REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM
2000 AUG 17 P 2:26

1. NAME OF COMMITTEE (in full)
The WISH List

ADDRESS (number and street) [X] Check if different than previously reported
499 South Capitol Street, SW #408

CITY, STATE and ZIP CODE
Washington, DC 20003

2. FEC IDENTIFICATION NUMBER
C00258277

3. [X] This committee has qualified as a multicandidate committee, (see FEC FORM 1M)

4. TYPE OF REPORT

(a) [ ] April 15 Quarterly Report
[ ] July 15 Quarterly Report
[ ] October 15 Quarterly Report
[ ] January 31 Year End Report
[ ] July 31 Mid Year Report (Non-election Year Only)
[ ] Termination Report

Monthly Report Due On:
[ ] February 20 [ ] June 20 [ ] October 20
[ ] March 20 [ ] July 20 [ ] November 20
[ ] April 20 [X] August 20 [ ] December 20
[ ] May 20 [ ] September 20 [ ] January 31

[ ] Twelfth day report preceding _____ (Type of Election)
election on _____ in the State of _____.

[ ] Thirtieth day report following the General Election on
_____ in the State of _____.

(b) Is this Report an Amendment? [ ] YES [X] NO

SUMMARY

5. Covering Period 7/1/00 through 7/31/00

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 19 2000		$ 191,222.73
	(b) Cash on Hand at Beginning of Reporting Period	$ 233,913.16	
	(c) Total Receipts (from line 19)	$ 69,601.36	$ 426,215.11
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 303,514.52	$ 617,437.84
7.	Total Disbursements (from Line 30)	$ 72,848.37	$ 386,771.69
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 230,666.15	$ 230,666.15
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ -0-	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ -0-	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

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
Kimberly R. Coupounas

Signature of Treasurer
Kimberly R. Coupounas

Date
8/17/2000

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

FEC FORM 3X
(revised 9/93)

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE	REPORT COVERING PERIOD	
The NISH Dist	FROM: 07/01/00	TO: 07/31/00

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year
11.	Contributions (other than loans) From:		
a.	Individuals/Persons Other Than Political Committees		
i.	Itemized (use Schedule A)	40,350.00	234,610.00
ii.	Unitemized	14,028.00	92,130.17
iii.	Total (add i and ii) ▶	54,378.00	326,740.17
b.	Political Party Committees	-0-.	250.00
c.	Other Political Committees (such as PACs)	-0-.	13,750.00
d.	Total Contributions (add a iii, b and c) ▶	54,378.00	340,740.17
12.	Transfers From Affiliated/Other Party Committees		
13.	All Loans Received		
14.	Loan Repayments Received		
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17.	Other Federal Receipts (Dividends, Interest, etc.)	-0-.	1.29
18.	Transfers from Nonfederal Account for Joint Activity	15,223.36	85,473.65
19.	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ▶	69,601.36	426,215.11
20.	Total Federal Receipts (subtract line 18 from line 19) ▶	54,378.00	340,741.46
	II. Disbursements		
21.	Operating Expenditures:		
a.	Shared Federal/Non-Federal Activity (from Schedule H4)		
i.	Federal Share	50,418.26	247,450.91
ii.	Non-Federal Share	16,724.15	82,328.64
b.	Other Federal Operating Expenditures	16.00	3,859.53
c.	Total Operating Expenditures (Add a i, a ii, and b) ▶	67,158.41	334,039.08
22.	Transfers to Affiliated/Other Party Committees		
23.	Contributions to Federal Candidates/Committees and Other Political Committees	3,189.96	50,232.61
24.	Independent Expenditures (use Schedule E)		
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C 441a(d)) (use Schedule F)		
26.	Loan Repayments Made		
27.	Loans Made		
28.	Refunds of Contributions To:		
a.	Individuals/Persons Other Than Political Committees		
b.	Political Party Committees		
c.	Other Political Committees (such as PACs)		
d.	Total Contribution Refunds (Add a, b and c) ▶		
29.	Other Disbursements	2,500.00	2,500.00
30.	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ▶	72,848.37	386,771.69
31.	Total Federal Disbursements (subtract line 21 a ii from line 30) ▶	56,124.22	304,443.05
	III. Net Contributions/Operating Expenditures		
32.	Total Contributions (other than loans)(from line 11d)	54,378.00	340,740.17
33.	Total Contribution Refunds (from line 28d)		
34.	Net Contributions (other than loans) (subtract line 33 from 32)	54,378.00	340,740.17
35.	Total Federal Operating Expenditures (add 21 a i and 21 b) ▶	50,434.26	251,710.44
36.	Offsets to Operating Expenditures (from line 15)		
37.	Net Operating Expenditures (subtract line 36 from 35) ▶	50,434.26	251,710.44

SCHEDULE A **ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11 a I

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

NAME OF COMMITTEE (In Full)
The WISH List

A. Full Name, Mailing Address and ZIP Code Beverly W. Alsenbrey 143 Old Post Road Croton-on-Hudson, NY 10520 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Fred W. Cook & Co. Occupation Management Consultant Aggregate Year-to-Date $ 0.00	Date (month, day, year) 07/20/00	Amount of Each Receipt this Period 100.00 (Memo Entry)
B. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Johnson, U.S. HOUSE 2nd NY and transmitted by contributor's original check. Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Beverly W. Alsenbrey 143 Old Post Road Croton-on-Hudson, NY 10520 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Fred W. Cook & Co. Occupation Management Consultant Aggregate Year-to-Date $ 0.00	Date (month, day, year) 07/20/00	Amount of Each Receipt this Period 100.00 (Memo Entry)
D. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Bitter Smith, U.S. HOUSE 1th AZ and transmitted by contributor's original check. Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Beverly W. Alsenbrey 143 Old Post Road Croton-on-Hudson, NY 10520 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Fred W. Cook & Co. Occupation Management Consultant Aggregate Year-to-Date $ 0.00	Date (month, day, year) 07/20/00	Amount of Each Receipt this Period 100.00 (Memo Entry)
F. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Moore Capito, U.S. HOUSE 2nd WV and transmitted by contributor's original check. Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Dexter F. Baker 3110 Fish Hatcher Road Allentown, PA 18103 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Air Products & Chemicals Occupation Business Exec. Aggregate Year-to-Date $ 1,000.00	Date (month, day, year) 07/24/00	Amount of Each Receipt this Period 1,000.00

SUBTOTAL of Receipts This Page (optional)	1,000.00
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

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FOR LINE NUMBER 11 a i

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NAME OF COMMITTEE (In Full)
The WISH List

A. Full Name, Mailing Address and ZIP Code
Ernesta D. Ballard
800 E. Cathedral Road
#L106
Philadelphia, PA 19128-1933

Receipt For: ☐ Primary ☐ General ☐ Other (specify):

Name of Employer: None
Occupation: Retired
Date (month, day, year): 07/18/00
Aggregate Year-to-Date: $ 1,100.00
Amount of Each Receipt this Period: 1,000.00

B. Full Name, Mailing Address and ZIP Code
Janice H. Barrow
911 Briar Ridge Drive
Houston, TX 77057-1117

Receipt For: ☐ Primary ☐ General ☐ Other (specify):

Name of Employer: Self
Occupation: Volunteer
Date (month, day, year): 07/25/00
Aggregate Year-to-Date: $ 0.00
Amount of Each Receipt this Period: 100.00 (Memo Entry)

C. Full Name, Mailing Address and ZIP Code
Above contribution earmarked for Johnson, U.S. HOUSE 2nd NY and transmitted by contributor's original check.

Receipt For: ☒ Primary ☐ General ☐ Other (specify):

Name of Employer:
Occupation:
Date (month, day, year):
Aggregate Year-to-Date: $
Amount of Each Receipt this Period:

D. Full Name, Mailing Address and ZIP Code
Ruth Grey Bedford
232 Highfield Lane
Nutley, NJ 07110-2448

Receipt For: ☐ Primary ☐ General ☐ Other (specify):

Name of Employer: Retired
Occupation:
Date (month, day, year): 07/24/00
Aggregate Year-to-Date: $ 0.00
Amount of Each Receipt this Period: 100.00 (Memo Entry)

E. Full Name, Mailing Address and ZIP Code
Above contribution earmarked for Moore Capito, U.S. HOUSE 2nd WV and transmitted by contributor's original check.

Receipt For: ☐ Primary ☒ General ☐ Other (specify):

Name of Employer:
Occupation:
Date (month, day, year):
Aggregate Year-to-Date: $
Amount of Each Receipt this Period:

F. Full Name, Mailing Address and ZIP Code
Ruth Grey Bedford
232 Highfield Lane
Nutley, NJ 07110-2448

Receipt For: ☐ Primary ☐ General ☐ Other (specify):

Name of Employer: Retired
Occupation:
Date (month, day, year): 07/24/00
Aggregate Year-to-Date: $ 0.00
Amount of Each Receipt this Period: 100.00 (Memo Entry)

G. Full Name, Mailing Address and ZIP Code
Above contribution earmarked for Johnson, U.S. HOUSE 2nd NY and transmitted by contributor's original check.

Receipt For: ☒ Primary ☐ General ☐ Other (specify):

Name of Employer:
Occupation:
Date (month, day, year):
Aggregate Year-to-Date: $
Amount of Each Receipt this Period:

SUBTOTAL of Receipts This Page (optional) 1,000.00

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

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FOR LINE NUMBER 11 a i

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NAME OF COMMITTEE (In Full)
The WISH List

A. Full Name, Mailing Address and ZIP Code Martha Bell 9 Windsor Road Pittsburgh, PA 15215-1811 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Information Requested Occupation Aggregate Year-to-Date > $ 1,000.00	Date (month, day, year) 07/24/00	Amount of Each Receipt this Period 1,000.00
B. Full Name, Mailing Address and ZIP Code Malgorzata Berger 193 Roslyn Drive New Britain, CT 06052 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $ 0.00	Date (month, day, year) 07/24/00	Amount of Each Receipt this Period 20.00 (Memo Entry)
C. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Moore Capito, U.S. HOUSE 2nd WV and transmitted by contributor's original check. Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Malgorzata Berger 193 Roslyn Drive New Britain, CT 06052 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $ 0.00	Date (month, day, year) 07/24/00	Amount of Each Receipt this Period 20.00 (Memo Entry)
E. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Bitter Smith, U.S. HOUSE 1th AZ and transmitted by contributor's original check. Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Malgorzata Berger 193 Roslyn Drive New Britain, CT 06052 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $ 0.00	Date (month, day, year) 07/24/00	Amount of Each Receipt this Period 20.00 (Memo Entry)
G. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Johnson, U.S. HOUSE 2nd NY and transmitted by contributor's original check. Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) 1,000.00

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

SCHEDULE A **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (in Full)
The WISH List

A. Full Name, Mailing Address and ZIP Code David M. Blank 135 Old Farm Road Pleasantville, NY 10570 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer None Occupation Retired Aggregate Year-to-Date > $ 1,450.00	Date (month, day, year) 07/10/00	Amount of Each Receipt this Period 100.00
B. Full Name, Mailing Address and ZIP Code David M. Blank 135 Old Farm Road Pleasantville, NY 10570 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer None Occupation Retired Aggregate Year-to-Date > $ 0.00	Date (month, day, year) 07/18/00	Amount of Each Receipt this Period 100.00 (Memo Entry)
C. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Bitter Smith, U.S. HOUSE 1th AZ and transmitted by contributor's original check. Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code David M. Blank 135 Old Farm Road Pleasantville, NY 10570 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer None Occupation Retired Aggregate Year-to-Date > $ 1,550.00	Date (month, day, year) 07/19/00	Amount of Each Receipt this Period 100.00
E. Full Name, Mailing Address and ZIP Code David M. Blank 135 Old Farm Road Pleasantville, NY 10570 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer None Occupation Retired Aggregate Year-to-Date > $ 0.00	Date (month, day, year) 07/19/00	Amount of Each Receipt this Period 100.00 (Memo Entry)
F. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Moore Capito, U.S. HOUSE 2nd WV and transmitted by contributor's original check. Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code David M. Blank 135 Old Farm Road Pleasantville, NY 10570 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer None Occupation Retired Aggregate Year-to-Date > $ 0.00	Date (month, day, year) 07/19/00	Amount of Each Receipt this Period 250.00 (Memo Entry)

SUBTOTAL of Receipts This Page (optional)	200.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)
The WISH List

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Above contribution earmarked for Johnson, U.S. HOUSE 2nd NY and transmitted by contributor's original check.	Occupation		
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $		

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Judith Brachman 311 N. Drexel Avenue Columbus, OH 43209-1430	None Occupation Retired	07/13/00	100.00
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $ 0.00		(Memo Entry)

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Above contribution earmarked for Loar, U.S. HOUSE 6th MO and transmitted by contributor's original check.	Occupation		
Receipt For: [X] Primary [ ] General [ ] 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
Judith Brachman 311 N. Drexel Avenue Columbus, OH 43209-1430	None Occupation Retired	07/13/00	100.00
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $ 0.00		(Memo Entry)

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Above contribution earmarked for Connie Morella, U.S. HOUSE 8th MD and transmitted by contributor's original check.	Occupation		
Receipt For: [ ] Primary [X] General [ ] 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
Helene Brenner 150 West 51st Street #1804 New York, NY 10019-6848	Self Occupation Clinical Social Worker	07/20/00	50.00
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $ 0.00		(Memo Entry)

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Above contribution earmarked for Johnson, U.S. HOUSE 2nd NY and transmitted by contributor's original check.	Occupation		
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $		

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

SCHEDULE A **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)
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A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Helene Brenner 150 West 51st Street #1504 New York, NY 10019-6848 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Clinical Social Worker Aggregate Year-to-Date > $ 0.00	07/20/00	50.00 (Memo Entry)
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Above contribution earmarked for Bitter Smith, U.S. HOUSE 1th AZ and transmitted by contributor's original check. Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Helene Brenner 150 West 51st Street #1504 New York, NY 10019-6848 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Clinical Social Worker Aggregate Year-to-Date > $ 0.00	07/20/00	50.00 (Memo Entry)
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Above contribution earmarked for Moore Capito, U.S. HOUSE 2nd WV and transmitted by contributor's original check. Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Aggregate Year-to-Date > $		
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Honor Hayward Bulkley 154 8th Avenue San Francisco, CA 94118 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Round Hill Pacific Property Manager Aggregate Year-to-Date > $ 0.00	07/20/00	100.00 (Memo Entry)
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Above contribution earmarked for Johnson, U.S. HOUSE 2nd NY and transmitted by contributor's original check. Receipt For: ☒ Primary ☐ General ☐ 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
Jonathan Bulkley P.O. Box 597009 San Francisco, CA 94159-7009 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Architect Aggregate Year-to-Date > $ 0.00	07/25/00	100.00 (Memo Entry)

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

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

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FOR LINE NUMBER 11 a I

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NAME OF COMMITTEE (In Full)
The WISH List

A. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Johnson, U.S. HOUSE 2nd NY and transmitted by contributor's original check. Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
B. Full Name, Mailing Address and ZIP Code Rosemarie Buntrock Oakbrook Terrace Tower One Tower Lane, Suite 2242 Oak Brook Terrace, IL 60181-4636 Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer WMX, Inc. Occupation Vice President Aggregate Year-to-Date > $ 0.00	Date (month, day, year) 07/24/00	Amount of Each Receipt this Period 100.00 (Memo Entry)
C. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Moore Capito, U.S. HOUSE 2nd WV and transmitted by contributor's original check. Receipt For: [ ] Primary [X] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Rosemarie Buntrock Oakbrook Terrace Tower One Tower Lane, Suite 2242 Oak Brook Terrace, IL 60181-4636 Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer WMX, Inc. Occupation Vice President Aggregate Year-to-Date > $ 0.00	Date (month, day, year) 07/24/00	Amount of Each Receipt this Period 100.00 (Memo Entry)
E. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Johnson, U.S. HOUSE 2nd NY and transmitted by contributor's original check. Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Patricia Hill Burnett 13 Oaks Court Bloomfield Hills, MI 48304-2136 Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer Self Occupation Artist Aggregate Year-to-Date > $ 0.00	Date (month, day, year) 07/24/00	Amount of Each Receipt this Period 100.00 (Memo Entry)
G. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Bitter Smith, U.S. HOUSE 1th AZ and transmitted by contributor's original check. Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period

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

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

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NAME OF COMMITTEE (In Full)
The WISH List

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Patricia Hill Burnett 13 Oaks Court Bloomfield Hills, MI 48304-2136	Self	07/25/00	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Artist	Aggregate Year-to-Date: $ 0.00	(Memo Entry)

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Above contribution earmarked for Moore Capito, U.S. HOUSE 2nd WV and transmitted by contributor's original check.			
Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Occupation	Aggregate Year-to-Date: $	

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Susan Burnett 210 Vanderpool Lane #34 Houston, TX 77024-6142	Burnett Personnel	07/18/00	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Owner/President	Aggregate Year-to-Date: $ 0.00	(Memo Entry)

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Above contribution earmarked for Johnson, U.S. HOUSE 2nd NY and transmitted by contributor's original check.			
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation	Aggregate Year-to-Date: $	

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Susan Burnett 210 Vanderpool Lane #34 Houston, TX 77024-6142	Burnett Personnel	07/18/00	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Owner/President	Aggregate Year-to-Date: $ 0.00	(Memo Entry)

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Above contribution earmarked for Bitter Smith, U.S. HOUSE 1th AZ and transmitted by contributor's original check.			
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation	Aggregate Year-to-Date: $	

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Susan Burnett 210 Vanderpool Lane #34 Houston, TX 77024-6142	Burnett Personnel	07/18/00	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Owner/President	Aggregate Year-to-Date: $ 0.00	(Memo Entry)

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

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 9 OF 59
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NAME OF COMMITTEE (In Full)
The WISH List

A. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Moore Capito, U.S. HOUSE 2nd WV and transmitted by contributor's original check. Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
B. Full Name, Mailing Address and ZIP Code Laurada B. Byers 8200 St. Martins Lane Philadelphia, PA 19118 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self Occupation Self employed Aggregate Year-to-Date > $ 1,000.00	Date (month, day, year) 07/24/00	Amount of Each Receipt this Period 1,000.00
C. Full Name, Mailing Address and ZIP Code Christina E. Carroll 3660 Jackson Street San Francisco, CA 94118 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $ 0.00	Date (month, day, year) 07/10/00	Amount of Each Receipt this Period 100.00 (Memo Entry)
D. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Olympia Snowe, U.S. SENATE ME and transmitted by contributor's original check. Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Christina E. Carroll 3660 Jackson Street San Francisco, CA 94118 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $ 0.00	Date (month, day, year) 07/10/00	Amount of Each Receipt this Period 100.00 (Memo Entry)
F. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Loar, U.S. HOUSE 6th MO and transmitted by contributor's original check. Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Christina E. Carroll 3660 Jackson Street San Francisco, CA 94118 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $ 0.00	Date (month, day, year) 07/10/00	Amount of Each Receipt this Period 100.00 (Memo Entry)

SUBTOTAL of Receipts This Page (optional)	1,000.00
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

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NAME OF COMMITTEE (In Full)
The WISH List

A. Full Name, Mailing Address and ZIP Code
Above contribution earmarked for Connie Morella, U.S. HOUSE 8th MD and transmitted by contributor's original check.

Receipt For: ☐ Primary ☒ General ☐ Other (specify):

Name of Employer | Occupation | Date (month, day, year) | Amount of Each Receipt this Period

Aggregate Year-to-Date > $

B. Full Name, Mailing Address and ZIP Code
Christina E. Carroll
3660 Jackson Street
San Francisco, CA 94118

Receipt For: ☐ Primary ☐ General ☐ Other (specify):

Name of Employer: Information Requested | Occupation | Date (month, day, year): 07/12/00 | Amount of Each Receipt this Period: 1,000.00

Aggregate Year-to-Date > $ 1,000.00

C. Full Name, Mailing Address and ZIP Code
Deborah Carstens
Box 2395
Telluride, CO 81435-2395

Receipt For: ☐ Primary ☐ General ☐ Other (specify):

Name of Employer: Self | Occupation: Property Management | Date (month, day, year): 07/24/00 | Amount of Each Receipt this Period: 100.00 (Memo Entry)

Aggregate Year-to-Date > $ 0.00

D. Full Name, Mailing Address and ZIP Code
Above contribution earmarked for Moore Capito, U.S. HOUSE 2nd WV and transmitted by contributor's original check.

Receipt For: ☐ Primary ☒ General ☐ Other (specify):

Name of Employer | Occupation | Date (month, day, year) | Amount of Each Receipt this Period

Aggregate Year-to-Date > $

E. Full Name, Mailing Address and ZIP Code
Deborah Carstens
Box 2395
Telluride, CO 81435-2395

Receipt For: ☐ Primary ☐ General ☐ Other (specify):

Name of Employer: Self | Occupation: Property Management | Date (month, day, year): 07/24/00 | Amount of Each Receipt this Period: 500.00 (Memo Entry)

Aggregate Year-to-Date > $ 0.00

F. Full Name, Mailing Address and ZIP Code
Above contribution earmarked for Bitter Smith, U.S. HOUSE 1th AZ and transmitted by contributor's original check.

Receipt For: ☒ Primary ☐ General ☐ Other (specify):

Name of Employer | Occupation | Date (month, day, year) | Amount of Each Receipt this Period

Aggregate Year-to-Date > $

G. Full Name, Mailing Address and ZIP Code
Deborah Carstens
Box 2395
Telluride, CO 81435-2395

Receipt For: ☐ Primary ☐ General ☐ Other (specify):

Name of Employer: Self | Occupation: Property Management | Date (month, day, year): 07/24/00 | Amount of Each Receipt this Period: 100.00 (Memo Entry)

Aggregate Year-to-Date > $ 0.00

SUBTOTAL of Receipts This Page (optional) 1,000.00

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

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FOR LINE NUMBER 11 a I

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

NAME OF COMMITTEE (In Full)
The WISH List

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Above contribution earmarked for Johnson, U.S. HOUSE 2nd NY and transmitted by contributor's original check.	Occupation		
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $		

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William W. Carstens P. O. Box 308 Telluride, CO 81435	Occupation	07/24/00	250.00
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $ 0.00		(Memo Entry)

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Above contribution earmarked for Bitter Smith, U.S. HOUSE 1th AZ and transmitted by contributor's original check.	Occupation		
Receipt For: [X] Primary [ ] General [ ] 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
Jean Clark 59 Mooreland Road Greenwich, CT 06831-2613	Requested Occupation Requested	07/24/00	100.00
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $ 0.00		(Memo Entry)

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Above contribution earmarked for Moore Capito, U.S. HOUSE 2nd WV and transmitted by contributor's original check.	Occupation		
Receipt For: [ ] Primary [X] General [ ] 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
Jean Clark 59 Mooreland Road Greenwich, CT 06831-2613	Requested Occupation Requested	07/24/00	100.00
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $ 0.00		(Memo Entry)

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Above contribution earmarked for Bitter Smith, U.S. HOUSE 1th AZ and transmitted by contributor's original check.	Occupation		
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $		

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

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

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FOR LINE NUMBER 11 a i

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NAME OF COMMITTEE (In Full)
The WISH List

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Jean Clark 59 Mooreland Road Greenwich, CT 06831-2813	Requested / Requested / $ 0.00	07/24/00	100.00 (Memo Entry)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Above contribution earmarked for Johnson, U.S. HOUSE 2nd NY and transmitted by contributor's original check.			
Receipt For: ☒ Primary ☐ General ☐ Other (specify):			
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Sally DeFelice Clemens 419 Crescent Road Wyncote, PA 19095	self - private investor / / $ 1,000.00	07/24/00	1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Alan M. Cody 584 Chestnut Street Newton, MA 02458-1614	Pricewaterhouse Coopers L.L.P. / Partner / $ 0.00	07/25/00	100.00 (Memo Entry)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Above contribution earmarked for Johnson, U.S. HOUSE 2nd NY and transmitted by contributor's original check.			
Receipt For: ☒ Primary ☐ General ☐ Other (specify):			
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Elaine Wingate Conway 9 Rittenhouse Road Bronxville, NY 10708-2320	NYS Division for Women / Director / $ 1,220.00	07/19/00	1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Elaine Cooper 14944 La Cumbre Pacific Palisades, CA 90272	Requested / / $ 0.00	07/20/00	500.00 (Memo Entry)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			

SUBTOTAL of Receipts This Page (optional)	2,000.00
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

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FOR LINE NUMBER 11 a I

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NAME OF COMMITTEE (In Full)
The WISH List

A. Full Name, Mailing Address and ZIP Code
Above contribution earmarked for Johnson, U.S. HOUSE 2nd NY and transmitted by contributor's original check.

Receipt For: [X] Primary [ ] General [ ] Other (specify):

Name of Employer:
Occupation:
Aggregate Year-to-Date > $

Date (month, day, year):

Amount of Each Receipt this Period:

B. Full Name, Mailing Address and ZIP Code
Josephine S. Cooper
4441 Klingle Street, NW
Washington, DC 20016-3575

Receipt For: [ ] Primary [ ] General [ ] Other (specify):

Name of Employer: Alliance of Automobile Manufacturers
Occupation: President
Aggregate Year-to-Date > $ 300.00

Date (month, day, year): 07/18/00

Amount of Each Receipt this Period: 100.00

C. Full Name, Mailing Address and ZIP Code
Elizabeth E. Cox
142 W. Calle Manantial Kent
Green Valley, AZ 85614-3714

Receipt For: [ ] Primary [ ] General [ ] Other (specify):

Name of Employer: None
Occupation: Retired from Bell Laboratories
Aggregate Year-to-Date > $ 0.00

Date (month, day, year): 07/24/00

Amount of Each Receipt this Period: 100.00 (Memo Entry)

D. Full Name, Mailing Address and ZIP Code
Above contribution earmarked for Bitter Smith, U.S. HOUSE 1th AZ and transmitted by contributor's original check.

Receipt For: [X] Primary [ ] General [ ] Other (specify):

Name of Employer:
Occupation:
Aggregate Year-to-Date > $

Date (month, day, year):

Amount of Each Receipt this Period:

E. Full Name, Mailing Address and ZIP Code
Brenda Cumin
111 Emily Road
Far Hills, NJ 07931

Receipt For: [ ] Primary [ ] General [ ] Other (specify):

Name of Employer: Olde Mill Inn
Occupation: Director of Marketing
Aggregate Year-to-Date > $ 500.00

Date (month, day, year): 07/18/00

Amount of Each Receipt this Period: 500.00

F. Full Name, Mailing Address and ZIP Code
H. A. Curtiss
1129 Claremont Place
only Feb and Aug mailings
Pomona, CA 91767-4119

Receipt For: [ ] Primary [ ] General [ ] Other (specify):

Name of Employer: None
Occupation: Retired
Aggregate Year-to-Date > $ 0.00

Date (month, day, year): 07/19/00

Amount of Each Receipt this Period: 25.00 (Memo Entry)

G. Full Name, Mailing Address and ZIP Code
Above contribution earmarked for Bitter Smith, U.S. HOUSE 1th AZ and transmitted by contributor's original check.

Receipt For: [X] Primary [ ] General [ ] Other (specify):

Name of Employer:
Occupation:
Aggregate Year-to-Date > $

Date (month, day, year):

Amount of Each Receipt this Period:

SUBTOTAL of Receipts This Page (optional) 600.00

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

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FOR LINE NUMBER 11 a]

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NAME OF COMMITTEE (In Full)
The WISH List

A. Full Name, Mailing Address and ZIP Code Bonney C. Daubenspeck 4921 Tramariac Lane Erie, PA 16505 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer PA Turnpike Commission - Commissioner Occupation Aggregate Year-to-Date $ 800.00	Date (month, day, year) 07/19/00	Amount of Each Receipt this Period 800.00
B. Full Name, Mailing Address and ZIP Code Bonney C. Daubenspeck 4921 Tramariac Lane Erie, PA 16505 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer PA Turnpike Commission - Commissioner Occupation Aggregate Year-to-Date $ 1,000.00	Date (month, day, year) 07/24/00	Amount of Each Receipt this Period 200.00
C. Full Name, Mailing Address and ZIP Code Patricia York Dettmer 80 Round Hill Road Greenwich, CT 06831-3743 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer none Occupation Homemaker & Retired Aggregate Year-to-Date $ 1,050.00	Date (month, day, year) 07/17/00	Amount of Each Receipt this Period 1,000.00
D. Full Name, Mailing Address and ZIP Code Richard B. Devereux 11 Greenfield Ave. Bronxville, NY 10708 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Cornell Medical College Occupation Physician Aggregate Year-to-Date $ 300.00	Date (month, day, year) 07/19/00	Amount of Each Receipt this Period 100.00
E. Full Name, Mailing Address and ZIP Code Richard B. Devereux 11 Greenfield Ave. Bronxville, NY 10708 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Cornell Medical College Occupation Physician Aggregate Year-to-Date $ 0.00	Date (month, day, year) 07/20/00	Amount of Each Receipt this Period 50.00 (Memo Entry)
F. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Johnson, U.S. HOUSE 2nd NY and transmitted by contributor's original check. Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Richard B. Devereux 11 Greenfield Ave. Bronxville, NY 10708 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Cornell Medical College Occupation Physician Aggregate Year-to-Date $ 0.00	Date (month, day, year) 07/20/00	Amount of Each Receipt this Period 50.00 (Memo Entry)
SUBTOTAL of Receipts This Page (optional)			2,100.00
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 15 OF 59
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NAME OF COMMITTEE (In Full)
The WISH List

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Above contribution earmarked for Bitter Smith, U.S. HOUSE 11th AZ and transmitted by contributor's original check.	Occupation		
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $		

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard B. Devereux 11 Greenfield Ave. Bronxville, NY 10708	Cornell Medical College	07/20/00	50.00
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Occupation Physician		(Memo Entry)
	Aggregate Year-to-Date > $ 0.00		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Above contribution earmarked for Moore Capito, U.S. HOUSE 2nd WV and transmitted by contributor's original check.	Occupation		
Receipt For: [ ] Primary [X] General [ ] 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
Susan Sasnon Dolkas 855 Rider Ridge Road Santa Cruz, CA 95065	None	07/20/00	1,000.00
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Occupation Retired		
	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 S. Donnell 1620 Dwight Way Berkeley, CA 94703-1804	none	07/10/00	50.00
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Occupation Retired		(Memo Entry)
	Aggregate Year-to-Date > $ 0.00		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Above contribution earmarked for Judy Biggert, US HOUSE 13th IL and transmitted by contributor's original check.	Occupation		
Receipt For: [ ] Primary [X] General [ ] 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
Virginia S. Donnell 1620 Dwight Way Berkeley, CA 94703-1804	none	07/10/00	50.00
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Occupation Retired		(Memo Entry)
	Aggregate Year-to-Date > $ 0.00		

SUBTOTAL of Receipts This Page (optional)	1,000.00
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

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FOR LINE NUMBER 11 a i

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NAME OF COMMITTEE (in Full)
The WISH List

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Above contribution earmarked for Loar, U.S. HOUSE 6th MO and transmitted by contributor's original check. Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation Aggregate Year-to-Date $		
B. Full Name, Mailing Address and ZIP Code Virginia S. Donnell 1620 Dwight Way Berkeley, CA 94703-1804 Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer: none Occupation: Retired Aggregate Year-to-Date $ 0.00	Date (month, day, year): 07/18/00	Amount of Each Receipt this Period: 50.00 (Memo Entry)
C. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Johnson, U.S. HOUSE 2nd NY and transmitted by contributor's original check. Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Virginia S. Donnell 1620 Dwight Way Berkeley, CA 94703-1804 Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer: none Occupation: Retired Aggregate Year-to-Date $ 0.00	Date (month, day, year): 07/18/00	Amount of Each Receipt this Period: 50.00 (Memo Entry)
E. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Bitter Smith, U.S. HOUSE 1th AZ and transmitted by contributor's original check. Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code James Douglas 32 Lenox Rd. #C8 Brooklyn, NY 11226-2368 Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer: NYU Medical Center Occupation: Volunteer Aggregate Year-to-Date $ 0.00	Date (month, day, year): 07/13/00	Amount of Each Receipt this Period: 20.00 (Memo Entry)
G. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Loar, U.S. HOUSE 6th MO and transmitted by contributor's original check. Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period

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

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

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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 WISH List

A. Full Name, Mailing Address and ZIP Code James Douglas 32 Lenox Rd. #C8 Brooklyn, NY 11226-2368 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer NYU Medical Center Occupation Volunteer Aggregate Year-to-Date > $ 0.00	Date (month, day, year) 07/13/00	Amount of Each Receipt this Period 20.00 (Memo Entry)
B. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Connie Morella, U.S. HOUSE 8th MD and transmitted by contributor's original check. Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Janice Dunn 188 Deer Run Lane Santa Maria, CA 93455 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Requested Occupation Aggregate Year-to-Date > $ 1,000.00	Date (month, day, year) 07/13/00	Amount of Each Receipt this Period 1,000.00
D. Full Name, Mailing Address and ZIP Code Ralph D. Ebbott 409 Birchwood Avenue White Bear Lake, MN 55110-1802 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer none Occupation Retired Aggregate Year-to-Date > $ 0.00	Date (month, day, year) 07/24/00	Amount of Each Receipt this Period 100.00 (Memo Entry)
E. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Bitter Smith, U.S. HOUSE 1th AZ and transmitted by contributor's original check. Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Ralph D. Ebbott 409 Birchwood Avenue White Bear Lake, MN 55110-1802 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer none Occupation Retired Aggregate Year-to-Date > $ 0.00	Date (month, day, year) 07/24/00	Amount of Each Receipt this Period 100.00 (Memo Entry)
G. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Johnson, U.S. HOUSE 2nd NY and transmitted by contributor's original check. Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	1,000.00
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

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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 WISH List

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Linda N. Emmons 111 Yankee Peddle Path Madison, CT 06443	none	07/24/00	25.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Retired	Aggregate Year-to-Date: $ 0.00	(Memo Entry)

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Above contribution earmarked for Moore Capito, U.S. HOUSE 2nd WV and transmitted by contributor's original check.			
Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Occupation	Aggregate Year-to-Date: $	

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Linda N. Emmons 111 Yankee Peddle Path Madison, CT 06443	none	07/24/00	25.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Retired	Aggregate Year-to-Date: $ 0.00	(Memo Entry)

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Above contribution earmarked for Johnson, U.S. HOUSE 2nd NY and transmitted by contributor's original check.			
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation	Aggregate Year-to-Date: $	

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Betty Ford PO Box 927 Rancho Mirage, CA 92270-0927	Betty Ford Center	07/05/00	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Chairman	Aggregate Year-to-Date: $ 500.00	

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Joanne G. Fox 323 Griswold Road Wethersfield, CT 06109-3627	none	07/20/00	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Retired	Aggregate Year-to-Date: $ 0.00	(Memo Entry)

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Above contribution earmarked for Johnson, U.S. HOUSE 2nd NY and transmitted by contributor's original check.			
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation	Aggregate Year-to-Date: $	

SUBTOTAL of Receipts This Page (optional)	500.00
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

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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 WISH List

A. Full Name, Mailing Address and ZIP Code Marilyn Fox 23 Carraswold Drive St. Louis, MO 63105-2913 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer none Occupation Housewife Aggregate Year-to-Date > $ 0.00	Date (month, day, year) 07/17/00	Amount of Each Receipt this Period 100.00 (Memo Entry)
B. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Olympia Snowe, U.S. SENATE ME and transmitted by contributor's original check. Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Marilyn Fox 23 Carraswold Drive St. Louis, MO 63105-2913 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer none Occupation Housewife Aggregate Year-to-Date > $ 0.00	Date (month, day, year) 07/17/00	Amount of Each Receipt this Period 100.00 (Memo Entry)
D. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Loar, U.S. HOUSE 6th MO and transmitted by contributor's original check. Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Jill Fried 5120 Encino Avenue Encino, CA 91316 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer None Earmarked Johnson-US Hse 2nd NY-contributor chk Occupation Homemaker Aggregate Year-to-Date > $ 0.00	Date (month, day, year) 07/18/00	Amount of Each Receipt this Period 25.00 (Memo Entry)
F. Full Name, Mailing Address and ZIP Code Jill Fried 5120 Encino Avenue Encino, CA 91316 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer None Occupation Homemaker Aggregate Year-to-Date > $ 0.00	Date (month, day, year) 07/18/00	Amount of Each Receipt this Period 25.00 (Memo Entry)
G. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Bitter Smith, U.S. HOUSE 1th AZ and transmitted by contributor's original check. Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period

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

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

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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 WISH List

A. Full Name, Mailing Address and ZIP Code Jill Fried 5120 Encino Avenue Encino, CA 91316 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer None Occupation Homemaker Aggregate Year-to-Date > $ 0.00	Date (month, day, year) 07/18/00	Amount of Each Receipt this Period 25.00 (Memo Entry)
B. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Moore Capito, U.S. HOUSE 2nd WV and transmitted by contributor's original check. Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Leroy Gallagher P.O. Box 503 East Machias, ME 04630-0503 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer None Occupation Retired Aggregate Year-to-Date > $ 0.00	Date (month, day, year) 07/10/00	Amount of Each Receipt this Period 150.00 (Memo Entry)
D. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Olympia Snowe, U.S. SENATE ME and transmitted by contributor's original check. Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Alice Wiley Hall 2515 Broadway San Francisco, CA 94115 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Requested Occupation Requested Aggregate Year-to-Date > $ 250.00	Date (month, day, year) 07/12/00	Amount of Each Receipt this Period 250.00
F. Full Name, Mailing Address and ZIP Code Christine Hansen 1703 Dorchester Drive Oklahoma City, OK 73120-1005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Interstate Oil and Gas Occupation Executive Director Aggregate Year-to-Date > $ 0.00	Date (month, day, year) 07/24/00	Amount of Each Receipt this Period 100.00 (Memo Entry)
G. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Olympia Snowe, U.S. SENATE ME and transmitted by contributor's original check. Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	250.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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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 WISH List

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Elaine Hapgood 1030 Waterway Lane Delray Beach, FL 33483-7154	Occupation: Housewife	07/19/00	2,500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date: $ 2,500.00		

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Barbara L. Harris 34 Bissell Road Lebanon, NJ 08833	None Occupation: Retired	07/24/00	100.00 (Memo Entry)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date: $ 0.00		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Above contribution earmarked for Bitter Smith, U.S. HOUSE 1th AZ and transmitted by contributor's original check.	Occupation		
Receipt For: ☒ Primary ☐ General ☐ 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
Barbara L. Harris 34 Bissell Road Lebanon, NJ 08833	None Occupation: Retired	07/24/00	100.00 (Memo Entry)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date: $ 0.00		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Above contribution earmarked for Johnson, U.S. HOUSE 2nd NY and transmitted by contributor's original check.	Occupation		
Receipt For: ☒ Primary ☐ General ☐ 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
Judith M. Hartig-Osanka 82 Woodfield Court Racine, WI 53402	J.M.Hartig-Osanka S.C. Occupation: Attorney	07/05/00	50.00 (Memo Entry)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date: $ 0.00		

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Above contribution earmarked for Amero , U.S. HOUSE 1st ME and transmitted by contributor's original check.	Occupation		
Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Aggregate Year-to-Date: $		

SUBTOTAL of Receipts This Page (optional)	2,500.00
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

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FOR LINE NUMBER 11a i

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

NAME OF COMMITTEE (In Full)
The WISH List

A. Full Name, Mailing Address and ZIP Code Judith M. Hartig-Osanka 82 Woodfield Court Racine, WI 53402 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer J.M.Hartig-Osanka S.C. Occupation Attorney Aggregate Year-to-Date > $ 0.00	Date (month, day, year) 07/05/00	Amount of Each Receipt this Period 50.00 (Memo Entry)
B. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Loar, U.S. HOUSE 6th MO and transmitted by contributor's original check. Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Judith M. Hartig-Osanka 82 Woodfield Court Racine, WI 53402 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer J.M.Hartig-Osanka S.C. Occupation Attorney Aggregate Year-to-Date > $ 0.00	Date (month, day, year) 07/05/00	Amount of Each Receipt this Period 50.00 (Memo Entry)
D. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Connie Morella, U.S. HOUSE 8th MD and transmitted by contributor's original check. Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Judith M. Hartig-Osanka 82 Woodfield Court Racine, WI 53402 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer J.M.Hartig-Osanka S.C. Occupation Attorney Aggregate Year-to-Date > $ 0.00	Date (month, day, year) 07/05/00	Amount of Each Receipt this Period 100.00 (Memo Entry)
F. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Olympia Snowe, U.S. SENATE ME and transmitted by contributor's original check. Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Judith M. Hartig-Osanka 82 Woodfield Court Racine, WI 53402 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer J.M.Hartig-Osanka S.C. Occupation Attorney Aggregate Year-to-Date > $ 0.00	Date (month, day, year) 07/05/00	Amount of Each Receipt this Period 50.00 (Memo Entry)

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

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

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FOR LINE NUMBER 11 a i

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NAME OF COMMITTEE (In Full)
The WISH List

A. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Marge Roukema, U.S. HOUSE 5th NJ and transmitted by contributor's original check. Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
B. Full Name, Mailing Address and ZIP Code Judith M. Hartig-Osanka 82 Woodfield Court Racine, WI 53402 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer J.M.Hartig-Osanka S.C. Occupation Attorney Aggregate Year-to-Date > $ 0.00	Date (month, day, year) 07/25/00	Amount of Each Receipt this Period 50.00 (Memo Entry)
C. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Moore Capito, U.S. HOUSE 2nd WV and transmitted by contributor's original check. Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Grace Avery Hathaway 90 Washington Post Drive Wilton, CT 06897 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer None Occupation Retired Aggregate Year-to-Date > $ 0.00	Date (month, day, year) 07/17/00	Amount of Each Receipt this Period 100.00 (Memo Entry)
E. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Olympia Snowe, U.S. SENATE ME and transmitted by contributor's original check. Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Grace Avery Hathaway 90 Washington Post Drive Wilton, CT 06897 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer None Occupation Retired Aggregate Year-to-Date > $ 0.00	Date (month, day, year) 07/17/00	Amount of Each Receipt this Period 100.00 (Memo Entry)
G. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Connie Morella, U.S. HOUSE 8th MD and transmitted by contributor's original check. Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period

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

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

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FOR LINE NUMBER 11 a i

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

NAME OF COMMITTEE (In Full)
The WISH List

A. Full Name, Mailing Address and ZIP Code Grace Avery Hathaway 90 Washington Post Drive Wilton, CT 06897 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer None Occupation Retired Aggregate Year-to-Date > $ 0.00	Date (month, day, year) 07/17/00	Amount of Each Receipt this Period 100.00 (Memo Entry)
B. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Lear, U.S. HOUSE 6th MO and transmitted by contributor's original check. Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Barbara M. Hays 2401 Kings Lynn Road Midlothian, VA 23113-3813 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer None Occupation Retired Aggregate Year-to-Date > $ 400.00	Date (month, day, year) 07/20/00	Amount of Each Receipt this Period 100.00
D. Full Name, Mailing Address and ZIP Code Edna Burrill Hain 726 Lovevilie Road Ctg 53 Hockessin, DE 19707-1515 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer None Occupation Homemaker & retired Aggregate Year-to-Date > $ 0.00	Date (month, day, year) 07/25/00	Amount of Each Receipt this Period 35.00 (Memo Entry)
E. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Moore Capito, U.S. HOUSE 2nd WV and transmitted by contributor's original check. Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Patricia C. Hallman 3415 Pacific Avenue San Francisco, CA 94118 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Requested Occupation Aggregate Year-to-Date > $ 1,000.00	Date (month, day, year) 07/21/00	Amount of Each Receipt this Period 1,000.00
G. Full Name, Mailing Address and ZIP Code Henry L. Hillman Morewood Heights Pittsburgh, PA 15213 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Requested Occupation Aggregate Year-to-Date > $ 5,000.00	Date (month, day, year) 07/21/00	Amount of Each Receipt this Period 5,000.00
SUBTOTAL of Receipts This Page (optional)			6,100.00
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

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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 WISH List

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Thomas C. Hockaday 318 Prince Street #3 Alexandria, VA 22314 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Hockaday Donatelli/Campaign Solutions CEO and Consultant Aggregate Year-to-Date $ 350.00	07/19/00	100.00
B. Full Name, Mailing Address and ZIP Code Sandra Hoffman 1580 Kathryn Lane Lake Forest, IL 60045 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer None Occupation Retired Aggregate Year-to-Date $ 0.00	07/18/00	100.00 (Memo Entry)
C. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Johnson, U.S. HOUSE 2nd NY and transmitted by contributor's original check. Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Sandra Hoffman 1580 Kathryn Lane Lake Forest, IL 60045 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer None Occupation Retired Aggregate Year-to-Date $ 0.00	07/18/00	100.00 (Memo Entry)
E. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Bitter Smith, U.S. HOUSE 1th AZ and transmitted by contributor's original check. Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Sandra Hoffman 1580 Kathryn Lane Lake Forest, IL 60045 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer None Occupation Retired Aggregate Year-to-Date $ 0.00	07/18/00	100.00 (Memo Entry)
G. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Moore Capito, U.S. HOUSE 2nd WV and transmitted by contributor's original check. Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	100.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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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 WISH List

A. Full Name, Mailing Address and ZIP Code
Sherwood G. House
204 Needlerush Ct
Kiawah Island, SC 29455

Receipt For: ☐ Primary ☐ General ☐ Other (specify):

Name of Employer: none
Occupation: Retired
Date (month, day, year): 07/24/00
Aggregate Year-to-Date: $ 0.00
Amount of Each Receipt this Period: 50.00 (Memo Entry)

B. Full Name, Mailing Address and ZIP Code
Above contribution earmarked for Moore Capito, U.S. HOUSE 2nd WV and transmitted by contributor's original check.

Receipt For: ☐ Primary ☒ General ☐ Other (specify):

Name of Employer:
Occupation:
Date (month, day, year):
Aggregate Year-to-Date: $
Amount of Each Receipt this Period:

C. Full Name, Mailing Address and ZIP Code
Sherwood G. House
204 Needlerush Ct
Kiawah Island, SC 29455

Receipt For: ☐ Primary ☐ General ☐ Other (specify):

Name of Employer: none
Occupation: Retired
Date (month, day, year): 07/24/00
Aggregate Year-to-Date: $ 0.00
Amount of Each Receipt this Period: 50.00 (Memo Entry)

D. Full Name, Mailing Address and ZIP Code
Above contribution earmarked for Bitter Smith, U.S. HOUSE 1th AZ and transmitted by contributor's original check.

Receipt For: ☒ Primary ☐ General ☐ Other (specify):

Name of Employer:
Occupation:
Date (month, day, year):
Aggregate Year-to-Date: $
Amount of Each Receipt this Period:

E. Full Name, Mailing Address and ZIP Code
Sherwood G. House
204 Needlerush Ct
Kiawah Island, SC 29455

Receipt For: ☐ Primary ☐ General ☐ Other (specify):

Name of Employer: none
Occupation: Retired
Date (month, day, year): 07/25/00
Aggregate Year-to-Date: $ 0.00
Amount of Each Receipt this Period: 50.00 (Memo Entry)

F. Full Name, Mailing Address and ZIP Code
Above contribution earmarked for Johnson, U.S. HOUSE 2nd NY and transmitted by contributor's original check.

Receipt For: ☒ Primary ☐ General ☐ Other (specify):

Name of Employer:
Occupation:
Date (month, day, year):
Aggregate Year-to-Date: $
Amount of Each Receipt this Period:

G. Full Name, Mailing Address and ZIP Code
Margaret B. Humleker
633 Ledgeview Blvd.
Fond Du Lac, WI 54935-3726

Receipt For: ☐ Primary ☐ General ☐ Other (specify):

Name of Employer: self
Occupation: Consultant
Date (month, day, year): 07/19/00
Aggregate Year-to-Date: $ 300.00
Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) 100.00

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

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FOR LINE NUMBER 11 a I

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

NAME OF COMMITTEE (In Full)
The Wish List

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Norma Jean Huss 822 Willow Valley Lakes Drive Willow Street, PA 17584-9037	Nona Housewife $ 0.00	07/20/00	10.00 (Memo Entry)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Above contribution earmarked for Connie Morella, U.S. HOUSE 8th MD and transmitted by contributor's original check.	$		
Receipt For: ☐ Primary ☒ General ☐ Other (specify):			
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Norma Jean Huss 822 Willow Valley Lakes Drive Willow Street, PA 17584-9037	None Housewife $ 0.00	07/20/00	10.00 (Memo Entry)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Above contribution earmarked for Loar, U.S. HOUSE 6th MO and transmitted by contributor's original check.	$		
Receipt For: ☒ Primary ☐ General ☐ Other (specify):			
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Norma Jean Huss 822 Willow Valley Lakes Drive Willow Street, PA 17584-9037	None Housewife $ 0.00	07/20/00	10.00 (Memo Entry)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Above contribution earmarked for Olympia Snowe, U.S. SENATE ME and transmitted by contributor's original check.	$		
Receipt For: ☐ Primary ☒ General ☐ Other (specify):			
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Christine Jacobs 553 Timber Lane Devon, PA 19333	Papco Energy Executive $ 1,000.00	07/12/00	1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			

SUBTOTAL of Receipts This Page (optional)	1,000.00
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

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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 WISH List

A. Full Name, Mailing Address and ZIP Code Philippa H. Jones 2653 Cortina Drive Riverside, CA 92504 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer None Occupation Homemaker, widow Aggregate Year-to-Date > $ 0.00	Date (month, day, year) 07/05/00	Amount of Each Receipt this Period 25.00 (Memo Entry)
B. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Jackson, STATE HOUSE/250 24th CA and transmitted by contributor's original check. Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Marilyn S. Klingaman 7620 S. Dunns Farm Road Maple City, MI 49664-8717 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Retired Occupation Aggregate Year-to-Date > $ 0.00	Date (month, day, year) 07/13/00	Amount of Each Receipt this Period 100.00 (Memo Entry)
D. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Loar, U.S. HOUSE 6th MO and transmitted by contributor's original check. Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Marilyn S. Klingaman 7620 S. Dunns Farm Road Maple City, MI 49664-8717 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Retired Occupation Aggregate Year-to-Date > $ 0.00	Date (month, day, year) 07/20/00	Amount of Each Receipt this Period 100.00 (Memo Entry)
F. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Johnson, U.S. HOUSE 2nd NY and transmitted by contributor's original check. Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Marilyn S. Klingaman 7620 S. Dunns Farm Road Maple City, MI 49664-8717 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Retired Occupation Aggregate Year-to-Date > $ 0.00	Date (month, day, year) 07/20/00	Amount of Each Receipt this Period 100.00 (Memo Entry)

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

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

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FOR LINE NUMBER 11 a i

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

NAME OF COMMITTEE (In Full)
The WISH List

A. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Moore Capito, U.S. HOUSE 2nd WV and transmitted by contributor's original check. Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
B. Full Name, Mailing Address and ZIP Code Helen A. Kraus 88 Notch Hill Road, Apt E128 North Branford, CT 06471-1845 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer None Occupation Retired Aggregate Year-to-Date > $ 0.00	Date (month, day, year) 07/06/00	Amount of Each Receipt this Period 25.00 (Memo Entry)
C. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Connie Morella, U.S. HOUSE 8th MD and transmitted by contributor's original check. Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Helen A. Kraus 88 Notch Hill Road, Apt E128 North Branford, CT 06471-1845 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer None Occupation Retired Aggregate Year-to-Date > $ 0.00	Date (month, day, year) 07/06/00	Amount of Each Receipt this Period 25.00 (Memo Entry)
E. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Olympia Snowe, U.S. SENATE ME and transmitted by contributor's original check. Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Helen A. Kraus 88 Notch Hill Road, Apt E128 North Branford, CT 06471-1845 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer None Occupation Retired Aggregate Year-to-Date > $ 0.00	Date (month, day, year) 07/06/00	Amount of Each Receipt this Period 25.00 (Memo Entry)
G. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Loar, U.S. HOUSE 6th MO and transmitted by contributor's original check. Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period

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

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

FOR LINE NUMBER 11 a I

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

NAME OF COMMITTEE (In Full)
The WISH List

A. Full Name, Mailing Address and ZIP Code Diahann W. Lassus 25 Oschsner Court Berkeley Heights, NJ 07922 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Lassus Wharley & Assoc. Occupation Business Owner Aggregate Year-to-Date > $ 250.00	Date (month, day, year) 07/06/00	Amount of Each Receipt this Period 250.00
B. Full Name, Mailing Address and ZIP Code Sally S. Lehmann 6228 N. 61st Place Paradise Valley, AZ 85253-4212 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer volunteer Occupation Aggregate Year-to-Date > $ 0.00	Date (month, day, year) 07/13/00	Amount of Each Receipt this Period 100.00 (Memo Entry)
C. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Loar, U.S. HOUSE 6th MO and transmitted by contributor's original check. Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Sally S. Lehmann 6228 N. 61st Place Paradise Valley, AZ 85253-4212 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer volunteer Occupation Aggregate Year-to-Date > $ 0.00	Date (month, day, year) 07/13/00	Amount of Each Receipt this Period 100.00 (Memo Entry)
E. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Connie Morella, U.S. HOUSE 8th MD and transmitted by contributor's original check. Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Sally S. Lehmann 6228 N. 61st Place Paradise Valley, AZ 85253-4212 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer volunteer Occupation Aggregate Year-to-Date > $ 0.00	Date (month, day, year) 07/13/00	Amount of Each Receipt this Period 100.00 (Memo Entry)
G. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Olympia Snowe, U.S. SENATE ME and transmitted by contributor's original check. Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	250.00
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 31 OF 58
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committees.

NAME OF COMMITTEE (In Full)
The WISH List

A. Full Name, Mailing Address and ZIP Code Ruth Lewis 250 E. Alameda St. Apt 434 Santa Fe, NM 87501 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $ 0.00	Date (month, day, year) 07/24/00	Amount of Each Receipt this Period 100.00 (Memo Entry)
B. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Johnson, U.S. HOUSE 2nd NY and transmitted by contributor's original check. Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Robert H. Long Jr. 685 Saint Johns Drive Camp Hill, PA 17011-1339 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Rhoads & Sinon LLP Occupation Attorney Aggregate Year-to-Date > $ 1,000.00	Date (month, day, year) 07/24/00	Amount of Each Receipt this Period 1,000.00
D. Full Name, Mailing Address and ZIP Code Marcena W. Love 1175 Pelham Road Winnetka, IL 60093-2017 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer None Occupation Activist Aggregate Year-to-Date > $ 0.00	Date (month, day, year) 07/07/00	Amount of Each Receipt this Period 250.00 (Memo Entry)
E. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Connie Morella, U.S. HOUSE 8th MD and transmitted by contributor's original check. Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Janett Lowes 1416 Iron Liage Road Indianapolis, IN 46217-4527 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer None Occupation Housewife Aggregate Year-to-Date > $ 0.00	Date (month, day, year) 07/17/00	Amount of Each Receipt this Period 100.00 (Memo Entry)
G. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Olympia Snowe, U.S. SENATE ME and transmitted by contributor's original check. Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	1,000.00
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

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FOR LINE NUMBER 11 a.i

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

NAME OF COMMITTEE (In Full)
The WISH List

A. Full Name, Mailing Address and ZIP Code Janett Lowes 1418 Iron Liege Road Indianapolis, IN 46217-4527 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: None Occupation: Housewife Aggregate Year-to-Date: $ 0.00	Date (month, day, year): 07/17/00	Amount of Each Receipt this Period: 100.00 (Memo Entry)
B. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Connie Morella, U.S. HOUSE 8th MD and transmitted by contributor's original check. Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date: $	Date (month, day, year):	Amount of Each Receipt this Period:
C. Full Name, Mailing Address and ZIP Code Janet K. Lubic 13 Deer Pond Lane Chadds Ford, PA 19317 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Requested Occupation: Aggregate Year-to-Date: $ 300.00	Date (month, day, year): 07/24/00	Amount of Each Receipt this Period: 300.00
D. Full Name, Mailing Address and ZIP Code Nancy Luther 284 Perkins Row Topsfield, MA 01983-1534 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Gov's HWY Safety Bureau Occupation: Executive Director Aggregate Year-to-Date: $ 0.00	Date (month, day, year): 07/25/00	Amount of Each Receipt this Period: 100.00 (Memo Entry)
E. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Johnson, U.S. HOUSE 2nd NY and transmitted by contributor's original check. Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date: $	Date (month, day, year):	Amount of Each Receipt this Period:
F. Full Name, Mailing Address and ZIP Code Maureen H. Lydon 180 N. Lasalle Suite 2001 Chicago, IL 60601 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: self Occupation: Attorney Aggregate Year-to-Date: $ 0.00	Date (month, day, year): 07/13/00	Amount of Each Receipt this Period: 150.00 (Memo Entry)
G. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Judy Biggert, US HOUSE 13th IL and transmitted by contributor's original check. Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date: $	Date (month, day, year):	Amount of Each Receipt this Period:

SUBTOTAL of Receipts This Page (optional) 300.00

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

SCHEDULE A **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (in Full)
The WISH List

A. Full Name, Mailing Address and ZIP Code John C. Marous Jr. 33 Easton Road Pittsburgh, PA 15238 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Retired Occupation None Aggregate Year-to-Date $ 1,000.00	Date (month, day, year) 07/24/00	Amount of Each Receipt this Period 1,000.00
B. Full Name, Mailing Address and ZIP Code Jack C. Massey 4431 Tyne Blvd. Nashville, TN 37215-4537 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer None Occupation None Aggregate Year-to-Date $ 1,000.00	Date (month, day, year) 07/18/00	Amount of Each Receipt this Period 1,000.00
C. Full Name, Mailing Address and ZIP Code Charles S. Matthews 5307 S. Braeswood Drive Houston, TX 77096-4149 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer none Occupation Retired Aggregate Year-to-Date $ 0.00	Date (month, day, year) 07/18/00	Amount of Each Receipt this Period 100.00 (Memo Entry)
D. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Johnson, U.S. HOUSE 2nd NY and transmitted by contributor's original check. Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Charles S. Matthews 5307 S. Braeswood Drive Houston, TX 77096-4149 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer none Occupation Retired Aggregate Year-to-Date $ 0.00	Date (month, day, year) 07/18/00	Amount of Each Receipt this Period 100.00 (Memo Entry)
F. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Bitter Smith, U.S. HOUSE 1th AZ and transmitted by contributor's original check. Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Charles S. Matthews 5307 S. Braeswood Drive Houston, TX 77096-4149 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer none Occupation Retired Aggregate Year-to-Date $ 0.00	Date (month, day, year) 07/18/00	Amount of Each Receipt this Period 100.00 (Memo Entry)

SUBTOTAL of Receipts This Page (optional)	2,000.00
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

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FOR LINE NUMBER 11 a i

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

NAME OF COMMITTEE (in Full)
The WISH List

A. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Moore Capito, U.S. HOUSE 2nd WV and transmitted by contributor's original check. Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
B. Full Name, Mailing Address and ZIP Code Claire G. Mazer 940 Brittany Road Highland Park, IL 60035-3950 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer None Occupation Homemaker Aggregate Year-to-Date > $ 500.00	Date (month, day, year) 07/06/00	Amount of Each Receipt this Period 500.00
C. Full Name, Mailing Address and ZIP Code Barbara McNees 425 Sixth Avenue Pittsburgh, PA 15219 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Greater Pittsburgh Chamber of Commerce - president Occupation Aggregate Year-to-Date > $ 800.00	Date (month, day, year) 07/24/00	Amount of Each Receipt this Period 800.00
D. Full Name, Mailing Address and ZIP Code Janet Metcalf 12954 Oak Brook Drive Urbandale, IA 50323 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Iowa State Occupation State Legislator Aggregate Year-to-Date > $ 0.00	Date (month, day, year) 07/24/00	Amount of Each Receipt this Period 50.00 (Memo Entry)
E. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Moore Capito, U.S. HOUSE 2nd WV and transmitted by contributor's original check. Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Janet Metcalf 12954 Oak Brook Drive Urbandale, IA 50323 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Iowa State Occupation State Legislator Aggregate Year-to-Date > $ 0.00	Date (month, day, year) 07/24/00	Amount of Each Receipt this Period 50.00 (Memo Entry)
G. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Bitter Smith, U.S. HOUSE 1th AZ and transmitted by contributor's original check. Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	1,300.00
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

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NAME OF COMMITTEE (In Full)
The WISH List

A. Full Name, Mailing Address and ZIP Code
Janet Metcalf
12954 Oak Brook Drive
Urbandale, IA 50323

Receipt For: ☐ Primary ☐ General ☐ Other (specify):

Name of Employer: Iowa State
Occupation: State Legislator
Date (month, day, year): 07/24/00
Aggregate Year-to-Date: $ 0.00
Amount of Each Receipt this Period: 50.00 (Memo Entry)

B. Full Name, Mailing Address and ZIP Code
Above contribution earmarked for Johnson, U.S. HOUSE 2nd NY and transmitted by contributor's original check.

Receipt For: ☒ Primary ☐ General ☐ Other (specify):

Name of Employer:
Occupation:
Date (month, day, year):
Aggregate Year-to-Date: $
Amount of Each Receipt this Period:

C. Full Name, Mailing Address and ZIP Code
Loraine Miller
Dunolllie Looms
130 W 25th Street
New York, NY 10001

Receipt For: ☐ Primary ☐ General ☐ Other (specify):

Name of Employer: Dunolllie Looms
Occupation: business owner
Date (month, day, year): 07/19/00
Aggregate Year-to-Date: $ 1,100.00
Amount of Each Receipt this Period: 100.00

D. Full Name, Mailing Address and ZIP Code
Marta L. Morando
788 Ringwood Avenue
Menlo Park, CA 94025-2237

Receipt For: ☐ Primary ☐ General ☐ Other (specify):

Name of Employer: self
Occupation: Attorney
Date (month, day, year): 07/17/00
Aggregate Year-to-Date: $ 0.00
Amount of Each Receipt this Period: 100.00 (Memo Entry)

E. Full Name, Mailing Address and ZIP Code
Above contribution earmarked for Loar, U.S. HOUSE 6th MO and transmitted by contributor's original check.

Receipt For: ☒ Primary ☐ General ☐ Other (specify):

Name of Employer:
Occupation:
Date (month, day, year):
Aggregate Year-to-Date: $
Amount of Each Receipt this Period:

F. Full Name, Mailing Address and ZIP Code
Marta L. Morando
788 Ringwood Avenue
Menlo Park, CA 94025-2237

Receipt For: ☐ Primary ☐ General ☐ Other (specify):

Name of Employer: self
Occupation: Attorney
Date (month, day, year): 07/18/00
Aggregate Year-to-Date: $ 0.00
Amount of Each Receipt this Period: 75.00 (Memo Entry)

G. Full Name, Mailing Address and ZIP Code
Above contribution earmarked for Olympia Snowe, U.S. SENATE ME and transmitted by contributor's original check.

Receipt For: ☐ Primary ☒ General ☐ Other (specify):

Name of Employer:
Occupation:
Date (month, day, year):
Aggregate Year-to-Date: $
Amount of Each Receipt this Period:

SUBTOTAL of Receipts This Page (optional) 100.00

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

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FOR LINE NUMBER 11 a I

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

NAME OF COMMITTEE (In Full)
The WISH List

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Marta L. Morando 788 Ringwood Avenue Menlo Park, CA 94025-2237 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self Occupation: Attorney Aggregate Year-to-Date > $ 0.00	07/19/00	50.00 (Memo Entry)
B. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Connie Morella, U.S. HOUSE 8th MD and transmitted by contributor's original check. Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Name of Employer / Occupation / Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Marta L. Morando 788 Ringwood Avenue Menlo Park, CA 94025-2237 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer self Occupation: Attorney Aggregate Year-to-Date > $ 0.00	Date (month, day, year) 07/19/00	Amount of Each Receipt this Period 100.00 (Memo Entry)
D. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Jackson, STATE HOUSE/250 24th CA and transmitted by contributor's original check. Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Name of Employer / Occupation / Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Rebecca Q. Morgan 12728 La Cresta Drive Los Altos Hills, CA 94022-2513 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer none Occupation: Retired Aggregate Year-to-Date > $ 0.00	Date (month, day, year) 07/24/00	Amount of Each Receipt this Period 250.00 (Memo Entry)
F. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Bitter Smith, U.S. HOUSE 1th AZ and transmitted by contributor's original check. Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer / Occupation / Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Rebecca Q. Morgan 12728 La Cresta Drive Los Altos Hills, CA 94022-2513 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer none Occupation: Retired Aggregate Year-to-Date > $ 0.00	Date (month, day, year) 07/24/00	Amount of Each Receipt this Period 1,000.00 (Memo Entry)

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

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

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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 WISH List

A. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Johnson, U.S. HOUSE 2nd NY and transmitted by contributor's original check. Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
B. Full Name, Mailing Address and ZIP Code Frances B. Nelson 50 Hillsdale Mall San Mateo, CA 94403-3407 Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer Bohannon Development Company Occupation Executive Aggregate Year-to-Date > $ 0.00	Date (month, day, year) 07/10/00	Amount of Each Receipt this Period 500.00 (Memo Entry)
C. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Loar, U.S. HOUSE 6th MO and transmitted by contributor's original check. Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Cynthia S. Newman 3535 Half Moon Circle Falls Church, VA 22044-1311 Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer Waters Travel Service Occupation Travel Agent & Owner Aggregate Year-to-Date > $ 0.00	Date (month, day, year) 07/10/00	Amount of Each Receipt this Period 100.00 (Memo Entry)
E. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Marge Roukema, U.S. HOUSE 5th NJ and transmitted by contributor's original check. Receipt For: [ ] Primary [X] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Cynthia S. Newman 3535 Half Moon Circle Falls Church, VA 22044-1311 Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer Waters Travel Service Occupation Travel Agent & Owner Aggregate Year-to-Date > $ 0.00	Date (month, day, year) 07/17/00	Amount of Each Receipt this Period 100.00 (Memo Entry)
G. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Bitter Smith, U.S. HOUSE 1th AZ and transmitted by contributor's original check. Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period

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

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

SCHEDULE A **ITEMIZED RECEIPTS**

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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 WISH List

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Cynthia S. Newman 3535 Half Moon Circle Falls Church, VA 22044-1311	Waters Travel Service Occupation: Travel Agent & Owner Aggregate Year-to-Date: $ 0.00	07/17/00	100.00 (Memo Entry)
Receipt For: [ ] Primary [ ] General [ ] Other (specify):			
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Above contribution earmarked for Johnson, U.S. HOUSE 2nd NY and transmitted by contributor's original check.	Occupation Aggregate Year-to-Date: $		
Receipt For: [X] Primary [ ] General [ ] Other (specify):			
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Cynthia S. Newman 3535 Half Moon Circle Falls Church, VA 22044-1311	Waters Travel Service Occupation: Travel Agent & Owner Aggregate Year-to-Date: $ 0.00	07/25/00	100.00 (Memo Entry)
Receipt For: [ ] Primary [ ] General [ ] Other (specify):			
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Above contribution earmarked for Moore Capito, U.S. HOUSE 2nd WV and transmitted by contributor's original check.	Occupation Aggregate Year-to-Date: $		
Receipt For: [ ] Primary [X] General [ ] Other (specify):			
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Frances Wolf Newman 14 Cross Gates Short Hills, NJ 07078-2106	Free lance Occupation: Political Fundrasier Aggregate Year-to-Date: $ 0.00	07/10/00	100.00 (Memo Entry)
Receipt For: [ ] Primary [ ] General [ ] Other (specify):			
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Above contribution earmarked for Loar, U.S. HOUSE 6th MO and transmitted by contributor's original check.	Occupation Aggregate Year-to-Date: $		
Receipt For: [X] Primary [ ] General [ ] Other (specify):			
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Frances Wolf Newman 14 Cross Gates Short Hills, NJ 07078-2106	Free lance Occupation: Political Fundrasier Aggregate Year-to-Date: $ 0.00	07/10/00	100.00 (Memo Entry)
Receipt For: [ ] Primary [ ] General [ ] Other (specify):			

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

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

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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 WISH List

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Above contribution earmarked for Connie Morella, U.S. HOUSE 8th MD and transmitted by contributor's original check.			
Receipt For: [ ] Primary [X] General [ ] Other (specify):			

B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Eleanor S. Nissley 145 Phelps Road Ridgewood, NJ 07450-1418		07/06/00	200.00
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Occupation: RETIRED Aggregate Year-to-Date: $ 300.00		

C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Eleanor S. Nissley 145 Phelps Road Ridgewood, NJ 07450-1418		07/24/00	100.00
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Occupation: RETIRED Aggregate Year-to-Date: $ 400.00		

D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Dorothy S. Paddock 3864 Hillcrest Avenue Miami, AZ 85539-1310		07/20/00	50.00
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Occupation: Retired Aggregate Year-to-Date: $ 0.00		(Memo Entry)

E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Above contribution earmarked for Loar, U.S. HOUSE 6th MO and transmitted by contributor's original check.			
Receipt For: [X] Primary [ ] General [ ] Other (specify):			

F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Elizabeth G. Paddock 69 Van Voorhis Road Pittsford, NY 14534-9749		07/20/00	50.00
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Occupation: Retired Aggregate Year-to-Date: $ 0.00		(Memo Entry)

G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Above contribution earmarked for Connie Morella, U.S. HOUSE 8th MD and transmitted by contributor's original check.			
Receipt For: [ ] Primary [X] General [ ] Other (specify):			

SUBTOTAL of Receipts This Page (optional)	300.00
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

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FOR LINE NUMBER 11 a I

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

NAME OF COMMITTEE (In Full)
The WISH List

A. Full Name, Mailing Address and ZIP Code Elizabeth G. Paddock 68 Van Voorhis Road Pittsford, NY 14534-9749 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Retired Aggregate Year-to-Date > $ 0.00	Date (month, day, year) 07/19/00	Amount of Each Receipt this Period 50.00 (Memo Entry)
B. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Olympia Snowe, U.S. SENATE ME and transmitted by contributor's original check. Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Roslyn B. Payne 3616 Jackson Street San Francisco, CA 94118-1810 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Jackson Partners, Ltd. Occupation Real Estate Aggregate Year-to-Date > $ 1,000.00	Date (month, day, year) 07/05/00	Amount of Each Receipt this Period 1,000.00
D. Full Name, Mailing Address and ZIP Code Roslyn B. Payne 3616 Jackson Street San Francisco, CA 94118-1810 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Jackson Partners, Ltd. Occupation Real Estate Aggregate Year-to-Date > $ 0.00	Date (month, day, year) 07/05/00	Amount of Each Receipt this Period 100.00 (Memo Entry)
E. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Loar, U.S. HOUSE 6th MD and transmitted by contributor's original check. Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Roslyn B. Payne 3616 Jackson Street San Francisco, CA 94118-1810 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Jackson Partners, Ltd. Occupation Real Estate Aggregate Year-to-Date > $ 0.00	Date (month, day, year) 07/05/00	Amount of Each Receipt this Period 100.00 (Memo Entry)
G. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Connie Morella, U.S. HOUSE 8th MD and transmitted by contributor's original check. Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	1,000.00
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

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NAME OF COMMITTEE (In Full)
The WISH List

A. Full Name, Mailing Address and ZIP Code Roslyn B. Payne 3615 Jackson Street San Francisco, CA 94118-1810 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Jackson Partners, Ltd. Occupation Real Estate Aggregate Year-to-Date > $ 0.00	Date (month, day, year) 07/05/00	Amount of Each Receipt this Period 250.00 (Memo Entry)
B. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Olympia Snowe, U.S. SENATE ME and transmitted by contributor's original check. Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Mary Eyre Peacock P.O. Box 1047 Chariton, VA 23316-1047 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer None Occupation Retired Aggregate Year-to-Date > $ 0.00	Date (month, day, year) 07/24/00	Amount of Each Receipt this Period 100.00 (Memo Entry)
D. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Johnson, U.S. HOUSE 2nd NY and transmitted by contributor's original check. Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Frances G. Pepper 233 Oliver Road Cincinnati, OH 45215-2638 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer none Occupation Wife, Mother, Volunteer Aggregate Year-to-Date > $ 300.00	Date (month, day, year) 07/17/00	Amount of Each Receipt this Period 100.00
F. Full Name, Mailing Address and ZIP Code Frances G. Pepper 233 Oliver Road Cincinnati, OH 45215-2638 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer none Occupation Wife, Mother, Volunteer Aggregate Year-to-Date > $ 0.00	Date (month, day, year) 07/17/00	Amount of Each Receipt this Period 100.00 (Memo Entry)
G. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Olympia Snowe, U.S. SENATE ME and transmitted by contributor's original check. Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	100.00
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

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NAME OF COMMITTEE (In Full)
The Wish List

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Frances G. Pepper 233 Oliver Road Cincinnati, OH 45215-2638 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	none Occupation: Wife, Mother, Volunteer Aggregate Year-to-Date: $ 0.00	07/17/00	100.00 (Memo Entry)
B. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Connie Morella, U.S. HOUSE 8th MD and transmitted by contributor's original check. Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date: $	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Frances G. Pepper 233 Oliver Road Cincinnati, OH 45215-2638 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer none Occupation: Wife, Mother, Volunteer Aggregate Year-to-Date: $ 0.00	Date (month, day, year) 07/17/00	Amount of Each Receipt this Period 100.00 (Memo Entry)
D. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Loar, U.S. HOUSE 6th MO and transmitted by contributor's original check. Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date: $	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Vivian Piasecid Turnbridge Road Haverford, PA 19041 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Requested Occupation Aggregate Year-to-Date: $ 1,000.00	Date (month, day, year) 07/19/00	Amount of Each Receipt this Period 1,000.00
F. Full Name, Mailing Address and ZIP Code Donaldson C. Pillsbury 1100 Park Avenue New York, NY 10128-1202 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Sotheby's Holdings, Inc. Earmarked Johnson, US Hse 2nd NY-contributor's chk Occupation: General Counsel Aggregate Year-to-Date: $ 0.00	Date (month, day, year) 07/18/00	Amount of Each Receipt this Period 100.00 (Memo Entry)
G. Full Name, Mailing Address and ZIP Code Donaldson C. Pillsbury 1100 Park Avenue New York, NY 10128-1202 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Sotheby's Holdings, Inc. Occupation: General Counsel Aggregate Year-to-Date: $ 0.00	Date (month, day, year) 07/18/00	Amount of Each Receipt this Period 100.00 (Memo Entry)

SUBTOTAL of Receipts This Page (optional)	1,000.00
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 43 OF 59
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committees.

NAME OF COMMITTEE (In Full)
The WISH List

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Above contribution earmarked for Bitter Smith, U.S. HOUSE 1th AZ and transmitted by contributor's original check.			
Receipt For: [X] Primary [ ] General [ ] Other (specify):			

B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Sally W. Pillsbury 1300 Bracketts Point Road Wayzata, MN 55391-9393	None Professional Volunteer $ 0.00	07/20/00	250.00 (Memo Entry)
Receipt For: [ ] Primary [ ] General [ ] Other (specify):			

C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Above contribution earmarked for Johnson, U.S. HOUSE 2nd NY and transmitted by contributor's original check.			
Receipt For: [X] Primary [ ] General [ ] Other (specify):			

D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Sally W. Pillsbury 1300 Bracketts Point Road Wayzata, MN 55391-9393	None Professional Volunteer $ 0.00	07/20/00	250.00 (Memo Entry)
Receipt For: [ ] Primary [ ] General [ ] Other (specify):			

E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Above contribution earmarked for Bitter Smith, U.S. HOUSE 1th AZ and transmitted by contributor's original check.			
Receipt For: [X] Primary [ ] General [ ] Other (specify):			

F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Sally W. Pillsbury 1300 Bracketts Point Road Wayzata, MN 55391-9393	None Professional Volunteer $ 0.00	07/20/00	250.00 (Memo Entry)
Receipt For: [ ] Primary [ ] General [ ] Other (specify):			

G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Above contribution earmarked for Moore Capito, U.S. HOUSE 2nd WV and transmitted by contributor's original check.			
Receipt For: [ ] Primary [X] General [ ] Other (specify):			

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

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

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FOR LINE NUMBER 11 a i

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NAME OF COMMITTEE (In Full)
The WISH List

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Susan B. Plant 420 Stonecrest Drive Napa, CA 94558-3730 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	none Occupation: Retired Aggregate Year-to-Date: $ 0.00	07/05/00	100.00 (Memo Entry)
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Above contribution earmarked for Loar, U.S. HOUSE 6th MO and transmitted by contributor's original check. Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date: $		
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Elizabeth P. Powell 109 Edmunds Road Wellesley Hills, MA 02481-2722 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Diamond Machining Technology, Inc. Occupation: Owner/Co Founder/Manufacturer Aggregate Year-to-Date: $ 250.00	07/18/00	250.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Janet Prindle One Sutton Place S. New York, NY 10022-2471 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Neuberger Berman Occupation: Managing Director Aggregate Year-to-Date: $ 1,000.00	07/10/00	1,000.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Dorothy Gill Raymond 7501 Weld County Road, 7. Erie, CO 80516 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Cable Television Laboratories Occupation: Attorney Aggregate Year-to-Date: $ 0.00	07/24/00	200.00 (Memo Entry)
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Above contribution earmarked for Bitter Smith, U.S. HOUSE 1th AZ and transmitted by contributor's original check. Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date: $		
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Rowena Emery Rogers 7767 Village Road Parker, CO 80134 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	None Occupation: Retired Aggregate Year-to-Date: $ 250.00	07/17/00	250.00

SUBTOTAL of Receipts This Page (optional)	1,500.00
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

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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 WISH List

A. Full Name, Mailing Address and ZIP Code Harriet B. Rotter 24265 Bingham Court Bingham Farms, MI 48025-3420 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self Occupation Attorney Aggregate Year-to-Date > $ 1,000.00	Date (month, day, year) 07/06/00	Amount of Each Receipt this Period 1,000.00
B. Full Name, Mailing Address and ZIP Code William L. Saltonstall c/o 50 Congress Street Room 800 Boston, MA 02109-4002 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Saltonstall & Co. Occupation Trustee/Partner Aggregate Year-to-Date > $ 0.00	Date (month, day, year) 07/25/00	Amount of Each Receipt this Period 100.00 (Memo Entry)
C. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Bitter Smith, U.S. HOUSE 1th AZ and transmitted by contributor's original check. Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code William L. Saltonstall c/o 50 Congress Street Room 800 Boston, MA 02109-4002 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Saltonstall & Co. Occupation Trustee/Partner Aggregate Year-to-Date > $ 0.00	Date (month, day, year) 07/25/00	Amount of Each Receipt this Period 200.00 (Memo Entry)
E. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Johnson, U.S. HOUSE 2nd NY and transmitted by contributor's original check. Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Cindy Sapienza P.O. Box 2475 Birmingham, MI 48012-2475 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer KMART Occupation Retail Executive Aggregate Year-to-Date > $ 0.00	Date (month, day, year) 07/06/00	Amount of Each Receipt this Period 100.00 (Memo Entry)
G. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Olympia Snowe, U.S. SENATE ME and transmitted by contributor's original check. Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	1,000.00
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

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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 WISH List

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Elsa F. Sauter P O Box 278 Newport Beach, CA 92662-1139	None	07/24/00	25.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Retired	Aggregate Year-to-Date: $ 0.00	(Memo Entry)

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Above contribution earmarked for Moore Capito, U.S. HOUSE 2nd WV and transmitted by contributor's original check.			
Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Occupation	Aggregate Year-to-Date: $	

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Elsa F. Sauter P O Box 278 Newport Beach, CA 92662-1139	None	07/24/00	25.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Retired	Aggregate Year-to-Date: $ 0.00	(Memo Entry)

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Above contribution earmarked for Bitter Smith, U.S. HOUSE 1th AZ and transmitted by contributor's original check.			
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation	Aggregate Year-to-Date: $	

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Elsa F. Sauter P O Box 278 Newport Beach, CA 92662-1139	None	07/24/00	25.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Retired	Aggregate Year-to-Date: $ 0.00	(Memo Entry)

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Above contribution earmarked for Johnson, U.S. HOUSE 2nd NY and transmitted by contributor's original check.			
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation	Aggregate Year-to-Date: $	

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Arne Schoeller 12125 Mahogany Drive Reno, NV 89511-9270	none	07/05/00	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Retired	Aggregate Year-to-Date: $ 0.00	(Memo Entry)

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

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

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

NAME OF COMMITTEE (In Full)
The WISH List

A. Full Name, Mailing Address and ZIP Code
Above contribution earmarked for Loar, U.S. HOUSE 6th MO and transmitted by contributor's original check.

Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period

Occupation

Aggregate Year-to-Date > $

Receipt For: [X] Primary [ ] General [ ] Other (specify):

B. Full Name, Mailing Address and ZIP Code
Anne Schoeller
12125 Mahogany Drive
Reno, NV 89511-9270

Name of Employer: none | Date (month, day, year): 07/05/00 | Amount of Each Receipt this Period: 50.00

Occupation: Retired

Aggregate Year-to-Date > $ 0.00

Receipt For: [ ] Primary [ ] General [ ] Other (specify):

(Memo Entry)

C. Full Name, Mailing Address and ZIP Code
Above contribution earmarked for Connie Morella, U.S. HOUSE 8th MD and transmitted by contributor's original check.

Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period

Occupation

Aggregate Year-to-Date > $

Receipt For: [ ] Primary [X] General [ ] Other (specify):

D. Full Name, Mailing Address and ZIP Code
Dorothy Seavey
79 Aberdeen Road
Weston, MA 02493-1732

Name of Employer | Date (month, day, year): 07/24/00 | Amount of Each Receipt this Period: 25.00

Occupation: Retired

Aggregate Year-to-Date > $ 0.00

Receipt For: [ ] Primary [ ] General [ ] Other (specify):

(Memo Entry)

E. Full Name, Mailing Address and ZIP Code
Above contribution earmarked for Moore Capito, U.S. HOUSE 2nd WV and transmitted by contributor's original check.

Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period

Occupation

Aggregate Year-to-Date > $

Receipt For: [ ] Primary [X] General [ ] Other (specify):

F. Full Name, Mailing Address and ZIP Code
Dorothy Seavey
79 Aberdeen Road
Weston, MA 02493-1732

Name of Employer | Date (month, day, year): 07/24/00 | Amount of Each Receipt this Period: 25.00

Occupation: Retired

Aggregate Year-to-Date > $ 0.00

Receipt For: [ ] Primary [ ] General [ ] Other (specify):

(Memo Entry)

G. Full Name, Mailing Address and ZIP Code
Above contribution earmarked for Johnson, U.S. HOUSE 2nd NY and transmitted by contributor's original check.

Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period

Occupation

Aggregate Year-to-Date > $

Receipt For: [X] Primary [ ] General [ ] Other (specify):

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

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 48 OF 59
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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 WISH List

A. Full Name, Mailing Address and ZIP Code Paul H. Seidenstucker 10790 Rose Avenue #106 Los Angeles, CA 90034- 440 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer City of Los Angeles Occupation Land Surveyor Aggregate Year-to-Date > $ 400.00	Date (month, day, year) 07/20/00	Amount of Each Receipt this Period 100.00
B. Full Name, Mailing Address and ZIP Code Lois Setterberg 17207 N. Lindner Drive Glendale, AZ 85308 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer none Occupation Homemaker Aggregate Year-to-Date > $ 0.00	Date (month, day, year) 07/24/00	Amount of Each Receipt this Period 50.00 (Memo Entry)
C. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Bitter Smith, U.S. HOUSE 1th AZ and transmitted by contributor's original check. Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Judith H. Shreve 214 James Thurber Court Falls Church, VA 22046-3416 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Requested Occupation Requested Aggregate Year-to-Date > $ 0.00	Date (month, day, year) 07/20/00	Amount of Each Receipt this Period 25.00 (Memo Entry)
E. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Johnson, U.S. HOUSE 2nd NY and transmitted by contributor's original check. Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Betty Sims "Sims For Senate" 18 Ladue Manor Saint Louis, MO 63124-1822 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer State of Missouri Occupation State Senator Aggregate Year-to-Date > $ 0.00	Date (month, day, year) 07/20/00	Amount of Each Receipt this Period 100.00 (Memo Entry)
G. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Johnson, U.S. HOUSE 2nd NY and transmitted by contributor's original check. Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	100.00
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

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NAME OF COMMITTEE (In Full)
The WISH List

A. Full Name, Mailing Address and ZIP Code Jennifer Smith 164 Chestnut Hill Road Chestnut Hill, MA 02467 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Mynad Ventures Occupation Analyst Aggregate Year-to-Date $ 1,000.00	Date (month, day, year) 07/13/00	Amount of Each Receipt this Period 1,000.00
B. Full Name, Mailing Address and ZIP Code Patricia D. Smithson 318 W. Blackbeard Rd. Wilmington, NC 28409-2706 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer PDS Inc. Occupation President Aggregate Year-to-Date $ 250.00	Date (month, day, year) 07/19/00	Amount of Each Receipt this Period 250.00
C. Full Name, Mailing Address and ZIP Code Charles Snelling 1280 Church St. Fogelsville, PA 18051-1710 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Snelling Co. Occupation Venture Capitalist & President Aggregate Year-to-Date $ 1,000.00	Date (month, day, year) 07/24/00	Amount of Each Receipt this Period 1,000.00
D. Full Name, Mailing Address and ZIP Code James A. Spencer 432 Field Point Road Greenwich, CT 06830 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self Occupation Physician Aggregate Year-to-Date $ 0.00	Date (month, day, year) 07/06/00	Amount of Each Receipt this Period 100.00 (Memo Entry)
E. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Olympia Snowe, U.S. SENATE ME and transmitted by contributor's original check. Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Betty P. Stephenson M.D. 1 Tiffany Square Sugar Land, TX 77478 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer None Earmarked Johnson,US Hse 2nd NY-contributor's chk Occupation M.D. -Retired Aggregate Year-to-Date $ 0.00	Date (month, day, year) 07/18/00	Amount of Each Receipt this Period 100.00 (Memo Entry)
G. Full Name, Mailing Address and ZIP Code Betty P. Stephenson M.D. 1 Tiffany Square Sugar Land, TX 77478 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer None Occupation M.D. -Retired Aggregate Year-to-Date $ 0.00	Date (month, day, year) 07/18/00	Amount of Each Receipt this Period 100.00 (Memo Entry)

SUBTOTAL of Receipts This Page (optional)	2,250.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)
The WISH List

A. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Bitter Smith, U.S. HOUSE 1th AZ and transmitted by contributor's original check.	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [X] Primary [ ] General [ ] Other (specify):			
B. Full Name, Mailing Address and ZIP Code Betty P. Stephenson M.D. 1 Tiffany Square Sugar Land, TX 77478	Name of Employer None Occupation M.D. -Retired Aggregate Year-to-Date > $ 0.00	Date (month, day, year) 07/18/00	Amount of Each Receipt this Period 100.00 (Memo Entry)
Receipt For: [ ] Primary [ ] General [ ] Other (specify):			
C. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Moore Capito, U.S. HOUSE 2nd WV and transmitted by contributor's original check.	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [X] General [ ] Other (specify):			
D. Full Name, Mailing Address and ZIP Code Betty P. Stephenson M.D. 1 Tiffany Square Sugar Land, TX 77478	Name of Employer None Occupation M.D. -Retired Aggregate Year-to-Date > $ 650.00	Date (month, day, year) 07/19/00	Amount of Each Receipt this Period 150.00
Receipt For: [ ] Primary [ ] General [ ] Other (specify):			
E. Full Name, Mailing Address and ZIP Code Candace L. Straight 518 E. Passaic Avenue Bloomfield, NJ 07003-5315	Name of Employer Self-employed Occupation Private Investor/Director Aggregate Year-to-Date > $ 0.00	Date (month, day, year) 07/18/00	Amount of Each Receipt this Period 500.00 (Memo Entry)
Receipt For: [ ] Primary [ ] General [ ] Other (specify):			
F. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Johnson, U.S. HOUSE 2nd NY and transmitted by contributor's original check.	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [X] Primary [ ] General [ ] Other (specify):			
G. Full Name, Mailing Address and ZIP Code Candace L. Straight 518 E. Passaic Avenue Bloomfield, NJ 07003-5315	Name of Employer Self-employed Occupation Private Investor/Director Aggregate Year-to-Date > $ 0.00	Date (month, day, year) 07/18/00	Amount of Each Receipt this Period 250.00 (Memo Entry)
Receipt For: [ ] Primary [ ] General [ ] Other (specify):			

SUBTOTAL of Receipts This Page (optional)	150.00
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

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NAME OF COMMITTEE (In Full)
The WISH List

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Above contribution earmarked for Bitter Smith, U.S. HOUSE 1th AZ and transmitted by contributor's original check.	Occupation		
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $		

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dorothy E. Straight 518 E. Passaic Avenue Bloomfield, NJ 07003-5315	none	07/18/00	500.00
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Occupation Retired		(Memo Entry)
	Aggregate Year-to-Date > $ 0.00		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Above contribution earmarked for Johnson, U.S. HOUSE 2nd NY and transmitted by contributor's original check.	Occupation		
Receipt For: [X] Primary [ ] General [ ] 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
Dorothy E. Straight 518 E. Passaic Avenue Bloomfield, NJ 07003-5315	none	07/18/00	250.00
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Occupation Retired		(Memo Entry)
	Aggregate Year-to-Date > $ 0.00		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Above contribution earmarked for Bitter Smith, U.S. HOUSE 1th AZ and transmitted by contributor's original check.	Occupation		
Receipt For: [X] Primary [ ] General [ ] 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
Dorothy E. Straight 518 E. Passaic Avenue Bloomfield, NJ 07003-5315	none	07/18/00	250.00
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Occupation Retired		(Memo Entry)
	Aggregate Year-to-Date > $ 0.00		

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Above contribution earmarked for Moore Capito, U.S. HOUSE 2nd WV and transmitted by contributor's original check.	Occupation		
Receipt For: [ ] Primary [X] General [ ] Other (specify):	Aggregate Year-to-Date > $		

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

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

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NAME OF COMMITTEE (in Full)
The WISH List

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Patty Stulp 279 Garfield Street Denver, CO 80206	Requested	07/19/00	2,500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Requested	Aggregate Year-to-Date: $ 2,500.00	

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Judy K. Symcox 1450 Groth Circle Pleasanton, CA 94566-8416	n/a	07/10/00	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Retired Business lady	Aggregate Year-to-Date: $ 0.00	(Memo Entry)

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Above contribution earmarked for Jackson, STATE HOUSE/250 24th CA and transmitted by contributor's original check.			
Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Occupation	Aggregate Year-to-Date: $	

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Rosemary Tanfani 8479 Caslan Avenue Fair Oaks, CA 95628-3845	Minnesota Western	07/20/00	50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Salesperson	Aggregate Year-to-Date: $ 0.00	(Memo Entry)

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Above contribution earmarked for Johnson, U.S. HOUSE 2nd NY and transmitted by contributor's original check.			
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation	Aggregate Year-to-Date: $	

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Antony Taquey 12657 Granite Ridge Drive North Potomac, DC 20878-8957	Manpower, Inc.	07/19/00	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: accountant	Aggregate Year-to-Date: $ 350.00	

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Antony Taquey 12657 Granite Ridge Drive North Potomac, DC 20878-8957	Manpower, Inc.	07/19/00	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: accountant	Aggregate Year-to-Date: $ 0.00	(Memo Entry)

SUBTOTAL of Receipts This Page (optional)	2,600.00
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

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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 WISH List

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Above contribution earmarked for Connie Morella, U.S. HOUSE 8th MD and transmitted by contributor's original check. Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Occupation Aggregate Year-to-Date $		
B. Full Name, Mailing Address and ZIP Code Antony Taquey 12857 Granite Ridge Drive North Potomac, DC 20878-8957 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Manpower, Inc. Occupation accountant Aggregate Year-to-Date $ 0.00	Date (month, day, year) 07/19/00	Amount of Each Receipt this Period 100.00 (Memo Entry)
C. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Loar, U.S. HOUSE 6th MO and transmitted by contributor's original check. Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Antony Taquey 12857 Granite Ridge Drive North Potomac, DC 20878-8957 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Manpower, Inc. Occupation accountant Aggregate Year-to-Date $ 0.00	Date (month, day, year) 07/19/00	Amount of Each Receipt this Period 100.00 (Memo Entry)
E. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Olympia Snowe, U.S. SENATE ME and transmitted by contributor's original check. Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Sue Tejmi 223 Orchid Hill Lane Argyle, TX 76226-4533 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer self Occupation Retired Attorney Aggregate Year-to-Date $ 0.00	Date (month, day, year) 07/20/00	Amount of Each Receipt this Period 20.00 (Memo Entry)
G. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Johnson, U.S. HOUSE 2nd NY and transmitted by contributor's original check. Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period

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

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

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FOR LINE NUMBER 11 a i

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

NAME OF COMMITTEE (in Full)
The WISH List

A. Full Name, Mailing Address and ZIP Code
James O. Tobin
214 French Street
Bangor, ME 04401-5013

Receipt For: ☐ Primary ☐ General ☐ Other (specify):

Name of Employer: Self Employed
Occupation: Self
Date (month, day, year): 07/10/00
Aggregate Year-to-Date: $ 0.00
Amount of Each Receipt this Period: 300.00 (Memo Entry)

B. Full Name, Mailing Address and ZIP Code
Above contribution earmarked for Olympia Snowe, U.S. SENATE ME and transmitted by contributor's original check.

Receipt For: ☐ Primary ☒ General ☐ Other (specify):

Name of Employer:
Occupation:
Date (month, day, year):
Aggregate Year-to-Date: $
Amount of Each Receipt this Period:

C. Full Name, Mailing Address and ZIP Code
Jeanne Townsend
12683 S. Marina Village Drive
Traverse City, MI 49684-8803

Receipt For: ☐ Primary ☐ General ☐ Other (specify):

Name of Employer: none
Occupation: Homemaker
Date (month, day, year): 07/20/00
Aggregate Year-to-Date: $ 0.00
Amount of Each Receipt this Period: 25.00 (Memo Entry)

D. Full Name, Mailing Address and ZIP Code
Above contribution earmarked for Connie Morella, U.S. HOUSE 8th MD and transmitted by contributor's original check.

Receipt For: ☐ Primary ☒ General ☐ Other (specify):

Name of Employer:
Occupation:
Date (month, day, year):
Aggregate Year-to-Date: $
Amount of Each Receipt this Period:

E. Full Name, Mailing Address and ZIP Code
Jeanne Townsend
12683 S. Marina Village Drive
Traverse City, MI 49684-8803

Receipt For: ☐ Primary ☐ General ☐ Other (specify):

Name of Employer: none
Occupation: Homemaker
Date (month, day, year): 07/20/00
Aggregate Year-to-Date: $ 0.00
Amount of Each Receipt this Period: 25.00 (Memo Entry)

F. Full Name, Mailing Address and ZIP Code
Above contribution earmarked for Loar, U.S. HOUSE 6th MO and transmitted by contributor's original check.

Receipt For: ☒ Primary ☐ General ☐ Other (specify):

Name of Employer:
Occupation:
Date (month, day, year):
Aggregate Year-to-Date: $
Amount of Each Receipt this Period:

G. Full Name, Mailing Address and ZIP Code
Jeanne Townsend
12683 S. Marina Village Drive
Traverse City, MI 49684-8803

Receipt For: ☐ Primary ☐ General ☐ Other (specify):

Name of Employer: none
Occupation: Homemaker
Date (month, day, year): 07/20/00
Aggregate Year-to-Date: $ 0.00
Amount of Each Receipt this Period: 25.00 (Memo Entry)

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

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

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FOR LINE NUMBER 11 a i

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

NAME OF COMMITTEE (In Full)
The Wish List

A. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Olympia Snowe, U.S. SENATE ME and transmitted by contributor's original check. Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
B. Full Name, Mailing Address and ZIP Code Alfred E. Tyler 3916 Shady Hill Drive Dallas, TX 75229-2746 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer None Earmarked Johnson,US Hse 2nd NY-contributor chk Occupation Retired Aggregate Year-to-Date > $ 0.00	Date (month, day, year) 07/18/00	Amount of Each Receipt this Period 100.00 (Memo Entry)
C. Full Name, Mailing Address and ZIP Code Alfred E. Tyler 3916 Shady Hill Drive Dallas, TX 75229-2746 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer None Occupation Retired Aggregate Year-to-Date > $ 0.00	Date (month, day, year) 07/18/00	Amount of Each Receipt this Period 100.00 (Memo Entry)
D. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Bittar Smith, U.S. HOUSE 1th AZ and transmitted by contributor's original check. Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Alfred E. Tyler 3916 Shady Hill Drive Dallas, TX 75229-2746 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer None Occupation Retired Aggregate Year-to-Date > $ 0.00	Date (month, day, year) 07/18/00	Amount of Each Receipt this Period 100.00 (Memo Entry)
F. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Moore Capito, U.S. HOUSE 2nd WV and transmitted by contributor's original check. Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Margaret D. Vickroy 12329 Boothbay Ct. Creve Coeur, MO 63141-8119 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer None Occupation Retired Aggregate Year-to-Date > $ 0.00	Date (month, day, year) 07/24/00	Amount of Each Receipt this Period 100.00 (Memo Entry)

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

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

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FOR LINE NUMBER 11 a I

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

NAME OF COMMITTEE (In Full)
The WISH List

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Above contribution earmarked for Johnson, U.S. HOUSE 2nd NY and transmitted by contributor's original check. Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation Aggregate Year-to-Date $		
B. Full Name, Mailing Address and ZIP Code Marjorie M. Von Stade Box 375 Locust Valley, NY 11560-0375 Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer: None Occupation: None Aggregate Year-to-Date $ 1,000.00	07/18/00	500.00
C. Full Name, Mailing Address and ZIP Code Danielle Walker 2930 Broadway San Francisco, CA 94115 Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer: none - housewife Occupation: Requested Aggregate Year-to-Date $ 1,000.00	07/05/00	1,000.00
D. Full Name, Mailing Address and ZIP Code Alan S. Ward 3577 Hamlet Place Chevy Chase, MD 20815 Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer: Baker & Hostetler LLP Occupation: Attorney Aggregate Year-to-Date $ 0.00	07/19/00	100.00 (Memo Entry)
E. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Johnson, U.S. HOUSE 2nd NY and transmitted by contributor's original check. Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer / Occupation / Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Alan S. Ward 3577 Hamlet Place Chevy Chase, MD 20815 Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer: Baker & Hostetler LLP Occupation: Attorney Aggregate Year-to-Date $ 0.00	07/19/00	100.00 (Memo Entry)
G. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Bitter Smith, U.S. HOUSE 1th AZ and transmitted by contributor's original check. Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer / Occupation / Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	1,500.00
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 57 OF 59
	FOR LINE NUMBER 11 a i

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

NAME OF COMMITTEE (In Full)
The WISH List

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jean M. Warren 6610 Hillcrest Ave. Oklahoma City, OK 73116	None	07/24/00	200.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Retired	Aggregate Year-to-Date: $ 400.00	

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jean M. Warren 6610 Hillcrest Ave. Oklahoma City, OK 73116	None	07/24/00	200.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Retired	Aggregate Year-to-Date: $ 0.00	(Memo Entry)

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Above contribution earmarked for Moore Capito, U.S. HOUSE 2nd WV and transmitted by contributor's original check.			
Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Occupation	Aggregate Year-to-Date: $	

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jean M. Warren 6610 Hillcrest Ave. Oklahoma City, OK 73116	None	07/24/00	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Retired	Aggregate Year-to-Date: $ 0.00	(Memo Entry)

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Above contribution earmarked for Bitter Smith, U.S. HOUSE 1th AZ and transmitted by contributor's original check.			
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation	Aggregate Year-to-Date: $	

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jean M. Warren 6610 Hillcrest Ave. Oklahoma City, OK 73116	None	07/24/00	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Retired	Aggregate Year-to-Date: $ 0.00	(Memo Entry)

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Above contribution earmarked for Johnson, U.S. HOUSE 2nd NY and transmitted by contributor's original check.			
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation	Aggregate Year-to-Date: $	

SUBTOTAL of Receipts This Page (optional)	200.00
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 58 OF 59

FOR LINE NUMBER 11 a I

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

NAME OF COMMITTEE (In Full)
The WISH List

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Alinda H. Wikert 4208 Armstrong Pkwy Dallas, TX 75205-3716 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Express One International,Inc. Occupation: Aviation Exec. Aggregate Year-to-Date > $ 1,000.00	07/12/00	1,000.00
B. Full Name, Mailing Address and ZIP Code Katharine G. Wilson 1925 S. Ocean Drive Vero Beach, FL 32963-2113 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: none Occupation: Retired Aggregate Year-to-Date > $ 0.00	07/24/00	100.00 (Memo Entry)
C. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Moore Capito, U.S. HOUSE 2nd WV and transmitted by contributor's original check. Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Penelope P. Wilson 1371 N. Valley Road Malvern, PA 19355 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: None Occupation: Retired Aggregate Year-to-Date > $ 250.00	07/24/00	250.00
E. Full Name, Mailing Address and ZIP Code Charles H. Witmer 1 Beekman Place Aprt. 2B New York, NY 10022-8057 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Self Occupation: Money Manager Aggregate Year-to-Date > $ 0.00	07/20/00	1,000.00 (Memo Entry)
F. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Johnson, U.S. HOUSE 2nd NY and transmitted by contributor's original check. Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Charles H. Witmer 1 Beekman Place Aprt. 2B New York, NY 10022-8057 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Self Occupation: Money Manager Aggregate Year-to-Date > $ 0.00	07/20/00	1,000.00 (Memo Entry)

SUBTOTAL of Receipts This Page (optional) 1,250.00

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 59 OF 59
	FOR LINE NUMBER 11 a i

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NAME OF COMMITTEE (In Full)
The WISH List

A. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Moore Capito, U.S. HOUSE 2nd WV and transmitted by contributor's original check. Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
B. Full Name, Mailing Address and ZIP Code Charlotte B. Wittnebert 3107 Palmer Drive Apt. 6 Janesville, WI 53546 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer None Earmarked Johnson,US Hse 2nd NY-contributor chk Occupation Housewife Aggregate Year-to-Date > $ 0.00	Date (month, day, year) 07/18/00	Amount of Each Receipt this Period 15.00 (Memo Entry)
C. Full Name, Mailing Address and ZIP Code Charlotte B. Wittnebert 3107 Palmer Drive Apt. 6 Janesville, WI 53546 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer None Occupation Housewife Aggregate Year-to-Date > $ 0.00	Date (month, day, year) 07/18/00	Amount of Each Receipt this Period 15.00 (Memo Entry)
D. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Bitter Smith, U.S. HOUSE 1th AZ and transmitted by contributor's original check. Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Charlotte B. Wittnebert 3107 Palmer Drive Apt. 6 Janesville, WI 53546 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer None Occupation Housewife Aggregate Year-to-Date > $ 0.00	Date (month, day, year) 07/18/00	Amount of Each Receipt this Period 15.00 (Memo Entry)
F. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Moore Capito, U.S. HOUSE 2nd WV and transmitted by contributor's original check. Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	40,350.00

SCHEDULE H1
(effective 1/1/91)

METHOD OF ALLOCATION FOR SHARED FEDERAL AND NON-FEDERAL ADMINISTRATIVE EXPENSES AND GENERIC VOTER DRIVE COSTS

NAME OF COMMITTEE

The WISH List

NATIONAL PARTY COMMITTEES

FIXED FEDERAL PERCENTAGE (CHECK THE APPROPRIATE LINE AND ENTER % IN BOX TO RIGHT) . . . . . %

☐ PRESIDENTIAL YEAR (65%)

☐ ALL OTHER YEARS (60%)

HOUSE AND SENATE PARTY CAMPAIGN COMMITTEES

☐ MINIMUM FEDERAL PERCENTAGE (65%) (IF CHECKED, ENTER 65% IN BOX TO RIGHT) . . . . . %

OR

☐ FUNDS EXPENDED:

- ESTIMATED DIRECT CANDIDATE SUPPORT FEDERAL . . . . . %
- ESTIMATED DIRECT CANDIDATE SUPPORT NON-FEDERAL . . . . . %

ADJUSTMENTS TO FUNDS EXPENDED:

- ACTUAL DIRECT CANDIDATE SUPPORT FEDERAL . . . . . $ . . . . . %
- ACTUAL DIRECT CANDIDATE SUPPORT NON-FEDERAL . . . . . $

NOTE: FUNDS EXPENDED MUST BE USED IF THE FEDERAL PROPORTION IS GREATER THAN 65% IN ANY YEAR.

SEPARATE SEGREGATED FUNDS AND NON-CONNECTED COMMITTEES

FUNDS EXPENDED:

- ESTIMATED DIRECT CANDIDATE SUPPORT FEDERAL 75%
- ESTIMATED DIRECT CANDIDATE SUPPORT NON-FEDERAL 25%

ADJUSTMENTS TO FUNDS EXPENDED:

- ACTUAL DIRECT CANDIDATE SUPPORT FEDERAL . . . . . $ . . . . . %
- ACTUAL DIRECT CANDIDATE SUPPORT NON-FEDERAL . . . . . $

STATE AND LOCAL PARTY COMMITTEES

BALLOT COMPOSITION

CHECK ALL OFFICES APPEARING ON THE NEXT GENERAL ELECTION BALLOT:

		NUMBER OF POINTS
1. PRESIDENT	☐ (1 POINT)	
2. U.S. SENATE	☐ (1 POINT)	
3. U.S. CONGRESS	☐ (1 POINT)	
4. SUBTOTAL FEDERAL (ADD 1, 2, AND 3)		
5. GOVERNOR	☐ (1 POINT)	
6. OTHER STATEWIDE OFFICE(S)	☐ (1 OR 2 POINTS)	
7. STATE SENATE	☐ (1 POINT)	
8. STATE REPRESENTATIVE	☐ (1 POINT)	
9. LOCAL CANDIDATES	☐ (1 OR 2 POINTS)	
10. EXTRA NON-FEDERAL POINT	☐ (1 POINT)	
11. SUBTOTAL NON-FEDERAL (ADD 5, 6, 7, 8, 9 AND 10)		
12. TOTAL POINTS (LINE 4 PLUS LINE 11)		

FEDERAL ALLOCATION — LINE 4 DIVIDED BY LINE 12 . . . . . %

SCHEDULE H2
(effective 1/1/91)

ALLOCATION RATIOS

NAME OF COMMITTEE

The WISH List

ALLOCATION RATIOS FOR INDIVIDUAL FUNDRAISING EVENTS, EXEMPT ACTIVITIES, AND SHARED DIRECT CANDIDATE SUPPORT APPEARING ON THIS REPORT.

Methods of allocation:

I. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.

II. EXEMPT activities are allocated using the "time and space method" where the federal proportion of disbursements is based on the proportion of time or space devoted to federal candidates.

III. Shared DIRECT CANDIDATE support activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity.

NAME OF ACTIVITY OR EVENT	FEDERAL %	NON-FEDERAL %
8/2 PA ACTIVITY IS: [X] FUNDRAISING [ ] EXEMPT [ ] DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: [X] NEW [ ] REVISED [ ] SAME AS PREVIOUSLY REPORTED	75.00	25.00
5/11 CT ACTIVITY IS: [X] FUNDRAISING [ ] EXEMPT [ ] DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: [ ] NEW [X] REVISED [ ] SAME AS PREVIOUSLY REPORTED	84.00	16.00
ACTIVITY IS: [ ] FUNDRAISING [ ] EXEMPT [ ] DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: [ ] NEW [ ] REVISED [ ] SAME AS PREVIOUSLY REPORTED		
ACTIVITY IS: [ ] FUNDRAISING [ ] EXEMPT [ ] DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: [ ] NEW [ ] REVISED [ ] SAME AS PREVIOUSLY REPORTED		
ACTIVITY IS: [ ] FUNDRAISING [ ] EXEMPT [ ] DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: [ ] NEW [ ] REVISED [ ] SAME AS PREVIOUSLY REPORTED		
ACTIVITY IS: [ ] FUNDRAISING [ ] EXEMPT [ ] DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: [ ] NEW [ ] REVISED [ ] SAME AS PREVIOUSLY REPORTED		
ACTIVITY IS: [ ] FUNDRAISING [ ] EXEMPT [ ] DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: [ ] NEW [ ] REVISED [ ] SAME AS PREVIOUSLY REPORTED		

RECEIPT SCHEDULE H3
(effective 1/1/91)

TRANSFERS FROM NON-FEDERAL ACCOUNTS

PAGE	OF
1	2

FOR LINE 18

NAME OF COMMITTEE

The WISH List

TOTAL AMOUNT TRANSFERRED

NAME OF ACCOUNT

The WISH List - Non-Federal

DATE OF RECEIPT

07/06/00

$ 3,547.59

	BREAKDOWN OF TRANSFER RECEIVED		
	ADMIN./VOTER DRIVE AMOUNT	DIRECT FUND-RAISING AMOUNT	EXEMPT ACTIVITY/DIRECT CANDIDATE SUPPORT
i) Total Administrative/Voter Drive	2,838.09		
ii) Direct Fundraising (List Events-Amounts for Each)			
a) 8/2 PA		709.50	
b)			
c)			
d)			
e) Total Amount Transferred For Direct Fundraising		709.50	
iii) Exempt Activity/Direct Candidate Support (List Events-Amounts For Each)			
a)			
b)			
c)			
d)			
e) Total Amount Transferred for Exempt Activity/Direct Candidate Support			

NAME OF ACCOUNT

The WISH List - Non-Federal

DATE OF RECEIPT

07/18/00

$ 4,400.57

	BREAKDOWN OF TRANSFER RECEIVED		
	ADMIN./VOTER DRIVE AMOUNT	DIRECT FUND-RAISING AMOUNT	EXEMPT ACTIVITY/DIRECT CANDIDATE SUPPORT
i) Total Administrative/Voter Drive	3,787.99		
ii) Direct Fundraising (List Events-Amounts for Each)			
a) 8/2 PA		612.58	
b)			
c)			
d)			
e) Total Amount Transferred For Direct Fundraising		612.58	
iii) Exempt Activity/Direct Candidate Support (List Events-Amounts For Each)			
a)			
b)			
c)			
d)			
e) Total Amount Transferred for Exempt Activity/Direct Candidate Support			

	TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED			
	ADMIN./VOTER DRIVE AMOUNT	DIRECT FUND-RAISING AMOUNT	EXEMPT ACTIVITY/DCS	
SUBTOTAL THIS PAGE	6,626.08	1,321.08		7,948.16
TOTAL THIS PERIOD				

RECEIPT SCHEDULE H3
(effective 1/1/91)

TRANSFERS FROM NON-FEDERAL ACCOUNTS

PAGE	OF
2	2

FOR LINE 18

NAME OF COMMITTEE

The WISH List

TOTAL AMOUNT TRANSFERRED

NAME OF ACCOUNT

The WISH List - Non-Federal

DATE OF RECEIPT

07/20/00

$ 2,318.42

	BREAKDOWN OF TRANSFER RECEIVED			
	ADMIN./VOTER DRIVE AMOUNT	DIRECT FUND-RAISING AMOUNT	EXEMPT ACTIVITY/DIRECT CANDIDATE SUPPORT	
i) Total Administrative/Voter Drive	46.93			
ii) Direct Fundraising (List Events-Amounts for Each)				
a) 8/2 PR		2,271.49		
b)				
c)				
d)				
e) Total Amount Transferred For Direct Fundraising		2,271.49		
iii) Exempt Activity/Direct Candidate Support (List Events-Amounts For Each)				
a)				
b)				
c)				
d)				
e) Total Amount Transferred for Exempt Activity/Direct Candidate Support				

NAME OF ACCOUNT

The WISH List

DATE OF RECEIPT

07/25/00

$ 4,956.78

	BREAKDOWN OF TRANSFER RECEIVED			
	ADMIN./VOTER DRIVE AMOUNT	DIRECT FUND-RAISING AMOUNT	EXEMPT ACTIVITY/DIRECT CANDIDATE SUPPORT	
i) Total Administrative/Voter Drive	4,956.78			
ii) Direct Fundraising (List Events-Amounts for Each)				
a)				
b)				
c)				
d)				
e) Total Amount Transferred For Direct Fundraising				
iii) Exempt Activity/Direct Candidate Support (List Events-Amounts For Each)				
a)				
b)				
c)				
d)				
e) Total Amount Transferred for Exempt Activity/Direct Candidate Support				

	TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED			
	ADMIN./VOTER DRIVE AMOUNT	DIRECT FUND-RAISING AMOUNT	EXEMPT ACTIVITY/DCS	
SUBTOTAL THIS PAGE	5,003.71	2,271.49		7,275.20
TOTAL THIS PERIOD	11,629.79	3,593.57		15,223.36

DISBURSEMENT SCHEDULE H4
(effective 1/1/91)

JOINT FEDERAL/NON-FEDERAL ACTIVITY SCHEDULE

PAGE 1 OF 15

FOR LINE 21a

NAME OF COMMITTEE

The WISH List

A. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Marfair Joint Venture 499 South Capitol St., SW Suite 505 Washington, DC 20003	Rent	07/01/00	3,119.92	2,339.94	779.98
CATEGORY: [X] ADMINISTRATIVE/VOTER DRIVE [ ] FUNDRAISING [ ] EXEMPT [ ] DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $					
B. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Marfair Joint Venture 499 South Capitol St., SW Suite 505 Washington, DC 20003	Parking	07/01/00	125.00	93.75	31.25
CATEGORY: [X] ADMINISTRATIVE/VOTER DRIVE [ ] FUNDRAISING [ ] EXEMPT [ ] DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $					
C. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
US Postmaster 1215 31st Street, NW Washington, DC 20007	Postage	07/01/00	968.22	726.17	242.05
CATEGORY: [X] ADMINISTRATIVE/VOTER DRIVE [ ] FUNDRAISING [ ] EXEMPT [ ] DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $					
D. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Key Printing & Duplicating 14300 Cherry Lane Court Laurel, MD 20707	Printing	07/05/00	2,187.52	1,640.64	546.88
CATEGORY: [X] ADMINISTRATIVE/VOTER DRIVE [ ] FUNDRAISING [ ] EXEMPT [ ] DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $					
E. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
US Postmaster 1215 31st Street, NW Washington, DC 20007	Postage	07/05/00	623.00	467.25	155.75
CATEGORY: [X] ADMINISTRATIVE/VOTER DRIVE [ ] FUNDRAISING [ ] EXEMPT [ ] DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $					
F. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
The Outer Office 10545 Guilford Round Unit 109 Jessup, MD 20794	Postage S/2 PA	07/06/00	2,838.00	2,128.50	709.50
CATEGORY: [ ] ADMINISTRATIVE/VOTER DRIVE [X] FUNDRAISING [ ] EXEMPT [ ] DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $					
SUBTOTAL OF JOINT FEDERAL AND NON-FEDERAL ACTIVITY THIS PAGE			9,861.66	7,396.25	2,465.41
TOTAL THIS PERIOD (last page for each line only)(Fed share to 21 a i and non-fed share to 21 a ii)					
TOTAL THIS PERIOD FOR THE NON-FEDERAL SHARE (used for line 31 of the detailed summary page)					

DISBURSEMENT SCHEDULE H4
(effective 1/1/91)

JOINT FEDERAL/NON-FEDERAL ACTIVITY SCHEDULE

PAGE 2 OF 15

FOR LINE 21a

NAME OF COMMITTEE

The WISH List

A. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Commercial Union PO Box 105394 Atlanta, GA 30348-5339	Insurance	07/06/00	106.16	79.62	26.54
CATEGORY: [X] ADMINISTRATIVE/VOTER DRIVE [ ] FUNDRAISING [ ] EXEMPT [ ] DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $					
B. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Commercial Union PO Box 105394 Atlanta, GA 30348-5339	Insurance	07/06/00	82.82	62.12	20.70
CATEGORY: [X] ADMINISTRATIVE/VOTER DRIVE [ ] FUNDRAISING [ ] EXEMPT [ ] DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $					
C. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Xerox Corporation PO Box 7599 Philadelphia, PA 19101	Equipment Rental	07/06/00	254.64	190.98	63.66
CATEGORY: [X] ADMINISTRATIVE/VOTER DRIVE [ ] FUNDRAISING [ ] EXEMPT [ ] DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $					
D. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Quick Messenger Service PO Box 27378 Washington, DC 20038	Delivery	07/06/00	64.81	48.61	16.20
CATEGORY: [X] ADMINISTRATIVE/VOTER DRIVE [ ] FUNDRAISING [ ] EXEMPT [ ] DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $					
E. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Federal Express PO Box 1140 Memphis, TN 38101-1140	Delivery	07/06/00	82.23	61.67	20.56
CATEGORY: [X] ADMINISTRATIVE/VOTER DRIVE [ ] FUNDRAISING [ ] EXEMPT [ ] DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $					
F. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
American Express 300 S. Riverside Plaza Suite 0001 Chicago, IL 60679-0001	***See Breakdown Below***	07/06/00	1,248.10	936.07	312.03
CATEGORY: [X] ADMINISTRATIVE/VOTER DRIVE [ ] FUNDRAISING [ ] EXEMPT [ ] DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $					
SUBTOTAL OF JOINT FEDERAL AND NON-FEDERAL ACTIVITY THIS PAGE			1,838.76	1,379.07	459.69
TOTAL THIS PERIOD (last page for each line only)(Fed. share to 21 a; Total non-Fed. share to 21 a(i). . . .					
TOTAL THIS PERIOD FOR THE NON-FEDERAL SHARE (used for line 31 of the detailed summary page).					

DISBURSEMENT SCHEDULE H4
(effective 1/1/91)

JOINT FEDERAL/NON-FEDERAL ACTIVITY SCHEDULE

FOR LINE 21a

NAME OF COMMITTEE

The WISH List

	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
A. FULL NAME, MAILING ADDRESS & ZIP CODE Michaels Stores, Inc. Falls Church, VA	Office Supplies	07/06/00	87.75 Memo	65.81 Memo	21.94 Memo
CATEGORY: [X] ADMINISTRATIVE/VOTER DRIVE [ ] FUNDRAISING [ ] EXEMPT [ ] DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $					
B. FULL NAME, MAILING ADDRESS & ZIP CODE The Home Depot Falls Church, VA	Office Supplies	07/06/00	18.37 Memo	13.78 Memo	4.59 Memo
CATEGORY: [X] ADMINISTRATIVE/VOTER DRIVE [ ] FUNDRAISING [ ] EXEMPT [ ] DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: 5					
C. FULL NAME, MAILING ADDRESS & ZIP CODE Staples Corporate Chambersburg, PA	Office Supplies	07/06/00	900.56 Memo	675.42 Memo	225.14 Memo
CATEGORY: [X] ADMINISTRATIVE/VOTER DRIVE [ ] FUNDRAISING [ ] EXEMPT [ ] DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $					
D. FULL NAME, MAILING ADDRESS & ZIP CODE Office Depot Baileys Crossroads, VA	Office Supplies	07/06/00	89.32 Memo	66.99 Memo	22.33 Memo
CATEGORY: [X] ADMINISTRATIVE/VOTER DRIVE [ ] FUNDRAISING [ ] EXEMPT [ ] DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $					
E. FULL NAME, MAILING ADDRESS & ZIP CODE La Lomita Restaurant Washington, DC	Meals	07/06/00	18.80 Memo	14.10 Memo	4.70 Memo
CATEGORY: [X] ADMINISTRATIVE/VOTER DRIVE [ ] FUNDRAISING [ ] EXEMPT [ ] DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $					
F. FULL NAME, MAILING ADDRESS & ZIP CODE Westin Hotel California	Meals	07/06/00	46.84 Memo	35.13 Memo	11.71 Memo
CATEGORY: [X] ADMINISTRATIVE/VOTER DRIVE [ ] FUNDRAISING [ ] EXEMPT [ ] DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $					
SUBTOTAL OF JOINT FEDERAL AND NON-FEDERAL ACTIVITY THIS PAGE					
TOTAL THIS PERIOD (last page for each line only) Fed. share to 21 a.i and non-Fed. share to 21 a.ii					
TOTAL THIS PERIOD FOR THE NON-FEDERAL SHARE (used for line 31 of the detailed summary page)					

DISBURSEMENT SCHEDULE H4
(effective 1/1/01)

JOINT FEDERAL/NON-FEDERAL ACTIVITY SCHEDULE

PAGE 4 OF 15

FOR LINE 21a

NAME OF COMMITTEE

The WISH List

	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
A. FULL NAME, MAILING ADDRESS & ZIP CODE Copy General Sterling, VA	Copying	07/06/00	64.51 Memo	48.38 Memo	16.13 Memo
CATEGORY: [X] ADMINISTRATIVE/VOTER DRIVE [ ] FUNDRAISING [ ] EXEMPT [ ] DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $					
B. FULL NAME, MAILING ADDRESS & ZIP CODE America On Line Dulles, VA	PURPOSE/EVENT OnLine Service	DATE 07/06/00	TOTAL AMOUNT 21.95 Memo	FEDERAL SHARE 16.46 Memo	NON-FEDERAL SHARE 5.49 Memo
CATEGORY: [X] ADMINISTRATIVE/VOTER DRIVE [ ] FUNDRAISING [ ] EXEMPT [ ] DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $					
C. FULL NAME, MAILING ADDRESS & ZIP CODE American Express 300 S. Riverside Plaza Suite 0001 Chicago, IL 60679-0001	PURPOSE/EVENT ***See Breakdown Below***	DATE 07/06/00	TOTAL AMOUNT 2,489.93	FEDERAL SHARE 1,867.45	NON-FEDERAL SHARE 622.48
CATEGORY: [X] ADMINISTRATIVE/VOTER DRIVE [ ] FUNDRAISING [ ] EXEMPT [ ] DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $					
D. FULL NAME, MAILING ADDRESS & ZIP CODE Rudy's Limo Service Connecticut	PURPOSE/EVENT Limo Service	DATE 07/06/00	TOTAL AMOUNT 132.80 Memo	FEDERAL SHARE 99.60 Memo	NON-FEDERAL SHARE 33.20 Memo
CATEGORY: [X] ADMINISTRATIVE/VOTER DRIVE [ ] FUNDRAISING [ ] EXEMPT [ ] DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $					
E. FULL NAME, MAILING ADDRESS & ZIP CODE Raye's Mustards Eastport, ME	PURPOSE/EVENT Meals	DATE 07/06/00	TOTAL AMOUNT 27.90 Memo	FEDERAL SHARE 20.92 Memo	NON-FEDERAL SHARE 6.98 Memo
CATEGORY: [X] ADMINISTRATIVE/VOTER DRIVE [ ] FUNDRAISING [ ] EXEMPT [ ] DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $					
F. FULL NAME, MAILING ADDRESS & ZIP CODE United Airlines Washington, DC	PURPOSE/EVENT Travel	DATE 07/06/00	TOTAL AMOUNT 1,565.00 Memo	FEDERAL SHARE 1,173.75 Memo	NON-FEDERAL SHARE 391.25 Memo
CATEGORY: [X] ADMINISTRATIVE/VOTER DRIVE [ ] FUNDRAISING [ ] EXEMPT [ ] DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $					
SUBTOTAL OF JOINT FEDERAL AND NON-FEDERAL ACTIVITY THIS PAGE			2,489.93	1,867.45	622.48
TOTAL THIS PERIOD (last page for each line only)(Fed. share to 21 a i and non-Fed. share to 21 a ii)					
TOTAL THIS PERIOD FOR THE NON-FEDERAL SHARE (used for line 31 of the detailed summary page)					

DISBURSEMENT SCHEDULE H4
(effective 1/1/91)

JOINT FEDERAL/NON-FEDERAL ACTIVITY SCHEDULE

FOR LINE 21a

NAME OF COMMITTEE

The WISH List

	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
A. FULL NAME, MAILING ADDRESS & ZIP CODE Amtrak Washington, DC	Travel	07/06/00	348.00 Memo	261.00 Memo	87.00 Memo
CATEGORY: [X] ADMINISTRATIVE/VOTER DRIVE [ ] FUNDRAISING [ ] EXEMPT [ ] DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $					
B. FULL NAME, MAILING ADDRESS & ZIP CODE Tuscan Square New York, NY	Meals	07/06/00	126.80 Memo	95.10 Memo	31.70 Memo
CATEGORY: [X] ADMINISTRATIVE/VOTER DRIVE [ ] FUNDRAISING [ ] EXEMPT [ ] DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $					
C. FULL NAME, MAILING ADDRESS & ZIP CODE Bookbinders Seafood Philadelphia, PA	Meals	07/06/00	26.10 Memo	19.58 Memo	6.52 Memo
CATEGORY: [X] ADMINISTRATIVE/VOTER DRIVE [ ] FUNDRAISING [ ] EXEMPT [ ] DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $					
D. FULL NAME, MAILING ADDRESS & ZIP CODE Stage Deli & Restaurant New York, NY	Meals	07/06/00	34.34 Memo	25.76 Memo	8.58 Memo
CATEGORY: [X] ADMINISTRATIVE/VOTER DRIVE [ ] FUNDRAISING [ ] EXEMPT [ ] DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $					
E. FULL NAME, MAILING ADDRESS & ZIP CODE WNRC New York, NY	Membership Dues	07/06/00	171.88 Memo	128.91 Memo	42.97 Memo
CATEGORY: [X] ADMINISTRATIVE/VOTER DRIVE [ ] FUNDRAISING [ ] EXEMPT [ ] DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $					
F. FULL NAME, MAILING ADDRESS & ZIP CODE Copy General Sterling, VA	Copying	07/06/00	57.11 Memo	42.83 Memo	14.28 Memo
CATEGORY: [X] ADMINISTRATIVE/VOTER DRIVE [ ] FUNDRAISING [ ] EXEMPT [ ] DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $					
SUBTOTAL OF JOINT FEDERAL AND NON-FEDERAL ACTIVITY THIS PAGE					
TOTAL THIS PERIOD (last page for each line only)(Fed. share to 21 a i and non-Fed. share to 21 a ii) . . .					
TOTAL THIS PERIOD FOR THE NON-FEDERAL SHARE (used for line 31 of the detailed summary page)					

DISBURSEMENT SCHEDULE H4
(effective 1/1/91)

JOINT FEDERAL/NON-FEDERAL ACTIVITY SCHEDULE

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FOR LINE 21a

NAME OF COMMITTEE

The WISH List

A. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
US Postmaster 1215 31st Street, NW Washington, DC 20007	Postage	07/07/00	238.84	179.13	59.71
CATEGORY: [X] ADMINISTRATIVE/VOTER DRIVE [ ] FUNDRAISING [ ] EXEMPT EVENT YEAR-TO-DATE: $ [ ] DIRECT CANDIDATE SUPPORT					
B. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Key Printing & Duplicating 14300 Cherry Lane Court Laurel, MD 10707	Printing	07/10/00	758.11	568.58	189.53
CATEGORY: [X] ADMINISTRATIVE/VOTER DRIVE [ ] FUNDRAISING [ ] EXEMPT EVENT YEAR-TO-DATE: $ [ ] DIRECT CANDIDATE SUPPORT					
C. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Deborah Sline Karvelas 4917 N. 35th Street Arlington, VA 22207	Parking & Taxis	07/13/00	87.00	65.25	21.75
CATEGORY: [X] ADMINISTRATIVE/VOTER DRIVE [ ] FUNDRAISING [ ] EXEMPT EVENT YEAR-TO-DATE: $ [ ] DIRECT CANDIDATE SUPPORT					
D. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Deborah Sline Karvelas 4917 N. 35th Street Arlington, VA 22207	Fundraising Consulting	07/13/00	3,500.00	2,625.00	875.00
CATEGORY: [X] ADMINISTRATIVE/VOTER DRIVE [ ] FUNDRAISING [ ] EXEMPT EVENT YEAR-TO-DATE: $ [ ] DIRECT CANDIDATE SUPPORT					
E. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Allen Business Machines 7193 Old Alexandria Ferry Clinton, MD 20735	Equipment Repairs	07/14/00	177.66	133.25	44.41
CATEGORY: [X] ADMINISTRATIVE/VOTER DRIVE [ ] FUNDRAISING [ ] EXEMPT EVENT YEAR-TO-DATE: $ [ ] DIRECT CANDIDATE SUPPORT					
F. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
US Postmaster 1215 31st Street, NW Washington, DC 20007	Postage	07/17/00	495.00	371.25	123.75
CATEGORY: [X] ADMINISTRATIVE/VOTER DRIVE [ ] FUNDRAISING [ ] EXEMPT EVENT YEAR-TO-DATE: $ [ ] DIRECT CANDIDATE SUPPORT					
SUBTOTAL OF JOINT FEDERAL AND NON-FEDERAL ACTIVITY THIS PAGE			5,256.61	3,942.46	1,314.15
TOTAL THIS PERIOD (last page for each line only)(Fed. share to 21 a.; and non-Fed. share to 21 a ii).					
TOTAL THIS PERIOD FOR THE NON-FEDERAL SHARE (used for line 31 of the detailed summary page)					

DISBURSEMENT SCHEDULE H4
(effective 1/1/01)

JOINT FEDERAL/NON-FEDERAL ACTIVITY SCHEDULE

PAGE 7 OF 15

FOR LINE 21a

NAME OF COMMITTEE

The WISH List

A. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Copy General 1055 Thos Jefferson St,NW Washington, DC 20007	Printing	07/17/00	126.90	95.18	31.72
CATEGORY: [X] ADMINISTRATIVE/VOTER DRIVE [ ] FUNDRAISING [ ] EXEMPT [ ] DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE $					
B. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
US Treasury PO Box 8738 Philadelphia, PA 19162	Payroll Taxes	07/18/00	262.45	196.84	65.61
CATEGORY: [X] ADMINISTRATIVE/VOTER DRIVE [ ] FUNDRAISING [ ] EXEMPT [ ] DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $					
C. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
MCI Telecommunications PO Box 371355 Pittsburgh, PA 15250-7395	Telephone	07/18/00	385.71	289.28	96.43
CATEGORY: [X] ADMINISTRATIVE/VOTER DRIVE [ ] FUNDRAISING [ ] EXEMPT [ ] DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $					
D. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Snow Valley PO Box 6639 Annapolis, MD 21401	Office Supplies	07/18/00	25.69	19.27	6.42
CATEGORY: [X] ADMINISTRATIVE/VOTER DRIVE [ ] FUNDRAISING [ ] EXEMPT [ ] DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $					
E. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Bell Atlantic PO Box 646 Baltimore, MD 21265-0646	Telephone	07/18/00	1.70	1.28	0.42
CATEGORY: [X] ADMINISTRATIVE/VOTER DRIVE [ ] FUNDRAISING [ ] EXEMPT [ ] DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $					
F. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Federal Express PO Box 1140 Memphis, TN 38101-1140	Delivery	07/18/00	299.90	224.93	74.97
CATEGORY: [X] ADMINISTRATIVE/VOTER DRIVE [ ] FUNDRAISING [ ] EXEMPT [ ] DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $					
SUBTOTAL OF JOINT FEDERAL AND NON-FEDERAL ACTIVITY THIS PAGE			1,102.35	826.78	275.57
TOTAL THIS PERIOD (last page for each line only)(Fed share to 21 a i and non-Fed share to 21 a ii)					
TOTAL THIS PERIOD FOR THE NON-FEDERAL SHARE (used for line 31 of the detailed summary page)					

DISBURSEMENT SCHEDULE H4
(effective 1/1/91)

JOINT FEDERAL/NON-FEDERAL ACTIVITY SCHEDULE

PAGE	OF
8	15

FOR LINE 21a

NAME OF COMMITTEE

The WISH List

A. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Gilbert & Wolfand, PC 2201 Wisconsin Avenue,NW Suite 320 Washington, DC 20007	Accounting Services	07/18/00	2,514.00	1,885.50	628.50
CATEGORY: [X] ADMINISTRATIVE/VOTER DRIVE [ ] FUNDRAISING [ ] EXEMPT EVENT YEAR-TO-DATE: $ [ ] DIRECT CANDIDATE SUPPORT					
B. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Splendid Fair 1310 Braddock Place Alexandria, VA 22314	Meeting	07/18/00	295.00	221.25	73.75
CATEGORY: [X] ADMINISTRATIVE/VOTER DRIVE [ ] FUNDRAISING [ ] EXEMPT EVENT YEAR-TO-DATE: $ [ ] DIRECT CANDIDATE SUPPORT					
C. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Potomac List Company, Inc 11150 Sunset Hills Road Suite 205 Reston, VA 20190	List Rental	07/18/00	299.01	224.26	74.75
CATEGORY: [X] ADMINISTRATIVE/VOTER DRIVE [ ] FUNDRAISING [ ] EXEMPT EVENT YEAR-TO-DATE: $ [ ] DIRECT CANDIDATE SUPPORT					
D. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
At Your Service 11890-I Old Baltimore Pk Beltsville, MD 20705-1214	Printing	07/18/00	1,231.47	923.60	307.87
CATEGORY: [X] ADMINISTRATIVE/VOTER DRIVE [ ] FUNDRAISING [ ] EXEMPT EVENT YEAR-TO-DATE: $ [ ] DIRECT CANDIDATE SUPPORT					
E. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Aquis Communications 11540G Rockville Pike Rockville, MD 20852	Pagers	07/18/00	33.61	25.21	8.40
CATEGORY: [X] ADMINISTRATIVE/VOTER DRIVE [ ] FUNDRAISING [ ] EXEMPT EVENT YEAR-TO-DATE: $ [ ] DIRECT CANDIDATE SUPPORT					
F. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Hockaday Donatelli Campaign Solutions 228 South Washington Suite 240 Alexandria, VA 22314	IDMS Fee	07/18/00	4.00	3.00	1.00
CATEGORY: [X] ADMINISTRATIVE/VOTER DRIVE [ ] FUNDRAISING [ ] EXEMPT EVENT YEAR-TO-DATE: $ [ ] DIRECT CANDIDATE SUPPORT					
SUBTOTAL OF JOINT FEDERAL AND NON-FEDERAL ACTIVITY THIS PAGE			4,377.09	3,282.82	1,094.27
TOTAL THIS PERIOD (last page for each line only)(Fed. share to 21 a i and non-Fed. share to 21 a ii). . . .					
TOTAL THIS PERIOD FOR THE NON-FEDERAL SHARE (used for line 31 of the detailed summary page).					

DISBURSEMENT SCHEDULE H4
(effective 1/1/91)

JOINT FEDERAL/NON-FEDERAL ACTIVITY SCHEDULE

FOR LINE 21a

NAME OF COMMITTEE

The WISH List

A. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Johnson & Prince Mailing & Graphics, Inc. 1219 Locust Street Philadelphia, PA 19107	Mailing Services S/2 PA	07/18/00	1,450.31	1,087.73	362.58
CATEGORY: ☐ ADMINISTRATIVE/VOTER DRIVE ☒ FUNDRAISING ☐ EXEMPT ☐ DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $					
B. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
DTA Associates 1205 Locust Street Suite 100 Philadelphia, PA 19107	Fundraising Consulting	07/18/00	1,911.58	1,433.69	477.89
CATEGORY: ☒ ADMINISTRATIVE/VOTER DRIVE ☐ FUNDRAISING ☐ EXEMPT ☐ DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $					
C. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Wiley, Rein & Fielding 1776 K Street, NW Washington, DC 20006	Legal Services	07/18/00	1,004.35	753.26	251.09
CATEGORY: ☒ ADMINISTRATIVE/VOTER DRIVE ☐ FUNDRAISING ☐ EXEMPT ☐ DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $					
D. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
The Westin Philadelphia 17 & Chestnut at Liberty Place Philadelphia, PA 19103	Lodging S/2 PA	07/19/00	1,000.00	750.00	250.00
CATEGORY: ☐ ADMINISTRATIVE/VOTER DRIVE ☒ FUNDRAISING ☐ EXEMPT ☐ DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $					
E. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Kinkos 3329 M Street, NW Washington, DC 20007	Printing	07/21/00	56.05	42.04	14.01
CATEGORY: ☒ ADMINISTRATIVE/VOTER DRIVE ☐ FUNDRAISING ☐ EXEMPT ☐ DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $					
F. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
US Postmaster 1215 31st Street, NW Washington, DC 20007	Postage	07/24/00	330.00	247.50	82.50
CATEGORY: ☒ ADMINISTRATIVE/VOTER DRIVE ☐ FUNDRAISING ☐ EXEMPT ☐ DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $					
SUBTOTAL OF JOINT FEDERAL AND NON-FEDERAL ACTIVITY THIS PAGE			5,752.29	4,314.22	1,438.07
TOTAL THIS PERIOD (last page for each line only)(Fed. share to 21 a i and non-Fed. share to 21 a ii) . . .					
TOTAL THIS PERIOD FOR THE NON-FEDERAL SHARE (used for line 31 of the detailed summary page)					

DISBURSEMENT SCHEDULE H4
(effective 1/1/91)

JOINT FEDERAL/NON-FEDERAL ACTIVITY SCHEDULE

FOR LINE 21a

NAME OF COMMITTEE

The WISH List

A. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Patricia Naguder Ward 2402 9th Street, North Apt. 2 Arlington, VA 22201	Travel Expenses 8/2 PA	07/24/00	1,360.00	1,020.00	340.00
CATEGORY: [ ] ADMINISTRATIVE/VOTER DRIVE [X] FUNDRAISING [ ] EXEMPT EVENT YEAR-TO-DATE: $ [ ] DIRECT CANDIDATE SUPPORT					
B. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Key Printing & Duplicating 14300 Cherry Lane Court Laurel, MD 20707	Printing	07/24/00	1,027.43	770.57	256.86
CATEGORY: [X] ADMINISTRATIVE/VOTER DRIVE [ ] FUNDRAISING [ ] EXEMPT EVENT YEAR-TO-DATE: $ [ ] DIRECT CANDIDATE SUPPORT					
C. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Karen E. Raye 6034 Munson Hill Road Falls Church, VA 22041	Travel Expenses 8/2 PA	07/24/00	107.28	80.46	26.82
CATEGORY: [ ] ADMINISTRATIVE/VOTER DRIVE [X] FUNDRAISING [ ] EXEMPT EVENT YEAR-TO-DATE: $ [ ] DIRECT CANDIDATE SUPPORT					
D. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Erin P. McCord 624 North Carolina Ave,SE Washington, DC 20003	Travel Expenses	07/24/00	51.27	38.45	12.82
CATEGORY: [X] ADMINISTRATIVE/VOTER DRIVE [ ] FUNDRAISING [ ] EXEMPT EVENT YEAR-TO-DATE: $ [ ] DIRECT CANDIDATE SUPPORT					
E. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Marfair Joint Venture 499 South Capitol St, SW Suite 505 Washington, DC 20003	Rent	07/24/00	3,119.92	2,339.94	779.98
CATEGORY: [X] ADMINISTRATIVE/VOTER DRIVE [ ] FUNDRAISING [ ] EXEMPT EVENT YEAR-TO-DATE: $ [ ] DIRECT CANDIDATE SUPPORT					
F. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Federal Express PO Box 1140 Memphis, TN 38101-1140	Delivery	07/24/00	112.91	84.68	28.23
CATEGORY: [X] ADMINISTRATIVE/VOTER DRIVE [ ] FUNDRAISING [ ] EXEMPT EVENT YEAR-TO-DATE: $ [ ] DIRECT CANDIDATE SUPPORT					
SUBTOTAL OF JOINT FEDERAL AND NON-FEDERAL ACTIVITY THIS PAGE			5,778.81	4,334.10	1,444.71
TOTAL THIS PERIOD (last page for each line only)(Fed. share to 21 a) and non-Fed share to 21 b). . . .					
TOTAL THIS PERIOD FOR THE NON-FEDERAL SHARE (used for line 31 of the detailed summary page)					

DISBURSEMENT SCHEDULE H4
(effective 1/1/91)

JOINT FEDERAL/NON-FEDERAL ACTIVITY SCHEDULE

PAGE 11 OF 15

FOR LINE 21a

NAME OF COMMITTEE

The WISH List

A. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Optimum Choice PO Box 75051 Baltimore, MD 21275-5051	Insurance	07/24/00	403.79	302.84	100.95
CATEGORY: [X] ADMINISTRATIVE/VOTER DRIVE [ ] FUNDRAISING [ ] EXEMPT EVENT YEAR-TO-DATE: $ [ ] DIRECT CANDIDATE SUPPORT					
B. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Harfair Joint Venture 430 South Capitol St, SW Suite 505 Washington, DC 20003	Parking	07/24/00	125.00	93.75	31.25
CATEGORY: [X] ADMINISTRATIVE/VOTER DRIVE [ ] FUNDRAISING [ ] EXEMPT EVENT YEAR-TO-DATE: $ [ ] DIRECT CANDIDATE SUPPORT					
C. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Deborah Sline Karvelas 4917 N. 35th Street Arlington, VA 22207	Fundraisng Consulting	07/24/00	3,500.00	2,625.00	875.00
CATEGORY: [X] ADMINISTRATIVE/VOTER DRIVE [ ] FUNDRAISING [ ] EXEMPT EVENT YEAR-TO-DATE: $ [ ] DIRECT CANDIDATE SUPPORT					
D. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Todd Allan Printing Co 5760 Sunnyside Avenue Beltsville, MD 20705	Printing	07/24/00	491.15	368.36	122.79
CATEGORY: [X] ADMINISTRATIVE/VOTER DRIVE [ ] FUNDRAISING [ ] EXEMPT EVENT YEAR-TO-DATE: $ [ ] DIRECT CANDIDATE SUPPORT					
E. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Todd Allan Printing Co 5760 Sunnyside Avenue Beltsville, MD 20705	Printing 8/2 PA	07/24/00	7,168.70	5,376.53	1,792.17
CATEGORY: [ ] ADMINISTRATIVE/VOTER DRIVE [X] FUNDRAISING [ ] EXEMPT EVENT YEAR-TO-DATE: $ [ ] DIRECT CANDIDATE SUPPORT					
F. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Susan Beard Designs 123 Leverington Avenue Manayunk, PA 19127	Photos 8/2 PA	07/25/00	450.00	337.50	112.50
CATEGORY: [ ] ADMINISTRATIVE/VOTER DRIVE [X] FUNDRAISING [ ] EXEMPT EVENT YEAR-TO-DATE: $ 14,374.29 [ ] DIRECT CANDIDATE SUPPORT					
SUBTOTAL OF JOINT FEDERAL AND NON-FEDERAL ACTIVITY THIS PAGE			12,138.64	9,103.98	3,034.66
TOTAL THIS PERIOD (last page for each line only) (Fed. share to 21 a) and non-Fed. share to 21 a)					
TOTAL THIS PERIOD FOR THE NON-FEDERAL SHARE (used for line 31 of the detailed summary page)					

DISBURSEMENT SCHEDULE H4
(effective 1/1/91)

JOINT FEDERAL/NON-FEDERAL ACTIVITY SCHEDULE

FOR LINE 21a

NAME OF COMMITTEE

The WISH List

A. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Patricia Maguder Ward 2402 9th Street, North Apt. 2 Arlington, VA 22201	Taxis	07/25/00	15.40	11.55	3.85
CATEGORY: [X] ADMINISTRATIVE/VOTER DRIVE [ ] FUNDRAISING [ ] EXEMPT [ ] DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $					
B. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Bell Atlantic PO Box 646 Baltimore, MD 21265-0646	Telephone	07/25/00	189.24	141.93	47.31
CATEGORY: [X] ADMINISTRATIVE/VOTER DRIVE [ ] FUNDRAISING [ ] EXEMPT [ ] DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $					
C. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Jadesoft, inc. 6709 Tomlinson Terrace Cabin John, MD 20818	Computer Equipment	07/25/00	1,319.00	989.25	329.75
CATEGORY: [X] ADMINISTRATIVE/VOTER DRIVE [ ] FUNDRAISING [ ] EXEMPT [ ] DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $					
D. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Abigail L. Deering 921 Deerwander Road Hollis Center, ME 04042	Payroll	07/06/00	650.24	487.68	162.56
CATEGORY: [X] ADMINISTRATIVE/VOTER DRIVE [ ] FUNDRAISING [ ] EXEMPT [ ] DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $					
E. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Allison A. Englen 600 20th Street, NW Apt. 606 Washington, DC 20037	Payroll	07/06/00	645.34	484.01	161.33
CATEGORY: [X] ADMINISTRATIVE/VOTER DRIVE [ ] FUNDRAISING [ ] EXEMPT [ ] DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $					
F. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Erin P. McCord 624 North Carolina Ave,SE Washington, DC 20003	Payroll	07/06/00	1,273.36	955.02	318.34
CATEGORY: [X] ADMINISTRATIVE/VOTER DRIVE [ ] FUNDRAISING [ ] EXEMPT [ ] DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $					
SUBTOTAL OF JOINT FEDERAL AND NON-FEDERAL ACTIVITY THIS PAGE			4,092.58	3,069.44	1,023.14
TOTAL THIS PERIOD (last page for each line only)(Fed. share to 21 a and non-Fed. share to 21 a(i)). . . .					
TOTAL THIS PERIOD FOR THE NON-FEDERAL SHARE (used for line 31 of the detailed summary page)					

DISBURSEMENT SCHEDULE H4
(effective 1/1/91)

JOINT FEDERAL/NON-FEDERAL ACTIVITY SCHEDULE

PAGE 13 OF 15

FOR LINE 21a

NAME OF COMMITTEE

The WISH List

A. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Karen Raye 6034 Munson Hill Road Falls Church, VA 22041	Payroll	07/06/00	1,985.03	1,488.77	496.26
CATEGORY: [X] ADMINISTRATIVE/VOTER DRIVE [ ] FUNDRAISING [ ] EXEMPT EVENT YEAR-TO-DATE: $ [ ] DIRECT CANDIDATE SUPPORT					
B. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Patricia Maguder Ward 2402 9th Street, North Apt. 2 Arlington, VA 22201	Payroll	07/06/00	874.80	656.10	218.70
CATEGORY: [X] ADMINISTRATIVE/VOTER DRIVE [ ] FUNDRAISING [ ] EXEMPT EVENT YEAR-TO-DATE: $ [ ] DIRECT CANDIDATE SUPPORT					
C. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Paychex 8300 Colesville Road Suite 100A Silver Spring, MD 20910	Payroll Taxes	07/06/00	2,844.92	2,133.69	711.23
CATEGORY: [X] ADMINISTRATIVE/VOTER DRIVE [ ] FUNDRAISING [ ] EXEMPT EVENT YEAR-TO-DATE: $ [ ] DIRECT CANDIDATE SUPPORT					
D. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Abigail L. Deering 921 Deerwander Road Hollis Center, ME 04042	Payroll	07/20/00	650.24	487.68	162.56
CATEGORY: [X] ADMINISTRATIVE/VOTER DRIVE [ ] FUNDRAISING [ ] EXEMPT EVENT YEAR-TO-DATE: $ [ ] DIRECT CANDIDATE SUPPORT					
E. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Allison A. Englen 600 20th Street, NW Apt. 606 Washington, DC 20037	Payroll	07/20/00	645.34	484.01	161.33
CATEGORY: [X] ADMINISTRATIVE/VOTER DRIVE [ ] FUNDRAISING [ ] EXEMPT EVENT YEAR-TO-DATE: $ [ ] DIRECT CANDIDATE SUPPORT					
F. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Erin P. McCord 624 North Carolina Ave,SE Washington, DC 20003	Payroll	07/20/00	1,273.36	955.02	318.34
CATEGORY: [X] ADMINISTRATIVE/VOTER DRIVE [ ] FUNDRAISING [ ] EXEMPT EVENT YEAR-TO-DATE: $ [ ] DIRECT CANDIDATE SUPPORT					
SUBTOTAL OF JOINT FEDERAL AND NON-FEDERAL ACTIVITY THIS PAGE			8,273.69	6,205.27	2,068.42
TOTAL THIS PERIOD (last page for each line only)(Fed. share to 21 a i and non-Fed. share to 21 a ii)					
TOTAL THIS PERIOD FOR THE NON-FEDERAL SHARE (used for line 31 of the detailed summary page)					

DISBURSEMENT SCHEDULE H4
(effective 1/1/91)

JOINT FEDERAL/NON-FEDERAL ACTIVITY SCHEDULE

FOR LINE 21a

NAME OF COMMITTEE

The WISH List

A. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Karen Raye 6034 Munson Hill Road Falls Church, VA 22041	Payroll	07/20/00	1,985.03	1,488.77	496.26
CATEGORY: [X] ADMINISTRATIVE/VOTER DRIVE [ ] FUNDRAISING [ ] EXEMPT EVENT YEAR-TO-DATE: $ [ ] DIRECT CANDIDATE SUPPORT					
B. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Patricia Maguder Ward 2402 9th Street, North Apt. 2 Arlington, VA 22201	Payroll	07/20/00	874.80	656.10	218.70
CATEGORY: [X] ADMINISTRATIVE/VOTER DRIVE [ ] FUNDRAISING [ ] EXEMPT EVENT YEAR-TO-DATE: $ [ ] DIRECT CANDIDATE SUPPORT					
C. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Paychex 8300 Colesville Road Suite 100A Silver Spring, MD 20910	Payroll Taxes	07/20/00	2,844.92	2,133.69	711.23
CATEGORY: [X] ADMINISTRATIVE/VOTER DRIVE [ ] FUNDRAISING [ ] EXEMPT EVENT YEAR-TO-DATE: $ [ ] DIRECT CANDIDATE SUPPORT					
D. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Paychex 8300 Colesville Road Suite 100A Silver Spring, MD 20910	Processing Fee	07/05/00	119.49	89.62	29.87
CATEGORY: [X] ADMINISTRATIVE/VOTER DRIVE [ ] FUNDRAISING [ ] EXEMPT EVENT YEAR-TO-DATE: $ [ ] DIRECT CANDIDATE SUPPORT					
E. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
The WISH List Non Federal 499 S. Capitol Street,SW Suite 408 Washington, DC 20003	Ratio Adjustmnt 5/11 CT	07/18/00	245.67	245.67	-0-.
CATEGORY: [ ] ADMINISTRATIVE/VOTER DRIVE [X] FUNDRAISING [ ] EXEMPT EVENT YEAR-TO-DATE: $ 2,729.65 [ ] DIRECT CANDIDATE SUPPORT					
F. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
BB&T 1300 Wisconsin Ave,NW Washington, DC 20007	Bank Charge	07/05/00	60.00	45.00	15.00
CATEGORY: [X] ADMINISTRATIVE/VOTER DRIVE [ ] FUNDRAISING [ ] EXEMPT EVENT YEAR-TO-DATE: $ [ ] DIRECT CANDIDATE SUPPORT					
SUBTOTAL OF JOINT FEDERAL AND NON-FEDERAL ACTIVITY THIS PAGE			6,129.91	4,658.85	1,471.06
TOTAL THIS PERIOD (last page for each line only) Fed. share to 21 a.1 and non-Fed share to 21 a.ii. . . .					
TOTAL THIS PERIOD FOR THE NON-FEDERAL SHARE (used for line 31 of the detailed summary page)					

DISBURSEMENT SCHEDULE H4
(effective 1/1/91)

JOINT FEDERAL/NON-FEDERAL ACTIVITY SCHEDULE

PAGE 15 OF 15

FOR LINE 21a

NAME OF COMMITTEE

The WISH List

A. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Northern Leasing 333 7th Avenue New York, NY 10001	Equipment Rental	07/03/00	50.09	37.57	12.52
CATEGORY: [X] ADMINISTRATIVE/VOTER DRIVE [ ] FUNDRAISING [ ] EXEMPT EVENT YEAR-TO-DATE: $ 293,517.50 [ ] DIRECT CANDIDATE SUPPORT					
B. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CATEGORY: [ ] ADMINISTRATIVE/VOTER DRIVE [ ] FUNDRAISING [ ] EXEMPT EVENT YEAR-TO-DATE: $ [ ] DIRECT CANDIDATE SUPPORT					
C. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CATEGORY: [ ] ADMINISTRATIVE/VOTER DRIVE [ ] FUNDRAISING [ ] EXEMPT EVENT YEAR-TO-DATE: $ [ ] DIRECT CANDIDATE SUPPORT					
D. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CATEGORY: [ ] ADMINISTRATIVE/VOTER DRIVE [ ] FUNDRAISING [ ] EXEMPT EVENT YEAR-TO-DATE: $ [ ] DIRECT CANDIDATE SUPPORT					
E. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CATEGORY: [ ] ADMINISTRATIVE/VOTER DRIVE [ ] FUNDRAISING [ ] EXEMPT EVENT YEAR-TO-DATE: $ [ ] DIRECT CANDIDATE SUPPORT					
F. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CATEGORY: [ ] ADMINISTRATIVE/VOTER DRIVE [ ] FUNDRAISING [ ] EXEMPT EVENT YEAR-TO-DATE: $ [ ] DIRECT CANDIDATE SUPPORT					
SUBTOTAL OF JOINT FEDERAL AND NON-FEDERAL ACTIVITY THIS PAGE			50.09	37.57	12.52
TOTAL THIS PERIOD (last page for each line only)(Fed. share to 21 a.) and non-Fed. share to 21 a.ii)			67,142.41	50,418.26	
TOTAL THIS PERIOD FOR THE NON-FEDERAL SHARE (used for line 31 of the detailed summary page)					16,724.15

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 1
	FOR LINE NUMBER 21b

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 WISH List

FEC ID No. C00258277

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code BB &T 1300 Wisconsin Ave, NW Washington, DC 20007	Bank Service Charge Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	07/01/00- 07/31/00	6.00
B. Full Name, Mailing Address and ZIP Code Bank of America PO Box 27025 Richmond, VA 23261-7025	Bank Service Charge Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	07/01/00- 07/31/00	10.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
SUBTOTAL of Disbursements This Page (optional)			16.00
TOTAL This Period (last page this line number only)			16.00

SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 44
	FOR LINE NUMBER 23

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 WISH List

A. Full Name, Mailing Address and ZIP Code Freinds of Susan Bitter Smith 5806 East Lewis Avenue Scottsdale, AZ 85257	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 07/17/00	Amount of Each Disbursement This Period 100.00 (Memo Entry)
B. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Cynthia S. Newman and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code Freinds of Susan Bitter Smith 5806 East Lewis Avenue Scottsdale, AZ 85257	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 07/18/00	Amount of Each Disbursement This Period 100.00 (Memo Entry)
D. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Susan Burnett and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code Freinds of Susan Bitter Smith 5806 East Lewis Avenue Scottsdale, AZ 85257	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 07/18/00	Amount of Each Disbursement This Period 25.00 (Memo Entry)
F. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Jill Fried and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code Freinds of Susan Bitter Smith 5806 East Lewis Avenue Scottsdale, AZ 85257	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 07/18/00	Amount of Each Disbursement This Period 100.00 (Memo Entry)
H. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Sandra Hoffman and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code Freinds of Susan Bitter Smith 5806 East Lewis Avenue Scottsdale, AZ 85257	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 07/18/00	Amount of Each Disbursement This Period 100.00 (Memo Entry)

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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 WISH List

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Above contribution earmarked by Betty P. Stephenson M.D. and transmitted by contributor's original check.	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
B. Full Name, Mailing Address and ZIP Code Freinds of Susan Bitter Smith 5806 East Lewis Avenue Scottsdale, AZ 85257	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 07/18/00	Amount of Each Disbursement This Period 250.00 (Memo Entry)
C. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Candace L. Straight and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code Freinds of Susan Bitter Smith 5806 East Lewis Avenue Scottsdale, AZ 85257	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 07/18/00	Amount of Each Disbursement This Period 250.00 (Memo Entry)
E. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Dorothy E. Straight and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code Freinds of Susan Bitter Smith 5806 East Lewis Avenue Scottsdale, AZ 85257	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 07/18/00	Amount of Each Disbursement This Period 100.00 (Memo Entry)
G. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Alfred E. Tyler and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code Freinds of Susan Bitter Smith 5806 East Lewis Avenue Scottsdale, AZ 85257	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 07/18/00	Amount of Each Disbursement This Period 15.00 (Memo Entry)
I. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Charlotte B. Wittnebert and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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

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

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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 WISH List

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Freinds of Susan Bitter Smith 5806 East Lewis Avenue Scottsdale, AZ 85257	Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	07/18/00	100.00 (Memo Entry)
B. Full Name, Mailing Address and ZIP Code Above contribution earmarked by David M. Blank and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code Freinds of Susan Bitter Smith 5806 East Lewis Avenue Scottsdale, AZ 85257	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 07/18/00	Amount of Each Disbursement This Period 50.00 (Memo Entry)
D. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Virginia S. Donnell and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code Freinds of Susan Bitter Smith 5806 East Lewis Avenue Scottsdale, AZ 85257	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 07/18/00	Amount of Each Disbursement This Period 100.00 (Memo Entry)
F. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Charles S. Matthews and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code Freinds of Susan Bitter Smith 5806 East Lewis Avenue Scottsdale, AZ 85257	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 07/18/00	Amount of Each Disbursement This Period 100.00 (Memo Entry)
H. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Donaldson C. Pillsbury and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code Freinds of Susan Bitter Smith 5806 East Lewis Avenue Scottsdale, AZ 85257	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 07/19/00	Amount of Each Disbursement This Period 25.00 (Memo Entry)

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

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

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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 WISH List

A. Full Name, Mailing Address and ZIP Code Above contribution earmarked by H. A. Curtiss and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
B. Full Name, Mailing Address and ZIP Code Freinds of Susan Bitter Smith 5806 East Lewis Avenue Scottsdale, AZ 85257	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 07/19/00	Amount of Each Disbursement This Period 100.00 (Memo Entry)
C. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Alan S. Ward and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code Freinds of Susan Bitter Smith 5806 East Lewis Avenue Scottsdale, AZ 85257	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 07/20/00	Amount of Each Disbursement This Period 100.00 (Memo Entry)
E. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Beverly W. Aisenbrey and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code Freinds of Susan Bitter Smith 5806 East Lewis Avenue Scottsdale, AZ 85257	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 07/20/00	Amount of Each Disbursement This Period 50.00 (Memo Entry)
G. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Richard B. Devereux and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code Freinds of Susan Bitter Smith 5806 East Lewis Avenue Scottsdale, AZ 85257	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 07/20/00	Amount of Each Disbursement This Period 50.00 (Memo Entry)
I. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Helene Brenner and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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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 WISH List

A. Full Name, Mailing Address and ZIP Code Freinds of Susan Bitter Smith 5806 East Lewis Avenue Scottsdale, AZ 85257	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 07/20/00	Amount of Each Disbursement This Period 250.00 (Memo Entry)
B. Full Name, Mailing Address and ZIP Code Above contribution earmarked by George S. Pillsbury and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code Freinds of Susan Bitter Smith 5806 East Lewis Avenue Scottsdale, AZ 85257	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 07/24/00	Amount of Each Disbursement This Period 50.00 (Memo Entry)
D. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Lois Setterberg and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code Freinds of Susan Bitter Smith 5806 East Lewis Avenue Scottsdale, AZ 85257	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 07/24/00	Amount of Each Disbursement This Period 25.00 (Memo Entry)
F. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Elsa F. Sauter and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code Freinds of Susan Bitter Smith 5806 East Lewis Avenue Scottsdale, AZ 85257	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 07/24/00	Amount of Each Disbursement This Period 20.00 (Memo Entry)
H. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Malgorzata Barger and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code Freinds of Susan Bitter Smith 5806 East Lewis Avenue Scottsdale, AZ 85257	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 07/24/00	Amount of Each Disbursement This Period 50.00 (Memo Entry)

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

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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 WISH List

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Above contribution earmarked by Sherwood G. House and transmitted by contributor's original check.	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
B. Full Name, Mailing Address and ZIP Code Freinds of Susan Bitter Smith 5806 East Lewis Avenue Scottsdale, AZ 85257	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 07/24/00	Amount of Each Disbursement This Period 200.00 (Memo Entry)
C. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Dorothy Gill Raymond and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code Freinds of Susan Bitter Smith 5806 East Lewis Avenue Scottsdale, AZ 85257	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 07/24/00	Amount of Each Disbursement This Period 100.00 (Memo Entry)
E. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Jean M. Warren and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code Freinds of Susan Bitter Smith 5806 East Lewis Avenue Scottsdale, AZ 85257	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 07/24/00	Amount of Each Disbursement This Period 100.00 (Memo Entry)
G. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Jean Clark and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code Freinds of Susan Bitter Smith 5806 East Lewis Avenue Scottsdale, AZ 85257	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 07/24/00	Amount of Each Disbursement This Period 100.00 (Memo Entry)
I. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Elizabeth E. Cox and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

The WISH List

A. Full Name, Mailing Address and ZIP Code Freinds of Susan Bitter Smith 5806 East Lewis Avenue Scottsdale, AZ 85257	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 07/24/00	Amount of Each Disbursement This Period 250.00 (Memo Entry)
B. Full Name, Mailing Address and ZIP Code Above contribution earmarked by William W. Carstens and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code Freinds of Susan Bitter Smith 5806 East Lewis Avenue Scottsdale, AZ 85257	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 07/24/00	Amount of Each Disbursement This Period 500.00 (Memo Entry)
D. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Deborah Carstens and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code Freinds of Susan Bitter Smith 5806 East Lewis Avenue Scottsdale, AZ 85257	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 07/24/00	Amount of Each Disbursement This Period 250.00 (Memo Entry)
F. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Rebecca Q. Morgan and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code Freinds of Susan Bitter Smith 5806 East Lewis Avenue Scottsdale, AZ 85257	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 07/24/00	Amount of Each Disbursement This Period 100.00 (Memo Entry)
H. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Ralph D. Ebbott and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code Freinds of Susan Bitter Smith 5806 East Lewis Avenue Scottsdale, AZ 85257	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 07/24/00	Amount of Each Disbursement This Period 100.00 (Memo Entry)

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

SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page | PAGE 8 OF 44 | FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)
The WISH List

A. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Barbara L. Harris and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
B. Full Name, Mailing Address and ZIP Code Freinds of Susan Bitter Smith 5806 East Lewis Avenue Scottsdale, AZ 85257	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 07/24/00	Amount of Each Disbursement This Period 100.00 (Memo Entry)
C. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Patricia Hill Burnett and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code Freinds of Susan Bitter Smith 5806 East Lewis Avenue Scottsdale, AZ 85257	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 07/24/00	Amount of Each Disbursement This Period 50.00 (Memo Entry)
E. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Janet Metcalf and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code Freinds of Susan Bitter Smith 5806 East Lewis Avenue Scottsdale, AZ 85257	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 07/25/00	Amount of Each Disbursement This Period 100.00 (Memo Entry)
G. Full Name, Mailing Address and ZIP Code Above contribution earmarked by William L. Saltonstall and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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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 WISH List

FEC ID No. C00258277

	Purpose of Disbursement / Disbursement for / Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code US Postmaster 1215 31st Street, NW Washington, DC 20007	Purpose of Disbursement: Postage House Cand Contr-Moore Capito Disbursement for: [ ] Primary [X] General [ ] Other (specify) WV-R-02	07/07/00	238.83 In-Kind
B. Full Name, Mailing Address and ZIP Code US Postmaster 1215 31st Street, NW Washington, DC 20007	Purpose of Disbursement: Postage House Cand Contr-Johnson Disbursement for: [X] Primary [ ] General [ ] Other (specify) NY-R-02	07/07/00	238.84 In-Kind
C. Full Name, Mailing Address and ZIP Code US Postmaster 1215 31st Street, NW Washington, DC 20007	Purpose of Disbursement: Postage House Cand Contr-Smith Disbursement for: [X] Primary [ ] General [ ] Other (specify) AZ-R-01	07/07/00	238.84 In-Kind
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
SUBTOTAL of Disbursements This Page (optional)			716.51
TOTAL This Period (last page this line number only)			

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

The WISH List

A. Full Name, Mailing Address and ZIP Code JUDY BIGGERT FOR HOUSE P.O. Box 637 Hinsdale, IL 60522	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	Date (month, day, year) 07/10/00	Amount of Each Disbursement This Period 50.00 (Memo Entry)
B. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Virginia S. Donnell and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code JUDY BIGGERT FOR HOUSE P.O. Box 637 Hinsdale, IL 60522	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	Date (month, day, year) 07/13/00	Amount of Each Disbursement This Period 150.00 (Memo Entry)
D. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Maureen H. Lydon and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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

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

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)
The WISH List

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
FRIENDS OF CONNIE MORELLA 7101 Wisconsin Ave Suite 102 Bethesda, MD 20814-4805	Unsolicited Direct Contribution: See Below Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	07/05/00	50.00 (Memo Entry)
B. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Judith M. Hartig-Osanka and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code FRIENDS OF CONNIE MORELLA 7101 Wisconsin Ave Suite 102 Bethesda, MD 20814-4805	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	Date (month, day, year) 07/05/00	Amount of Each Disbursement This Period 100.00 (Memo Entry)
D. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Roslyn B. Payne and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code FRIENDS OF CONNIE MORELLA 7101 Wisconsin Ave Suite 102 Bethesda, MD 20814-4805	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	Date (month, day, year) 07/05/00	Amount of Each Disbursement This Period 50.00 (Memo Entry)
F. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Anne Schoeller and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code FRIENDS OF CONNIE MORELLA 7101 Wisconsin Ave Suite 102 Bethesda, MD 20814-4805	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	Date (month, day, year) 07/06/00	Amount of Each Disbursement This Period 25.00 (Memo Entry)
H. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Helen A. Kraus and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code FRIENDS OF CONNIE MORELLA 7101 Wisconsin Ave Suite 102 Bethesda, MD 20814-4805	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	Date (month, day, year) 07/07/00	Amount of Each Disbursement This Period 250.00 (Memo Entry)

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

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

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)
The WISH List

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Above contribution earmarked by Marcena W. Love and transmitted by contributor's original check.	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
B. Full Name, Mailing Address and ZIP Code FRIENDS OF CONNIE MORELLA 7101 Wisconsin Ave Suite 102 Bethesda, MD 20814-4805	Purpose of Disbursement Unsolicited Direct Contribution: See Below	Date (month, day, year) 07/10/00	Amount of Each Disbursement This Period 100.00 (Memo Entry)
	Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000		
C. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Christina E. Carroll and transmitted by contributor's original check.	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
D. Full Name, Mailing Address and ZIP Code FRIENDS OF CONNIE MORELLA 7101 Wisconsin Ave Suite 102 Bethesda, MD 20814-4805	Purpose of Disbursement Unsolicited Direct Contribution: See Below	Date (month, day, year) 07/10/00	Amount of Each Disbursement This Period 100.00 (Memo Entry)
	Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000		
E. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Frances Wolf Newman and transmitted by contributor's original check.	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
F. Full Name, Mailing Address and ZIP Code FRIENDS OF CONNIE MORELLA 7101 Wisconsin Ave Suite 102 Bethesda, MD 20814-4805	Purpose of Disbursement Unsolicited Direct Contribution: See Below	Date (month, day, year) 07/13/00	Amount of Each Disbursement This Period 20.00 (Memo Entry)
	Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000		
G. Full Name, Mailing Address and ZIP Code Above contribution earmarked by James Douglas and transmitted by contributor's original check.	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
H. Full Name, Mailing Address and ZIP Code FRIENDS OF CONNIE MORELLA 7101 Wisconsin Ave Suite 102 Bethesda, MD 20814-4805	Purpose of Disbursement Unsolicited Direct Contribution: See Below	Date (month, day, year) 07/13/00	Amount of Each Disbursement This Period 100.00 (Memo Entry)
	Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000		
I. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Judith Brachman and transmitted by contributor's original check.	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		

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

SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 13 OF 44
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NAME OF COMMITTEE (in Full)

The WISH List

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. FRIENDS OF CONNIE MORELLA 7101 Wisconsin Ave Suite 102 Bethesda, MD 20814-4805	Unsolicited Direct Contribution: See Below Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	07/13/00	100.00 (Memo Entry)
B. Above contribution earmarked by Sally S. Lahmann and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. FRIENDS OF CONNIE MORELLA 7101 Wisconsin Ave Suite 102 Bethesda, MD 20814-4805	Unsolicited Direct Contribution: See Below Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	07/17/00	100.00 (Memo Entry)
D. Above contribution earmarked by Janett Lowes and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. FRIENDS OF CONNIE MORELLA 7101 Wisconsin Ave Suite 102 Bethesda, MD 20814-4805	Unsolicited Direct Contribution: See Below Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	07/17/00	100.00 (Memo Entry)
F. Above contribution earmarked by Frances G. Pepper and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. FRIENDS OF CONNIE MORELLA 7101 Wisconsin Ave Suite 102 Bethesda, MD 20814-4805	Unsolicited Direct Contribution: See Below Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	07/17/00	100.00 (Memo Entry)
H. Above contribution earmarked by Grace Avery Hathaway and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. FRIENDS OF CONNIE MORELLA 7101 Wisconsin Ave Suite 102 Bethesda, MD 20814-4805	Unsolicited Direct Contribution: See Below Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	07/19/00	50.00 (Memo Entry)

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

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 WISH List

A. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Marta L. Morando and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
B. Full Name, Mailing Address and ZIP Code FRIENDS OF CONNIE MORELLA 7101 Wisconsin Ave Suite 102 Bethesda, MD 20814-4805	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	Date (month, day, year) 07/19/00	Amount of Each Disbursement This Period 100.00 (Memo Entry)
C. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Antony Taquey and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code FRIENDS OF CONNIE MORELLA 7101 Wisconsin Ave Suite 102 Bethesda, MD 20814-4805	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	Date (month, day, year) 07/20/00	Amount of Each Disbursement This Period 25.00 (Memo Entry)
E. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Jeanne Townsend and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code FRIENDS OF CONNIE MORELLA 7101 Wisconsin Ave Suite 102 Bethesda, MD 20814-4805	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	Date (month, day, year) 07/20/00	Amount of Each Disbursement This Period 50.00 (Memo Entry)
G. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Elizabeth G. Paddock and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code FRIENDS OF CONNIE MORELLA 7101 Wisconsin Ave Suite 102 Bethesda, MD 20814-4805	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	Date (month, day, year) 07/20/00	Amount of Each Disbursement This Period 10.00 (Memo Entry)
I. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Norma Jean Huss and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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

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

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SCHEDULE B — ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

The WISH List — FEC ID No. C00258277

	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Todd Allan Printing 5760 Sunnyside Avenue Beltsville, MD 20705	Purpose of Disbursement: Printing House Cand Contr-Moore Capito Disbursement for: [ ] Primary [X] General [ ] Other (specify) WV-R-02	07/24/00	491.15 In-Kind
B. Full Name, Mailing Address and ZIP Code Todd Allan Printing 5760 Sunnyside Avenue Beltsville, MD 20705	Purpose of Disbursement: Printing House Cand Contr-Johnson Disbursement for: [X] Primary [ ] General [ ] Other (specify) NY-R-02	07/24/00	491.15 In-Kind
C. Full Name, Mailing Address and ZIP Code Todd Allan Printing 5760 Sunnyside Avenue Beltsville, MD 20705	Purpose of Disbursement: Printing House Cand Contr-Smith Disbursement for: [X] Primary [ ] General [ ] Other (specify) AZ-R-01	07/24/00	491.15 In-Kind
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
SUBTOTAL of Disbursements This Page (optional)			1,473.45
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 WISH List

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Jane Amero for Congress P. O. Box 2427 South Portland, ME 04116	Unsolicited Direct Contribution: See Below Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	07/05/00	50.00 (Memo Entry)
B. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Judith M. Hartig-Osanka and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code OLYMPIA SNOWE FOR SENATE 85 E Street S. Portland, ME 04106	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	Date (month, day, year) 07/05/00	Amount of Each Disbursement This Period 100.00 (Memo Entry)
D. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Judith M. Hartig-Osanka and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code OLYMPIA SNOWE FOR SENATE 85 E Street S. Portland, ME 04106	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	Date (month, day, year) 07/05/00	Amount of Each Disbursement This Period 250.00 (Memo Entry)
F. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Roslyn B. Payne and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code OLYMPIA SNOWE FOR SENATE 85 E Street S. Portland, ME 04106	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	Date (month, day, year) 07/06/00	Amount of Each Disbursement This Period 25.00 (Memo Entry)
H. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Helen A. Kraus and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code OLYMPIA SNOWE FOR SENATE 85 E Street S. Portland, ME 04106	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	Date (month, day, year) 07/06/00	Amount of Each Disbursement This Period 100.00 (Memo Entry)

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

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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 WISH List

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Above contribution earmarked by Cindy Saplenza and transmitted by contributor's original check.	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
B. Full Name, Mailing Address and ZIP Code OLYMPIA SNOWE FOR SENATE 85 E Street S. Portland, ME 04106	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	Date (month, day, year) 07/06/00	Amount of Each Disbursement This Period 100.00 (Memo Entry)
C. Full Name, Mailing Address and ZIP Code Above contribution earmarked by James A. Spencer and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code OLYMPIA SNOWE FOR SENATE 85 E Street S. Portland, ME 04106	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	Date (month, day, year) 07/10/00	Amount of Each Disbursement This Period 300.00 (Memo Entry)
E. Full Name, Mailing Address and ZIP Code Above contribution earmarked by James D. Tobin and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code OLYMPIA SNOWE FOR SENATE 85 E Street S. Portland, ME 04106	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	Date (month, day, year) 07/10/00	Amount of Each Disbursement This Period 150.00 (Memo Entry)
G. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Leroy Gallagher and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code OLYMPIA SNOWE FOR SENATE 85 E Street S. Portland, ME 04106	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	Date (month, day, year) 07/10/00	Amount of Each Disbursement This Period 100.00 (Memo Entry)
I. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Christina E. Carroll and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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

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

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

The WISH List

A. Full Name, Mailing Address and ZIP Code OLYMPIA SNOWE FOR SENATE 85 E Street S. Portland, ME 04106	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	Date (month, day, year) 07/13/00	Amount of Each Disbursement This Period 100.00 (Memo Entry)
B. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Sally S. Lehmann and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code OLYMPIA SNOWE FOR SENATE 85 E Street S. Portland, ME 04106	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	Date (month, day, year) 07/17/00	Amount of Each Disbursement This Period 100.00 (Memo Entry)
D. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Janett Lowes and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code OLYMPIA SNOWE FOR SENATE 85 E Street S. Portland, ME 04106	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	Date (month, day, year) 07/17/00	Amount of Each Disbursement This Period 100.00 (Memo Entry)
F. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Frances G. Pepper and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code OLYMPIA SNOWE FOR SENATE 85 E Street S. Portland, ME 04106	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	Date (month, day, year) 07/17/00	Amount of Each Disbursement This Period 100.00 (Memo Entry)
H. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Marilyn Fox and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code OLYMPIA SNOWE FOR SENATE 85 E Street S. Portland, ME 04106	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	Date (month, day, year) 07/17/00	Amount of Each Disbursement This Period 100.00 (Memo Entry)

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

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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 WISH List

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Above contribution earmarked by Grace Avery Hathaway and transmitted by contributor's original check.	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
B. Full Name, Mailing Address and ZIP Code OLYMPIA SNOWE FOR SENATE 85 E Street S. Portland, ME 04106	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	Date (month, day, year) 07/18/00	Amount of Each Disbursement This Period 75.00 (Memo Entry)
C. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Marta L. Morando and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code OLYMPIA SNOWE FOR SENATE 85 E Street S. Portland, ME 04106	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	Date (month, day, year) 07/19/00	Amount of Each Disbursement This Period 50.00 (Memo Entry)
E. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Elizabeth G. Paddock and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code OLYMPIA SNOWE FOR SENATE 85 E Street S. Portland, ME 04106	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	Date (month, day, year) 07/19/00	Amount of Each Disbursement This Period 100.00 (Memo Entry)
G. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Antony Taquey and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code OLYMPIA SNOWE FOR SENATE 85 E Street S. Portland, ME 04106	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	Date (month, day, year) 07/20/00	Amount of Each Disbursement This Period 10.00 (Memo Entry)
I. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Norma Jean Huss and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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

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

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

The WISH List

A. Full Name, Mailing Address and ZIP Code OLYMPIA SNOWE FOR SENATE 85 E Street S. Portland, ME 04106	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	Date (month, day, year) 07/20/00	Amount of Each Disbursement This Period 25.00 (Memo Entry)
B. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Jeanne Townsend and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code OLYMPIA SNOWE FOR SENATE 85 E Street S. Portland, ME 04106	Purpose of Disbursement Olympia Snowe, U.S. SENATE ME Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	Date (month, day, year) 07/24/00	Amount of Each Disbursement This Period 1,000.00
D. Full Name, Mailing Address and ZIP Code OLYMPIA SNOWE FOR SENATE 85 E Street S. Portland, ME 04106	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	Date (month, day, year) 07/24/00	Amount of Each Disbursement This Period 100.00 (Memo Entry)
E. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Christine Hansen and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) 1,000.00

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

The WISH List

A. Full Name, Mailing Address and ZIP Code Teresa Loar for Congress 3505 Northeast 78th St. Kansas City, MO 64119	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 07/05/00	Amount of Each Disbursement This Period 50.00 (Memo Entry)
B. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Judith M. Hartig-Osanka and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code Teresa Loar for Congress 3505 Northeast 78th St. Kansas City, MO 64119	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 07/05/00	Amount of Each Disbursement This Period 100.00 (Memo Entry)
D. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Roslyn B. Payne and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code Teresa Loar for Congress 3505 Northeast 78th St. Kansas City, MO 64119	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 07/05/00	Amount of Each Disbursement This Period 100.00 (Memo Entry)
F. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Susan B. Plant and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code Teresa Loar for Congress 3505 Northeast 78th St. Kansas City, MO 64119	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 07/05/00	Amount of Each Disbursement This Period 100.00 (Memo Entry)
H. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Arne Schoeller and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code Teresa Loar for Congress 3505 Northeast 78th St. Kansas City, MO 64119	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 07/06/00	Amount of Each Disbursement This Period 25.00 (Memo Entry)

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

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)
The WISH List

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Above contribution earmarked by Helen A. Kraus and transmitted by contributor's original check.	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
B. Full Name, Mailing Address and ZIP Code Teresa Loar for Congress 3505 Northeast 78th St. Kansas City, MO 64119	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 07/10/00	Amount of Each Disbursement This Period 50.00 (Memo Entry)
C. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Virginia S. Donnell and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code Teresa Loar for Congress 3505 Northeast 78th St. Kansas City, MO 64119	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 07/10/00	Amount of Each Disbursement This Period 100.00 (Memo Entry)
E. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Christina E. Carroll and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code Teresa Loar for Congress 3505 Northeast 78th St. Kansas City, MO 64119	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 07/10/00	Amount of Each Disbursement This Period 500.00 (Memo Entry)
G. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Frances B. Nelson and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code Teresa Loar for Congress 3505 Northeast 78th St. Kansas City, MO 64119	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 07/10/00	Amount of Each Disbursement This Period 100.00 (Memo Entry)
I. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Frances Wolf Newman and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

The WISH List

A. Full Name, Mailing Address and ZIP Code Teresa Loar for Congress 3505 Northeast 78th St. Kansas City, MO 64119	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 07/13/00	Amount of Each Disbursement This Period 20.00 (Memo Entry)
B. Full Name, Mailing Address and ZIP Code Above contribution earmarked by James Douglas and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code Teresa Loar for Congress 3505 Northeast 78th St. Kansas City, MO 64119	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 07/13/00	Amount of Each Disbursement This Period 100.00 (Memo Entry)
D. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Judith Brachman and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code Teresa Loar for Congress 3505 Northeast 78th St. Kansas City, MO 64119	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 07/13/00	Amount of Each Disbursement This Period 100.00 (Memo Entry)
F. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Marilyn S. Klingaman and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code Teresa Loar for Congress 3505 Northeast 78th St. Kansas City, MO 64119	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 07/13/00	Amount of Each Disbursement This Period 100.00 (Memo Entry)
H. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Sally S. Lehmann and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code Teresa Loar for Congress 3505 Northeast 78th St. Kansas City, MO 64119	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 07/17/00	Amount of Each Disbursement This Period 100.00 (Memo Entry)

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

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A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Above contribution earmarked by Frances G. Pepper and transmitted by contributor's original check.	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
B. Full Name, Mailing Address and ZIP Code Teresa Loar for Congress 3505 Northeast 78th St. Kansas City, MO 64119	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 07/17/00	Amount of Each Disbursement This Period 100.00 (Memo Entry)
C. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Grace Avery Hathaway and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code Teresa Loar for Congress 3505 Northeast 78th St. Kansas City, MO 64119	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 07/17/00	Amount of Each Disbursement This Period 100.00 (Memo Entry)
E. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Marilyn Fox and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code Teresa Loar for Congress 3505 Northeast 78th St. Kansas City, MO 64119	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 07/17/00	Amount of Each Disbursement This Period 100.00 (Memo Entry)
G. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Maria L. Morando and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code Teresa Loar for Congress 3505 Northeast 78th St. Kansas City, MO 64119	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 07/19/00	Amount of Each Disbursement This Period 100.00 (Memo Entry)
I. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Antony Taquey and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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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)

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A. Full Name, Mailing Address and ZIP Code Teresa Loar for Congress 3505 Northeast 78th St. Kansas City, MO 64119	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 07/20/00	Amount of Each Disbursement This Period 25.00 (Memo Entry)
B. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Jeanne Townsend and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code Teresa Loar for Congress 3505 Northeast 78th St. Kansas City, MO 64119	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 07/20/00	Amount of Each Disbursement This Period 50.00 (Memo Entry)
D. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Dorothy S. Paddock and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code Teresa Loar for Congress 3505 Northeast 78th St. Kansas City, MO 64119	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 07/20/00	Amount of Each Disbursement This Period 10.00 (Memo Entry)
F. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Norma Jean Huss and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (in Full)
The WISH List

A. Full Name, Mailing Address and ZIP Code MARGE ROUKEMA FOR HOUSE 4 Franklin Ave P.O. Box 625 Ridgewood, NJ 07451	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	Date (month, day, year) 07/05/00	Amount of Each Disbursement This Period 60.00 (Memo Entry)
B. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Judith M. Hartig-Osanka and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code MARGE ROUKEMA FOR HOUSE 4 Franklin Ave P.O. Box 625 Ridgewood, NJ 07451	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	Date (month, day, year) 07/10/00	Amount of Each Disbursement This Period 100.00 (Memo Entry)
D. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Cynthia S. Newman and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)
The WISH List

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Joan Johnson for House 52 Miller Avenue Central Islip, NY 11722	Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	07/17/00	100.00 (Memo Entry)
B. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Cynthia S. Newman and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code Joan Johnson for House 52 Miller Avenue Central Islip, NY 11722	Purpose of Disbursement Johnson, U.S. HOUSE 2nd NY Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 07/15/00	Amount of Each Disbursement This Period 25.00 (Memo Entry)
D. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Jill Fried and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code Joan Johnson for House 52 Miller Avenue Central Islip, NY 11722	Purpose of Disbursement Johnson, U.S. HOUSE 2nd NY Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 07/18/00	Amount of Each Disbursement This Period 100.00 (Memo Entry)
F. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Donaldson C. Pillsbury and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code Joan Johnson for House 52 Miller Avenue Central Islip, NY 11722	Purpose of Disbursement Johnson, U.S. HOUSE 2nd NY Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 07/18/00	Amount of Each Disbursement This Period 100.00 (Memo Entry)
H. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Betty P. Stephenson M.D. and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code Joan Johnson for House 52 Miller Avenue Central Islip, NY 11722	Purpose of Disbursement Johnson, U.S. HOUSE 2nd NY Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 07/18/00	Amount of Each Disbursement This Period 100.00 (Memo Entry)

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (in Full)
The WISH List

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Above contribution earmarked by Alfred E. Tyler and transmitted by contributor's original check.	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
B. Full Name, Mailing Address and ZIP Code Joan Johnson for House 52 Miller Avenue Central Islip, NY 11722	Purpose of Disbursement Johnson, U.S. HOUSE 2nd NY	Date (month, day, year) 07/18/00	Amount of Each Disbursement This Period 15.00 (Memo Entry)
	Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000		
C. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Charlotte B. Wittnebert and transmitted by contributor's original check.	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
D. Full Name, Mailing Address and ZIP Code Joan Johnson for House 52 Miller Avenue Central Islip, NY 11722	Purpose of Disbursement Unsolicited Direct Contribution: See Below	Date (month, day, year) 07/18/00	Amount of Each Disbursement This Period 100.00 (Memo Entry)
	Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000		
E. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Susan Burnett and transmitted by contributor's original check.	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
F. Full Name, Mailing Address and ZIP Code Joan Johnson for House 52 Miller Avenue Central Islip, NY 11722	Purpose of Disbursement Unsolicited Direct Contribution: See Below	Date (month, day, year) 07/18/00	Amount of Each Disbursement This Period 50.00 (Memo Entry)
	Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000		
G. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Virginia S. Donnell and transmitted by contributor's original check.	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
H. Full Name, Mailing Address and ZIP Code Joan Johnson for House 52 Miller Avenue Central Islip, NY 11722	Purpose of Disbursement Unsolicited Direct Contribution: See Below	Date (month, day, year) 07/18/00	Amount of Each Disbursement This Period 100.00 (Memo Entry)
	Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000		
I. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Sandra Hoffman and transmitted by contributor's original check.	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

The WISH List

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Joan Johnson for House 52 Miller Avenue Central Islip, NY 11722	Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	07/18/00	100.00 (Memo Entry)
B. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Charles S. Matthews and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code Joan Johnson for House 52 Miller Avenue Central Islip, NY 11722	Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	07/18/00	500.00 (Memo Entry)
D. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Candace L. Straight and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code Joan Johnson for House 52 Miller Avenue Central Islip, NY 11722	Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	07/18/00	500.00 (Memo Entry)
F. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Dorothy E. Straight and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code Joan Johnson for House 52 Miller Avenue Central Islip, NY 11722	Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	07/19/00	250.00 (Memo Entry)
H. Full Name, Mailing Address and ZIP Code Above contribution earmarked by David M. Blank and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code Joan Johnson for House 52 Miller Avenue Central Islip, NY 11722	Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	07/19/00	100.00 (Memo Entry)

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NAME OF COMMITTEE (In Full)

The WISH List

A. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Alan S. Ward and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
B. Full Name, Mailing Address and ZIP Code Joan Johnson for House 52 Miller Avenue Central Islip, NY 11722	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 07/20/00	Amount of Each Disbursement This Period 25.00 (Memo Entry)
C. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Judith H. Shreve and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code Joan Johnson for House 52 Miller Avenue Central Islip, NY 11722	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 07/20/00	Amount of Each Disbursement This Period 100.00 (Memo Entry)
E. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Beverly W. Aisenbrey and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code Joan Johnson for House 52 Miller Avenue Central Islip, NY 11722	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 07/20/00	Amount of Each Disbursement This Period 100.00 (Memo Entry)
G. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Betty Sims and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code Joan Johnson for House 52 Miller Avenue Central Islip, NY 11722	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 07/20/00	Amount of Each Disbursement This Period 100.00 (Memo Entry)
I. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Honor Heyward Bulkley and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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NAME OF COMMITTEE (In Full)

The WISH List

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Joan Johnson for House 52 Miller Avenue Central Islip, NY 11722	Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	07/20/00	100.00 (Memo Entry)
B. Above contribution earmarked by Joanne G. Fox and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Joan Johnson for House 52 Miller Avenue Central Islip, NY 11722	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 07/20/00	Amount of Each Disbursement This Period 50.00 (Memo Entry)
D. Above contribution earmarked by Richard B. Devereux and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Joan Johnson for House 52 Miller Avenue Central Islip, NY 11722	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 07/20/00	Amount of Each Disbursement This Period 50.00 (Memo Entry)
F. Above contribution earmarked by Helene Brenner and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Joan Johnson for House 52 Miller Avenue Central Islip, NY 11722	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 07/20/00	Amount of Each Disbursement This Period 1,000.00 (Memo Entry)
H. Above contribution earmarked by Charles H. Wilmer and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Joan Johnson for House 52 Miller Avenue Central Islip, NY 11722	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 07/20/00	Amount of Each Disbursement This Period 250.00 (Memo Entry)

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (in Full)
The WISH List

A. Full Name, Mailing Address and ZIP Code Above contribution earmarked by George S. Pillsbury and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
B. Full Name, Mailing Address and ZIP Code Joan Johnson for House 52 Miller Avenue Central Islip, NY 11722	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 07/20/00	Amount of Each Disbursement This Period 20.00 (Memo Entry)
C. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Sue Tejmi and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code Joan Johnson for House 52 Miller Avenue Central Islip, NY 11722	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 07/20/00	Amount of Each Disbursement This Period 100.00 (Memo Entry)
E. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Marilyn S. Klingaman and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code Joan Johnson for House 52 Miller Avenue Central Islip, NY 11722	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 07/20/00	Amount of Each Disbursement This Period 50.00 (Memo Entry)
G. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Rosemary Tenfant and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code Joan Johnson for House 52 Miller Avenue Central Islip, NY 11722	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 07/20/00	Amount of Each Disbursement This Period 500.00 (Memo Entry)
I. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Elaine Cooper and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (in Full)
The WISH List

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Joan Johnson for House 52 Miller Avenue Central Islip, NY 11722	Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	07/24/00	100.00 (Memo Entry)
B. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Ruth Grey Bedford and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code Joan Johnson for House 52 Miller Avenue Central Islip, NY 11722	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 07/24/00	Amount of Each Disbursement This Period 25.00 (Memo Entry)
D. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Linda N. Emmons and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code Joan Johnson for House 52 Miller Avenue Central Islip, NY 11722	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 07/24/00	Amount of Each Disbursement This Period 25.00 (Memo Entry)
F. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Elsa F. Sauter and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code Joan Johnson for House 52 Miller Avenue Central Islip, NY 11722	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 07/24/00	Amount of Each Disbursement This Period 20.00 (Memo Entry)
H. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Malgorzata Berger and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code Joan Johnson for House 52 Miller Avenue Central Islip, NY 11722	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 07/24/00	Amount of Each Disbursement This Period 100.00 (Memo Entry)
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NAME OF COMMITTEE (In Full)

The Wish List

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Above contribution earmarked by Jean M. Warren and transmitted by contributor's original check.	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
B. Full Name, Mailing Address and ZIP Code Joan Johnson for House 52 Miller Avenue Central Islip, NY 11722	Purpose of Disbursement Unsolicited Direct Contribution: See Below	Date (month, day, year) 07/24/00	Amount of Each Disbursement This Period 100.00 (Memo Entry)
	Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000		
C. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Jean Clark and transmitted by contributor's original check.	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
D. Full Name, Mailing Address and ZIP Code Joan Johnson for House 52 Miller Avenue Central Islip, NY 11722	Purpose of Disbursement Unsolicited Direct Contribution: See Below	Date (month, day, year) 07/24/00	Amount of Each Disbursement This Period 100.00 (Memo Entry)
	Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000		
E. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Deborah Carstens and transmitted by contributor's original check.	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
F. Full Name, Mailing Address and ZIP Code Joan Johnson for House 52 Miller Avenue Central Islip, NY 11722	Purpose of Disbursement Unsolicited Direct Contribution: See Below	Date (month, day, year) 07/24/00	Amount of Each Disbursement This Period 100.00 (Memo Entry)
	Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000		
G. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Mary Eyre Peacock and transmitted by contributor's original check.	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
H. Full Name, Mailing Address and ZIP Code Joan Johnson for House 52 Miller Avenue Central Islip, NY 11722	Purpose of Disbursement Unsolicited Direct Contribution: See Below	Date (month, day, year) 07/24/00	Amount of Each Disbursement This Period 1,000.00 (Memo Entry)
	Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000		
I. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Rebecca Q. Morgan and transmitted by contributor's original check.	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

The WISH List

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Joan Johnson for House 52 Miller Avenue Central Islip, NY 11722	Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	07/24/00	100.00 (Memo Entry)
B. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Ralph D. Ebbott and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code Joan Johnson for House 52 Miller Avenue Central Islip, NY 11722	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 07/24/00	Amount of Each Disbursement This Period 100.00 (Memo Entry)
D. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Barbara L. Harris and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code Joan Johnson for House 52 Miller Avenue Central Islip, NY 11722	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 07/24/00	Amount of Each Disbursement This Period 25.00 (Memo Entry)
F. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Dorothy Seavey and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code Joan Johnson for House 52 Miller Avenue Central Islip, NY 11722	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 07/24/00	Amount of Each Disbursement This Period 50.00 (Memo Entry)
H. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Janet Metcalf and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code Joan Johnson for House 52 Miller Avenue Central Islip, NY 11722	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 07/24/00	Amount of Each Disbursement This Period 100.00 (Memo Entry)

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)
The WISH List

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Above contribution earmarked by Margaret D. Vickroy and transmitted by contributor's original check.	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
B. Full Name, Mailing Address and ZIP Code Joan Johnson for House 52 Miller Avenue Central Islip, NY 11722	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: ☒ Primary ☐ General ☐ Other (specify) 2000	Date (month, day, year) 07/24/00	Amount of Each Disbursement This Period 100.00 (Memo Entry)
C. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Ruth Lewis and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code Joan Johnson for House 52 Miller Avenue Central Islip, NY 11722	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: ☒ Primary ☐ General ☐ Other (specify) 2000	Date (month, day, year) 07/24/00	Amount of Each Disbursement This Period 100.00 (Memo Entry)
E. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Rosemarie Buntrock and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code Joan Johnson for House 52 Miller Avenue Central Islip, NY 11722	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: ☒ Primary ☐ General ☐ Other (specify) 2000	Date (month, day, year) 07/25/00	Amount of Each Disbursement This Period 100.00 (Memo Entry)
G. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Janice H. Barrow and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code Joan Johnson for House 52 Miller Avenue Central Islip, NY 11722	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: ☒ Primary ☐ General ☐ Other (specify) 2000	Date (month, day, year) 07/25/00	Amount of Each Disbursement This Period 100.00 (Memo Entry)
I. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Alan M. Cody and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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

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

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (in Full)

The WISH List

A. Full Name, Mailing Address and ZIP Code Joan Johnson for House 52 Miller Avenue Central Islip, NY 11722	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 07/25/00	Amount of Each Disbursement This Period 100.00 (Memo Entry)
B. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Nancy Luther and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code Joan Johnson for House 52 Miller Avenue Central Islip, NY 11722	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 07/25/00	Amount of Each Disbursement This Period 200.00 (Memo Entry)
D. Full Name, Mailing Address and ZIP Code Above contribution earmarked by William L. Saltonstall and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code Joan Johnson for House 52 Miller Avenue Central Islip, NY 11722	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 07/25/00	Amount of Each Disbursement This Period 100.00 (Memo Entry)
F. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Jonathan Bulkley and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code Joan Johnson for House 52 Miller Avenue Central Islip, NY 11722	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 07/25/00	Amount of Each Disbursement This Period 50.00 (Memo Entry)
H. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Sherwood G. House and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

The WISH List

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Shelley Moore Capito P O Box 11519 Charleston, WV 25339	Unsolicited Direct Contribution: See Below Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	07/18/00	100.00 (Memo Entry)
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Above contribution earmarked by Susan Burnett and transmitted by contributor's original check.	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Shelley Moore Capito P O Box 11519 Charleston, WV 25339	Unsolicited Direct Contribution: See Below Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	07/18/00	25.00 (Memo Entry)
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Above contribution earmarked by Jill Fried and transmitted by contributor's original check.	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Shelley Moore Capito P O Box 11519 Charleston, WV 25339	Unsolicited Direct Contribution: See Below Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	07/18/00	100.00 (Memo Entry)
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Above contribution earmarked by Sandra Hoffman and transmitted by contributor's original check.	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Shelley Moore Capito P O Box 11519 Charleston, WV 25339	Unsolicited Direct Contribution: See Below Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	07/18/00	100.00 (Memo Entry)
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Above contribution earmarked by Charles S. Matthews and transmitted by contributor's original check.	Disbursement for [ ] Primary [ ] General [ ] Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Shelley Moore Capito P O Box 11519 Charleston, WV 25339	Unsolicited Direct Contribution: See Below Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	07/18/00	100.00 (Memo Entry)

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (in Full)

The WISH List

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Above contribution earmarked by Betty P. Stephenson M.D. and transmitted by contributor's original check.	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
B. Full Name, Mailing Address and ZIP Code **Shelley Moore Capito** **P O Box 11519** **Charleston, WV 25339**	Purpose of Disbursement **Unsolicited Direct Contribution: See Below** Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	Date (month, day, year) 07/18/00	Amount of Each Disbursement This Period **250.00** **(Memo Entry)**
C. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Dorothy E. Straight and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code **Shelley Moore Capito** **P O Box 11519** **Charleston, WV 25339**	Purpose of Disbursement **Unsolicited Direct Contribution: See Below** Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	Date (month, day, year) 07/18/00	Amount of Each Disbursement This Period **100.00** **(Memo Entry)**
E. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Alfred E. Tyler and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code **Shelley Moore Capito** **P O Box 11519** **Charleston, WV 25339**	Purpose of Disbursement **Unsolicited Direct Contribution: See Below** Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	Date (month, day, year) 07/18/00	Amount of Each Disbursement This Period **15.00** **(Memo Entry)**
G. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Charlotte B. Wittnebert and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code **Shelley Moore Capito** **P O Box 11519** **Charleston, WV 25339**	Purpose of Disbursement **Unsolicited Direct Contribution: See Below** Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	Date (month, day, year) 07/19/00	Amount of Each Disbursement This Period **100.00** **(Memo Entry)**
I. Full Name, Mailing Address and ZIP Code Above contribution earmarked by David M. Blank and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

The WISH List

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Shelley Moore Capito P O Box 11519 Charleston, WV 25339	Unsolicited Direct Contribution: See Below Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	07/20/00	100.00 (Memo Entry)
B. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Beverly W. Alsenbrey and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code Shelley Moore Capito P O Box 11519 Charleston, WV 25339	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	Date (month, day, year) 07/20/00	Amount of Each Disbursement This Period 50.00 (Memo Entry)
D. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Richard B. Devereux and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code Shelley Moore Capito P O Box 11519 Charleston, WV 25339	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	Date (month, day, year) 07/20/00	Amount of Each Disbursement This Period 50.00 (Memo Entry)
F. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Helene Brenner and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code Shelley Moore Capito P O Box 11519 Charleston, WV 25339	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	Date (month, day, year) 07/20/00	Amount of Each Disbursement This Period 1,000.00 (Memo Entry)
H. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Charles H. Witmer and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code Shelley Moore Capito P O Box 11519 Charleston, WV 25339	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	Date (month, day, year) 07/20/00	Amount of Each Disbursement This Period 250.00 (Memo Entry)

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

The WISH List

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Above contribution earmarked by George S. Pillsbury and transmitted by contributor's original check.	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
B. Full Name, Mailing Address and ZIP Code Shelley Moore Capito P O Box 11519 Charleston, WV 25339	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	Date (month, day, year) 07/20/00	Amount of Each Disbursement This Period 100.00 (Memo Entry)
C. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Marilyn S. Klingaman and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code Shelley Moore Capito P O Box 11519 Charleston, WV 25339	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	Date (month, day, year) 07/24/00	Amount of Each Disbursement This Period 100.00 (Memo Entry)
E. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Ruth Gray Bedford and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code Shelley Moore Capito P O Box 11519 Charleston, WV 25339	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	Date (month, day, year) 07/24/00	Amount of Each Disbursement This Period 25.00 (Memo Entry)
G. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Linda N. Emmons and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code Shelley Moore Capito P O Box 11519 Charleston, WV 25339	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	Date (month, day, year) 07/24/00	Amount of Each Disbursement This Period 25.00 (Memo Entry)
I. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Elsa F. Sauter and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)
The WISH List

A. Full Name, Mailing Address and ZIP Code Shelley Moore Capito P O Box 11519 Charleston, WV 25339	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	Date (month, day, year) 07/24/00	Amount of Each Disbursement This Period 20.00 (Memo Entry)
B. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Malgorzata Berger and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code Shelley Moore Capito P O Box 11519 Charleston, WV 25339	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	Date (month, day, year) 07/24/00	Amount of Each Disbursement This Period 50.00 (Memo Entry)
D. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Sherwood G. House and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code Shelley Moore Capito P O Box 11519 Charleston, WV 25339	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	Date (month, day, year) 07/24/00	Amount of Each Disbursement This Period 100.00 (Memo Entry)
F. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Katharine G. Wilson and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code Shelley Moore Capito P O Box 11519 Charleston, WV 25339	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	Date (month, day, year) 07/24/00	Amount of Each Disbursement This Period 200.00 (Memo Entry)
H. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Jean M. Warren and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code Shelley Moore Capito P O Box 11519 Charleston, WV 25339	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	Date (month, day, year) 07/24/00	Amount of Each Disbursement This Period 100.00 (Memo Entry)

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

The WISH List

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Above contribution earmarked by Jean Clark and transmitted by contributor's original check.	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
B. Full Name, Mailing Address and ZIP Code Shelley Moore Capito P O Box 11519 Charleston, WV 25339	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	Date (month, day, year) 07/24/00	Amount of Each Disbursement This Period 100.00 (Memo Entry)
C. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Deborah Carstens and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code Shelley Moore Capito P O Box 11519 Charleston, WV 25339	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	Date (month, day, year) 07/24/00	Amount of Each Disbursement This Period 25.00 (Memo Entry)
E. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Dorothy Seavey and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code Shelley Moore Capito P O Box 11519 Charleston, WV 25339	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	Date (month, day, year) 07/24/00	Amount of Each Disbursement This Period 50.00 (Memo Entry)
G. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Janet Metcalf and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code Shelley Moore Capito P O Box 11519 Charleston, WV 25339	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	Date (month, day, year) 07/24/00	Amount of Each Disbursement This Period 100.00 (Memo Entry)
I. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Rosemarie Buntrock and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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

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

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

The WISH List

A. Full Name, Mailing Address and ZIP Code Shelley Moore Capito P O Box 11519 Charleston, WV 25339	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	Date (month, day, year) 07/25/00	Amount of Each Disbursement This Period 100.00 (Memo Entry)
B. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Patricia Hill Burnett and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code Shelley Moore Capito P O Box 11519 Charleston, WV 25339	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	Date (month, day, year) 07/25/00	Amount of Each Disbursement This Period 50.00 (Memo Entry)
D. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Judith M. Hartig-Osanka and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code Shelley Moore Capito P O Box 11519 Charleston, WV 25339	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	Date (month, day, year) 07/25/00	Amount of Each Disbursement This Period 35.00 (Memo Entry)
F. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Edna Burrill Hein and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code Shelley Moore Capito P O Box 11519 Charleston, WV 25339	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	Date (month, day, year) 07/25/00	Amount of Each Disbursement This Period 100.00 (Memo Entry)
H. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Cynthia S. Newman and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code Memo Entry: Year-to-Date Contributions to Non-Federal Candidates - $33,750.00	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
SUBTOTAL of Disbursements This Page (optional)			
TOTAL This Period (last page this line number only)			3,189.95

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 2
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NAME OF COMMITTEE (In Full)
The Wish List

A. Full Name, Mailing Address and ZIP Code Sue Jackson for Assembly 15984 Grandview Avenue Monte Sereno, CA 95030	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	Date (month, day, year) 07/05/00	Amount of Each Disbursement This Period 25.00 (Memo Entry)
B. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Philippa H. Jones and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code Sue Jackson for Assembly 15984 Grandview Avenue Monte Sereno, CA 95030	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	Date (month, day, year) 07/10/00	Amount of Each Disbursement This Period 100.00 (Memo Entry)
D. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Judy K. Symcox and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code Sue Jackson for Assembly 15984 Grandview Avenue Monte Sereno, CA 95030	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	Date (month, day, year) 07/19/00	Amount of Each Disbursement This Period 100.00 (Memo Entry)
F. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Marta L. Morando and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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

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SCHEDULE B — ITEMIZED DISBURSEMENTS

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

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FOR LINE NUMBER 29

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NAME OF COMMITTEE (in Full)

The WISH List — FEC ID No. C00258277

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Cmte to Elect Heidi Frey 2 Sunrise Drive Englewood, CO 80110	Frey, State House Rep Disbursement for: [X] Primary [ ] General [ ] Other (specify) 37th CO	07/07/00	1,000.00
B. Full Name, Mailing Address and ZIP Code cmte to Elect Martha Kruetz 6023 S. Bellaire Way Littleton, CO 80124	Kreutz, State Senate Disbursement for: [X] Primary [ ] General [ ] Other (specify) CO	07/07/00	1,500.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	2,500.00
TOTAL This Period (last page this line number only)	2,500.00

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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

☑	Hand Delivered	Date of Receipt 8-17-02
☐	First Class Mail	POSTMARKED
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☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House office of Records and Registration	Date of Receipt
☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	

JMD
PREPARER

8-17-02
DATE PREPARED

(6/2000)