

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM

2009 DEC - 11 P 2:47

1. NAME OF COMMITTEE (in full) TER HARY BOND COMMITTEE		2. FEC IDENTIFICATION NUMBER 001337690
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported. PO BOX 3370		
CITY, STATE and ZIP CODE PALM SPRINGS, CA 92263	STATE/DISTRICT 44	3. IS THIS REPORT AN AMENDMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

4. TYPE OF REPORT

<input type="checkbox"/> April 15 Quarterly Report	<input type="checkbox"/> 12-Day Pre-Election Report for the _____ (Type of Election) election on _____ in the State of _____
<input type="checkbox"/> July 15 Quarterly Report	
<input type="checkbox"/> October 15 Quarterly Report	<input checked="" type="checkbox"/> 30-Day Post-Election Report following the General Election on <u>11/7/00</u> in the State of <u>California</u>
<input type="checkbox"/> January 31 Year End Report	<input type="checkbox"/> Termination Report
<input type="checkbox"/> July 31 Mid-Year Report (Non-election Year Only)	

This report covers activity for: Primary Election General Election Special Election Runoff Election

SUMMARY

6. Covering Period <u>10/19/2000</u> through <u>11/27/2000</u>	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(a))	37,504.05	260,992.45
(b) Total Contribution Returns (from Line 26(d))	0.00	794.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	37,504.05	260,892.45
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	74,717.32	202,379.39
(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	2,788.74
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	74,717.32	198,530.65
8. Cash on Hand at Close of Reporting Period (from Line 27)	146,133.06	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule E)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

For further information contact:
Federal Election Commission
565 E Street, NW
Washington, DC 20483
Toll-Free 800-424-9530
Local 202-694-1100

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

Type or Print Name of Treasurer Dana W. Reed	Date 12/7/2000
Signature of Treasurer 	

NOTE: Submission of false, ambiguous, or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. 5437g.

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

FEC FORM 3
(revised 4/87)

DETAILED SUMMARY PAGE

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

Name of Committee (in full) THE MARY BONO COMMITTEE	Report Covering the Period:	
	From: 10/19/2002	To: 11/27/2002
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) -----	13,612.00	
(ii) Unitemized -----	3,692.05	
(iii) Total of contributions from Individuals -----	17,504.05	156,415.55
(b) Political Party Committees -----	0.00	0.00
(c) Other Political Committees (such as PACs) -----	20,000.00	1,05,270.90
(d) The Candidate -----	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d)) -----	37,504.05	261,686.45
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 -----	3.00	0.00
(c) TOTAL LOANS (add 13(a) and (b)) -----	3.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) -----	0.00	3,500.21
15. OTHER RECEIPTS (Dividends, Interest, etc.) -----	0.00	39.95
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15) -----	37,504.04	261,360.14
II. DISBURSEMENTS		
17. OPERATING EXPENDITURES -----	24,717.32	238,198.49
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES -----	0.00	114.27
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	1,294.00
(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	1,294.00
21. OTHER DISBURSEMENTS -----	7,259.00	8,909.00
22. TOTAL DISBURSEMENTS (add 17, 18(a), 19(c), 20(d) and 21) -----	31,976.32	248,401.49

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD -----	\$ 150,888.88
24. TOTAL RECEIPTS THIS PERIOD (from Line 16) -----	\$ 37,504.05
25. SUBTOTAL (add Line 23 and Line 24) -----	\$ 228,106.38
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22) -----	\$ 31,976.32
27. CASH ON HAND AT CLOSE OF THIS REPORTING PERIOD (subtract Line 26 from 25) -----	\$ 146,130.05

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 4
FOR LINE NUMBER 11 (of 11)

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)

THE MARY BONO COMMITTEE

A. Full Name, Mailing Address and ZIP Code ARDA CALLENTE SANDOZ CASHIOLA DORTANA 600 EAST TAUQUITE CANYON WAY PALM SPRINGS, CA 92262	Name of Employer Occupation Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 10/30/2000	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer DAVE STEV RIVIERA Occupation EXECUTIVE Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 10/30/2000	Amount of Each Receipt this Period 500.00
B. Full Name, Mailing Address and ZIP Code SHERI L BOGS 3476 AVE. SAN TIMOTHY CERRO VALLIJO CA 92223	Name of Employer BALDI BROTHERS Occupation REGION MANAGER Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 10/19/2000	Amount of Each Receipt this Period 500.00
C. Full Name, Mailing Address and ZIP Code SHERI L BOGS 3476 AVE. SAN TIMOTHY CERRO VALLIJO CA 92223	Name of Employer BALDI BROTHERS Occupation REGION MANAGER Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 10/19/2000	Amount of Each Receipt this Period 500.00
D. Full Name, Mailing Address and ZIP Code THOMAS E. BUTCHER P.O. BOX 2273 PALM SPRINGS CA 92263	Name of Employer JUNCO MANUFACTURING INC. Occupation PRESIDENT Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 11/08/2000	Amount of Each Receipt this Period 1,000.00
E. Full Name, Mailing Address and ZIP Code MARGIT V. CHILLAGO MURPHY 11110 LAUREL AVE. MILWORTH CA 92260	Name of Employer INFORMATION ARCHITECTS Occupation Aggregate Year-to-Date > \$ 450.00	Date (month, day, year) 10/30/2000	Amount of Each Receipt this Period 250.00
F. Full Name, Mailing Address and ZIP Code THOMAS F. DUNN PO BOX 513 YEMOAH CA 95360	Name of Employer THE DUNN CO. Occupation PRESIDENT Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 10/27/2000	Amount of Each Receipt this Period 1,000.00
G. Full Name, Mailing Address and ZIP Code STERRY A. HALL 1945 MIDWAY WAY SALVAMUNDI CA 95818	Name of Employer HALL INSURANCE Occupation CASUALTY ACTUARY Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 10/30/2000	Amount of Each Receipt this Period 1,000.00
SUBTOTAL of Receipts This Page (optional)			5,250.00
TOTAL This Period (last page this line number only)			

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 4
FOR LINE NUMBER 11 (of 11)

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

NAME OF COMMITTEE (in Full)

THE MARY BONO COMMITTEE

A. Full Name, Mailing Address and ZIP Code GURCE HALL 2552 NO. GIRASOL AVE. PALM SPRINGS CA 92262	Name of Employer Occupation RETIRED Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 10/20/2000	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
B. Full Name, Mailing Address and ZIP Code JACK AND MARK SCIBEL WATY 33750 HOLLAND RD. WINCHESTER CA 92596-	Name of Employer (Last Name, Street) Occupation Aggregate Year-to-Date > \$ 2,512.00	Date (month, day, year) 10/20/2000	Amount of Each Receipt this Period 512.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code JANUARA GONZALES TYONN P.O. BOX 247 THOUSAND PALMS CA 92276	Name of Employer S/R - REALTY COMPANY Occupation REALTY MANAGEMENT Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 10/30/2000	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code WILLEEN YOUNG 1324 MITCHELL AVE BEDLANDS CA 94414	Name of Employer INFORMATION REQUESTED Occupation Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 10/30/2000	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code MERRILL TERRY OF KIRKTON INDIAN P O BOX 366 CABAZON CA 922300366	Name of Employer Occupation Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 10/30/2000	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code SUSAN J. NIETEMER 2524 VISTA DR. PALM SPRINGS CA 92262-2764	Name of Employer RITURON J. NIETEMER, D.D.S. Occupation PEDIATRIC DENTIST Aggregate Year-to-Date > \$ 400.00	Date (month, day, year) 11/01/2000	Amount of Each Receipt this Period 400.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code WILLIAM M. OSTERSON 10 CANYON CREEK HANDSOME MOUNTAINS CA 92370-	Name of Employer Occupation RETIRED Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 10/26/2000	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional) 3,562.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 4 FOR LINE NUMBER 11 (a) (i)

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

NAME OF COMMITTEE (in Full)

THE MARY BOOD COMMITTEE

A. Full Name, Mailing Address and ZIP Code DAVID PROFF 73115 CRISTEN CT LA BOUNTA CA 92285 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer DESMOND ORTHOPEDIC CENTER Occupation ARTHOPEIDIC SURGEON Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 10/23/2000	Amount of Each Receipt this Period 250.00
B. Full Name, Mailing Address and ZIP Code SAM MANUEL TRIBAL ADMINISTRATION 24324 CHERRY ROAD HIGHLAND CA 92345 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 2,000.00	Date (month, day, year) 10/20/2000	Amount of Each Receipt this Period 1,000.00
C. Full Name, Mailing Address and ZIP Code PAUL T. REIZER 777 N. TARGUITS CANYON WAY, STE- 328 PALM SPRINGS CA 92264 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer VINCENT P. MURPHY REIZER, BARRY, ET AL Occupation ATTORNEY Aggregate Year-to-Date > \$ 300.00	Date (month, day, year) 10/23/2000	Amount of Each Receipt this Period 100.00
D. Full Name, Mailing Address and ZIP Code PEGGY S. RISSON P.O. BOX 9117 JACK SPRAWNS CA 92263 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer INFORMATION REQUESTED Occupation Aggregate Year-to-Date > \$ 350.00	Date (month, day, year) 10/30/2000	Amount of Each Receipt this Period 250.00
E. Full Name, Mailing Address and ZIP Code HARRIS J. SITAIN 520 ALMA REAL DRIVE MARIETTA PALMSPRNGS CA 92273 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer HERRILL LUNCH Occupation ADVISOR Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 11/01/2000	Amount of Each Receipt this Period 100.00
F. Full Name, Mailing Address and ZIP Code ERNEST K SIVA 9570 MIAS CANYON RD. DANBURG CA 92220 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer SIVA CASUALTY Occupation CONSULTANT Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 10/20/2000	Amount of Each Receipt this Period 500.00
G. Full Name, Mailing Address and ZIP Code TORRES-MARTINEZ DESERT CABUILLA INDIANS P.O. BOX 1150 THERMAL CA 92274 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 10/25/2000	Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) 2,200.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED 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)
THE MARY BOND COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
TWENTY-NINE PALMS BRANCH OF MISSION INLAND 45-200 HARRISON PLACE COACHELLA CA 92236-		11/09/2000	7,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,000.00	
B. Full Name, Mailing Address and ZIP Code DENNIS R WASHINGTON P.O. BOX 10030 MISSOURI MO 63808	Name of Employer WASHINGTON, CORP.	Date (month, day, year) 10/19/2000	Amount of Each Receipt this Period 300.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500.00	
C. Full Name, Mailing Address and ZIP Code ASHLEY J. WOODEN 4514 NUNDSWOOD LANE LAKELAND FL 33812	Name of Employer INFORMATION REQUESTERS	Date (month, day, year) 11/06/2000	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,000.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
SUBTOTAL of Receipts This Page (optional)			2,500.00
TOTAL This Period (add page this line number only)			13,812.00

THE MARY BONO COMMITTEE
ATTACHMENT TO SCHEDULE A, LINE (a)(i),

JACK AND MARK STIEFEL DAIRY 32750 HOLLAND RD WINCHESTER, CA 92596	10/30/00	\$512.00 SEE CONTRIBUTION
JACK STIEFEL 32750 HOLLAND RD. WINCHESTER, CA 92596	10/30/00	\$256.00 MEMO
MARK STIEFEL 32750 HOLLAND RD. WINCHESTER, CA 92596	10/30/00	\$256.00 MEMO

SCHEDULE A

ITEMIZED RECEIPTS

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)

THE MARY BOND COMMITTEE

A. Full Name, Mailing Address and ZIP Code ARROWBEND POLITICAL ACTION COMMITTEE ONE BUSCH PLACE ST. LOUIS, MO 63118-0000	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period 1,000.00
	Occupation	10/30/2000	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 2,000.00		

B. Full Name, Mailing Address and ZIP Code ARROWBEND FEDERAL PAC PO Box 735 SAN BERNARDINO CA 92402	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period 500.00
	Occupation	10/30/2000	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		

C. Full Name, Mailing Address and ZIP Code BUILD PAC 1201 15TH ST. NW WASHINGTON DC 20005-2000	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period 2,500.00
	Occupation	11/06/2000	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 7,000.00		

D. Full Name, Mailing Address and ZIP Code DEALERS ELECTION ACTION COMMITTEE OF THE NATIONAL 8400 WESTPARK DRIVE NORFOLK VA 22102	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period 5,000.00
	Occupation	11/06/2000	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 5,000.00		

E. Full Name, Mailing Address and ZIP Code USA-PAC, THE POLITICAL ACTION COMMITTEE OF THE I 7920 SUNSET BOULEVARD LOS ANGELES CA 90046	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period 1,000.00
	Occupation	10/30/2000	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		

F. Full Name, Mailing Address and ZIP Code GRANITE COMMUNICATIONS EMPLOYER PAC (GRANTIPAC) 555 CAPITOL MALL, SUITE 1425 SACRAMENTO CA 95814-	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period 1,000.00
	Occupation	10/26/2000	
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 T.P.H.F.E.A., INC. POLITICAL ACTION COMMITTEE, INC 1018 WASH RD. STE 101 WICKITA KS 67278	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period 2,000.00
	Occupation	10/20/2000	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 2,000.00		

SUBTOTAL of Receipts This Page (optional)	13,000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 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)

THE HARY HUND COMMITTEE

<p>A. Full Name, Mailing Address and ZIP Code NATIONAL UNITY CAUCUS TECUMSEH CTR 601 PENNSYLVANIA AVE. WASHINGTON DC 20004</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 3,000.00</p>	<p>Date (month, day, year)</p> <p>10/30/2000</p>	<p>Amount of Cash Receipt this Period</p> <p>\$ 4,000.00</p>
<p>B. Full Name, Mailing Address and ZIP Code RIVERSIDE COUNTY'S CREDIT UNION EMPLOYERS PAC 6403 RIVERSIDE AVE. RIVERSIDE CA 92506</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year)</p> <p>10/26/2000</p>	<p>Amount of Each Receipt this Period</p> <p>500.00</p>
<p>C. Full Name, Mailing Address and ZIP Code SNAC PAC P.O. BOX 221230 CHANTILLY VA 22022</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 1,000.00</p>	<p>Date (month, day, year)</p> <p>11/02/2000</p>	<p>Amount of Each Receipt this Period</p> <p>1,000.00</p>
<p>D. Full Name, Mailing Address and ZIP Code SPIN PAC 6300 N. RIVER ROAD, STE. 500 ROSEMONT IL 60018</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 1,000.00</p>	<p>Date (month, day, year)</p> <p>11/01/2000</p>	<p>Amount of Each Receipt this Period</p> <p>1,000.00</p>
<p>E. Full Name, Mailing Address and ZIP Code THE GLAXO WELLCOME PAC PVT. MOORE DR. RESEARCH TRIANGLE PARK NC 27709-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 1,000.00</p>	<p>Date (month, day, year)</p> <p>11/03/2000</p>	<p>Amount of Each Receipt this Period</p> <p>1,000.00</p>
<p>F. Full Name, Mailing Address and ZIP Code THE HOME DEPOT INC. KNITTING GOVERNMENT COMMITTEE 2433 PICES PERRY ROAD., N.W. ATLANTA GA 30339-4024</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year)</p> <p>11/13/2000</p>	<p>Amount of Each Receipt this Period</p> <p>500.00</p>
<p>G. Full Name, Mailing Address and ZIP Code UPS PAC 55 GLENLAKE PARKWAY ATLANTA GA 30320-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 1,000.00</p>	<p>Date (month, day, year)</p> <p>11/09/2000</p>	<p>Amount of Each Receipt this Period</p> <p>1,000.00</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>7,000.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p>20,000.00</p>

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 7
 FOR LINE NUMBER 17

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

NAME OF COMMITTEE (in Full)			
THE MARY BONO COMMITTEE			
A. Full Name, Mailing Address and ZIP Code AMERICAN MEDICAL SERVICES 3633 E. OYLAND EMPIRE BLVD., STE. 103 ONTARIO, CA 91764	Purpose of Disbursement CABLE SERVICE Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/23/2000	Amount of Each Disbursement This Period 3,444.00
B. Full Name, Mailing Address and ZIP Code AT&T P.O. BOX 76522 PHOENIX, AZ 85062	Purpose of Disbursement TELEPHONE BILL Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 11/01/2000	Amount of Each Disbursement This Period 66.75
C. Full Name, Mailing Address and ZIP Code ACCT WIRELESS SERVICES P.O. BOX 51471 LOS ANGELES, CA 900515771	Purpose of Disbursement TELEPHONE BILL Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 11/13/2000	Amount of Each Disbursement This Period 71.57
D. Full Name, Mailing Address and ZIP Code 7/MT WIRELESS SERVICES P.O. BOX 51471 LOS ANGELES, CA 900515771	Purpose of Disbursement TELEPHONE BILL Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 11/13/2000	Amount of Each Disbursement This Period 50.24
E. Full Name, Mailing Address and ZIP Code ANTONIO PUBLISHING, INC. P.O. BOX 1530 VIENNA, VA 22181	Purpose of Disbursement PRINTING Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 11/15/2000	Amount of Each Disbursement This Period 5,396.00
F. Full Name, Mailing Address and ZIP Code BON VOYAGE TRAVEL 41-865 BOARDWALK #110 PALM DESERT, CA 92711	Purpose of Disbursement TRAVEL Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 11/02/2000	Amount of Each Disbursement This Period 341.80
G. Full Name, Mailing Address and ZIP Code BON VOYAGE TRAVEL 41-865 BOARDWALK #110 PALM DESERT, CA 92711	Purpose of Disbursement TRAVEL Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 11/02/2000	Amount of Each Disbursement This Period 845.00
H. Full Name, Mailing Address and ZIP Code CAPITOL HILL CLUB 300 HIRSH STREET, S.E. WASHINGTON, DC 20003	Purpose of Disbursement RECEPTION Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/24/2000	Amount of Each Disbursement This Period 25.00
I. Full Name, Mailing Address and ZIP Code COACHELLA VALLEY CONGRESS OF REPUBLICANS P.O. BOX 10769 PALM DESERT, CA 92255	Purpose of Disbursement MEMBERSHIP Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 11/17/2000	Amount of Each Disbursement This Period 100.00
SUBTOTAL of Disbursements This Page (optional)			10,330.30
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 7
FOR LINE NUMBER 17

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

NAME OF COMMITTEE (in full)

THE MARY BOND COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
TONY DACOSTA 1555 S. PALM CANYON DR., SUITE D-105 PALM SPRINGS, CA 92264	FOOD FOR VOLUNTEERS Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/21/2000	18.00
TONY DACOSTA 1555 S. PALM CANYON DR., SUITE D-105 PALM SPRINGS, CA 92264	PAYROLL EXPENSE Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/31/2000	227.75
TONY DACOSTA 1555 S. PALM CANYON DR., SUITE D-105 PALM SPRINGS, CA 92264	INTERNET SERVICE Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/01/2000	21.85
TONY DACOSTA 1555 S. PALM CANYON DR., SUITE D-105 PALM SPRINGS, CA 92264	POSTAGE Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/02/2000	15.54
TONY DACOSTA 1555 S. PALM CANYON DR., SUITE D-105 PALM SPRINGS, CA 92264	PAYROLL EXPENSE Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/15/2000	227.75
TONY DACOSTA 1555 S. PALM CANYON DR., SUITE D-105 PALM SPRINGS, CA 92264	FOOD FOR VOLUNTEERS Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/17/2000	23.97
DESERT LAKE DEVELOPMENT CO. L.L.C. 7490 COUNTRY CLUB STE. 101 BERMUDA DUNES, CA 92201	REFUND CONTRIBUTION Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	10/25/2000	1,000.00
DESERT BLVD 250 W. GRNR ANTRY TRAIL PALM SPRINGS, CA 92262	ADVERTISEMENT Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/02/2000	4,050.33
FEDERAL EXPRESS P.O. BOX 1140 MEMPHIS, TN 38101140	UNDELIVERED DELIVERY Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/22/2000	212.56

SUBTOTAL of Disbursements This Page (optional)

6,426.26

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 3 OF 7
FOR LINE NUMBER 17

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

NAME OF COMMITTEE (in Full)

THE MARY BOND COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
FEDERAL EXPRESS P.O. BOX 1140 MEMPHIS, TN 381011140	OVERNIGHT DELIVERY Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/17/2000	31.98
CHRISTOPHER A. POSTER 40347 BARRINGTON DR. PALM DESERT, CA 92211	PAYROLL EXPENSE Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/31/2000	923.82
CHRISTOPHER A. POSTER 40347 BARRINGTON DR. PALM DESERT, CA 92211	FOOD FOR VICTORY PARTY Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/13/2000	140.12
CHRISTOPHER A. POSTER 40347 BARRINGTON DR. PALM DESERT, CA 92211	PAYROLL EXPENSE Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/15/2000	923.82
CHRISTOPHER A. POSTER 40347 BARRINGTON DR. PALM DESERT, CA 92211	FUNDRAISING Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/17/2000	223.94
INTEGRATED MHR STRATEGY, LLC 140 E. LAMAR MORNING, AR 75012	WRITER Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/09/2000	4,500.00
INTERNAL REVENUE SERVICE GORDEN, UT 84201	Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/31/2000	465.19
INTERNAL REVENUE SERVICE GORDEN, UT 84201	Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/15/2000	465.19
VERTICAL COMMUNICATIONS P.O. BOX 2776 ARLINGTON, VA 22202	FUNDRAISING Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/09/2000	3,053.00

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

10,519.20

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 7
FOR LINE NUMBER 17

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

NAME OF COMMITTEE (in Full)

THE MARY BOND COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
RESQ - TV 42-650 MELANIE PLACE PALM DESERT, CA 92211	ADVERTISING Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/19/2000	25,449.00
RESQ - TV 42-650 MELANIE PLACE PALM DESERT, CA 92211	ADVERTISING Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/01/2000	300.00
KMIR-TV 6 72920 BARK VIEW DR. PALM DESERT, CA 92260	ADVERTISING Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/23/2000	3,995.00
LIGHT GRAPHICS 6966 ROCRISE BLVD., PMB 134 CITRUS HEIGHTS, CA 95610	PRINTING Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/17/2000	1,070.00
MANANARES 1467 OPHONTIA PALM SPRINGS, CA 92262	ELECTION NIGHT ENTERTAINMENT Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/06/2000	300.00
MANANARES 1467 OPHONTIA PALM SPRINGS, CA 92262	ELECTION NIGHT ENTERTAINMENT Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/06/2000	1,200.00
MARY BOND 64-505 VIA AMANTE PALM SPRINGS, CA 92264	CAMPAIGN MEETING AND TRAVEL Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/22/2000	417.00
MARY BOND 64-505 VIA AMANTE PALM SPRINGS, CA 92264	FUNDRAISING Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/01/2000	53.10
MARY BOND 64-505 VIA AMANTE PALM SPRINGS, CA 92264	FUNDRAISING Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/23/2000	57.68

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

12,841.78

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 5 OF 9
FOR LINE NUMBER 17

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

NAME OF COMMITTEE (in Full)

THE MARY BONO COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
MORENO VALLEY CHAMBER OUTLOOK 22500 TOWN CIRCLE, STE. 2208 MORENO VALLEY, CA 92553	PUBLICATION Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/26/2000	250.00
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE 320 FIRST ST., S-E. WASHINGTON, DC 20003	PRODUCTION COSTS Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/22/2000	490.00
PACIFIC BELL WIRELESS P.O. BOX 10401 VAN NUYS, CA 914100401	TELEPHONE BILL Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/22/2000	54.79
PACIFIC BELL WIRELESS P.O. BOX 10401 VAN NUYS, CA 914100401	TELEPHONE BILL Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/17/2000	272.61
PAYCHEX P.O. BOX 3642 CULVER CITY, CA 902313642	PAYROLL SERVICE Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/08/2000	83.70
PRIMEY BOWEN CREDIT CORP. P.O. BOX 85460 LOUISVILLE, KY 402855460	POSTAGE METER Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/22/2000	410.30
PLAZA DEL SOL 1555 S. PALM CANYON DR., G-106 PALM SPRINGS, CA 92264	OFFICE RENT Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/17/2000	665.00
REED AND DAVIDSON 520 S. GRAND AVE., STE. 700 LOS ANGELES, CA 90071	LEGAL/CAMPAIGN REPORTING Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/01/2000	65.02
REED AND DAVIDSON 520 S. GRAND AVE., STE. 700 LOS ANGELES, CA 90071	LEGAL/CAMPAIGN REPORTING Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/01/2000	1,000.00

SUBTOTAL of Disbursements This Page (optional)

3,282.42

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 6 OF 7
FOR LINE NUMBER 17

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

NAME OF COMMITTEE (In Full)

THE MARY BONO COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
RESERVE ACCOUNT P.O. BOX 952856 ST. LOUIS, MO 631952856	POSTAGE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/24/2000	2,300.00
B. Full Name, Mailing Address and ZIP Code SG COMPUTER SYSTEMS 13725 CATALPA AVE. DESERT HOT SPRINGS, CA 92240	Purpose of Disbursement COMPUTER DATABASE WORK Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/17/2000	158.40
C. Full Name, Mailing Address and ZIP Code SPARKLETT'S P.O. BOX 7126 PASADENA, CA 911097126	Purpose of Disbursement PRINTING MATK Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/01/2000	17.40
D. Full Name, Mailing Address and ZIP Code SPLENDID PARE CATERING 1510 BRADDOCK PLACE ALEXANDRIA, VA 22314	Purpose of Disbursement CATERING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/25/2000	886.25
E. Full Name, Mailing Address and ZIP Code STATE COMPENSATION INSURANCE FUND P.O. BOX 92603 LOS ANGELES, CA 900092603	Purpose of Disbursement INSURANCE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/26/2000	200.00
F. Full Name, Mailing Address and ZIP Code THE MONACO GROUP 701 E. BALL RD., SUITE 103 ANAHEIM, CA 92805	Purpose of Disbursement PRINTING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/01/2000	2,576.50
G. Full Name, Mailing Address and ZIP Code THE OUTDOOR 22500 TOWN CIRCLE, STE. 2208 MORENO VALLEY, CA 925537519	Purpose of Disbursement FLYER Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/01/2000	250.00
H. Full Name, Mailing Address and ZIP Code THE PRESS ENTERPRISE P.O. BOX 12006 RIVERSIDE, CA 92502	Purpose of Disbursement NEWSPAPER Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/17/2000	17.03
I. Full Name, Mailing Address and ZIP Code THE WASHTE CABLE P.O. BOX 78055 PHOENIX, AZ 850628055	Purpose of Disbursement CABLE SERVICE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/22/2000	38.18

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

5,137.76

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

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 7 OF 7
FOR LINE NUMBER 37

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

NAME OF COMMITTEE (in Full)

THE MARY BOND COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
TIME WARNER CABLE P.O. BOX 78055 PHOENIX, AZ 850628055	ADVERTISING Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/23/2000	4,250.00
TIME WARNER CABLE P.O. BOX 78055 PHOENIX, AZ 850628055	CHAIR SERVICE Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/17/2000	38.19
VALLEY OFFICE EQUIPMENT, INC. 35-665 BANKSIDE DR., #B CATHEDRAL CITY, CA 92234	FAX RENTAL Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/22/2000	299.34
VALLEY OFFICE EQUIPMENT, INC. 35-665 BANKSIDE DR., #B CATHEDRAL CITY, CA 92234	COPIER RENTAL Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/23/2000	161.63
VALLEY OFFICE EQUIPMENT, INC. 35-665 BANKSIDE DR., #B CATHEDRAL CITY, CA 92234	FAX SERVICE Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/13/2000	53.00
VERIZON CALIFORNIA P.O. BOX 30001 INGLEWOOD, CA 902330001	TELEPHONE BILL Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/13/2000	276.45

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

5,079.41

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

74,717.22

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
	FOR LINE NUMBER 31	

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

NAME OF COMMITTEE (in Full)
THE KURY ROAD COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
CALIFORNIA REPUBLICAN PARTY 7937 W. WASHINGTON RIVERSIDE, CA 92506	CONTRIBUTION Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/13/2000	2,000.00
DECEM REPUBLICAN COORDINATING COUNCIL 15500 BUSHING WELLS ROAD DESERT HOT SPRINGS, CA 92240	PURPOSE OF DISBURSEMENT VOTER REGISTRATION BOUNTY Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/13/2000	1,359.00
TYNE FOR CONGRESS 22287 MULHOLLAND HWY., STE. 344 CULVERCREEK, CA 91302	PURPOSE OF DISBURSEMENT JERRY DOYLE HOUSE, CA-24 Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/23/2000	500.00
DOYLE FOR CONGRESS 22287 MULHOLLAND HWY., STE. 344 CULVERCREEK, CA 91302	PURPOSE OF DISBURSEMENT JERRY DOYLE HOUSE CA-24 Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/01/2000	500.00
FAMILIES FOR PROZZI 7165 CARMELIAN AVENUE DUNSMO CUCAMONCA, CA 91730	PURPOSE OF DISBURSEMENT ELI PROZZI HOUSE CA-42 Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/03/2000	1,000.00
MIKE STOKER FOR CONGRESS 626 E. MAIN ST., STE. C SANTA MARIA, CA 93450	PURPOSE OF DISBURSEMENT MIKE STOKER HOUSE CA - 32 Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/23/2000	1,000.00
RODRIGUEZ FOR CONGRESS 520 W. LACEY HANFORD, CA 93230	PURPOSE OF DISBURSEMENT RICH RODRIGUEZ HOUSE CA - 20 Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/23/2000	1,000.00
	PURPOSE OF DISBURSEMENT Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
	PURPOSE OF DISBURSEMENT Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (if partial)	7,359.00
TOTAL This Period (last page this line number only)	7,259.00

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

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

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED, (R/C) 12/7/00
<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>CR</i>	 12/11/00
PREPARER	DATE PREPARED