMMITTEE (in Full)

Etalne Blorn for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
United Parcel Service P.O. Box 505820 The Lakes, NY 88905-5820	Shipping services Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/8/00	\$194.00
B. Full Name, Mailing Address and ZIP Code United States Postal Service Hollywood Branch Hollywood, FL 33020	Postage expense Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/3/00	\$330.00
C. Full Name, Mailing Address and ZIP Code United States Postal Service Hollywood Branch Hollywood, FL 33020	Postage expense Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/5/00	\$300.00
D. Full Name, Mailing Address and ZIP Code United States Postal Service Hollywood Branch Hollywood, FL 33020	Postage expense Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/7/00	\$250.00
E. Full Name, Mailing Address and ZIP Code United States Postal Service Hollywood Branch Hollywood, FL 33020	Postage expense Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/14/00	\$495.00
F. Full Name, Mailing Address and ZIP Code United States Postal Service Hollywood Branch Hollywood, FL 33020	Postage expense Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/16/00	\$1,000.00
G. Full Name, Mailing Address and ZIP Code United States Postal Service Hollywood Branch Hollywood, FL 33020	Postage Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/4/00	\$300.00
H. Full Name, Mailing Address and ZIP Code United States Postal Service Hollywood Branch Hollywood, FL 33020	Postage Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/7/00	\$81.75
I. Full Name, Mailing Address and ZIP Code United States Postal Service Hollywood Branch Hollywood, FL 33020	Postage expense Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/9/00	\$188.74

SUBTOTAL of Disbursements This Page (optional)	\$3,119.49
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

Operating Expenditures

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

NAME OF COMMITTEE (in Full)

Elaine Bloom for Congress C00345405

<p>A. Full Name, Mailing Address and ZIP Code United States Postal Service Hollywood Branch Hollywood, FL 33020</p>	<p>Purpose of Disbursement Postage expense</p> <p>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 8/15/00</p>	<p>Amount of Each Disbursement This Period \$330.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Wilson Atkinson 1946 Tyler Street Hollywood, FL 33021</p>	<p>Purpose of Disbursement Rent</p> <p>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 7/1/00</p>	<p>Amount of Each Disbursement This Period \$1,060.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Wilson Atkinson 1946 Tyler Street Hollywood, FL 33021</p>	<p>Purpose of Disbursement Rent</p> <p>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 8/4/00</p>	<p>Amount of Each Disbursement This Period \$1,060.00</p>
<p>D. Full Name, Mailing Address and ZIP Code MBNA America P.O. Box 15137 Wilmington, DE 19886</p>	<p>Purpose of Disbursement Credit card payment</p> <p>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 7/5/00</p>	<p>Amount of Each Disbursement This Period \$1,757.94</p>
<p>E. Full Name, Mailing Address and ZIP Code AT&T Wireless Services P.O. Box 128 Newark, NJ 07101</p>	<p>Purpose of Disbursement Telephone expense</p> <p>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 7/1/00</p>	<p>Amount of Each Disbursement This Period MEMO \$570.73</p>
<p>F. Full Name, Mailing Address and ZIP Code Eden Roc Resort and Spa 4525 Collins Ave. Miami Beach, FL 33140</p>	<p>Purpose of Disbursement Hotel Expense</p> <p>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 7/1/00</p>	<p>Amount of Each Disbursement This Period MEMO \$178.87</p>
<p>G. Full Name, Mailing Address and ZIP Code Eden Roc Resort and Spa 4525 Collins Ave. Miami Beach, FL 33140</p>	<p>Purpose of Disbursement Hotel Expense</p> <p>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 7/1/00</p>	<p>Amount of Each Disbursement This Period MEMO \$178.87</p>
<p>H. Full Name, Mailing Address and ZIP Code Office Depot 12180 Biscayne Blvd. Miami, FL 33161</p>	<p>Purpose of Disbursement Office Supplies</p> <p>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 7/1/00</p>	<p>Amount of Each Disbursement This Period MEMO \$83.80</p>
<p>I. Full Name, Mailing Address and ZIP Code Office Max 12255 Biscayne Blvd. Miami, FL 33161</p>	<p>Purpose of Disbursement Office Supplies</p> <p>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 7/1/00</p>	<p>Amount of Each Disbursement This Period MEMO \$21.17</p>

SUBTOTAL of Disbursements This Page (optional)

\$4,207.94

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 **13** OF **13**
FOR LINE NUMBER **17**

Operating Expenditures

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

NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period MEMO
Office Max 12255 Biscayne Blvd. Miami, FL 33181	Office Supplies Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/2/00	\$35.54
MBNA America P.O. Box 15137 Wilmington, DE 19886	Credit card payment Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/28/00	\$3,526.31
AT&T Wireless Services P.O. Box 129 Newark, NJ 07101	Telephone Expense Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/1/00	\$350.00
Eden Roc Resort and Spa 4525 Collins Ave. Miami Beach, FL 33140	Hotel Expense Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/1/00	\$77.63
Office Depot 12190 Biscayne Blvd. Miami, FL 33181	Office Supplies Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/7/00	\$76.29
Office Depot 12190 Biscayne Blvd. Miami, FL 33181	Office Supplies Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/5/00	\$180.19
Office Depot 12190 Biscayne Blvd. Miami, FL 33181	Office Supplies Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/3/00	\$127.12
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)

\$3,526.31

TOTAL This Period (last page this line number only)

\$734,881.38

SCHEDULE C
(Revised 3/80)

LOANS

Page 1 of 2 for
LINE NUMBER 10
(Use separate schedules
for each numbered line)

Loans owed by the Committee

Name of Committee (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code of Loan Source Rep. Elaine Bloom 5255 Collins Avenue Miami Beach, FL 33140		Original Amount of Loan \$5,100.00	Cumulative Payment To Date \$0.00	Balance Outstanding at Close of This Period \$5,100.00
Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):				
Terms: Date Incurred <u>8/30/89</u> Date Due _____ Interest Rate _____ %(apr) <input type="checkbox"/> Secured				
List All Endorsers or Guarantors (if any) to Item A				
1. Full Name, Mailing Address and ZIP Code	Name of Employer			
	Occupation			
	Amount Guaranteed Outstanding: \$			
2. Full Name, Mailing Address and ZIP Code	Name of Employer			
	Occupation			
	Amount Guaranteed Outstanding: \$			
3. Full Name, Mailing Address and ZIP Code	Name of Employer			
	Occupation			
	Amount Guaranteed Outstanding: \$			

B. Full Name, Mailing Address and ZIP Code of Loan Source Rep. Elaine Bloom 5255 Collins Avenue Miami Beach, FL 33140		Original Amount of Loan \$96,000.00	Cumulative Payment To Date \$0.00	Balance Outstanding at Close of This Period \$96,000.00
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):				
Terms: Date Incurred <u>6/30/89</u> Date Due _____ Interest Rate _____ %(apr) <input type="checkbox"/> Secured				
List All Endorsers or Guarantors (if any) to Item B				
1. Full Name, Mailing Address and ZIP Code	Name of Employer			
	Occupation			
	Amount Guaranteed Outstanding: \$			
2. Full Name, Mailing Address and ZIP Code	Name of Employer			
	Occupation			
	Amount Guaranteed Outstanding: \$			
3. Full Name, Mailing Address and ZIP Code	Name of Employer			
	Occupation			
	Amount Guaranteed Outstanding: \$			

SUBTOTALS This Period This Page (optional)	
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 5, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C
(Revised 3/80)

LOANS

Loans owed by the Committee

Name of Committee (In Full) Elaine Bloom for Congress C00345405			
A. Full Name, Mailing Address and ZIP Code of Loan Source Rep. Elaine Bloom 5255 Collins Avenue Miami Beach, FL 33140 Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Original Amount of Loan \$4,000.00	Cumulative Payment To Date \$0.00	Balance Outstanding at Close of This Period \$4,000.00
Terms: Date Incurred <u>5/4/99</u> Date Due _____ Interest Rate _____ % (per) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item A			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
B. Full Name, Mailing Address and ZIP Code of Loan Source	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
Terms: Date Incurred _____ Date Due _____ Interest Rate _____ % (per) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item B			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
SUBTOTALS This Period This Page (optional)			
TOTALS This Period (last page in this line only)			\$405,100.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.			

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 checked="" type="checkbox"/> Hand Delivered	Date of Receipt <i>8-24-02</i>
<input type="checkbox"/> First Class Mail	POSTMARKED
<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>JmW</i> PREPARER	<i>8-24-02</i> DATE PREPARED