

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

(Summary Page)

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01/31/2000 22 : 39

1. NAME OF COMMITTEE (in full) CLARKE 2000		2. FEC IDENTIFICATION NUMBER C00343848
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 260 MIDWOOD STREET		
CITY, STATE, and ZIP CODE BROOKLYN NY 11225	STATE / DISTRICT NY / 11	3. IS THIS REPORT AN AMENDMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

4. TYPE OF REPORT

- April 15 Quarterly Report
 Twelfth day report preceding _____ (election type) election on _____ in the State of _____.
- July 15 Quarterly Report
 Thirtieth day report following the General Election
- October 15 Quarterly Report
 January 31 Year End Report on _____ in the State of _____.
- July 31 Mid-Year Report (Non-election Year Only)
 Termination report

This report contains activity for:
 Primary election
 General election
 Runoff election
 Special election

SUMMARY

5. Covering period <u>07/01/1999</u> through <u>12/31/1999</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))	48781.01	56001.01
(b) Total Contribution Refunds (from line 20(d))	0.00	125.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	48781.01	55876.01
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from line 17)	0.00	0.00
(b) Total Offsets to Operating Expenditures (from line 14)	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	0.00	0.00
8. Cash on Hand at Close of Reporting Period (from line 27)	51741.79	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
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)	119.87	

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

Electronically Filed by RAY L. TROTMAN

Signature of Treasurer

Date

01/31/2000

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, FEG Form 3)

Name of Committee (In Full) CLARKE 2000	Report Covering the Period From: 07/01/1998 To: 12/31/1998	
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)	33038.01	
(ii) Unitemized	15748.00	
(iii) Total of contributions from individuals	48781.01	56001.01
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) The Candidate	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d))	48781.01	56001.01
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate	0.00	0.00
(b) All Other Loans	0.00	0.00
(c) TOTAL LOANS (add 13(a) and (b))	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)	48781.01	56001.01
II. DISBURSEMENTS		
17. OPERATING EXPENDITURES	0.00	0.00
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	125.00
(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	125.00
21. OTHER DISBURSEMENTS	4094.38	4134.22
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)	4094.38	4259.22
III. CASH SUMMARY		
23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD		7055.16
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)		48781.01
25. SUBTOTAL (add Line 23 and Line 24)		55836.17
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)		4094.38
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)		51741.79

SCHEDULE A		ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	3 / 16
				FOR LINE NUMBER	11A1
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) CLARKE 2000					
Full Name, Mailing Address, and ZIP Code PATRICIA A LAWRENCE 1655 FLATBUSH AVENUE APT B-404 BROOKLYN NY 11210-3276		Name of Employer AIKENS TRAVEL AGENCY		Date (month, day, year) 07/06/1998	Amount of Each Receipt this Period 1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation TRAVEL AGENT			
		Aggregate Year-to-Date > \$ 1000.00			
Full Name, Mailing Address, and ZIP Code JENNEFIER E. EWERS 860 BALTIC STREET #2 BROOKLYN NY 11217		Name of Employer SELF-EMPLOYED		Date (month, day, year) 09/16/1999	Amount of Each Receipt this Period 400.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation CATERER			
		Aggregate Year-to-Date > \$ 400.00			
Full Name, Mailing Address, and ZIP Code ELENORA BERNARD 361 EAST 45TH. STREET BROOKLYN NY 11203		Name of Employer ARROW COMMUNITY SERVICES		Date (month, day, year) 09/24/1998	Amount of Each Receipt this Period 100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation HEALTH ADMINISTRATOR			
		Aggregate Year-to-Date > \$ 350.00			
Full Name, Mailing Address, and ZIP Code JEWELLE W. BICKFORD 969 FIFTH AVENUE NEW YORK NY 10021		Name of Employer ROTHSCHILD		Date (month, day, year) 09/24/1999	Amount of Each Receipt this Period 250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation INVESTMENT BANKER			
		Aggregate Year-to-Date > \$ 250.00			
Full Name, Mailing Address, and ZIP Code CHERYL G. COHEN 28 EAST 73DR. STREET NEW YORK NY 10021		Name of Employer THE RED GROUP		Date (month, day, year) 09/24/1999	Amount of Each Receipt this Period 250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation REAL ESTATE DEVELOPER			
		Aggregate Year-to-Date > \$ 250.00			
Full Name, Mailing Address, and ZIP Code EUSTACE A. HUGGINS 200-17 LINDEN BLVD ST. ALBANS NY 11412		Name of Employer SELF-EMPLOYED		Date (month, day, year) 09/24/1999	Amount of Each Receipt this Period 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation DOCTOR			
		Aggregate Year-to-Date > \$ 500.00			
Full Name, Mailing Address, and ZIP Code EDWARD I. KOCH 1280 AVENUE OF THE AMERICAS 33RD. FLOOR NEW YORK NY 10104		Name of Employer ROBINSON SILVERMAN PEARCE		Date (month, day, year) 09/24/1998	Amount of Each Receipt this Period 1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation ATTORNEY			
		Aggregate Year-to-Date > \$ 1000.00			
SUBTOTALS of Receipts This Page (Optional)					
TOTALS This Period (last page this line number only)					

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	4 / 16
			FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (In Full)
CLARKE 2000

Full Name, Mailing Address, and ZIP Code ROBERT J. MILLER 494 EAST 18TH. STREET BROOKLYN NY 11226-6702 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer PARKER, DURYER Occupation ATTORNEY Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 09/24/1999	Amount of Each Receipt this Period 250.00
Full Name, Mailing Address, and ZIP Code RANSFORD C. NEWMAN 829 EASTERN PWY BROOKLYN NY 11215 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer SELF-EMPLOYED Occupation MEDICAL DOCTOR Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 09/24/1999	Amount of Each Receipt this Period 250.00
Full Name, Mailing Address, and ZIP Code MICHAEL JAMES O'NEILL 23 CAYUGA ROAD SCARSDALE NY 10583 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer SELF-EMPLOYED Occupation WRITER Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 09/24/1999	Amount of Each Receipt this Period 500.00
Full Name, Mailing Address, and ZIP Code CRAIG A. REYNOLDS 25 WEST 43RD. STREET SUITE 900 NEW YORK NY 10036 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer COMMERCIAL CAPTIAL CORP Occupation FINANCE Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 09/24/1999	Amount of Each Receipt this Period 250.00
Full Name, Mailing Address, and ZIP Code REBA WHITE-WILLIAMS 1345 AVENUE OF AMERICAS NEW YORK NY 10105 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer ALLIANCE CAPITAL MANAGEMENT Occupation INVESTOR Aggregate Year-to-Date > \$ 698.01	Date (month, day, year) 09/27/1999 IN-KIND CONTRIBUTION	Amount of Each Receipt this Period 698.01
Full Name, Mailing Address, and ZIP Code ALAN L. BELLER 867 PRESIDENT STREET BROOKLYN NY 11215 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer CLEARY, GOTTLIEB, STEEN & HAMILTON Occupation ATTORNEY Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 11/03/1999	Amount of Each Receipt this Period 1000.00
Full Name, Mailing Address, and ZIP Code PETER C. CAMPANELLI 6 AMALIE COURT MANALAPAN NJ 07726 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer SELF-EMPLOYED Occupation DOCTOR Aggregate Year-to-Date > \$ 75.00	Date (month, day, year) 11/03/1999	Amount of Each Receipt this Period 75.00
SUBTOTALS of Receipts This Page (Optional)			
TOTALS This Period (last page this line number only)			

SCHEDULE A		ITEMIZED RECEIPTS		5 / 16
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 11A1
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NAME OF COMMITTEE (In Full) CLARKE 2000				
Full Name, Mailing Address, and ZIP Code C.L. CHRISTENSEN 35 PROSPECT PARK WEST APT 8B BROOKLYN NY 11215	Name of Employer NOT EMPLOYED	Date (month, day, year) 11/03/1998	Amount of Each Receipt this Period 500.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation HOUSEWIFE	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code BARBARA MONICA FOSTER 31 GLENMERE WAY HOLBROOK NY 11741-5011	Name of Employer F & R INSTALLERS	Date (month, day, year) 11/03/1999	Amount of Each Receipt this Period 500.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation CEO	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code MARILYN F. FRIEDMAN 805 PARK AVENUE NEW YORK NY 10021-0327	Name of Employer RETIRED	Date (month, day, year) 11/03/1998	Amount of Each Receipt this Period 250.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation ATTORNEY	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code EDWARD I. GEFFNER 180 RIVERSIDE DRIVE APT 11C NEW YORK NY 10024	Name of Employer PROJECT RENEWAL	Date (month, day, year) 11/03/1999	Amount of Each Receipt this Period 150.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation EXECUTIVE DIRECTOR	Aggregate Year-to-Date > \$ 150.00		
Full Name, Mailing Address, and ZIP Code JOSEPH GELIBTER 25 HERRICK DRIVE LAWRENCE NY 11559-1527	Name of Employer COMPREHENSIVE RESOURCES	Date (month, day, year) 11/03/1999	Amount of Each Receipt this Period 500.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation PSYCHOLOGIST	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code RICHARD S. HAYDEN 282 CENTRAL PARK WEST NEW YORK NY 10024	Name of Employer SWANKE, HAYDEN & CONNELL	Date (month, day, year) 11/03/1999	Amount of Each Receipt this Period 500.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation ARCHITECT	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code DINAZ BOGA KAPRIELIAN 15 WIGWAM VIEW LANE EAST HAMPTON NY 11937	Name of Employer JENSEN/BOGA	Date (month, day, year) 11/03/1998	Amount of Each Receipt this Period 500.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation PUBLIC RELATIONS	Aggregate Year-to-Date > \$ 500.00		
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	6 / 16
			FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (In Full)
CLARKE 2000

Full Name, Mailing Address, and ZIP Code SURI KASIRER 1501 BROADWAY SUITE 501 NEW YORK NY 10036	Name of Employer KASIRER CONSULTING	Date (month, day, year) 11/03/1998	Amount of Each Receipt this Period 250.00
	Occupation GOVERNMENT RELATIONS		
	Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 250.00			
Full Name, Mailing Address, and ZIP Code LOUISE W. LAMPHERE ONE SUTTON PLACE SOUTH # 1A NEW YORK NY 10022-2406	Name of Employer PENDING RECEIPT	Date (month, day, year) 11/03/1999	Amount of Each Receipt this Period 250.00
	Occupation		
	Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 250.00			
Full Name, Mailing Address, and ZIP Code SULANCH LEWIS 370 TRYON AVENUE ENGLEWOOD NJ 07631	Name of Employer SELF-EMPLOYED	Date (month, day, year) 11/03/1998	Amount of Each Receipt this Period 200.00
	Occupation MINISTER		
	Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 200.00			
Full Name, Mailing Address, and ZIP Code ANNE K. MACKINNON 300 RUGBY ROAD BROOKLYN NY 11226-4552	Name of Employer SELF-EMPLOYED	Date (month, day, year) 11/03/1999	Amount of Each Receipt this Period 500.00
	Occupation WRITER		
	Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 500.00			
Full Name, Mailing Address, and ZIP Code KALMEN RUBINSTEIN 1162 57TH. STREET BROOKLYN NY 11219	Name of Employer PENDING RECEIPT	Date (month, day, year) 11/03/1999	Amount of Each Receipt this Period 500.00
	Occupation		
	Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 500.00			
Full Name, Mailing Address, and ZIP Code MICHAEL STERN 477 MADISON AVENUE NEW YORK NY 10022	Name of Employer PENDING RECEIPT	Date (month, day, year) 11/03/1999	Amount of Each Receipt this Period 1000.00
	Occupation		
	Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 1000.00			
Full Name, Mailing Address, and ZIP Code TUPPER WEST THOMAS 397 6TH. AVENUE BROOKLYN NY 11215-3300	Name of Employer NYC DEPARTMENT OF PARKS	Date (month, day, year) 11/03/1998	Amount of Each Receipt this Period 250.00
	Occupation ADMINISTRATOR		
	Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 250.00			

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE A		ITEMIZED RECEIPTS		7 / 16
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 11A1
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NAME OF COMMITTEE (In Full) CLARKE 2000				
Full Name, Mailing Address, and ZIP Code CARL B. WEISBROD 531 MAIN STREET NEW YORK NY 10044	Name of Employer DOWNTOWN-LOWER MANHATTAN ASSOCIATION	Date (month, day, year) 11/03/1998	Amount of Each Receipt this Period 250.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation ATTORNEY	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code HIRAM CHARLES 17 INDEPENDENCE AVENUE FREEPORT NY 11520	Name of Employer PENDING RECEIPT	Date (month, day, year) 11/25/1999	Amount of Each Receipt this Period 250.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code BYRON COLEMAN 752 POMANDER WALK TENAFLY NJ 07666	Name of Employer BECON REAL	Date (month, day, year) 11/25/1998	Amount of Each Receipt this Period 250.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation PROJECT MANAGER	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code JOHN COLEMAN 387 GRAND STREET APT.1303 NEW YORK NY 10002	Name of Employer BECON REAL	Date (month, day, year) 11/25/1999	Amount of Each Receipt this Period 250.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation CEO	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code THOMAS E. DALEY 101 MOORE STREET NEW HYDE PARK NY 11040	Name of Employer PENDING RECEIPT	Date (month, day, year) 11/25/1999	Amount of Each Receipt this Period 250.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code ALFONSO C. ESTEBAN 70 ELIZABETH STREET ORADELL NJ 07849	Name of Employer A.ESTEBAN BLUEPRINTING	Date (month, day, year) 11/25/1999	Amount of Each Receipt this Period 250.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation BUSINESS OWNER	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code MICHAEL A. FERRUGIO 68 READING AVENUE STATEN ISLAND NY 10304	Name of Employer THERMO DYNMICS	Date (month, day, year) 11/25/1998	Amount of Each Receipt this Period 500.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation PROJECT MANAGER	Aggregate Year-to-Date > \$ 500.00		
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	8 / 16
			FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (In Full)
CLARKE 2000

Full Name, Mailing Address, and ZIP Code JOSEPH J. FITZPATRICK 21 OLD HYDE ROAD WESTON CT 06883 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer TOX Occupation VICE PRESIDENT Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 11/25/1998	Amount of Each Receipt this Period 250.00
Full Name, Mailing Address, and ZIP Code ROBERT GOLDBERG 114 FOLSOM AVENUE HUNTINGTON NY 11746-1036 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer LOCKWOOD GREENE Occupation ARCHITECT Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 11/25/1999	Amount of Each Receipt this Period 250.00
Full Name, Mailing Address, and ZIP Code RAYMOND V. GOMEZ 110 MADISON AVENUE NEW YORK NY 10016 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer RGA ARCHITECTS AND PLANNERS Occupation ARCHITECT/CEO Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 11/25/1998	Amount of Each Receipt this Period 250.00
Full Name, Mailing Address, and ZIP Code TERRANCE JACKMAN 1441 BUSHWICK AVENUE BROOKLYN NY 11207 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer SELF-EMPLOYED Occupation STEAMFITTER Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 11/25/1999	Amount of Each Receipt this Period 250.00
Full Name, Mailing Address, and ZIP Code EMORY JACKSON 1333 PRESIDENT STREET APT. A2 BROOKLYN NY 11213-4218 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer NYS DORM. AUTHORITY Occupation E.O.P. ADMINISTRATOR Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 11/25/1999	Amount of Each Receipt this Period 250.00
Full Name, Mailing Address, and ZIP Code STEPHAN L. KAMHOLZ 450 CLARKSON AVENUE BOX 50 BROOKLYN NY 11205 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer SELF-EMPLOYED Occupation DOCTOR Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 11/25/1999	Amount of Each Receipt this Period 1000.00
Full Name, Mailing Address, and ZIP Code JILL KLEINMAN 73 HASTINGS DRIVE TENAFLY NJ 07670 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer WESTMONT ASSOCIATES Occupation ENGINEER Aggregate Year-to-Date > \$ 750.00	Date (month, day, year) 11/25/1998	Amount of Each Receipt this Period 750.00
SUBTOTALS of Receipts This Page (Optional)			
TOTALS This Period (last page this line number only)			

SCHEDULE A		ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	9 / 16
				FOR LINE NUMBER 11A1	
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) CLARKE 2000					
Full Name, Mailing Address, and ZIP Code VITO LaBARBERA 676 OCEAN TERRACE STATEN ISLAND NY 10301		Name of Employer PENDING RECEIPT		Date (month, day, year) 11/25/1998	Amount of Each Receipt this Period 250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation		Aggregate Year-to-Date > \$ 250.00	
Full Name, Mailing Address, and ZIP Code JAMES L. LETTS 11 COLUMBIA AVENUE APT. A8 HARTSDALE NY 10530-2521		Name of Employer FUTURE TECH. CONSULTANTS		Date (month, day, year) 11/25/1999	Amount of Each Receipt this Period 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation VICE PRESIDENT		Aggregate Year-to-Date > \$ 500.00	
Full Name, Mailing Address, and ZIP Code SAYWARD MAZUR 2 PARK AVENUE NEW YORK NY 10016		Name of Employer MAZUR, CARP & RUBIN		Date (month, day, year) 11/25/1998	Amount of Each Receipt this Period 250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation ATTORNEY		Aggregate Year-to-Date > \$ 250.00	
Full Name, Mailing Address, and ZIP Code ANGELO RIGAS PENDING RECEIPT BROOKLYN NY 11201		Name of Employer PENDING RECEIPT		Date (month, day, year) 11/25/1999	Amount of Each Receipt this Period 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation		Aggregate Year-to-Date > \$ 500.00	
Full Name, Mailing Address, and ZIP Code MIGUEL RODRIGUEZ 41-46 50TH. STREET 5J WOODSIDE NY 11377-4338		Name of Employer PENDING RECEIPT		Date (month, day, year) 11/25/1999	Amount of Each Receipt this Period 250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation		Aggregate Year-to-Date > \$ 250.00	
Full Name, Mailing Address, and ZIP Code RITA I. SCHWARTZ 125 HICKS STREET BROOKLYN NY 11201		Name of Employer PENDING RECEIPT		Date (month, day, year) 11/25/1999	Amount of Each Receipt this Period 250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation		Aggregate Year-to-Date > \$ 250.00	
Full Name, Mailing Address, and ZIP Code ARTHUR J. SPANARKEL 25 CHAPMAN BLVD EAST MORICHES NY 11940		Name of Employer TOX		Date (month, day, year) 11/25/1998	Amount of Each Receipt this Period 250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation ACCOUNTANT		Aggregate Year-to-Date > \$ 250.00	
SUBTOTALS of Receipts This Page (Optional)					
TOTALS This Period (last page this line number only)					

SCHEDULE A		ITEMIZED RECEIPTS		10 / 16
Use separate schedule(s) for each category of the Detailed Summary Page			FOR LINE NUMBER 11A1	
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) CLARKE 2000				
Full Name, Mailing Address, and ZIP Code JOSEPH A. TILLELI 22 RHODA AVENUE NO. BABYLON NY 11703	Name of Employer TDX	Date (month, day, year) 11/25/1998	Amount of Each Receipt this Period 250.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation PROJECT MANAGER	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code THOMAS TILLELI 57 FISHER ROAD COMMACK NY 11725	Name of Employer TDX	Date (month, day, year) 11/25/1999	Amount of Each Receipt this Period 250.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation ENGINEER	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code SAMUEL J. WATTS 537 COOLIDGE AVENUE ROCKVILLE CENTRE NY 11570	Name of Employer PENDING RECEIPT	Date (month, day, year) 11/25/1998	Amount of Each Receipt this Period 250.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code JOHN W. WRIGHT 11 PARK LANE MADISON NJ 07940	Name of Employer HNTB	Date (month, day, year) 11/25/1999	Amount of Each Receipt this Period 250.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation ARCHITECT	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code STEPHEN L. CARRYL 322 LINDEN BLVD. BROOKLYN NY 11226	Name of Employer SELF-EMPLOYED	Date (month, day, year) 12/01/1999	Amount of Each Receipt this Period 250.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation MEDICAL DOCTOR	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code MARCO A. MASON 94 SOUTH OXFORD STREET BROOKLYN NY 11217-1806	Name of Employer BROOKLYN WOMEN HEALTH	Date (month, day, year) 12/01/1999	Amount of Each Receipt this Period 1000.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation PSYCHOLOGIST	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code NEGRIL RESTAURANT 362 WEST 23RD. STREET NEW YORK NY 10011	Name of Employer	Date (month, day, year) 12/01/1998	Amount of Each Receipt this Period 150.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation	Aggregate Year-to-Date > \$ 150.00		
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE A		ITEMIZED RECEIPTS		11 / 16
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 11A1
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) CLARKE 2000				
Full Name, Mailing Address, and ZIP Code NEGRIL RESTAURANT 362 WEST 23RD. STREET NEW YORK NY 10011 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Occupation Aggregate Year-to-Date > \$ 400.00	Date (month, day, year) 12/01/1998	Amount of Each Receipt this Period 250.00	
Full Name, Mailing Address, and ZIP Code ANTON L. TOMLINSON 1417 ALBANY AVENUE BROOKLYN NY 11203 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer SMITH BARNEY Occupation INVESTMENT BANKER Aggregate Year-to-Date > \$ 300.00	Date (month, day, year) 12/01/1999	Amount of Each Receipt this Period 500.00	
Full Name, Mailing Address, and ZIP Code ANTON L. TOMLINSON 1417 ALBANY AVENUE BROOKLYN NY 11203 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer SMITH BARNEY Occupation INVESTMENT BANKER Aggregate Year-to-Date > \$ 800.00	Date (month, day, year) 12/01/1998	Amount of Each Receipt this Period 300.00	
Full Name, Mailing Address, and ZIP Code WAYNE ADDERLEY 41 AINTREET ROAD WESTBURY NY 11590 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer HRC Occupation CEO Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 12/29/1999	Amount of Each Receipt this Period 500.00	
Full Name, Mailing Address, and ZIP Code EARL L. BLACKSTOCK 582 ST. MARKS AVENUE BROOKLYN NY 11216 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer NYC BOARD OF EDUCATION Occupation BUDGET ADMINISTRATOR Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 12/29/1999	Amount of Each Receipt this Period 1000.00	
Full Name, Mailing Address, and ZIP Code PETER C. CAMPANELLI 8 AMALIE COURT MANALAPAN NJ 07726 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer SELF-EMPLOYED Occupation DOCTOR Aggregate Year-to-Date > \$ 275.00	Date (month, day, year) 12/29/1999	Amount of Each Receipt this Period 200.00	
Full Name, Mailing Address, and ZIP Code CYNTHIA DAMES 1285 AVENUE OF AMERICAS FL. 35 NEW YORK NY 10010 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer SELF-EMPLOYED Occupation CONSULTANT Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 12/29/1998	Amount of Each Receipt this Period 250.00	
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE A		ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	12 / 16
				FOR LINE NUMBER 11A1	
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NAME OF COMMITTEE (In Full) CLARKE 2000					
Full Name, Mailing Address, and ZIP Code RICHARD J. DAVIS PENDING RECEIPT N.BABYLON NY 11743		Name of Employer PENDING RECEIPT		Date (month, day, year) 12/29/1999	Amount of Each Receipt this Period 1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation			
		Aggregate Year-to-Date > \$ 1000.00			
Full Name, Mailing Address, and ZIP Code WILLARD GAY III P.O.BOX 453 SOUTHBURY CT 06486		Name of Employer PENDING RECEIPT		Date (month, day, year) 12/29/1999	Amount of Each Receipt this Period 250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation			
		Aggregate Year-to-Date > \$ 250.00			
Full Name, Mailing Address, and ZIP Code EDWARD I. GEFFNER 160 RIVERSIDE DRIVE APT 11C NEW YORK NY 10024		Name of Employer PROJECT RENEWAL		Date (month, day, year) 12/29/1999	Amount of Each Receipt this Period 100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation EXECUTIVE DIRECTOR			
		Aggregate Year-to-Date > \$ 250.00			
Full Name, Mailing Address, and ZIP Code RT.REV. V.SYLVETA A. GONZALES 1282 UNION STREET BROOKLYN NY 11225		Name of Employer SELF-EMPLOYED		Date (month, day, year) 12/29/1999	Amount of Each Receipt this Period 360.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation MINISTER			
		Aggregate Year-to-Date > \$ 735.00			
Full Name, Mailing Address, and ZIP Code BETSY GOTBAUM 211 CENTRAL PARK NEW YORK NY 10024		Name of Employer NEW YORK HISTORICAL SOCIETY		Date (month, day, year) 12/29/1999	Amount of Each Receipt this Period 250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation DIRECTOR			
		Aggregate Year-to-Date > \$ 250.00			
Full Name, Mailing Address, and ZIP Code SUNG S. KIM 42-22 UNION STREET APT. 8A FLUSHING NY 11355		Name of Employer KASBSC		Date (month, day, year) 12/29/1999	Amount of Each Receipt this Period 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation EXECUTIVE DIRECTOR			
		Aggregate Year-to-Date > \$ 500.00			
Full Name, Mailing Address, and ZIP Code ROBERT TODD LANG PENDING RECEIPT NEW YORK NY 10017		Name of Employer PENDING RECEIPT		Date (month, day, year) 12/29/1999	Amount of Each Receipt this Period 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation			
		Aggregate Year-to-Date > \$ 500.00			
SUBTOTALS of Receipts This Page (Optional)					
TOTALS This Period (last page this line number only)					

SCHEDULE A		ITEMIZED RECEIPTS		13 / 16
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 11A1
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NAME OF COMMITTEE (In Full) CLARKE 2000				
Full Name, Mailing Address, and ZIP Code BARTHOLOMEW J. LAWSON PENDING RECEIPT NEW YORK NY 10017 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer SELF-EMPLOYED Occupation ATTORNEY Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 12/29/1998	Amount of Each Receipt this Period 1000.00	
Full Name, Mailing Address, and ZIP Code FRED A. LEVINE 131 PERRY STREET 2A NEW YORK NY 10014 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer SELF-EMPLOYED Occupation ATTORNEY Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 12/29/1999	Amount of Each Receipt this Period 250.00	
Full Name, Mailing Address, and ZIP Code SULANCH LEWIS 370 TRYON AVENUE ENGLEWOOD NJ 07631 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer SELF-EMPLOYED Occupation MINISTER Aggregate Year-to-Date > \$ 700.00	Date (month, day, year) 12/29/1998	Amount of Each Receipt this Period 500.00	
Full Name, Mailing Address, and ZIP Code CHARLES CRAIG MARINO 17 EAST 89TH. STREET NEW YORK NY 10128 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer PENDING RECEIPT Occupation Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 12/29/1999	Amount of Each Receipt this Period 250.00	
Full Name, Mailing Address, and ZIP Code GREGORY MURPHY 81 COLUMBIA HEIGHTS BROOKLYN NY 12001 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer SLATTERY S.KANSKA Occupation MANAGER Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 12/29/1999	Amount of Each Receipt this Period 500.00	
Full Name, Mailing Address, and ZIP Code GAIL B. NAYOWITH 620 EAST 20TH. STREET NEW YORK NY 10009 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer CCNY Occupation PROFESSOR Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 12/29/1999	Amount of Each Receipt this Period 250.00	
Full Name, Mailing Address, and ZIP Code KENNETH POPLER 177 KINGSLEY AVENUE STATEN ISLAND NY 10314 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer SI MENTAL HEALTH SOCIETY Occupation EXECUTIVE DIRECTOR Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 12/29/1998	Amount of Each Receipt this Period 250.00	
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE A		ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	14 / 16
				FOR LINE NUMBER	11A1
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NAME OF COMMITTEE (In Full) CLARKE 2000					
Full Name, Mailing Address, and ZIP Code FRED D. ROMANO 20 PEACH HILL NORTH RAMSEY NJ 07446	Name of Employer PENDING RECEIPT	Date (month, day, year) 12/29/1999	Amount of Each Receipt this Period 250.00		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Aggregate Year-to-Date > \$ 250.00				
Full Name, Mailing Address, and ZIP Code PHILLIP A. SAPERIA 285 CARLTON AVENUE BROOKLYN NY 11205	Name of Employer COALITION OF MENTAL HEALTH AGENCIES	Date (month, day, year) 12/29/1999	Amount of Each Receipt this Period 250.00		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation EXECUTIVE DIRECTOR Aggregate Year-to-Date > \$ 250.00				
Full Name, Mailing Address, and ZIP Code ALLAN A. THOMPSON 13 GARDEN PLACE SPRING VALLEY NY 10977	Name of Employer TOWN OF SPRING VALLEY	Date (month, day, year) 12/29/1999	Amount of Each Receipt this Period 250.00		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation PUBLIC OFFICIAL/MAYOR Aggregate Year-to-Date > \$ 250.00				
Full Name, Mailing Address, and ZIP Code EVAN A. DAVIS 1172 PARK AVENUE NEW YORK NY 10128	Name of Employer CLEARY, GOTTlieb, STEEN & HAMILTON	Date (month, day, year) 12/30/1999	Amount of Each Receipt this Period 1000.00		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation ATTORNEY Aggregate Year-to-Date > \$ 1000.00				
Full Name, Mailing Address, and ZIP Code KAREN T. SCHLESINGER 138 COLUMBIA HEIGHTS BROOKLYN NY 11201	Name of Employer RESOURCES FOR CHILDREN	Date (month, day, year) 12/30/1999	Amount of Each Receipt this Period 250.00		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation EXECUTIVE DIRECTOR Aggregate Year-to-Date > \$ 250.00				
Full Name, Mailing Address, and ZIP Code EARL A. ELLIS 88 RUTLAND ROAD BROOKLYN NY 11225-5315	Name of Employer SELF-EMPLOYED	Date (month, day, year) 12/31/1999	Amount of Each Receipt this Period 250.00		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation MEDICAL DOCTOR Aggregate Year-to-Date > \$ 250.00				
SUBTOTALS of Receipts This Page (Optional)					
TOTALS This Period (last page this line number only)					33033.01

SCHEDULE B ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the Detailed Summary Page	15 / 16
			FOR LINE NUMBER 21
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) CLARKE 2000			
Full Name, Mailing Address, and ZIP Code PROSPECT PRINTING PLANT 2245 CHURCH AVENUE BROOKLYN NY 11226	Purpose of Disbursement PRINTING Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 09/25/1998	Amount of Each Disbursement This Period 967.50
Full Name, Mailing Address, and ZIP Code REBA WHITE-WILLIAMS 1345 AVENUE OF AMERICAS NEW YORK NY 10105	Purpose of Disbursement IN-KIND CONTRIBUTION Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 09/27/1998	Amount of Each Disbursement This Period 698.01
Full Name, Mailing Address, and ZIP Code PRIME NEW YORK 1560 BROADWAY NEW YORK NY 10036-1525	Purpose of Disbursement RESEARCH AND MAILING LABELS Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 11/13/1998	Amount of Each Disbursement This Period 1771.87
Full Name, Mailing Address, and ZIP Code PROSPECT PRINTING PLANT 2245 CHURCH AVENUE BROOKLYN NY 11226	Purpose of Disbursement PRINTING Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 12/24/1998	Amount of Each Disbursement This Period 645.00
SUBTOTALS of Disbursements This Page (Optional)			
TOTALS This Period (last page this line number only)			4082.38

SCHEDULE D (Revised 3/80)		DEBTS AND OBLIGATIONS Excluding Loans			16 / 16 Use separate schedule(s) for each numbered line FOR LINE NUMBER 10
NAME OF COMMITTEE (In Full) CLARKE 2000					
	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
Full Name, Mailing Address, and Zip Code of Debtor or Creditor GEORGE ARZT COMMUNICATIONS 123 WILLIAMS STREET 22ND.FL NEW YORK NY 10038	0.00	20.48	0.00	20.48	
Nature of Debt (purpose): MISCELLANEOUS					
Full Name, Mailing Address, and Zip Code of Debtor or Creditor GEORGE ARZT COMMUNICATIONS 123 WILLIAMS STREET 22ND.FL NEW YORK NY 10038	0.00	99.49	0.00	99.49	
Nature of Debt (purpose): MISCELLANEOUS					
1) SUBTOTALS This Period This Page (Optional)					
2) TOTALS This Period (last page this line number only)				119.97	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)					
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)					