

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee  
(Summary Page)

RECEIVED  
FEC MAIL ROOM

2000 AUG -7 P 1:53

1. NAME OF COMMITTEE (in full)  THE MAEY SCISO COMMITTEE		2. FEC IDENTIFICATION NUMBER  C00332893
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported. PO BOX 3370		3. IS THIS REPORT AN AMENDMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
CITY, STATE and ZIP CODE  PALM SPRINGS, CA 92263	STATE/DISTRICT  CA/44	

### 4. TYPE OF REPORT

<input type="checkbox"/> April 15 Quarterly Report	<input type="checkbox"/> 12-Day Pre-Election Report for the _____ (Type of Election)
<input checked="" type="checkbox"/> July 15 Quarterly Report	election on _____ in the State of _____
<input type="checkbox"/> October 15 Quarterly Report	<input type="checkbox"/> 30-Day Post-Election Report following the General Election
<input type="checkbox"/> January 31 Year End Report	on _____ in the State of _____
<input type="checkbox"/> July 31 Mid-Year Report (Non-election Year Only)	<input type="checkbox"/> 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
04/01/2000 through 06/30/2000		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(a))	52,263.90	108,096.90
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	52,263.90	108,096.90
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	61,411.33	21,450.18
(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	1,633.74
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	61,411.33	69,796.44
8. Cash on Hand at Close of Reporting Period (from Line 27)	174,749.12	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

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

Type or Print Name of Treasurer Cary Davidson, Assistant Treasurer		Date
Signature of Treasurer 		7/31/00

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

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**FEC FORM 3**  
(revised 4/87)

# DETAILED SUMMARY PAGE

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

Name of Committee (in full) 782 MARY BONO COMMITTEE	Report Covering the Period:	
	From: 04/01/2000	To: 06/30/2000
<b>I. RECEIPTS</b>	<b>COLUMN A</b> Total This Period	<b>COLUMN B</b> Calendar Year-To-Date
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	18,600.00	
(ii) Unitemized	14,148.00	
(iii) Total of contributions from individuals	32,748.00	52,826.00
(b) Political Party Committees	520.90	520.90
(c) Other Political Committees (such as PACs)	19,000.00	54,750.00
(d) The Candidate	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d))	52,268.90	108,096.90
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate	0.00	0.00
(b) All Other Loans	0.00	0.00
(c) TOTAL LOANS (add 13(a) and (b))	0.00	0.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)</b>	1,633.74	1,633.74
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.)</b>	0.00	711.47
<b>16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)</b>	53,902.64	110,442.11
<b>II. DISBURSEMENTS</b>		
<b>17. OPERATING EXPENDITURES</b>	61,411.33	71,430.18
<b>18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES</b>	0.00	114.27
<b>19. LOAN REPAYMENTS:</b>		
(a) Of Loans Made or Guaranteed by the Candidate	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))	0.00	0.00
<b>20. REFUNDS OF CONTRIBUTIONS TO:</b>		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))	0.00	0.00
<b>21. OTHER DISBURSEMENTS</b>	0.00	36,633.18
<b>22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)</b>	61,411.33	108,177.55
<b>III. CASH SUMMARY</b>		
<b>23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD</b>	\$	182,257.81
<b>24. TOTAL RECEIPTS THIS PERIOD (from Line 16)</b>	\$	53,902.64
<b>25. SUBTOTAL (add Line 23 and Line 24)</b>	\$	236,160.45
<b>26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)</b>	\$	61,411.33
<b>27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)</b>	\$	174,749.12

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 4  
FOR LINE NUMBER 11 (a) (2)

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
MR. ED ADAMSON 6820 AIRPORT DRIVE RIVERSIDE CA 92504-	ADKAM ENGINEERS	04/22/2000	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation LAND SURVEYOR	Aggregate Year-to-Date > \$ 1,000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WILLIE DAVIS 161 N. LA BREA INGLEWOOD CA 90301-	AIC PRO BROADCASTING INC.	04/21/2000	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PRESIDENT AND CEO	Aggregate Year-to-Date > \$ 1,500.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CINDY DOMENIGONI 31851 WINCHESTER ROAD WINCHESTER CA 92586-	CINDY DOMENIGONI	04/24/2000	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation REAL ESTATE MANAGEMENT & FARMING	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
ROBERT KICHENBERG 1 COLLINS ISLAND NEWPORT BEACH CA 92662-1002	ELLISON EDUCATIONAL	04/25/2000	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CHAIRMAN	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
KATY GILL 2519 DUNDEE WAY VISTA CA 92083-	KATY GILL	04/16/2000	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation RADIO STATION OWNER/MANAGER	Aggregate Year-to-Date > \$ 1,000.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROGER B. HOFFMAN 402 N. EAV CLAIKE AVENUE, APT. 312 MADISON WI 53705-2819	ROGER B. HOFFMAN	05/12/2000	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation FINANCE	Aggregate Year-to-Date > \$ 250.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
HENRY N. JANNON 1875 CENTURY PARK EAST, SUITE 1400 LOS ANGELES CA 90067-	LAW OFFICES OF HENRY N. JANNON	06/30/2000	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	Aggregate Year-to-Date > \$ 500.00	

**SUBTOTAL** of Receipts This Page (optional) ..... 5,750.00

**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 4  
FOR LINE NUMBER 11 (a) (1)

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**NAME OF COMMITTEE (In Full)**

THE MARY BONO COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JEFF S. WELTON P.O. BOX 212 NORTH PALM SPRINGS CA 92356	BOB INDESSMAN	06/30/2000	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation JEFF S. WELTON & ASSOCIATES	Aggregate Year-to-Date > \$ 1,000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOE TAGLIA 3405 ARLINGTON AVENUE RIVERSIDE CA 92506	J & L PROPERTIES	04/26/2000	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PARTNER	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
ALFRED S. JOSEPH 301 W. EL CAMINO WAY PALM SPRINGS CA 92264	INFORMATION REQUESTED	04/31/2000	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 2,000.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CLARCY HILL JOSEPH 301 W. EL CAMINO WAY PALM SPRINGS CA 92264	INFORMATION REQUESTED	04/21/2000	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	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
VIRGINIA M. KNOX 15 RUS VERTS NEWPORT BEACH CA 92660		05/05/2000	300.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation RETIRED	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
MR. MARK F. LIDDY 190 E. PALM CANYON DR. PALM SPRINGS CA 92262	MADISON & CO.	06/29/2000	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation JEWELER	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
MR. MICHAEL MARIE 112 CHELSEA CIRCLE PALM DESERT CA 92260	CORNERSTONE DEVELOPMENT	06/26/2000	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation SCULPTOR	Aggregate Year-to-Date > \$ 1,000.00	

**SUBTOTAL** of Receipts This Page (optional) ..... 5,800.00

**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)(1)

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**NAME OF COMMITTEE (In Full)**

THE MARY BOND COMMITTEE

A. Full Name, Mailing Address and ZIP Code JUDIE NAUCCI 71 PRINCETON RANCHO MIRAGE CA 92370	Name of Employer INFORMATION REQUESTED  Occupation	Date (month, day, year) 06/09/2000	Amount of Each Receipt this Period 300.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 300.00		
B. Full Name, Mailing Address and ZIP Code FREDERICK W. NOBLE 41700 CORPORATE WAY, STE. D PALM DESERT CA 92260	Name of Employer WIND ENERGY  Occupation OWNER	Date (month, day, year) 06/30/2000	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):	Aggregate Year-to-Date > \$ 1,000.00		
C. Full Name, Mailing Address and ZIP Code JAMES H. RANDALL 215 DEODAR LAKE BRADBURY CA 91010	Name of Employer ALLFAST FASTENING SYSTEMS, INC.  Occupation	Date (month, day, year) 06/30/2000	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):	Aggregate Year-to-Date > \$ 1,000.00		
D. Full Name, Mailing Address and ZIP Code SCHAFFER AMBULANCE SERVICE, INC. 4627 BEVERLY BLVD. LOS ANGELES CA 90004	Name of Employer   Occupation	Date (month, day, year) 05/22/2000	Amount of Each Receipt this Period 250.00 NO SB REQUESTED
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
E. Full Name, Mailing Address and ZIP Code CLYNDOLE R. SOMES 990 BAYVIEW AVE. PACIFIC GROVE CA 93950	Name of Employer   Occupation RETIRED	Date (month, day, year) 05/08/2000	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
F. Full Name, Mailing Address and ZIP Code MS. GLORIA STROSCHEIN PO BOX 1030 BLYTHE CA 92226	Name of Employer GLORIA STROSCHEIN  Occupation FARMER	Date (month, day, year) 05/02/2000	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):	Aggregate Year-to-Date > \$ 1,000.00		
G. Full Name, Mailing Address and ZIP Code MR. K.A. SOMKIN 1560 CONCHA CIRCLE PALM SPRINGS CA 92264	Name of Employer INFORMATION REQUESTED  Occupation	Date (month, day, year) 06/09/2000	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):	Aggregate Year-to-Date > \$ 1,000.00		

SUBTOTAL of Receipts This Page (optional) ..... 5,050.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 4	OF 2
FOR LINE NUMBER 11(a) (i)	

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**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
MR. TERRY WEINER 100 N PALM CANYON PALM SPRINGS CA 92262-	LEED'S & SON  Occupation JEWELER	06/26/2000	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MR. JOHN WEBBMAN 1555 S. PALM CANYON DR., STE. G-106 PALM SPRINGS CA 92264-	WEBBMAN DEVELOPMENT  Occupation BUSINESSMAN	06/30/2000	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	2,000.00
<b>TOTAL</b> This Period (last page this line number only) .....	18,600.00

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 11 (b)

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**NAME OF COMMITTEE (In Full)**

THE MARY BOND COMMITTEE

A. Full Name, Mailing Address and ZIP Code NATIONAL REPUBLICAN CONGRESSIONAL CENTRE 320 FIRST ST., S.E. WASHINGTON DC 20003	Name of Employer  Occupation	Date (month, day, year) 04/13/2000	Amount of Each Receipt This Period 23.95 CONTRIBUTION IN-KIND, SATELLITE FEED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 520.50		
B. Full Name, Mailing Address and ZIP Code NATIONAL REPUBLICAN CONGRESSIONAL CENTRE 320 FIRST ST., S.E. WASHINGTON DC 20003	Name of Employer  Occupation	Date (month, day, year) 05/16/2000	Amount of Each Receipt This Period 16.41 CONTRIBUTION IN-KIND, SATELLITE FEED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 520.90		
C. Full Name, Mailing Address and ZIP Code NATIONAL REPUBLICAN CONGRESSIONAL CENTRE 320 FIRST ST., S.E. WASHINGTON DC 20003	Name of Employer  Occupation	Date (month, day, year) 05/23/2000	Amount of Each Receipt This Period 239.28 CONTRIBUTION IN-KIND, SATELLITE FEED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 520.90		
D. Full Name, Mailing Address and ZIP Code NATIONAL REPUBLICAN CONGRESSIONAL CENTRE 320 FIRST ST., S.E. WASHINGTON DC 20003	Name of Employer  Occupation	Date (month, day, year) 06/20/2000	Amount of Each Receipt This Period 239.26 CONTRIBUTION IN-KIND, SATELLITE FEED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 520.90		
E. Full Name, Mailing Address and ZIP Code	Name of Employer  Occupation	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):	Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer  Occupation	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):	Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer  Occupation	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):	Aggregate Year-to-Date > \$		

**SUBTOTAL** of Receipts This Page (optional) ..... 520.90

**TOTAL** This Period (last page this line number only) ..... 520.90

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 3  
FOR LINE NUMBER 11 (c)

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**NAME OF COMMITTEE (in Full)**

THE MARY BONO COMMITTEE

<p><b>A. Full Name, Mailing Address and ZIP Code</b> AMERICAN TRADE AIR, INC. PAC 7337 W. WASHINGTON ST. INDIANAPOLIS IN 46231</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>Date (month, day, year) 06/26/2000</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 500.00</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p><b>B. Full Name, Mailing Address and ZIP Code</b> ARCO PAC, ATLANTIC RICHFIELD COMPANY 233 SOUTH HOPE STREET, 19TH FLOOR LOS ANGELES CA 90071</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>Date (month, day, year) 06/28/2000</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 500.00</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p><b>C. Full Name, Mailing Address and ZIP Code</b> BUXING POLITICAL ACTION COMMITTEE 1200 WILSON BLVD. ARLINGTON VA 22209</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>Date (month, day, year) 06/12/2000</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 1,000.00</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p><b>D. Full Name, Mailing Address and ZIP Code</b> BUILD PAC 1204 15TH ST. NW WASHINGTON DC 20005-2800</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>Date (month, day, year) 06/19/2000</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 4,500.00</p>	<p>Amount of Each Receipt this Period 2,500.00</p>
<p><b>E. Full Name, Mailing Address and ZIP Code</b> CA ASSOCIATION OF MORTGAGE BROKERS PAC 1730 'I' STREET, SUITE 240 SACRAMENTO CA 95814-</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>Date (month, day, year) 06/09/2000</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 1,000.00</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p><b>F. Full Name, Mailing Address and ZIP Code</b> COLLEGE OF AMERICAN PATHOLOGISTS POLITICAL ACTION 1350 I ST., N.W., STE. 590 WASHINGTON DC 20005</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer COMMITTEE</p> <p>Date (month, day, year) 06/26/2000</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 1,000.00</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p><b>G. Full Name, Mailing Address and ZIP Code</b> EMAY INC. COMMITTEE FOR RESPONSIBLE INTERNET COMM 101 PARK CENTER PLAZA, STE. 1160 SAN JOSE CA 95113</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer EMAY</p> <p>Date (month, day, year) 06/23/2000</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 500.00</p>	<p>Amount of Each Receipt this Period 500.00</p>

**SUBTOTAL** of Receipts This Page (optional) ..... 7,000.00

**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 3

FOR LINE NUMBER 11 (c)

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**NAME OF COMMITTEE (in Full)**

THE MARY BONO COMMITTEE

<p><b>A. Full Name, Mailing Address and ZIP Code</b>                  ERNST &amp; YOUNG POLITICAL ACTION COMMITTEE                  1225 CONNECTICUT AVE., N.W.                  WASHINGTON DC 20036</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 &gt; \$ 1,500.00</p>	<p>Date (month, day, year) 06/30/2000</p>	<p>Amount of Each Receipt this Period 1,500.00</p>
<p><b>B. Full Name, Mailing Address and ZIP Code</b>                  GENERAL ATOMICS/PAC                  P.O. BOX 22930                  SAN DIEGO CA 92122-</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 &gt; \$ 1,000.00</p>	<p>Date (month, day, year) 05/23/2000</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p><b>C. Full Name, Mailing Address and ZIP Code</b>                  GENERAL ELECTRIC COMPANY PAC                  1299 PENNSYLVANIA AVE., N.W.                  WASHINGTON DC 20004-2407</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 &gt; \$ 1,000.00</p>	<p>Date (month, day, year) 06/30/2000</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p><b>D. Full Name, Mailing Address and ZIP Code</b>                  MICROSOFT CORPORATION POLITICAL ACTION COMMITTEE                  16011 N.E. 36TH WAY, BOX 97017                  REDMOND WA 98073-9717</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 &gt; \$ 2,000.00</p>	<p>Date (month, day, year) 06/28/2000</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p><b>E. Full Name, Mailing Address and ZIP Code</b>                  NATIONAL BEER WHOLESALE ASSOCIATION PAC                  1100 S. WASHINGTON STREET                  ALEXANDRIA VA 22314-4494</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 &gt; \$ 4,500.00</p>	<p>Date (month, day, year) 02/28/2000</p>	<p>Amount of Each Receipt this Period 2,500.00</p>
<p><b>F. Full Name, Mailing Address and ZIP Code</b>                  NEWPORT NEWS SHIPBUILDING PAC                  801 PENNSYLVANIA AVE., N.W., STE. 350                  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 &gt; \$ 1,000.00</p>	<p>Date (month, day, year) 06/30/2000</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p><b>G. Full Name, Mailing Address and ZIP Code</b>                  RAYTHEON POLITICAL ACTION COMMITTEE                  141 SPRING STREET                  LEXINGTON MA 02421-</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 &gt; \$ 2,000.00</p>	<p>Date (month, day, year) 05/07/2000</p>	<p>Amount of Each Receipt this Period 1,000.00</p>

**SUBTOTAL of Receipts This Page (optional)** ..... 9,000.00

**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 3 OF 3  
FOR LINE NUMBER 11(c)

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**NAME OF COMMITTEE (In Full)**

THE MARY BOND COMMITTEE

<p><b>A. Full Name, Mailing Address and ZIP Code</b> THE CHUBB CORPORATION PAC 15 MOUNTAIN VIEW RD. WARREN MO 67059</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 &gt; \$ 1,000.00</p>	<p>Date (month, day, year) 06/30/2000</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p><b>B. Full Name, Mailing Address and ZIP Code</b> TIME WARNER INC., PAC 75 ROCKEFELLER PLAZA NEW YORK NY 10019</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 &gt; \$ 1,000.00</p>	<p>Date (month, day, year) 06/29/2000</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p><b>C. Full Name, Mailing Address and ZIP Code</b> UNITED DEFENSE EMPLOYEES POLITICAL ACTION COMMITTEE 1525 WILSHIRE BLVD., SUITE 700 ARLINGTON VA 22209</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 &gt; \$ 1,000.00</p>	<p>Date (month, day, year) 05/15/2000</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p><b>D. Full Name, Mailing Address and ZIP Code</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p><b>E. Full Name, Mailing Address and ZIP Code</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p><b>F. Full Name, Mailing Address and ZIP Code</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p><b>G. Full Name, Mailing Address and ZIP Code</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>

<p><b>SUBTOTAL</b> of Receipts This Page (optional) .....</p>	<p>3,000.00</p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p>19,000.00</p>

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 1  
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**NAME OF COMMITTEE (in Full)**

THE MARY BONO COMMITTEE

<b>A. Full Name, Mailing Address and ZIP Code</b> AT&T P.O. BOX 16710 MESA AZ 85211E710	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	06/12/2000	
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		
Aggregate Year-to-Date > \$		557.54	
<b>B. Full Name, Mailing Address and ZIP Code</b> EMPLOYMENT DEVELOPMENT DEPT. P.O. BOX 1016 SACRAMENTO CA 95812	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	04/27/2000	
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		
Aggregate Year-to-Date > \$		1,059.33	
<b>C. Full Name, Mailing Address and ZIP Code</b> UNITED STATES POSTAL SERVICE 333 EAST ANNO RD. PALM SPRINGS CA 922639998	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	06/13/2000	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
Aggregate Year-to-Date > \$		16.87	
<b>D. Full Name, Mailing Address and ZIP Code</b>	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
Aggregate Year-to-Date > \$			
<b>E. Full Name, Mailing Address and ZIP Code</b>	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
Aggregate Year-to-Date > \$			
<b>F. Full Name, Mailing Address and ZIP Code</b>	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
Aggregate Year-to-Date > \$			
<b>G. Full Name, Mailing Address and ZIP Code</b>	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
Aggregate Year-to-Date > \$			

**SUBTOTAL** of Receipts This Page (optional) ..... 1,633.74

**TOTAL** This Period (last page this line number only) ..... 1,633.74

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE - OF 10  
FOR LINE NUMBER 17

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**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
ACE PRINTING CO. 548 VELLA ROAD PALM SPRINGS, CA 92264	STATIONERY Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/01/2000	75.91
ACE PRINTING CO. 548 VELLA ROAD PALM SPRINGS, CA 92261	STATIONERY Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/01/2000	1,423.38
ACE PRINTING CO. 548 VELLA ROAD PALM SPRINGS, CA 92264	STATIONERY Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/12/2000	517.20
AT&T P.O. BOX 78225 PHOENIX, AZ 85062	TELEPHONE BILL Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/20/2000	105.98
AT&T P.O. BOX 78225 PHOENIX, AZ 85062	TELEPHONE BILL Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/30/2000	56.64
AT&T P.O. BOX 78225 PHOENIX, AZ 85062	TELEPHONE BILL Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/23/2000	38.26
AT&T WIRELESS SERVICES P.O. BOX 60360 LOS ANGELES, CA 90060	TELEPHONE BILL Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/06/2000	93.58
AT&T WIRELESS SERVICES P.O. BOX 60360 LOS ANGELES, CA 90060	TELEPHONE BILL Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/06/2000	33.49
AT&T WIRELESS SERVICES P.O. BOX 60360 LOS ANGELES, CA 90060	TELEPHONE BILL Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/08/2000	95.77

SUBTOTAL of Disbursements This Page (optional).....	2,437.11
TOTAL This Period (last page this line number only) .....	

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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FOR LINE NUMBER 17

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**NAME OF COMMITTEE (in Full)**

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
AT&T WIRELESS SERVICES P.O. BOX 60360  LOS ANGELES, CA 90060	TELEPHONE BILL Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/08/2000	31.89
B. Full Name, Mailing Address and ZIP Code AT&T WIRELESS SERVICES P.O. BOX 50360  LOS ANGELES, CA 90060	TELEPHONE BILL Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/08/2000	58.07
C. Full Name, Mailing Address and ZIP Code AT&T WIRELESS SERVICES P.O. BOX 60360  LOS ANGELES, CA 90060	TELEPHONE BILL Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/08/2000	97.96
D. Full Name, Mailing Address and ZIP Code CALIFORNIA POLITICAL WEEK P.O. BOX 1468  BEVERLY HILLS, CA 90212	NEWSLETTER Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/22/2000	90.00
E. Full Name, Mailing Address and ZIP Code CRMC DELEGATION 10866 WILSHIRE BLVD., STE. 500  LOS ANGELES, CA 90024	CONVENTION DELEGATION FEE Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/30/2000	500.00
F. Full Name, Mailing Address and ZIP Code CRMC DELEGATION 10866 WILSHIRE BLVD., STE. 500  LOS ANGELES, CA 90024	CONVENTION DELEGATION FEE Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/30/2000	400.00
G. Full Name, Mailing Address and ZIP Code TONY DACOSTA 1555 S. PALM CANYON DR., SUITE C-105  PALM SPRINGS, CA 92264	 Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/06/2000	55.62
H. Full Name, Mailing Address and ZIP Code TONY DACOSTA 1555 S. PALM CANYON DR., SUITE C-105  PALM SPRINGS, CA 92264	 Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/01/2000	61.58
I. Full Name, Mailing Address and ZIP Code TONY DACOSTA 1555 S. PALM CANYON DR., SUITE D-105  PALM SPRINGS, CA 92264	OFFICE SUPPLIES Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/18/2000	65.48

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

1,360.60

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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FOR LINE NUMBER 17

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**NAME OF COMMITTEE (In Full)**

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
TONY DUCSTA 1555 E. 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)	06/01/2000	21.95
DARREMARK DESIGN P.O. BOX 508 WELTEHOUSE, TN 371880508	WEBSITE DESIGN Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/10/2000	275.00
DAVID L. ANDRUKITIS, INC. 50 E. ST., S.E. WASHINGTON, DC 20003	PRINTING Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/30/2000	425.01
DESERT REPUBLICAN COORDINATING COUNCIL 15500 RUBELINE WELLS ROAD DESERT HOT SPRINGS, CA 92240 ID: C	VOTER REGISTRATION COUNTY Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/26/2000	1,000.00
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)	04/06/2000	51.20
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)	04/14/2000	49.39
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)	05/01/2000	49.26
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)	05/08/2000	26.90
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)	05/06/2000	76.87

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

1,975.58

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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**NAME OF COMMITTEE (In Full)**

THE HARY 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)	05/12/2000	18.46
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)	05/19/2000	19.76
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)	05/30/2000	31.46
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)	05/30/2000	25.75
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)	06/01/2000	26.52
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)	06/08/2000	19.26
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)	06/06/2000	13.26
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)	06/15/2000	18.46
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)	06/22/2000	40.16

**SUBTOTAL** of Disbursements This Page (optional) ..... 207.09

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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FOR LINE NUMBER 17

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**NAME OF COMMITTEE (in Full)**

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
GTE CALIFORNIA PAYMENT PROCESSING CENTER  INGLEWOOD, CA 903130001	TELEPHONE BILL Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/14/2000	272.74
GTE CALIFORNIA PAYMENT PROCESSING CENTER  INGLEWOOD, CA 903130001	TELEPHONE BILL Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/12/2000	264.58
GTE CALIFORNIA PAYMENT PROCESSING CENTER  INGLEWOOD, CA 903130001	TELEPHONE BILL Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/15/2000	265.11
INTEGRATED WEB STRATEGIES 140 E. LAMAR  PHOENIX, AZ 85012	WEBSITE SERVICE Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/16/2000	14,500.00
KEELEN COMMUNICATIONS P.O. BOX 2776  ARLINGTON, VA 22202	FUNDRAISER PASSES Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/18/2000	4,400.00
KEELEN COMMUNICATIONS P.O. BOX 2776  ARLINGTON, VA 22202	FUNDRAISER PASSES Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/27/2000	1,332.00
XSL RECREATION CORPORATION 56-140 PGA BLVD.  LA QUINTA, CA 922534600	FUNDRAISER Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/23/2000	6,347.06
LA TIMES P.O. BOX 60062  LOS ANGELES, CA	NEWSPAPER Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/14/2000	22.00
LA TIMES P.O. BOX 60062  LOS ANGELES, CA	NEWSPAPER Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/23/2000	1.21

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

27,603.73

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



**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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**NAME OF COMMITTEE (In Full)**

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
MAGAZINE MALL INC. 6310 SAN VICENTE BLVD., #434 LOS ANGELES, CA 90048	MAGAZINE Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/22/2000	39.95
MARY BONO 64-505 VIA AMANTE PALM SPRINGS, CA 92264	CATERING Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/01/2000	604.89
MARY BONO 64-505 VIA AMANTE PALM SPRINGS, CA 92264	REIMBURSEMENTS FROM HOUSE GIFT SHOP Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/08/2000	53.10
MARY BONO 64-505 VIA AMANTE PALM SPRINGS, CA 92264	AIRFARE, MEALS, HOUSE GIFT SHOP Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/13/2000	502.90
MARY BONO 64-505 VIA AMANTE PALM SPRINGS, CA 92264	REIMBURSEMENTS FROM HOUSE GIFT SHOP Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/20/2000	16.00
MONTGOMERY, GLICK & CO. 5951 VARIEL AVENUE WOODLAND HILLS, CA 91367	PROFESSIONAL SERVICES Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/15/2000	1,949.00
NATIONAL REPUBLICAN CONGRESSIONAL CENTER 320 FIRST ST., S.E. WASHINGTON, DC 20003	 Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/13/2000	23.93 CONTRIBUTION IN-KIND, SATELLITE FEE
NATIONAL REPUBLICAN CONGRESSIONAL CENTER 326 FIRST ST., S.E. WASHINGTON, DC 20003	 Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/18/2000	10.41 CONTRIBUTION IN-KIND, SATELLITE FEE
NATIONAL REPUBLICAN CONGRESSIONAL CENTER 320 FIRST ST., S.E. WASHINGTON, DC 20003	 Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/23/2000	239.29 CONTRIBUTION IN-KIND, SATELLITE FEE

**SUBTOTAL** of Disbursements This Page (optional)..... 3,449.46

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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**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
NATIONAL REPUBLICAN CONGRESSIONAL CMTTEE 320 FIRST ST., S.E. WASHINGTON, DC 20003	Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/20/2000	239.28 CONTRIBUTION IN-KIND, SATELLITE FEED
B. Full Name, Mailing Address and ZIP Code BRIAN NEBCANDE P.O. BOX 3370 PALM SPRING, CA 92263	Purpose of Disbursement CONSULTING FEES Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/11/2000	Amount of Each Disbursement This Period 5,000.00
C. Full Name, Mailing Address and ZIP Code BRIAN NEBCANDE P.O. BOX 3370 PALM SPRING, CA 92263	Purpose of Disbursement CONSULTING FEES Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/23/2000	Amount of Each Disbursement This Period 2,233.77
D. Full Name, Mailing Address and ZIP Code BRIAN NEBCANDE P.O. BOX 3370 PALM SPRING, CA 92263	Purpose of Disbursement CONSULTING FEES Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/01/2000	Amount of Each Disbursement This Period 5,000.00
E. Full Name, Mailing Address and ZIP Code PALM SPRING MARQUIS 150 E. INDIAN CANYON DR. PALM SPRING, CA 92262	Purpose of Disbursement FUNDRAISER Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/01/2000	Amount of Each Disbursement This Period 3,742.82
F. Full Name, Mailing Address and ZIP Code FITNEY BOWES CREDIT CORP. P.O. BOX 85460 LOUISVILLE, KY 402855460	Purpose of Disbursement POSTAGE Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/20/2000	Amount of Each Disbursement This Period 410.35
G. Full Name, Mailing Address and ZIP Code FITNEY BOWES CREDIT CORP. P.O. BOX 85460 LOUISVILLE, KY 402855460	Purpose of Disbursement POSTAGE Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/19/2000	Amount of Each Disbursement This Period 410.35
H. Full Name, Mailing Address and ZIP Code FITNEY BOWES CREDIT CORP. P.O. BOX 85460 LOUISVILLE, KY 402855460	Purpose of Disbursement POSTAGE Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/15/2000	Amount of Each Disbursement This Period 410.35
I. Full Name, Mailing Address and ZIP Code PLAZA DEL SOL 1555 S. PALM CANYON DR., G-106 PALM SPRING, CA 92264	Purpose of Disbursement RENT Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/12/2000	Amount of Each Disbursement This Period 665.00

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

18,111.92

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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**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
PLAZA DEL SOL 1555 S. PALM CANYON DR., G-106  PALM SPRINGS, CA 92264	RENT Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/15/2000	565.00
REED AND DAVIDSON 520 S. GRAND AVE., STE. 700  LOS ANGELES, CA 90071	LEGAL/CAMPAIGN REPORTS Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/03/2000	1,000.00
REED AND DAVIDSON 520 S. GRAND AVE., STE. 700  LOS ANGELES, CA 90071	LEGAL/CAMPAIGN REPORTS Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/02/2000	1,000.00
REED AND DAVIDSON 520 S. GRAND AVE., STE. 700  LOS ANGELES, CA 90071	LEGAL/CAMPAIGN REPORTS Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/01/2000	1,000.00
GG COMPUTER SYSTEMS 12725 CATALPA AVE.  DESBERT HOT SPRINGS, CA 92240	COMPUTER DATABASE WORK Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/06/2000	337.60
GG COMPUTER SYSTEMS 12725 CATALPA AVE.  DESBERT HOT SPRINGS, CA 92240	COMPUTER DATABASE WORK Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/01/2000	89.00
SPARKLETT'S P.O. BOX 7126  PASADENA, CA 911097126	DRINKING WATER Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/14/2000	17.40
SPARKLETT'S P.O. BOX 7126  PASADENA, CA 911097126	DRINKING WATER Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/12/2000	26.35
SPARKLETT'S P.O. BOX 7126  PASADENA, CA 911097126	DRINKING WATER Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/08/2000	17.40

SUBTOTAL of Disbursements This Page (optional) ..... 4,062.75

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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**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
STAPLES 350 SOUTH PALM CANYON DRIVE PALM SPRINGS, CA 92263	OFFICE SUPPLIES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/20/2000	345.02
STAPLES 350 SOUTH PALM CANYON DRIVE PALM SPRINGS, CA 92263	OFFICE SUPPLIES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/19/2000	89.10
THE DESERT SUN P.O. BOX 2725, 750 N. GENE AUBREY TRAIL PALM SPRINGS, CA 92263	NEWSPAPER Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/14/2000	35.72
THE PRESS ENTERPRISE P.O. BOX 13006 RIVERSIDE, CA 92503	NEWSPAPER Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/08/2000	17.03
TIME WARNER CABLE P.O. BOX 78055 PHOENIX, AZ 850528055	CABLE SERVICE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/12/2000	36.09
TIME WARNER CABLE P.O. BOX 78055 PHOENIX, AZ 850528055	CABLE SERVICE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/15/2000	36.09
U.S. POSTMASTER ARMAD ROAD PALM SPRINGS, CA 92263	POSTAGE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/25/2000	100.00
VALLEY OFFICE EQUIPMENT, INC. 36-665 BANKSIDE DR., #B CATHEDRAL CITY, CA 92234	COPIER RENTAL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/14/2000	161.63
VALLEY OFFICE EQUIPMENT, INC. 36-665 BANKSIDE DR., #B CATHEDRAL CITY, CA 92234	FAX MACHINE RENTAL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/17/2000	53.88

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

879.56

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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**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
VALLEY OFFICE EQUIPMENT, INC. 36-665 BANKSIDE DR., #2 CATHEDRAL CITY, CA 92234	COPIES Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/12/2000	29.47
VALLEY OFFICE EQUIPMENT, INC. 36-665 BANKSIDE DR., #B CATHEDRAL CITY, CA 92234	COPIER RENTAL Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/12/2000	298.09
VALLEY OFFICE EQUIPMENT, INC. 36-665 BANKSIDE DR., #B CATHEDRAL CITY, CA 92234	COPIER RENTAL Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/08/2000	156.75
VALLEY OFFICE EQUIPMENT, INC. 36-665 BANKSIDE DR., #B CATHEDRAL CITY, CA 92234	FAX MACHINE RENTAL Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/08/2000	53.25
KIM WALTRIP 921 B ST. GEORGE CIRCLE N PALM SPRINGS, CA 92264	PHOTOS FOR CAMPAIGN Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/14/2000	27.20
KIM WALTRIP 921 B ST. GEORGE CIRCLE N PALM SPRINGS, CA 92264	AUDIO/VIDEO TAPES Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/01/2000	93.63
MESSMAN DEVELOPMENT COMPANY 1555 E. PALM CANYON DRIVE, STE. B-106 PALM SPRINGS, CA 92264	CAMPAIGN OFFICE RENT Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/26/2000	665.00
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) ..... 1,322.53

**TOTAL** This Period (last page this line number only) ..... 61,411.33

