

**DAVID L. GOULD COMPANY
POLITICAL REPORTING & CONSULTING**

COPIES
Dec 7

December 2, 1998

Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463

TO WHOM IT MAY CONCERN:

Attached is our Filing Report for "Mathews for Congress,"
FEC #C00259374, covering the period of October 15, 1998 through
November 23, 1998. Best efforts were used to obtain missing information.
If additional information becomes available we will file amendments.

Thank you for your understanding and cooperation.

Sincerely yours,



David L. Gould, Treasurer
Mathews for Congress

cc: Secretary of State, State of California

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
MATHEWS FOR CONGRESS

ADDRESS (number and street) Check if different than previously reported.
 555 South Flower Street #4510

CITY, STATE and ZIP CODE STATE/DISTRICT
 Los Angeles, CA 90071 CA/38

2. FEC IDENTIFICATION NUMBER
Dec 7 4 16 PM '98
 C00259374

3. IS THIS REPORT AN AMENDMENT
 YES NO

4. TYPE OF REPORT

April 15 Quarterly Report Twelfth day report preceding _____ (Type of Election)
 election on _____ in the State of _____

July 15 Quarterly Report

October 15 Quarterly Report Thirtieth day report following the General Election on
 _____ 11/03/98 in the State of CA

January 31 Year End Report

July 31 Mid-Year Report (Non-election Year Only) Termination Report

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

SUMMARY

5. Covering Period	COLUMN A This Period	COLUMN B Calendar Year
10/15/98 through 11/23/98		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	29,947.25	112,
(b) Total Contribution Refunds (from Line 20(d))	0.00	
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	29,947.25	112,
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	30,448.61	123,
(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	30,448.61	123,
8. Cash on Hand at Close of Reporting Period (from Line 27)	60.66	
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	54,552.71	

For further info contact:
 Federal Election
 999 E Street, N
 Washington, DC
 Toll Free 800-4
 Local 202-578-

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
 David L. Gould

Signature of Treasurer  Date
 12-2-

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

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FEC

DETAILED SUMMARY PAGE

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

Name of Committee (in full)	Report Covering the Period:	
MATHEWS FOR CONGRESS	From: 10/15/98	To: 11/23/98
I. RECEIPTS	COLUMN A Total This Period	COLUMN B Calendar Year-To
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	15,251.00	
(ii) Unitemized	7,746.25	
(BI) Total of contributions from individuals	22,997.25	106,791
(b) Political Party Committees	0.00	0
(c) Other Political Committees (such as PACs)	6,950.00	6,950
(d) The Candidate	0.00	0
(e) TOTAL CONTRIBUTIONS (other than loans)(add 11(a)(ii), (b), (c) and (d))	29,947.25	112,591
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0
13. LOANS:		
(a) Made or Guaranteed by the Candidate	0.00	10,890
(b) All Other Loans	0.00	0
(c) TOTAL LOANS (add 13(a) and (b))	0.00	10,890
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	189
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)	29,947.25	123,820
II. DISBURSEMENTS		
17. OPERATING EXPENDITURES	30,448.61	123,437
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate	0.00	0
(b) Of All Other Loans	0.00	342
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))	0.00	342
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0
(b) Political Party Committees	0.00	0
(c) Other Political Committees (such as PACs)	0.00	0
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))	0.00	0
21. OTHER DISBURSEMENTS	0.00	0
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)	30,448.61	123,780
III. CASH SUMMARY		
23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	\$	562
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)	\$	29,947
25. SUBTOTAL (add Line 23 and Line 24)	\$	30,509
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	\$	30,448
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)	\$	60

SCHEDULE A **ITEMIZED RECEIPTS**
Contributions from Individuals/Persons

Use separate schedule(s)
for each category of the
Detailed Summary Page
(10/1998 - 11/2002)

PAGE 1 OF
FOR LINE NUM
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)

MATHEWS FOR CONGRESS C00259374

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael Aviles 3252 Neptune Avenue Oceanside, NY 11572		10/29/98	300.
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 300.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Twenty-Nine Palms Band Of Mission 46-200 Harrison Place Coachella, CA 92236	Occupation	10/27/98	500.
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	INDIAN NATION	Aggregate Year-to-Date > \$ 500.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mehal Cherian	Occupation	10/16/98	250.
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mohan Das 14 Maxwell Drive Westbury, NY 11590	Netch Corporation	10/16/98	100.
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Engineer	Aggregate Year-to-Date > \$ 225.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gus Dixon 1131 Marcellus St. Long Beach, CA 90807	Occupation	10/31/98	250.
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
B.P. Gada 4410 - 50th Street Lubbock, TX 79414	Occupation	11/05/98	250.
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Deha George 12 Mt. Misery Road Burlington, NY 11743	Occupation	10/27/98	1,000.
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ see below		
SUBTOTAL of Receipts This Page (optional)			2,650
TOTAL This Period (last page this line number only)			

SCHEDULE A **ITEMIZED RECEIPTS**
Contributions from Individuals/Persons

Use separate schedule(s)
for each category of the
Detailed Summary Page
(NY1098-11/23/98)

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

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

NAME OF COMMITTEE (In Full)

MATHEWS FOR CONGRESS C00259374

A. Full Name, Mailing Address and ZIP Code same as above	Name of Employer	Date(month, day, year) 10/27/98 10/27/98	Amount of Each Receipt this Period 1,000. 500.
	Occupation		
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 2,500.00		
B. Full Name, Mailing Address and ZIP Code Verghese George 1151 Dutch Broadway Valley Stream, NY 11580	Name of Employer	Date(month, day, year) 10/27/98	Amount of Each Receipt this Period 1,000.
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ see below		
C. Full Name, Mailing Address and ZIP Code same as above	Name of Employer	Date(month, day, year) 10/27/98	Amount of Each Receipt this Period 1,000.
	Occupation		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ see below		
D. Full Name, Mailing Address and ZIP Code same as above	Name of Employer	Date(month, day, year) 10/27/98	Amount of Each Receipt this Period 500.
	Occupation		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 2,500.00		
E. Full Name, Mailing Address and ZIP Code Abraham Joseph 11609 Blalock Forest St. Houston, TX 77024	Name of Employer UT/Baylor	Date(month, day, year) 10/30/98	Amount of Each Receipt this Period 101.
	Occupation Engineer/Physician		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 202.00		
F. Full Name, Mailing Address and ZIP Code Augustine V. Joseph 5206 Davison Avenue, Suite A Orlando, FL 32810	Name of Employer Self-Employed	Date(month, day, year) 10/22/98	Amount of Each Receipt this Period 100.
	Occupation Medical Doctor		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 150.00		
G. Full Name, Mailing Address and ZIP Code Bridget Joseph 1615 Kirklee Road Charleston, WY 25314	Name of Employer	Date(month, day, year) 11/11/98	Amount of Each Receipt this Period 300.
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 300.00		

SUBTOTAL of Receipts This Page (optional)

4,501

TOTAL This Period (last page this line number only)

SCHEDULE A ITEMIZED RECEIPTS

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page (10/18/88 - 1/2/93)

PAGE 3 OF
FOR LINE NUM 11 (a) (1)

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

NAME OF COMMITTEE (in Full)

MATHEWS FOR CONGRESS C00259374

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Shaji Mathew 3841 Ver Halen Ct. Cuiver City, CA 90232	Self Employed	10/28/98 10/28/98	500. 500.
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation	Aggregate Year-to-Date > \$	1,000.00
B. Full Name, Mailing Address and ZIP Code Mustafa Milhis 6481 Napa St. Alta Loma, CA 91701	Glen Avon Food Inc.	10/26/98	500.
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation V President	Aggregate Year-to-Date > \$	500.00
C. Full Name, Mailing Address and ZIP Code Bhupendra N. Patel 39 Stonewall Circle White Plains, NY 10607		10/16/98	500.
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation	Aggregate Year-to-Date > \$	500.00
D. Full Name, Mailing Address and ZIP Code Pranod Patel 35 Chadwick Court Millbrae, CA 94030	Self Employed	10/16/98	50.
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation	Aggregate Year-to-Date > \$	550.00
E. Full Name, Mailing Address and ZIP Code Pranav Sambamurti 133-64-7981		10/16/98	300.
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation	Aggregate Year-to-Date > \$	300.00
F. Full Name, Mailing Address and ZIP Code Sante Rosa Rancheria (INDIAN NATION) 16835 Alkali Drive P.O. Box 8 Lemoore, CA 93245		10/26/98	5,000.
Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation	Aggregate Year-to-Date > \$	5,300.00
G. Full Name, Mailing Address and ZIP Code C. V. Sreenivasan 3501 Sonoy Road Suite 124 Amarillo, TX 79119	Self-Employed	10/30/98	500.
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation Physician	Aggregate Year-to-Date > \$	750.00
SUBTOTAL of Receipts This Page (optional)			7,850
TOTAL This Period (last page this line number only)			

SCHEDULE A **ITEMIZED RECEIPTS**
Contributions from Individuals/Persons

Use separate schedule(s)
 for each category of the
 Detailed Summary Page
 (10/15/98 - 11/23/98)

PAGE 4 OF
 FOR LINE NUM
 11 (a) (1)

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NAME OF COMMITTEE (in Full)

MATHEWS FOR CONGRESS C00259374

A. Full Name, Mailing Address and ZIP Code	Name of Employer (Participation)	Date (month, day, year)	Amount of Each Receipt this Period
The Madcill Charitable Trust DTD 1 Cliff St. Marblehead, MA 01945		10/16/98 SEE ATTRIBUTION BELOW	250.
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 250.00	
B. Full Name, Mailing Address and ZIP Code Kevin M Kosby 1 Cliff St. Marblehead, MA 01945		10/16/98	250. MEMO
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 250.00	
C. Full Name, Mailing Address and ZIP Code			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)	250
TOTAL This Period (last page this line number only)	15,251

SCHEDULE A **ITEMIZED RECEIPTS**
Contributions from Other Political Committees

Use separate schedule(s)
 for each category of the
 Detailed Summary Page
 (10/15/98 - 1/23/99)

PAGE 1 OF
 FOR LINE NUM
 11 (c)

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NAME OF COMMITTEE (in Full)

MATHEWS FOR CONGRESS C00259374

A. Full Name, Mailing Address and ZIP Code Asian Pacific American Democratic Club P.O. Box 11024 Torrance, CA 90510 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 100.00	Date(month, day, year) 10/22/98	Amount of Each Receipt this Period 100.
B. Full Name, Mailing Address and ZIP Code Citizens for Waters 555 S. Flower St. Suite 4510 Los Angeles, CA 90071 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 500.00	Date(month, day, year) 10/31/98	Amount of Each Receipt this Period 500.
C. Full Name, Mailing Address and ZIP Code Indo-American Political Action Committee P.O. Box 924367 Houston, TX 77292 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 1,350.00	Date(month, day, year) 10/23/98	Amount of Each Receipt this Period 1,350.
D. Full Name, Mailing Address and ZIP Code JAW V CAP 8000 East Jefferson Avenue Detroit, MI 48214 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 5,000.00	Date(month, day, year) 10/29/98 10/31/98	Amount of Each Receipt this Period 2,000. 3,000.
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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)			6,950
TOTAL This Period (last page this line number only)			6,950

SCHEDULE B
Operating Expenses

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page
(10/15/98 - 11/23/98)

PAGE 1 OF
FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

MATHEWS FOR CONGRESS C00259374

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Curtis Alexander 1882 Molino Avenue Signal Hill, CA 90804	Food for Event	10/22/98	59.
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/15/98	500.
same as above	Office Expenses	10/22/98	98.
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/11/98 10/30/98	301. 662.
American Date Management Inc. 312 Brookway Road Santa Clara, CA 95050	Phone list, labels	10/29/98	405.
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/22/98	845.
same as above	Labels	10/16/98	458.
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
AT&T P. O. Box 10192 Van Nuys, CA 91410-0192	Telephone	10/22/98	245.
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
Collette Burnett 301 W. 14th Street #3 Long Beach, CA 90813	Fundraising Commission	10/20/98	60.
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/29/98 10/22/98	22. 375.
same as above	Office Expenses	10/29/98	17.
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/22/98	5.
Charter Communications 2931 Redondo Avenue Long Beach, CA 90806	Cable TV Ads	10/27/98	50.
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/27/98	908.
David L. Gould Company 555 S. Flower, Suite 4510 Los Angeles, CA 90071	Office Expenses	11/11/98	179.
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		

SUBTOTAL of Disbursements This Page (optional)

5,195

TOTAL This Period (last page this line number only)

SCHEDULE B
Operating Expenses

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page
(10-1598-11/23/98)

PAGE 2 OF
FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

MATHEWS FOR CONGRESS CD0259374

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
same as above	Professional services	10/30/98	1,000.
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General	10/22/98	500.
	<input type="checkbox"/> Other (specify):	10/16/98	500.
B. Full Name, Mailing Address and ZIP Code E. Peter Mathews 3701 Vermont Street Long Beach, CA 90814-2753	Office Expenses	11/05/98	206.
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General	10/30/98	55.
	<input type="checkbox"/> Other (specify):	10/29/98 10/29/98	29. 76.
C. Full Name, Mailing Address and ZIP Code same as above	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General	10/15/98	345.
	<input type="checkbox"/> Other (specify):		
D. Full Name, Mailing Address and ZIP Code Preston Fletcher 5824 Via Media Circle Buena Park, CA 90620	Consulting services	11/16/98	100.
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General	10/20/99	500.
	<input type="checkbox"/> Other (specify):	10/16/98	500.
E. Full Name, Mailing Address and ZIP Code same as above	Office Expenses	11/11/98	59.
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General	10/29/98	37.
	<input type="checkbox"/> Other (specify):	10/29/98 10/26/98	183. 199.
F. Full Name, Mailing Address and ZIP Code same as above	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General	10/30/98	145.
	<input type="checkbox"/> Other (specify):	10/30/98	38.
G. Full Name, Mailing Address and ZIP Code GTE California 13340 E. 183rd Street Cerritos, CA 92702	Phone	10/30/98	1,655.
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General	10/16/98	92.
	<input type="checkbox"/> Other (specify):		
H. Full Name, Mailing Address and ZIP Code Media One 6334 Arizona Place Los Angeles, CA 90045	Broadcast	10/27/98	1,028.
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify):		
I. Full Name, Mailing Address and ZIP Code Seaside Printing Company Inc. 1220 East Fourth Street Long Beach, CA 90802	Printing	10/27/98	3,080.
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify):		

SUBTOTAL of Disbursements This Page (optional)

10,831

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Operating Expenses

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)

MATHEWS FOR CONGRESS C00259374

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this
Six Speedy 2960 W. Lincoln Avenue Suite C Anaheim, CA 92801	Printing Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/30/98	500.
B. Full Name, Mailing Address and ZIP Code Sitar Palace	Purpose of Disbursement Food for event Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 10/16/98	Amount of Each Disbursement this 250.
C. Full Name, Mailing Address and ZIP Code Stationery Place 1327 W. 12th Place Los Angeles, CA 90015	Purpose of Disbursement Printing Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 10/30/98	Amount of Each Disbursement this 250.
D. Full Name, Mailing Address and ZIP Code Eric Stevenson 1560 N. Wilton Place #411 Los Angeles, CA 90029	Purpose of Disbursement Car Rental Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 10/30/98 10/20/98 10/22/98	Amount of Each Disbursement this 404. 330. 165.
E. Full Name, Mailing Address and ZIP Code same as above	Purpose of Disbursement Office Expenses Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 10/29/98 10/29/98	Amount of Each Disbursement this 20. 9.
F. Full Name, Mailing Address and ZIP Code US Postmaster Long Beach, CA	Purpose of Disbursement Escalage Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 10/28/98 10/20/98	Amount of Each Disbursement this 8,323. 64.
G. Full Name, Mailing Address and ZIP Code Davina Vivar 316 Gladys Ave., #Q Long Beach, CA 90814	Purpose of Disbursement Consulting Services Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 10/30/98	Amount of Each Disbursement this 650
H. Full Name, Mailing Address and ZIP Code same as above	Purpose of Disbursement Fundraising Commission Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 10/30/98 10/29/98	Amount of Each Disbursement this 60 32
I. Full Name, Mailing Address and ZIP Code same as above	Purpose of Disbursement office expenses Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 10/29/98 10/22/98	Amount of Each Disbursement this 7 33

SUBTOTAL of Disbursements This Page (optional)

11,099

TOTAL This Period (last page this line number only)

SCHEDULE B
Operating Expenses

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page
(10/15/98 - 11/23/98)

PAGE 4 OF
FOR LINE NUMBER 17

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

NAME OF COMMITTEE (In Full)

MATHEWS FOR CONGRESS C00259374

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Joshua White P.O.Box 31 Long Beach, CA 90801	Fundraising Commission Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/11/98 11/05/98 10/30/98	250. 250. 1,500.
B. Full Name, Mailing Address and ZIP Code Unitized operating expenses (less than \$200) This Period: 10/15/98 - 11/23/98	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Amount of Each Disbursement This Period 1,320.
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
SUBTOTAL of Disbursements This Page (optional)			3,320
TOTAL This Period (last page this line number only)			30,448

LOANS

Loans Received by the Committee

Name of Committee (In Full) MATHEWS FOR CONGRESS			
A. Full Name, Mailing Address and ZIP Code of Loan Source B. Peter Mathews 3701 Vermont Street Long Beach, CA 90814-2753		Original Amount of Loan 150.00	Cumulative Payment To Date 0.00
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Terms: Date Incurred <u>06/30/98</u> Date Due <u>06/30/99</u> Interest Rate <u>0.0000</u> % (apr) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to item A			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
(107599 - 1)			
B. Full Name, Mailing Address and ZIP Code of Loan Source E. Peter Mathews 3701 Vermont Street Long Beach, CA 90814-2753		Original Amount of Loan 240.00	Cumulative Payment To Date 0.00
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Terms: Date Incurred <u>06/30/98</u> Date Due <u>06/30/99</u> Interest Rate <u>0.0000</u> % (apr) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to item B			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
SUBTOTALS This Period This Page (optional)			
TOTALS This Period (last page in this line only)			
Carry outstanding balance only to LINE 2, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary			

LOANS

Loans Received by the Committee

Name of Committee (In Full) MATHEWS FOR CONGRESS			
A. Full Name, Mailing Address and ZIP Code of Loan Source E. Peter Mathews 3701 Vermont Street Long Beach, CA 90814-2753	Original Amount of Loan 500.00	Cumulative Payment To Date 0.00	Balance Outstanding Close of This Period 5
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Terms: Date Incurred <u>06/29/98</u> Date Due <u>06/29/99</u> Interest Rate <u>0.0000</u> %(apr) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to item A			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
(10/15/98 - 11)			
B. Full Name, Mailing Address and ZIP Code of Loan Source E. Peter Mathews 3701 Vermont Street Long Beach, CA 90814-2753	Original Amount of Loan 10,000.00	Cumulative Payment To Date 0.00	Balance Outstanding Close of This Period 10,0
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Terms: Date Incurred <u>05/15/98</u> Date Due <u>05/15/99</u> Interest Rate <u>0.0000</u> %(apr) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to item B			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
SUBTOTALS This Period This Page (optional)			10,5
TOTALS This Period (last page in this line only)			10,
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary			

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

Debts Owed By the Committee

Name of Committee (in Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at End of Period
MATHEWS FOR CONGRESS				
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Airtouch Cellular-LA Dept 6080 Los Angeles, CA 90068	380.72	0.00	0.00	
Nature of Debt (Purpose): Cellular phone charges				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Amara E. Mathews 2025 S. Holt Avenue #5 Los Angeles, CA 90034	500.00	0.00	0.00	
Nature of Debt (Purpose): Expenses				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor American Data Management Inc. 312 Brokaw Road Santa Clara, CA 95050	458.39	0.00	458.39	
Nature of Debt (Purpose): Labels				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Bank of America 6351 East Spring Street Long Beach, CA 90808	240.75	0.00	0.00	
Nature of Debt (Purpose): Interest payable on Loan				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Bank of America VISA 6351 East Spring Street Long Beach, CA 90808	2,257.64	0.00	50.00	2
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Bobbie Singh 2401 Donner Way Sacramento, CA 95818	400.00	0.00	0.00	
Nature of Debt (Purpose): Commission & expenses				
1) SUBTOTALS This Period This Page (optional)				3
2) TOTAL This Period (last page this line only)				
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans
Debts Owed By the Committee

Page 2
LINE NUMB
(Use separate
for each net)

Name of Committee (in Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance of This Period
MATHEWS FOR CONGRESS				
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor COGS 11343 Steward Street El Monte, CA 91731	5,000.00	0.00	0.00	5,
Nature of Debt (Purpose): Signs				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Call America 2530 E. Lacadena Drive Riverside, CA 92507	2,010.97	0.00	0.00	2,
Nature of Debt (Purpose): Long distance phone charges				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Corporate Computer Rental 222 W. Florence Avenue Inglewood, CA 90301	413.78	0.00	0.00	
Nature of Debt (Purpose): Computer rentals				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor David L. Gould Company 555 S. Flower, Suite 4510 Los Angeles, CA 90071	5,973.50	2,898.75	2,000.00	6,
Nature of Debt (Purpose): Political reporting services				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Dick O'Dell 12750 Centralia Street Lakewood, CA 90715	163.25	0.00	0.00	
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor E. Peter Mathews 3701 Vermont Street Long Beach, CA 90814-2753	1,965.44	795.19	0.00	2
Nature of Debt (Purpose): Phone, Travel, & Supplies, Expenses for				
1) SUBTOTALS This Period This Page (optional)				17
2) TOTAL This Period (last page this line only)				
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans
Debts Owed By the Committee

Name of Committee (In Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Out Balance of TT
MATHEWS FOR CONGRESS				
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Federal Express P.O. Box 1140 Memphis, TN 38101-1140	0.00	38.00	0.00	
Nature of Debt (Purpose): Delivery Service				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor First U.S.A. VISA P.O.Box 740085 Atlanta, GA 30374	1,469.13	0.00	0.00	1
Nature of Debt (Purpose): Credit Card Charges				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor GTE California Payment Processing Center Inglewood, CA 90313	4,813.31	2,382.31	0.00	7
Nature of Debt (Purpose): Telephone Charges, Telephone Services,				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor AT&T P.O.Box 10192 Van Nuys, CA 91410-0192	0.00	503.87	0.00	
Nature of Debt (Purpose): Phone				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Joshua White P.O.Box 31 Long Beach, CA 90801	0.00	500.00	0.00	
Nature of Debt (Purpose): Fundraising Commission				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Leading Edge P.O. Box 6008 Stockton, CA 95206	258.00	0.00	0.00	
Nature of Debt (Purpose): Computer data service				
1) SUBTOTALS This Period This Page (optional)				9
2) TOTAL This Period (last page this line only)				
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

Debts Owed By the Committee

Page _____
LINE NUMBER _____
(Use separate lines for each item)

Name of Committee (in Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance of This Period
MATHEWS FOR CONGRESS				
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor MCI P.O. Box 85053 Louisville, KY 40285	211.86	0.00	0.00	
Nature of Debt (Purpose): Phone charges				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor MWB Business Systems 14397 Amargosa Road Victorville, CA 92392	333.54	0.00	0.00	
Nature of Debt (Purpose):				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Metrocall 444 E. Huntington Drive #150 Arcadia, CA 91006	177.16	0.00	0.00	
Nature of Debt (Purpose):				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Mohammed Atiqullah 8092 Ainsworth Lane La Palma, CA 90623	534.81	0.00	0.00	
Nature of Debt (Purpose): Events				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Norwalk Printing 12014 East Rosecrans Avenue Norwalk, CA 90650	1,301.35	0.00	0.00	1
Nature of Debt (Purpose): Printing				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Pitney Bowes P.O. Box 85390 Louisville, KY 40285	7.83	0.00	0.00	
Nature of Debt (Purpose):				
1) SUBTOTALS This Period This Page (optional)				
2) TOTAL This Period (next page this line only)				
3) TOTAL OUTSTANDING LOANS from Schedule C (next page only)				
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans
Debts Owed By the Committee

Name of Committee (In Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance of This Period
MATHEWS FOR CONGRESS				
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Preston Fletcher 6824 Via Media Circle Buena Park, CA 90620	0.00	1,000.00	0.00	1
Nature of Debt (Purpose): Consulting Services				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Print Well 30030 Mission Boulevard Hayward, CA 94544	77.32	0.00	0.00	
Nature of Debt (Purpose): Printing, To adjust for payment made				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor SAAB Travel & Tours 17134 Devonshire Street Suite #201 Northridge, CA 91325	2,278.00	0.00	0.00	2
Nature of Debt (Purpose): Travel Expenses				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Six Speedy 2960 W. Lincoln Avenue Suite C Anaheim, CA 92801	3,000.00	0.00	500.00	2
Nature of Debt (Purpose): Printing				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Southern CA Edison 127 Elm Avenue Long Beach, CA 90802	167.80	0.00	0.00	
Nature of Debt (Purpose): Utilities				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Southern California Edison P.O. Box 600 Rosemead, CA 91771-0001	0.00	103.85	0.00	
Nature of Debt (Purpose): Electrical usage for hdq.				
1) SUBTOTALS This Period This Page (optional)				
2) TOTAL This Period (last page this line only)				
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans
Debts Owed By the Committee

Page 5
LINE NUMBER
(Use separate
for each number)

Name of Committee (In Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance of This Period
MATHEWS FOR CONGRESS				
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Sprint PCS P.O. Box 79270 City of Industry, CA 91716-9270	0.00	1,029.07	0.00	1
Nature of Debt (Purpose): Cellular Phones				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Staples 4600 Pacific Coast Highway Long Beach, CA 90804	2,008.51	0.00	0.00	2
Nature of Debt (Purpose): Office supplies				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Stationery Place 1327 W. 12th Place Los Angeles, CA 90015	1,200.00	0.00	250.00	
Nature of Debt (Purpose): Printing				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Your Latino Voter Guide 2169 East Francisco Blvd., Ste. D-1 San Rafael, CA 94901	0.00	67.00	0.00	
Nature of Debt (Purpose): Slate Mailer				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
1) SUBTOTALS This Period This Page (optional)				
2) TOTAL This Period (last page this line only)				4
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				1
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				5

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

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

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 12/2/98
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
KRS PREPARER	12/7/98 DATE PREPARED