REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

1. NAME OF COMMITTEE (in full)

Friends of Connie Morella for Congress

ADDRESS (number and street) ☐ Check if different than previously reported.

7101 Wisconsin Avenue, Suite 102

2. FEC IDENTIFICATION NUMBER

115851

CITY, STATE and ZIP CODE | STATE/DISTRICT

Bethesda, MD 20814 | MD 8

3. IS THIS REPORT AN AMENDMENT?

☐ YES ☒ NO

4. TYPE OF REPORT

☐ 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)

☐ 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 _____

☐ Termination Report

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

SUMMARY

		COLUMN A This Period	COLUMN B Calendar Year-to-date
5.	Covering Period 07/01/1999 through 12/31/1999		
6.	Net Contributions (other than loans)		
	(a) Total Contributions(other than loans) (from Line 11(e))	$160395.43	$283790.45
	(b) Total Contribution Refunds (From Line 20(d))	$0.00	$0.00
	(c) Net Contributions (other than loans)(subtract Line 6(b) from 6(a))	$160395.43	$283790.45
7.	Net Operating Expenditures		
	(a) Total Operating Expenditures (from Line 17)	$59840.79	$103225.61
	(b) Total Offsets to Operating Expenditures (from Line 14)	$0.00	$0.00
	(c) Net Operating Expenditures (Subtract Line 7(b) from 7(a))	$59840.79	$103225.61
8.	Cash on Hand at Close of Reporting Period (from Line 27)	$408945.90	
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$0.00	

For further information:
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
NELSON BENNETT III

Signature of Treasurer
Nelson Bennett III

Date
1/28/2000

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

FEC FORM 3
(Revised 4/87)

Detailed Summary Page

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

Name of Committee (in full)	Report Covering the Period:	
Friends of Connie Morella for Congress	From: 07/01/1999	To: 12/31/1999

I. RECEIPTS	Column A Total This Period	Column B Calendar Year-To-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (Use Schedule A)	$68575.00	
(ii) Unitemized	$31618.00	
(iii) Total of contributions from Individual	$90193.00	$136838.02
(b) Political Party Committees	$1200.00	$1200.00
(c) Other Political Committees (such as PACs)	$89002.43	$145752.43
(d) The Candidate	$0.00	$0.00
(e) TOTAL CONTRIBUTIONS (other than loans)(add 11(a)(iii), (b), (c) and (d))	$180395.43	$283790.45
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	$0.00	$0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate	$0.00	$0.00
(b) All Other Loans	$0.00	$0.00
(c) TOTAL LOANS (add 13(a) and (b))	$0.00	$0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	$0.00	$0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	$4540.67	$9894.79
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)	$184936.10	$293685.24
II. DISBURSEMENTS		
17. OPERATING EXPENDITURES	$59840.79	$103225.61
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	$0.00	$0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate	$0.00	$0.00
(b) Of All Other Loans	$0.00	$0.00
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))	$0.00	$0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	$0.00	$0.00
(b) Political Party Committees	$0.00	$0.00
(c) Other Political Committees (such as PACs)	$0.00	$0.00
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c)	$0.00	$0.00
21. OTHER DISBURSEMENTS	$0.00	$0.00
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)	$59840.79	$103225.61

III. CASH SUMMARY	
23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	$303850.59
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)	$184936.10
25. SUBTOTAL (add Line 23 and Line 24)	$488786.69
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	$59840.79
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)	$408945.90

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 16

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Friends of Connie Morella for Congress

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David Aaronson 5206 Westwood Drive Bethesda, MD 20816-	American University Occupation: Law Professor	11/29/199	$1000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date -> $1000.00		
B. Full Name, Mailing Address and Zip Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Leslie Adams 3285 San Mateo Avenue Reno, NV 89509-	Adams & Associates Occupation: Co-Owner	12/14/199	$1000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date -> $1000.00		
C. Full Name, Mailing Address and Zip Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Austin Albanese 58 Cherry Street Somerville, MA 02144-	Occupation: Retired	11/10/199	$300.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date -> $300.00		
D. Full Name, Mailing Address and Zip Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Conrad Aschenbach 13600 Stonebarn Lane North Potomac, MD 20878-3995	King Pontiac - GMC Occupation: Auto Dealer	12/30/199	$1000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date -> $1000.00		
E. Full Name, Mailing Address and Zip Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Diana Avino 42 W. Shore Road Clinton, CT 06413-1035	Information Requested Occupation: School Teacher	11/10/199	$250.00
Receipt For: [X] Primary [ ] General [ ] 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**
Ken Bajaj 10201 Norton Road Potomac, MD 20854-	Wang Laboratories Inc. Occupation: Vice President	12/14/199	$1000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date -> $1000.00		
G. Full Name, Mailing Address and Zip Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
M. James Barrett 9 Stoney Creek Way Potomac, MD 20854-	Genetic Therapy Inc Occupation: Chief Exec	11/17/199	$1000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date -> $1000.00		

SUBTOTAL of Receipts This Page (optional)	$5550.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 2 OF 16

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Friends of Connie Morella for Congress

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Albert Benson 10100 Bentcross Drive Potomac, MD 20854-	Benson Animal Hospital	11/10/199	$250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation: Veterinary	Aggregate Year-to-Date ->	$250.00

B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Andrew Blair 7826 Hidden Meadow Terrace Potomac, MD 20854-	American Health Plan	12/17/199	$500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation: General Mgr.	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
David Blair 13238 Maplecrest Drive Potomac, MD 20854-6334	Kelly Anderson Assoc.	12/17/199	$500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation: Executive	Aggregate Year-to-Date ->	$500.00

D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas Blair 11610 Highland Farm Road Potomac, MD 20854-1368	United Payors & United Provide	12/16/199	$500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation: Retired	Aggregate Year-to-Date ->	$500.00

E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert Blancato 138 N. Jackson St. Arlington, VA 22201-	Malz Blancato & Assoc	10/21/199	$400.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation: Govt Relations	Aggregate Year-to-Date ->	$400.00

F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Julia Bloch 1743 22nd Street NW Washington, DC 20008-	Peking University	11/11/199	$1000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation: Professor	Aggregate Year-to-Date ->	$1000.00

G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Joseph Bruno 11408 Highland Farm Court Potomac, MD 20854-	United Payers & United Provide	12/17/199	$500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation: ChiefFinanceOff	Aggregate Year-to-Date ->	$500.00

SUBTOTAL of Receipts This Page (optional)	$3650.00
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)
Friends of Connie Morella for Congress

A. Full Name, Mailing Address and Zip Code Judith Butler 816 S. Pitt Street Alexandria, VA 22314- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer: Podesta Associates, Inc. Occupation: Principal/Consultant Aggregate Year-to-Date -> $450.00	Date (month, day, year): 12/14/199	Amount of Each Receipt this Period: $200.00
B. Full Name, Mailing Address and Zip Code CR Associates 317 Massachusetts Avenue, NE #100 Washington, DC 20002- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer: Partnership Attribution Listed Individually Occupation: Aggregate Year-to-Date -> $500.00	Date (month, day, year): 12/17/199	Amount of Each Receipt this Period: $500.00
C. Full Name, Mailing Address and Zip Code Buffy Cafritz 5334 Goldsboro Road Bethesda, MD 20817- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer: Wm. Cafritz Dev. Co. Occupation: Builder Aggregate Year-to-Date -> $500.00	Date (month, day, year): 11/04/199	Amount of Each Receipt this Period: $500.00
D. Full Name, Mailing Address and Zip Code Michael Carberry 5217 Cammack Drive Bethesda, MD 20816- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer: Sarle Palmer Brown Occupation: Advertising Executive Aggregate Year-to-Date -> $250.00	Date (month, day, year): 11/17/199	Amount of Each Receipt this Period: $250.00
E. Full Name, Mailing Address and Zip Code Alyne Carroll 10346 Democracy Lane Potomac, MD 20854- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer: The Surrey Occupation: Retail Aggregate Year-to-Date -> $75.00	Date (month, day, year): 11/09/199	Amount of Each Receipt this Period: $25.00
F. Full Name, Mailing Address and Zip Code Alyne Carroll 10346 Democracy Lane Potomac, MD 20854- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer: The Surrey Occupation: Retail Aggregate Year-to-Date -> $175.00	Date (month, day, year): 12/06/199	Amount of Each Receipt this Period: $100.00
G. Full Name, Mailing Address and Zip Code Alyne Carroll 10346 Democracy Lane Potomac, MD 20854- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer: The Surrey Occupation: Retail Aggregate Year-to-Date -> $275.00	Date (month, day, year): 12/23/199	Amount of Each Receipt this Period: $100.00

SUBTOTAL of Receipts This Page (optional)	$1675.00
TOTAL This Period (last page this line number only)	

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Friends of Connie Morella for Congress

A. Full Name, Mailing Address and Zip Code Nick Cavarocchi 317 Massachusetts Avenue NE #100 Washington, DC 20002- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer C R Associates Occupation Consultant	Date (month, day, year) 12/17/199 Partnership->CR Associates Aggregate Year-to-Date -> $250.00	Amount of Each Receipt this Period $250.00 MEMO
B. Full Name, Mailing Address and Zip Code CR Associates 317 Massachusetts Avenue, NE #100 Washington, DC 20002- Receipt For: [ ] Primary [ ] General [ ] Other (specify)	Name of Employer Partnership Attribution Listed Individually Occupation See separate listing for partnership Aggregate Year-to-Date ->	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and Zip Code Edward Civera 12338 Michaelsford Road Hunt Valley, MD 21030- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer United Payers & United Provide Occupation CEO Aggregate Year-to-Date -> $500.00	Date (month, day, year) 12/17/199	Amount of Each Receipt this Period $500.00
D. Full Name, Mailing Address and Zip Code Edmund Crouch 16320 Batchellors Forest Rd Olney, MD 20832- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer Washington Real Estate Invest. Occupation CEO Aggregate Year-to-Date -> $550.00	Date (month, day, year) 12/15/199	Amount of Each Receipt this Period $500.00
E. Full Name, Mailing Address and Zip Code Susan Cullman 2830 Foxhall Road, NW Washington, DC 20007- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer Nat.Republican Coalition Occupation President Aggregate Year-to-Date -> $500.00	Date (month, day, year) 12/15/199	Amount of Each Receipt this Period $500.00
F. Full Name, Mailing Address and Zip Code Richard Donohoe 23510 Sang Sound Drive P.O. Box 808 Saint Michaels, MD 21663- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer Occupation Retired Aggregate Year-to-Date -> $250.00	Date (month, day, year) 11/11/199	Amount of Each Receipt this Period $250.00
G. Full Name, Mailing Address and Zip Code Diana Dougan 4101 Bradley Lane Chevy Chase, MD 20815- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer Strategic/Internat'l Studies Occupation Director Aggregate Year-to-Date -> $500.00	Date (month, day, year) 11/10/199	Amount of Each Receipt this Period $500.00

SUBTOTAL of Receipts This Page (optional)	$2250.00
TOTAL This Period (last page this line number only)	

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NAME OF COMMITTEE (In Full)
Friends of Connie Morella for Congress

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Edward Downey 9010 Congressional Parkway Potomac, MD 20854-	Marketing & Management Occupation: President	11/18/199	$1000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$1000.00	
B. Full Name, Mailing Address and Zip Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Loretta Downey 9010 Congressional Parkway Potomac, MD 20854-	MMI Occupation: Publisher	11/18/199	$1000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$1000.00	
C. Full Name, Mailing Address and Zip Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Steve Elkins 1600 Haggaford Road, Unit 8A Narberth, PA 19072-	Dolco Furniture Occupation: Sales	12/28/199	$500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$500.00	
D. Full Name, Mailing Address and Zip Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Lois England 2932 Chain Bridge Road NW Washington, DC 20016-3406	Occupation: Retired	11/09/199	$250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$250.00	
E. Full Name, Mailing Address and Zip Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Melvyn Estrin 6508 Kenhill Road Bethesda, MD 20817-	Pharmor Drug Corp. Occupation: Chairman	12/24/199	$1000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$1000.00	
F. Full Name, Mailing Address and Zip Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Rae Evans 1615 L Street NW #1220 Washington, DC 20036-	Rae Evans Assoc. Occupation: President	08/10/199	$250.00
Receipt For: [X] Primary [ ] General [ ] 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**
Kenneth Feld 9609 Waller Court Potomac, MD 20854-	Feld Entertainment Occupation: Owner	11/11/199	$1000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$1000.00	

SUBTOTAL of Receipts This Page (optional)	$5000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Friends of Connie Morella for Congress

A. Full Name, Mailing Address and Zip Code Robert Fields 16205 Monty Court Rockville, MD 20853-	Name of Employer Olney Medical Occupation Physician	Date (month, day, year) 11/04/199	Amount of Each Receipt this Period $950.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$1000.00	
B. Full Name, Mailing Address and Zip Code Ben Fisher 5118 Cammack Drive Bethesda, MD 20816-	Name of Employer Fisher, Wayland Occupation Attorney	Date (month, day, year) 12/30/199	Amount of Each Receipt this Period $400.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$400.00	
C. Full Name, Mailing Address and Zip Code Alice Ford 6428 Goldleaf Drive Bethesda, MD 20817-	Name of Employer Occupation Retired	Date (month, day, year) 12/29/199	Amount of Each Receipt this Period $500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$500.00	
D. Full Name, Mailing Address and Zip Code Mikki Freidkin 6163 Executive Boulevard Rockville, MD 20852-	Name of Employer Occupation Homemaker	Date (month, day, year) 12/14/199	Amount of Each Receipt this Period $1000.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Aggregate Year-to-Date ->	$1000.00	
E. Full Name, Mailing Address and Zip Code Mikki Freidkin 6163 Executive Boulevard Rockville, MD 20852-	Name of Employer Occupation Homemaker	Date (month, day, year) 12/14/199	Amount of Each Receipt this Period $1000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$2000.00	
F. Full Name, Mailing Address and Zip Code Norman Freidkin 6163 Executive Boulevard Rockville, MD 20852-	Name of Employer Freidkin Matrone & Horn Occupation CPA	Date (month, day, year) 12/14/'99	Amount of Each Receipt this Period $1000.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Aggregate Year-to-Date ->	$1000.00	
G. Full Name, Mailing Address and Zip Code Norman Freidkin 6163 Executive Boulevard Rockville, MD 20852-	Name of Employer Freidkin Matrone & Horn Occupation CPA	Date (month, day, year) 12/14/199	Amount of Each Receipt this Period $1000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$2000.00	

SUBTOTAL of Receipts This Page (optional)	$5850.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Friends of Connie Morella for Congress

A. Full Name, Mailing Address and Zip Code Morton Funger 9000 Durham Drive Potomac, MD 20854-	Name of Employer Community Realty Company	Date (month, day, year) 11/10/199	Amount of Each Receipt this Period $1000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation Executive	Aggregate Year-to-Date ->	$1000.00
B. Full Name, Mailing Address and Zip Code Varghese George 12812 Circle Drive Rockville, MD 20850-	Name of Employer Westex	Date (month, day, year) 11/16/199	Amount of Each Receipt this Period $250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation CEO	Aggregate Year-to-Date ->	$250.00
C. Full Name, Mailing Address and Zip Code Larry Greenbaum 9609 Eldrick Way Potomac, MD 20854-	Name of Employer Larry Greenbaum DDS	Date (month, day, year) 11/17/199	Amount of Each Receipt this Period $500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation Dentist	Aggregate Year-to-Date ->	$550.00
D. Full Name, Mailing Address and Zip Code Larry Greenbaum 9609 Eldrick Way Potomac, MD 20854-	Name of Employer Larry Greenbaum DDS	Date (month, day, year) 12/06/199	Amount of Each Receipt this Period $100.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation Dentist	Aggregate Year-to-Date ->	$650.00
E. Full Name, Mailing Address and Zip Code Jeffrey Greenblatt Brodsky Greenblatt and Rankan 16061 Comprint Circle Gaithersburg, MD 20877-1321	Name of Employer Brodsky Greenblatt and	Date (month, day, year) 12/24/199	Amount of Each Receipt this Period $250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation Attorney	Aggregate Year-to-Date ->	$250.00
F. Full Name, Mailing Address and Zip Code Kedenia Hartley 870 United Nations Plaza New York, NY 10017-	Name of Employer Self-employed	Date (month, day, year) 11/12/199	Amount of Each Receipt this Period $500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation Actor/Teacher	Aggregate Year-to-Date ->	$500.00
G. Full Name, Mailing Address and Zip Code William Haseltine 3033 P Street NW Washington, DC 20007-3029	Name of Employer Human Genome Sciences	Date (month, day, year) 11/12/199	Amount of Each Receipt this Period $1000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation Chairman	Aggregate Year-to-Date ->	$1000.00

SUBTOTAL of Receipts This Page (optional)	$3600.00
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

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Friends of Connie Morella for Congress

A. Full Name, Mailing Address and Zip Code Gale Hayman C/O J.P. Morgan Guarantee Trust Co. of New York Newark, DE 19713- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer: Information Requested Occupation: Information Requested Aggregate Year-to-Date -> $1000.00	Date (month, day, year): 12/15/199	Amount of Each Receipt this Period: $1000.00
B. Full Name, Mailing Address and Zip Code Wayne Rockmeyer 8233 Burning Tree Road Bethesda, MD 20817- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer: MedImmune, Inc. Occupation: President/CEO Aggregate Year-to-Date -> $250.00	Date (month, day, year): 11/11/199	Amount of Each Receipt this Period: $250.00
C. Full Name, Mailing Address and Zip Code Andrew Isaacson 5450 Whitley Park Terr. #410 Bethesda, MD 20814- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer: Dinowes and Blocker Occupation: Attorney Aggregate Year-to-Date -> $250.00	Date (month, day, year): 11/04/199	Amount of Each Receipt this Period: $250.00
D. Full Name, Mailing Address and Zip Code Roger Jurgovan 11501 Skipwith Lane Potomac, MD 20854- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer: Health Care Associate Occupation: Self-Employed Aggregate Year-to-Date -> $500.00	Date (month, day, year): 12/16/199	Amount of Each Receipt this Period: $500.00
E. Full Name, Mailing Address and Zip Code Sardha Kaluaratchi 4419 35th Street NW Washington, DC 20008- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer: Information Requested Occupation: Information Requested Aggregate Year-to-Date -> $200.00	Date (month, day, year): 09/23/199	Amount of Each Receipt this Period: $200.00
F. Full Name, Mailing Address and Zip Code Sardha Kaluaratchi 4419 35th Street NW Washington, DC 20008- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer: Information Requested Occupation: Information Requested Aggregate Year-to-Date -> $250.00	Date (month, day, year): 09/23/199	Amount of Each Receipt this Period: $50.00
G. Full Name, Mailing Address and Zip Code Mary Kane 10032 Avenel Farm Drive Potomac, MD 20854- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer: Occupation: Homemaker Aggregate Year-to-Date -> $250.00	Date (month, day, year): 11/10/199	Amount of Each Receipt this Period: $250.00

SUBTOTAL of Receipts This Page (optional)	$2500.00
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

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Friends of Connie Morella for Congress

A. Full Name, Mailing Address and Zip Code Terri Karadimas 15500 Fellowship Way North Potomac, MD 20878- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer United Payers & United Provide Occupation Executive Aggregate Year-to-Date -> $500.00	Date (month, day, year) 12/16/199	Amount of Each Receipt this Period $500.00
B. Full Name, Mailing Address and Zip Code William Kendall 7501 Conduit Harbor Lane Potomac, MD 20854-3250 Receipt For: [ ] Primary [X] General [ ] Other (specify)	Name of Employer Kendall & Assocs. Occupation Chairman Aggregate Year-to-Date -> $1050.00	Date (month, day, year) 10/19/199	Amount of Each Receipt this Period $1000.00
C. Full Name, Mailing Address and Zip Code Terrance Knecht 20311 Stringfellow Court Montgomery Village, MD 20886- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer United Payers & United Provide Occupation Cheif Information Officer Aggregate Year-to-Date -> $500.00	Date (month, day, year) 12/16/199	Amount of Each Receipt this Period $500.00
D. Full Name, Mailing Address and Zip Code Marion Leech 11 Primrose Street Chevy Chase, MD 20815- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer Occupation Retired Aggregate Year-to-Date -> $1000.00	Date (month, day, year) 10/29/199	Amount of Each Receipt this Period $1000.00
E. Full Name, Mailing Address and Zip Code Jerris Leonard 4986 Sentinel Drive 104 Bethesda, MD 20816- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer Hopkins & Sutter Occupation Attorney Aggregate Year-to-Date -> $1000.00	Date (month, day, year) 12/30/199	Amount of Each Receipt this Period $250.00
F. Full Name, Mailing Address and Zip Code Jerris Leonard 4986 Sentinel Drive 104 Bethesda, MD 20816- Receipt For: [ ] Primary [X] General [ ] Other (specify)	Name of Employer Hopkins & Sutter Occupation Attorney Aggregate Year-to-Date -> $1250.00	Date (month, day, year) 12/30/199	Amount of Each Receipt this Period $250.00
G. Full Name, Mailing Address and Zip Code R. Linowes 8 Farmington Court Chevy Chase, MD 20815- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer Linowes & Blocher Occupation Lawyer Aggregate Year-to-Date -> $1000.00	Date (month, day, year) 11/04/199	Amount of Each Receipt this Period $1000.00

SUBTOTAL of Receipts This Page (optional)	$4500.00
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

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Friends of Connie Morella for Congress

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Grant Lockwood 12329 Michaelsford Road Cockeysville, MD 21030-	United Payers&Providers Occupation: Bank Executive	12/16/199	$500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$500.00	

B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. Loiederman 12504 Bracken Hill Lane Potomac, MD 20854-1116	Loiederman Associates,Inc Occupation: Consulting Engineer	12/07/199	$1000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$1000.00	

C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Maas 19719 Selby Avenue Poolesville, MD 20837-	United Payers & United Provide Occupation: Healthcare Consultant	12/17/199	$500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$500.00	

D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Wendy Maas 19719 Selby Avenue Poolesville, MD 20837-	 Occupation: Homemaker	11/23/199	$250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$250.00	

E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Diane MacArthur 5103 Cape Cod Court Bethesda, MD 20816-	Dynamac Corporation Occupation: CEO	11/10/199	$500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	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
Khairy Malek 10500 Rockville Pike, #913 Rockville, MD 20852-	TBA Occupation: Physician	11/16/199	$500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$500.00	

G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
J. Martinez 4513 Fairfield Drive Bethesda, MD 20814-	U S Govt Occupation: Office Worker	11/11/199	$250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$250.00	

SUBTOTAL of Receipts This Page (optional)	$3500.00
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

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Friends of Connie Morella for Congress

A. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Ellis Meredith 7600 Carter Court Bethesda, MD 20817-	Food Executives Chairman	11/29/199	$1000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->		$1000.00
B. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Bernard Miller 44 Ashfield Drive Littlestown, PA 17340-9526	United Payers&Providers Health Services Administrator	12/17/199	$500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->		$500.00
C. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Mary Mochary P.O. Box 963 Marshall, VA 20116-	Self-employed Lawyer	12/16/199	$500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->		$500.00
D. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Samuel Mok 9817 Norman Court Potomac, MD 20854-	Condor Consulting LLC Owner	10/28/199	$1000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->		$1000.00
E. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Warren Montouri 8601 Bradley Blvd Bethesda, MD 20817-	Investor Self-Employed	11/04/199	$1000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->		$1000.00
F. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Joseph Mott 7819 Overhill Road Bethesda, MD 20814-	Self-employed Attorney	12/17/199	$500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->		$500.00
G. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Donald Orkand 3229 Reservoir Road, NW Washington, DC 20007-2943	The Orkand Corporation President	11/09/199	$1000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->		$1000.00

SUBTOTAL of Receipts This Page (optional)	$5500.00
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)
Friends of Connie Morella for Congress

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Martha Preston 3630 Glenmeglos Drive 3D Silver Spring, MD 20906-	Occupation: Retired	11/11/199	$1000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$1000.00	

B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Cary Prokos 4 Lakestone Court Rockville, MD 20850-	Normandie Farm Occupation: Owner	11/10/199	$200.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$250.00	

C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Puente 10500 Willowbrook Drive Potomac, MD 20854-	Occupation: Retired	11/10/199	$1000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$1000.00	

D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Leandro Aizuko 75 Rapid Creek Road Sheridan, WY 82801-	Conair Corp. Occupation: President	10/26/199	$750.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$750.00	

E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ronald Rubin 13220 Lantern Hollow Drive Gaithersburg, MD 20878-	Rubin & Monahan, Chartered Occupation: Attorney	11/10/199	$900.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$1000.00	

F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ronald Rubin 13220 Lantern Hollow Drive Gaithersburg, MD 20878-	Rubin & Monahan, Chartered Occupation: Attorney	11/10/199	$100.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Aggregate Year-to-Date ->	$1100.00	

G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ronald Rubin 13220 Lantern Hollow Drive Gaithersburg, MD 20878-	Rubin & Monahan, Chartered Occupation: Attorney	12/07/199	$100.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Aggregate Year-to-Date ->	$1200.00	

SUBTOTAL of Receipts This Page (optional)	$4050.00
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)
Friends of Connie Morella for Congress

A. Full Name, Mailing Address and Zip Code Domenic Ruscio 317 Massachusetts Avenue NE #100 Washington, DC 20002- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer CR Associates Occupation Consultant	Date (month, day, year) 12/17/199 Partnership->CR Associates Aggregate Year-to-Date -> $250.00	Amount of Each Receipt this Period $250.00 MEMO
B. Full Name, Mailing Address and Zip Code CR Associates 317 Massachusetts Avenue, NE #100 Washington, DC 20002- Receipt For: [ ] Primary [ ] General [ ] Other (specify)	Name of Employer Partnership Attribution Listed Individually Occupation See separate listing for partnership Aggregate Year-to-Date ->	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and Zip Code Emily Scheyer 2435 Tracy Place NW Washington, DC 20008- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer Occupation Graduate Student Aggregate Year-to-Date -> $250.00	Date (month, day, year) 11/12/199	Amount of Each Receipt this Period $250.00
D. Full Name, Mailing Address and Zip Code Peter Secchia 2633 Bonell SE Grand Rapids, MI 49525- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer Universal Forest Products, Inc Occupation Chairman of Board Aggregate Year-to-Date -> $500.00	Date (month, day, year) 11/12/199	Amount of Each Receipt this Period $500.00
E. Full Name, Mailing Address and Zip Code Charles Seeger 3107 Woodland Drive NW Washington, DC 20008- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer Financial Markets International Occupation Economist Aggregate Year-to-Date -> $300.00	Date (month, day, year) 11/11/199	Amount of Each Receipt this Period $300.00
F. Full Name, Mailing Address and Zip Code Jerry Shaw 2131 Kings Garden Way Falls Church, VA 22043-2596 Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer Shaw, Bransford & O'Rourke Occupation Attorney Aggregate Year-to-Date -> $750.00	Date (month, day, year) 10/21/199	Amount of Each Receipt this Period $500.00
G. Full Name, Mailing Address and Zip Code James Signora 13236 Maplecrest Drive Potomac, MD 20854- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer United Payers&Providers Occupation Executive Aggregate Year-to-Date -> $500.00	Date (month, day, year) 12/17/199	Amount of Each Receipt this Period $500.00

SUBTOTAL of Receipts This Page (optional)	$2050.00
TOTAL This Period (last page this line number only)	

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NAME OF COMMITTEE (In Full)
Friends of Connie Morella for Congress

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bentley Slocum 7 Cloverbrook Court Potomac, MD 20854-	United Payers&Providers	12/16/199	$500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation V.P Sales & marketing	Aggregate Year-to-Date ->	$500.00

B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Patricia Smart 9805 Sunset Drive Rockville, MD 20850-3607		11/09/199	$250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation Homemaker	Aggregate Year-to-Date ->	$250.00

C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael Smith 9116 Maria Avenue Great Falls, VA 22066-4008	United Payers&Providers	12/16/199	$500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation Executive	Aggregate Year-to-Date ->	$500.00

D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Staurulakis 20281 E Country Club Drive #1714 Aventura, FL 33180-	John Staurulakis Inc.	12/24/199	$400.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation Executive	Aggregate Year-to-Date ->	$400.00

E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kerry Stowell 2500 Virginia Avenue NW Washington, DC 20037-	SoSo Sound Inc.	12/17/199	$1000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation Private Investments	Aggregate Year-to-Date ->	$1000.00

F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Candace Straight 518 E Passaic Avenue Bloomfield, NJ 07003-	Self Employed	12/14/199	$500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation Private Investor/Director	Aggregate Year-to-Date ->	$500.00

G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Helga Tarver 6610 Western Avenue Chevy Chase, MD 20815-		11/04/199	$250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation Retired	Aggregate Year-to-Date ->	$250.00

SUBTOTAL of Receipts This Page (optional)	$3400.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)
Friends of Connie Morella for Congress

A. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Laszlo Tauber 10401 Democracy Blvd North Potomac, MD 20878-	Self-employed Surgeon	11/16/199	$1000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$1000.00	
B. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Stark Thompson 207 Walnut Ridge Lane Chadds Ford, PA 19317-	Life Technologies President	12/15/199	$1000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$1000.00	
C. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Thomas Thompson 7600 Exeter Road Bethesda, MD 20814-	Scribner, Hall & Thompson Lawyer	11/12/199	$1000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$1000.00	
D. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Sami Totah 11300 Highland Farm Road Potomac, MD 20854-	Quad Group Builder	11/11/199	$250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$250.00	
E. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
G. Duane Vieth 4407 Chalfont Place Bethesda, MD 20816-	Arnold and Porter Lawyer	11/04/199	$250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$250.00	
F. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Carl Vogt 8708 Hidden Hill Lane Potomac, MD 20854-	Williams College President	12/08/199	$1000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$1000.00	
G. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
George Walton 7618 Winterberry Place Bethesda, MD 20817-	AMECA Executive	11/09/199	$500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$600.00	

SUBTOTAL of Receipts This Page (optional)	$5000.00
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)
Friends of Connie Morella for Congress

A. Full Name, Mailing Address and Zip Code Elizabeth Wanner 9701 Medical Center Drive #116 Rockville, MD 20850- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer Occupation Retired Aggregate Year-to-Date -> $250.00	Date (month, day, year) 11/11/199	Amount of Each Receipt this Period $250.00
B. Full Name, Mailing Address and Zip Code Lois Zoller 3180 N. Lake Shore Drive # 5-E Chicago, IL 60657- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer Self-employed Occupation Investor Aggregate Year-to-Date -> $250.00	Date (month, day, year) 12/28/199	Amount of Each Receipt this Period $250.00
C. 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
D. 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
E. 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
F. 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
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)	$500.00
TOTAL This Period (last page this line number only)	$58575.00

SCHEDULE A **ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11(b)

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NAME OF COMMITTEE (In Full)
Friends of Connie Morella for Congress

A. Full Name, Mailing Address and Zip Code Christopher Cox Congressional Ctte P.O. Box 8088C Newport Beach, CA 92658- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer Occupation Aggregate Year-to-Date -> $1000.00	Date (month, day, year) 09/28/199	Amount of Each Receipt this Period $1000.00
B. Full Name, Mailing Address and Zip Code Christopher Cox Congressional Ctte P.O. Box 8088C Newport Beach, CA 92658- Receipt For: [ ] Primary [X] General [ ] Other (specify)	Name of Employer Occupation Aggregate Year-to-Date -> $1200.00	Date (month, day, year) 09/28/199	Amount of Each Receipt this Period $200.00
C. 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
D. 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
E. 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
F. 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
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)	$1200.00
TOTAL This Period (last page this line number only)	$1200.00

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)
Friends of Connie Morella for Congress

A. Full Name, Mailing Address and Zip Code Stephen M. Pfeiffer, Ph.D. Association for the Advancement of Psychology Colorado Springs, CO 80937-8129 **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Assoc for Advancement of Psych **Occupation** Govt Relations **Aggregate Year-to-Date ->** $500.00	**Date (month, day, year)** 11/23/199	**Amount of Each Receipt this Period** $500.00
B. Full Name, Mailing Address and Zip Code Gordon T. Hughes II American Business Press PAC 675 Third Avenue, 4th Flr. New York, NY 10017-5704 **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** American Business Press **Occupation** Govt Relations **Aggregate Year-to-Date ->** $750.00	**Date (month, day, year)** 08/10/199	**Amount of Each Receipt this Period** $750.00
C. Full Name, Mailing Address and Zip Code Gordon T. Hughes II American Business Press PAC 675 Third Avenue, 4th Flr. New York, NY 10017-5704 **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** American Business Press **Occupation** Govt Relations **Aggregate Year-to-Date ->** $1250.00	**Date (month, day, year)** 12/14/199	**Amount of Each Receipt this Period** $500.00
D. Full Name, Mailing Address and Zip Code Ms. Leslie Burgess American Chiropractic Assoc. 1701 Clarendon Blvd Arlington, VA 22209- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** ACA PAC **Occupation** Govt Relations **Aggregate Year-to-Date ->** $500.00	**Date (month, day, year)** 11/29/199	**Amount of Each Receipt this Period** $500.00
E. Full Name, Mailing Address and Zip Code Valentin C. Riva American Concrete Pavement Association (ACPA PAC) Washington, DC 20036-5304 **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** ACPA PAC **Occupation** CEO **Aggregate Year-to-Date ->** $1500.00	**Date (month, day, year)** 07/27/199	**Amount of Each Receipt this Period** $1000.00
F. Full Name, Mailing Address and Zip Code Ms. Beth Moten AFGE PAC (Amer Federation Govt Employees) Washington, DC 20001- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** AFGE PAC (Amer Federation **Occupation** Govt Relations **Aggregate Year-to-Date ->** $1000.00	**Date (month, day, year)** 11/04/199	**Amount of Each Receipt this Period** $1000.00
G. Full Name, Mailing Address and Zip Code Ms. Sheila M. Roiz, RN, MPP American Nurses Assoc. 600 Maryland Avenue,SW, 100W Washington, DC 20024-2571 **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** ANA-PAC **Occupation** Political Action Specialist **Aggregate Year-to-Date ->** $500.00	**Date (month, day, year)** 11/29/199	**Amount of Each Receipt this Period** $500.00

SUBTOTAL of Receipts This Page (optional)	$4750.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)
Friends of Connie Morella for Congress

A. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Ms. Martha R. Johnston ATLA PAC Assoc of Trial Lawyers 1050 31st Street, NW Washington, DC 20007-	ATLA PAC Occupation: Govt Relations	10/21/199	$1000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$1500.00	

B. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
B. Timothy Leeth American Medical Assoc. PAC 1101 Vermont Avenue, N.W. Washington, DC 20005-	American Medical PAC Occupation: Govt. Relations	11/05/199	$500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$500.00	

C. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Francis X. McLaughlin American Dental PAC 1111 14th Street, N. W. 1100 Washington, DC 20005-	American Dental PAC Occupation: Govt. Relations	11/16/199	$3000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$3000.00	

D. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Noel Brazil American Optometric Assn. AOA-PAC 1505 Prince St., # 300 Alexandria, VA 22314-	American Optometric Assn. Occupation: Manager	10/28/199	$1000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$1000.00	

E. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Noel Brazil American Optometric Assn. AOA-PAC 1505 Prince St., # 300 Alexandria, VA 22314-	American Optometric Assn. Occupation: Manager	12/20/199	$2000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$3000.00	

F. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mr. John R. Carson American Podiatry Medical Association Bethesda, MD 20814-1698	American Podiatry Medical Occupation: Dir Gov't Affairs	11/16/199	$500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$500.00	

G. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Congressman J.C. Watts, JR. American Renewal PAC P.O. Box 20210 Alexandria, VA 22320-1210	U.S. House of Representatives Occupation: Congressman	12/21/199	$79.05
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$79.05	IN-KIND

SUBTOTAL of Receipts This Page (optional)	$8079.05
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NAME OF COMMITTEE (In Full)
Friends of Connie Morella for Congress

A. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
James G. Potter American Speech-Language-Hearing Assn. PAC Rockville, MD 20852-	American Speech-Language- Dir. of Govt. Realtions	12/15/199	$500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$1000.00	

B. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Bryan M. McGannon Bell Atlantic PAC 1300 Eye Street, NW #400 W Washington, DC 20005-	Bell Atlantic PAC Govt. Relations	12/14/199 Golf Shirts, 6/28/99 Donation	$300.00 IN-KIND
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$1800.00	

C. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Ms. Maria S. Little Administrator Boeing Company PAC Arlington, VA 22209-	Boeing Company Administration	07/29/199	$500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$1500.00	

D. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Jay B. Cutler Corp for the Advancement of Psych PAC 1400 K Street, NW Washington, DC 20005-	American Psychiatric Assoc. Executive Director	11/12/199	$500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$500.00	

E. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Jay B. Cutler Corp for the Advancement of Psych PAC 1400 K Street, NW Washington, DC 20005-	American Psychiatric Assoc. Executive Director	12/15/199	$1000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$1500.00	

F. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mr. George B. Gould CCLCPE-CommLetterCarriers Political Education Washington, DC 20001- 214	CCLCPE-CommLetterCarriers Govt. Relations	08/03/199	$2500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$2500.00	

G. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Jon Hymes COMSAT PAC 6560 Rock Spring Drive Bethesda, MD 20817-	COMSATPAC Lobbyist	12/05/199 Dec. 5, 1999 Fundraiser	$592.62 IN-KIND
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$1592.62	

SUBTOTAL of Receipts This Page (optional)	$5892.62
TOTAL This Period (last page this line number only)	

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NAME OF COMMITTEE (In Full)
Friends of Connie Morella for Congress

A. Full Name, Mailing Address and Zip Code David E Ebert Amer. Assoc. of Nurse Anesthetists 412 First Street SE #12 Washington, DC 20003- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer: Amer Assoc of Nurse Anest. Occupation: Dir of Govt Affairs Aggregate Year-to-Date -> $500.00	Date (month, day, year): 11/16/199	Amount of Each Receipt this Period: $500.00
B. Full Name, Mailing Address and Zip Code Dianne S. Lieshman VP Fed.Aff. CSX Transportation PAC 1331 Pennsylvania Ave NW 560 Washington, DC 20004- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer: CSX Transportation PAC Occupation: Vice President Aggregate Year-to-Date -> $500.00	Date (month, day, year): 11/02/199	Amount of Each Receipt this Period: $500.00
C. Full Name, Mailing Address and Zip Code Robert E. Stell Credit Union Legis. Action Council 805 Fifteenth Street NW #300 Washington, DC 20005-2207 Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer: Maryland Credit Union League Occupation: President Aggregate Year-to-Date -> $1500.00	Date (month, day, year): 12/28/199	Amount of Each Receipt this Period: $500.00
D. Full Name, Mailing Address and Zip Code Mr. Robert G. Liberatore DaimlerChrysler Corp. (formerly Chrysler) Washington, DC 20005-2110 Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer: Chrysler Political Occupation: VP Govt. Relations Aggregate Year-to-Date -> $1000.00	Date (month, day, year): 10/26/199	Amount of Each Receipt this Period: $1000.00
E. Full Name, Mailing Address and Zip Code Ms. Katherine E. Whiting Coca-Cola Enterprises, Inc. 9770 Patuxent Woods Drive Columbia, MD 21046- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer: Coca-Cola Company NonPart Occupation: Public Affairs Aggregate Year-to-Date -> $1750.00	Date (month, day, year): 11/18/199	Amount of Each Receipt this Period: $1000.00
F. Full Name, Mailing Address and Zip Code Mr. Randall G. Pence Concrete Masonry PAC 2302 Horse Pen Rd Box 781 Herndon, VA 22071- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer: Concrete Masonry PAC Occupation: Govt. Relations Aggregate Year-to-Date -> $800.00	Date (month, day, year): 11/18/199	Amount of Each Receipt this Period: $300.00
G. Full Name, Mailing Address and Zip Code Mr. E. Edward Kavanaugh Cosmetic, Toiletry & Fragrance Assoc. PAC Washington, DC 20036- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer: Cosmetic, Toiletry & Occupation: Govt Relations Aggregate Year-to-Date -> $500.00	Date (month, day, year): 10/21/199	Amount of Each Receipt this Period: $500.00

SUBTOTAL of Receipts This Page (optional)	$4300.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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FOR LINE NUMBER 11(c)

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NAME OF COMMITTEE (In Full)
Friends of Connie Morella for Congress

A. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Ms. Susan White DYN CORP PAC 2000 Edmund Halley Dr. Reston, VA 22091-	DYNCORP PAC Occupation: Govt Relations	10/21/199	$1000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$1000.00	
B. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
John R. Williams American Academy of Otolaryngology Head & Neck Surgery, Inc. PAC Alexandria, VA 22314-3357	ENT PAC Occupation: Director, Govt. Relations	12/15/199	$1000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$1000.00	
C. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
K.C. Tominovich Ernst & Young PAC 1225 Connecticut Ave, NW 600 Washington, DC 20036-	Ernst & Young PAC Occupation: Govt Relations	11/02/199	$1000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$2000.00	
D. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Mr. R. Mark Gable Federal Managers Assn.PAC 1641 Prince Street Alexandria, VA 22314-2818	Federal Managers Assn.PAC Occupation: Govt Relations	11/18/199	$1000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$1000.00	
E. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Mr. Mark Haynes General Atomics PAC 2001 Pennsylvania Ave. NW #850 Washington, DC 20006-1823	General Atomics Occupation: Govt. Relations	10/06/199	$500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$1000.00	
F. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Mrs. Sarah Brady Handgun Control PAC 1225 Eye Street, N.W. 1100 Washington, DC 20005-	Handgun Control PAC Occupation: Govt Relations	11/12/199	$1000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$1000.00	
G. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Ms. Merrill Spiegel Hughes Electonics Corporation Active Citizenship Fund Arlington, VA 22209-	Hughes Aircraft Company Occupation: Govt Relations	11/02/199	$1000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$1000.00	

SUBTOTAL of Receipts This Page (optional)	$6500.00
TOTAL This Period (last page this line number only)	

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NAME OF COMMITTEE (In Full)
Friends of Connie Morella for Congress

A. Full Name, Mailing Address and Zip Code Mike Mings Human Rights Campaign 919 18th Street NW, # 800 Washington, DC 20006-5509 **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Human Rights Campaign **Occupation** Govt Relations **Aggregate Year-to-Date ->** $3500.00	**Date (month, day, year)** 11/02/199	**Amount of Each Receipt this Period** $1000.00
B. Full Name, Mailing Address and Zip Code Mr. Stephen E. Chaudet Lockheed Martin Employees PAC Crystal Square Two, Suite 300 Arlington,, VA 22202- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Lockheed Employees PAC **Occupation** Govt Relations **Aggregate Year-to-Date ->** $5000.00	**Date (month, day, year)** 09/21/199	**Amount of Each Receipt this Period** $4500.00
C. Full Name, Mailing Address and Zip Code Mr. Steven H. Flajser Loral SpaceCom Civic Responsiblity Fund Arlington, VA 22202-3501 **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Loral Corp. Civic Action **Occupation** Govt Relations **Aggregate Year-to-Date ->** $1500.00	**Date (month, day, year)** 10/19/199	**Amount of Each Receipt this Period** $500.00
D. Full Name, Mailing Address and Zip Code Stephanie Childs Lucent Technologies PAC 900 19th Street, NW, Suite 700 Washington, DC 20006- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Lucent Technologies **Occupation** Govt Relations **Aggregate Year-to-Date ->** $1500.00	**Date (month, day, year)** 10/26/199	**Amount of Each Receipt this Period** $1000.00
E. Full Name, Mailing Address and Zip Code Claire Kelly Marconi USA PAC 1215 Jefferson Davis Hwy # 1500 Arlington,, VA 22202- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Marconi North America **Occupation** Aerospace Systems **Aggregate Year-to-Date ->** $1500.00	**Date (month, day, year)** 08/10/199	**Amount of Each Receipt this Period** $1000.00
F. Full Name, Mailing Address and Zip Code Mr. Stanton Anderson McDermott, Will & Emery PAC 600 13th Street NW Washington, DC 20005- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** McDermott, Will & Emory PAC **Occupation** Attorney **Aggregate Year-to-Date ->** $1500.00	**Date (month, day, year)** 10/28/199	**Amount of Each Receipt this Period** $1000.00
G. Full Name, Mailing Address and Zip Code Ms. Ivette Rivera National Automobile Dealers Association Washington, DC 20003- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Dealers Election Action Ctte. **Occupation** Govt. Relations **Aggregate Year-to-Date ->** $1000.00	**Date (month, day, year)** 11/10/199	**Amount of Each Receipt this Period** $1000.00

SUBTOTAL of Receipts This Page (optional)	$10000.00
TOTAL This Period (last page this line number only)	

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NAME OF COMMITTEE (In Full)
Friends of Connie Morella for Congress

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Robert M. Levi NAPUS PAC For Postmasters 9 Herbert Street Alexandria, VA 22305-2600	NAPUS PAC For Postmasters	11/18/199	$1000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation: Govt. Relations	Aggregate Year-to-Date ->	$1500.00

B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Alan Lopatin NARFE-PAC Nat. Assoc. of Retired Federal Employees Alexandria, VA 22314-1914	NARFE-PAC Nat. Assoc. of	12/28/199	$3000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation: Legislative Representative.	Aggregate Year-to-Date ->	$5000.00

C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. John M. Rector National Community Pharmacists Association Alexandria, VA 22314-2885	NATL Com Pharm. Assoc.	11/05/199	$500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation: Sr. Vice-President	Aggregate Year-to-Date ->	$500.00

D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ms. Debbie Campbell National Emergency Medicine PAC 1111 19th Street NW, #650 Washington, DC 20036-	NEMPAC	11/29/199	$500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation: Political Action Mgr.	Aggregate Year-to-Date ->	$500.00

E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ms. Debbie Campbell National Emergency Medicine PAC 1111 19th Street NW, #650 Washington, DC 20036-	NEMPAC	12/15/199	$267.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation: Political Action Mgr.	c/o Colline Event	, 11/22/99 IN-KIND
	Aggregate Year-to-Date ->	$767.00	

F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
National Comm to Preserve Social Security & Medicare Max Richtman Washington, DC 20002-4215	National Comm to Preserve	10/19/199	$1000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation: Govt Relations	Aggregate Year-to-Date ->	$2500.00

G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
National Comm to Preserve Social Security & Medicare Max Richtman Washington, DC 20002-4215	National Comm to Preserve	12/06/199	$500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation: Govt Relations	Aggregate Year-to-Date ->	$3000.00

SUBTOTAL of Receipts This Page (optional)	$6767.00
TOTAL This Period (last page this line number only)	

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NAME OF COMMITTEE (In Full)
Friends of Connie Morella for Congress

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mary O'Reilly, Rachel,King Novartis Employee Good Government Fund Washington, DC 20004-	Novartis EGGF Occupation: Govt Relations	12/07/199	$500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$1000.00	

B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Donald T. Bliss O'Melveny & Myers PAC 555 13th St. NW Washington, DC 20004-1109	O'Melveny & Myers PAC Occupation: Govt Relations	10/21/199	$1000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$1500.00	

C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Steve Miller American Academy of Ophtalmology Washington, DC 20005-	Amer. Academy of Ophthal Occupation: Govt Relations	12/08/199	$1000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$1000.00	

D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Mark Bitterman Orbital Sciences Corporation Good Government Fund Dulles, VA 20166-	Orb PAC Occupation: Govt Relations	10/06/199	$1000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$2000.00	

E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Abby R. Gernstein, Leg. Dir. Professional Airways System Specialists (PASS) Washington, DC 20036-	Travel Bureau Occupation: Govt Relations	10/19/199	$1000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$1500.00	

F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James S. Potts, Chairman PEPCO PAC 1900 Pennsylvania Ave. NW 429 Washington, DC 20068-	PEPCO PAC Occupation: Govt Relations	11/02/199	$1000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$1500.00	

G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ms. Raylene R. Green Paul Maglionchetti Assoc. 1755 Jefferson Davis Hwy, 1107 Arlington, VA 22202-	EMA PAC Occupation: Govt Relations	10/21/199	$1000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	$1000.00	

SUBTOTAL of Receipts This Page (optional)	$6500.00
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

FOR LINE NUMBER 11(c)

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NAME OF COMMITTEE (In Full)
Friends of Connie Morella for Congress

A. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Randall B. Moorhead Philips Electronics Pac 1300 T Street, N.W. 1070E Washington, DC 20005- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Philips Electronics Pac Govt Relations Aggregate Year-to-Date -> $500.00	10/21/199	$500.00
B. Full Name, Mailing Address and Zip Code Ms. Kristen Nelson Assistant Director of Federal Affairs Physical Therapy PAC Alexandria, VA 22314- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Physical Therapy PAC Govt Relations Aggregate Year-to-Date -> $1000.00	11/02/199	$1000.00
C. Full Name, Mailing Address and Zip Code Ms. Kristen Nelson Assistant Director of Federal Affairs Physical Therapy PAC Alexandria, VA 22314- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Physical Therapy PAC Govt Relations Aggregate Year-to-Date -> $1500.00	11/18/199	$500.00
D. Full Name, Mailing Address and Zip Code Jonas E. Neihardt Qualcomm PAC 2000 K Street # 375 Washington, DC 20006- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Qualcomm Inc Govt Relations Aggregate Year-to-Date -> $500.00	08/17/199	$500.00
E. Full Name, Mailing Address and Zip Code George J. Khoury Raytheon PAC 1100 Wilson Boulevard 1500 Arlington, VA 22209- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Raytheon PAC Govt Relations Aggregate Year-to-Date -> $1000.00	10/21/199	$500.00
F. Full Name, Mailing Address and Zip Code Ms. Nancy C. Hubble Maryland Realtors PAC 2594 Riva Road Annapolis, MD 21401-7406 Receipt For: [X] Primary [ ] General [ ] Other (specify)	MD. Ass. of Realtors RPAC Real Estate Aggregate Year-to-Date -> $1000.00	08/10/199	$1000.00
G. Full Name, Mailing Address and Zip Code Ms. Nancy C. Hubble Maryland Realtors PAC 2594 Riva Road Annapolis, MD 21401-7406 Receipt For: [X] Primary [ ] General [ ] Other (specify)	MD. Ass. of Realtors RPAC Real Estate Aggregate Year-to-Date -> $2000.00	08/10/199	$1000.00

SUBTOTAL of Receipts This Page (optional)	$5000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)
Friends of Connie Morella for Congress

A. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Lynn S. Crefe Political Director Republican Pro-Choice PAC New York, NY 10019-	Republican Pro-Choice PAC Govt Relations	11/18/199	$1000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->		$1000.00
B. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Mr. Andrew L. Stern SEIU COPE Fund PCC 1313 L Street, NW Washington, DC 20005-	SEIU COPE Fund PCC International President	12/30/199	$1000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->		$1000.00
C. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Mr. Terry Turner Seafarers Political Activity Donation S.P.A.D Camp Springs, MD 20746-	Seafarers International Union Govt Relations	08/17/199	$500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->		$500.00
D. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Ms. Lynn R. Coleman Skadden ARPS PAC 1440 New York Avenue, NW Washington, DC 20005-	Skadden ARPS PAC Govt Relations	10/28/199	$1000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->		$1000.00
E. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Mr. Timothy May Supervisors PAC NAFS 1727 King Street #400 Alexandria, VA 22314-	Patton Boggs Govt Relations	10/21/199	$1000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->		$1000.00
F. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Timothy D. Hugo The Greater Washington Board of Trade FEDPAC Washington, DC 20036-	Greater Wash. Bd. of Trade Govt Relations	12/30/199	$2000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->		$2000.00
G. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Ms. Anne-Marie Taylor Treasury Employees PAC 901 E St. NW #600 Washington, DC 20004-	Treasury Employees Govt Relations	11/04/199	$500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->		$1500.00

SUBTOTAL of Receipts This Page (optional)	$7000.00
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)
Friends of Connie Morella for Congress

A. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Ms. Anne-Marie Taylor Treasury Employees PAC 901 E St. NW #600 Washington, DC 20004-	Treasury Employees Govt Relations	12/28/199	$1000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->		$2500.00

B. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Mark Magna UPSPAC 316 Pennsylvania Ave SE 304 Washington, DC 20003-	UPSPAC Govt Relations	09/21/199	$1000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->		$4000.00

C. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Ms. Wendy J. Wuser. American Association of Clinical Urologists, Inc. Schaumburg, IL 60173-	UROPAC Govt. Relations	12/20/199	$500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->		$500.00

D. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Mark Anderson United Airlines PAC 1025 Connecticut Ave. NW #1210 Washington, DC 20036-	United Airlines PAC Govt Relations	10/12/199	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->		$500.00

E. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Ms. Karen B. Raye THE WISH LIST 3205 N Street NW Washington, DC 20007-	WISH LIST Govt Relations	12/14/199	$1000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->		$2000.00

F. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Larry Kline M.D. Wash. Psychiatric Society PAC 1400 K Street, NW # 202 Washington, DC 20005-	Washington Psychiatric Physician	12/15/199	$213.76
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->		$713.76

G. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
		/ /	
Receipt For: [ ] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->		

SUBTOTAL of Receipts This Page (optional)	$4213.76
TOTAL This Period (last page this line number only)	$69002.43

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)
Friends of Connie Morella for Congress

A. Full Name, Mailing Address and Zip Code (Allfirst) 4416 East-West Highway Bethesda, MD 20814- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer: INTEREST MONEY MARKET JULY'99 Occupation: Bank Aggregate Year-to-Date -> $5761.79	Date (month, day, year): 08/17/199	Amount of Each Receipt this Period: $407.67
B. Full Name, Mailing Address and Zip Code (Allfirst) 4416 East-West Highway Bethesda, MD 20814- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer: INTEREST CHECK'G ACCT. JULY 99 Occupation: Bank Aggregate Year-to-Date -> $6091.60	Date (month, day, year): 08/17/199	Amount of Each Receipt this Period: $329.81
C. Full Name, Mailing Address and Zip Code (Allfirst) 4416 East-West Highway Bethesda, MD 20814- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer: INTEREST MONEY MARKET AUG 99 Occupation: Bank Aggregate Year-to-Date -> $6500.29	Date (month, day, year): 08/30/199	Amount of Each Receipt this Period: $408.69
D. Full Name, Mailing Address and Zip Code (Allfirst) 4416 East-West Highway Bethesda, MD 20814- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer: INTEREST CHECKING ACCT AUG. 99 Occupation: Bank Aggregate Year-to-Date -> $6651.37	Date (month, day, year): 08/30/199	Amount of Each Receipt this Period: $351.08
E. Full Name, Mailing Address and Zip Code (Allfirst) 4416 East-West Highway Bethesda, MD 20814- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer: INTEREST MONEY MARKET SEP 99 Occupation: Bank Aggregate Year-to-Date -> $7247.87	Date (month, day, year): 09/30/199	Amount of Each Receipt this Period: $396.50
F. Full Name, Mailing Address and Zip Code (Allfirst) 4416 East-West Highway Bethesda, MD 20814- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer: INTEREST CHECKING OCT 99 Occupation: Bank Aggregate Year-to-Date -> $7593.24	Date (month, day, year): 10/30/199	Amount of Each Receipt this Period: $345.37
G. Full Name, Mailing Address and Zip Code (Allfirst) 4416 East-West Highway Bethesda, MD 20814- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer: INTEREST MONEY MARKET OCT 99 Occupation: Bank Aggregate Year-to-Date -> $8003.95	Date (month, day, year): 10/31/199	Amount of Each Receipt this Period: $410.71

SUBTOTAL of Receipts This Page (optional)	$2649.83
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 15

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NAME OF COMMITTEE (In Full)
Friends of Connie Morella for Congress

A. Full Name, Mailing Address and Zip Code (Allfirst) 4416 East-West Highway Bethesda, MD 20814- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer INTEREST MONEY MARKET NOV.99 Occupation Bank Aggregate Year-to-Date -> $8402.41	Date (month, day, year) 12/06/199	Amount of Each Receipt this Period $398.46
B. Full Name, Mailing Address and Zip Code (Allfirst) 4416 East-West Highway Bethesda, MD 20814- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer INTEREST CHECKING ACCT, SEPT99 Occupation Bank Aggregate Year-to-Date -> $8753.49	Date (month, day, year) 12/29/199	Amount of Each Receipt this Period $351.08
C. Full Name, Mailing Address and Zip Code (Allfirst) 4416 East-West Highway Bethesda, MD 20814- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer CHECKING INTEREST, NOV. 99 Occupation Bank Aggregate Year-to-Date -> $9117.77	Date (month, day, year) 12/29/199	Amount of Each Receipt this Period $364.28
D. Full Name, Mailing Address and Zip Code (Allfirst) 4416 East-West Highway Bethesda, MD 20814- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer INTEREST, CHECKING, DEC. 99 Occupation Bank Aggregate Year-to-Date -> $9402.05	Date (month, day, year) 12/30/199	Amount of Each Receipt this Period $364.28
E. Full Name, Mailing Address and Zip Code (Allfirst) 4416 East-West Highway Bethesda, MD 20814- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer MONEY MARKET, DEC. 99 INTEREST Occupation Bank Aggregate Year-to-Date -> $9894.79	Date (month, day, year) 12/30/199	Amount of Each Receipt this Period $412.74
F. 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
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)	$1890.84
TOTAL This Period (last page this line number only)	$4540.67

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)
Friends of Connie Morella for Congress

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Associated Insurance Management 8120 Finton St. #300 Silver Spring, MD 20910-	Renters Insurance Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	07/21/199	$415.00
B. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Bell Atlantic BusinessSupplies P.O. Box 13550 Philadelphia, PA 19101-	Phones, Sept. 12 bill Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/22/199	$44.46
C. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Bell Atlantic BusinessSupplies P.O. Box 13550 Philadelphia, PA 19101-	Phones, Nov. 12 bill Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	12/03/199	$44.46
D. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Bell Atlantic BusinessSupplies P.O. Box 13550 Philadelphia, PA 19101-	Phones, July 12 bill Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	07/22/199	$44.46
E. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Bell Atlantic BusinessSupplies P.O. Box 13550 Philadelphia, PA 19101-	Phones Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	07/19/199	$176.76
F. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Bell Atlantic BusinessSupplies P.O. Box 13550 Philadelphia, PA 19101-	Phones, Nov 19 bill Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	12/03/199	$233.02
G. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Bell Atlantic BusinessSupplies P.O. Box 13550 Philadelphia, PA 19101-	Phones Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/29/199	$170.86

SUBTOTAL of Disbursements This Page (optional)	$1129.32
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

FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)
Friends of Connie Morella for Congress

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bell Atlantic BusinessSupplies P.O. Box 13550 Philadelphia, PA 19101-	Phones, Oct. 12 bil_ Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/19/199	$44.46
B. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Bell Atlantic BusinessSupplies P.O. Box 13550 Philadelphia, PA 19101-	Phones, June 19 bill Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	07/13/199	$210.25
C. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Bell Atlantic BusinessSupplies P.O. Box 13550 Philadelphia, PA 19101-	Phones, August 15 Bill Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	08/31/199	$174.98
D. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Bell Atlantic BusinessSupplies P.O. Box 13550 Philadelphia, PA 19101-	Phones, Oct. 19 bill Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/29/199	$234.46
E. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Bell Atlantic BusinessSupplies P.O. Box 13550 Philadelphia, PA 19101-	Phones, Aug. 12 bill Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	08/24/199	$44.46
F. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Bryan M. McGannon Bell Atlantic PAC 1300 Eye Street, NW #400 W Washington, DC 20005-	Golf Shirts, 6/28/99 Donation Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	12/14/199	$300.00 **IN KIND**
G. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Nelson Bennett 8164 Inverness Ridge Road Potomac, MD 20854-	Petty Cash Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	12/15/199	$200.00

SUBTOTAL of Disbursements This Page (optional)	$1208.61
TOTAL This Period (last page this line number only)	

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)
Friends of Connie Morella for Congress

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Nelson Bennett 8164 Inverness Ridge Road Potomac, MD 20854-	Petty Cash Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/21/199	$100.00
B. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Nelson Bennett 8164 Inverness Ridge Road Potomac, MD 20854-	Petty Cash Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	08/26/199	$100.00
C. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Nelson Bennett 8164 Inverness Ridge Road Potomac, MD 20854-	Petty Cash Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/26/199	$100.00
D. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Nelson Bennett 8164 Inverness Ridge Road Potomac, MD 20854-	Petty Cash for Parking Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	07/01/199	$100.00
E. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Mr. Jon Hymes COMSAT PAC 6560 Rock Spring Drive Bethesda, MD 20817-	Dec. 5, 1999 Fundraiser Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	12/05/199	$592.62 IN KIND
F. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Columbia Country Club 7900 Connecticut Ave. Chevy Chase, MD 20815-	Golf Fundraiser 6/28/99 Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	07/26/199	$5314.52
G. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Gateway Country 401 C Frederick Avenue Gaithersburg, MD 20877-	New Computer Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/01/199	$1677.35

SUBTOTAL of Disbursements This Page (optional)	$7985.09
TOTAL This Period (last page this line number only)	

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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NAME OF COMMITTEE (In Full)
Friends of Connie Morella for Congress

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Design Cuisine 2659 S. Shirlington Road Arlington, VA 22206-	Fundraiser 10/21/98 Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/29/199	$1067.81
B. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Mary Estey 3701 Dulwick Drive Silver Spring, MD 20906-	Payroll Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	07/21/199	$1000.00
C. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Mary Estey 3701 Dulwick Drive Silver Spring, MD 20906-	Payroll Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	11/02/199	$1800.00
D. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Mary Estey 3701 Dulwick Drive Silver Spring, MD 20906-	Payroll Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/14/199	$1050.00
E. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Mary Estey 3701 Dulwick Drive Silver Spring, MD 20906-	Payroll Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	12/03/199	$1650.00
F. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Mary Estey 3701 Dulwick Drive Silver Spring, MD 20906-	Payroll Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/30/199	$900.00
G. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Mary Estey 3701 Dulwick Drive Silver Spring, MD 20906-	Payroll Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	08/03/199	$500.00

SUBTOTAL of Disbursements This Page (optional)	$7967.81
TOTAL This Period (last page this line number only)	

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)
Friends of Connie Morella for Congress

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mary Estey 3701 Dulwick Drive Silver Spring, MD 20906-	Payroll Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	12/30/199	$1650.00
B. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Mary Estey 3701 Dulwick Drive Silver Spring, MD 20906-	Dec. 13 Holiday Party-Food Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	12/13/199	$72.00 IN KIND
C. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Game Day Promotions 822 Guilford Avenue Baltimore, MD 21202-	Golf Shirts Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	07/01/199	$3491.00
D. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Gazette Papers 1200 Quince Orchard Blvd Gaithersburg, MD 20878-	Yearly Subscription Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	08/31/199	$150.00
E. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Guapo's Restaurant 8130 Wisconsin Avenue Bethesda, MD 20814-	District Office Staff Party Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	12/30/199	$325.12
F. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
The Guild of Holy Cross Hospital 1500 Forest Glen Road Silver Spring, MD 20910-	Advertisement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/15/199	$300.00
G. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Haines & Co., Inc. 8050 Freedom Ave, NW North Canton, OH 44720-	Book Rental Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	08/24/199	$430.70

SUBTOTAL of Disbursements This Page (optional)	$6418.82
TOTAL This Period (last page this line number only)	

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)
Friends of Connie Morella for Congress

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Brendan Hughes 9305 Kentsdale Drive Potomac, MD 20854-	Food for 12/5/99 Fundraiser Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	12/16/199	$228.32
B. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Mac Mannes, Inc. 5104 MacArthur Blvd. Washington, DC 20016-	Roll Labels Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/29/199	$429.75
C. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Mac Mannes, Inc. 5104 MacArthur Blvd. Washington, DC 20016-	Lapel Labels/stickers Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	12/31/199	$325.85
D. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Carolyn Milkey 11512 Karen Drive Potomac, MD 20854-	Payroll Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	12/31/199	$757.00
E. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Carolyn Milkey 11512 Karen Drive Potomac, MD 20854-	Payroll Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	11/02/199	$630.00
F. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Carolyn Milkey 11512 Karen Drive Potomac, MD 20854-	Payroll Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	08/17/199	$960.00
G. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Carolyn Milkey 11512 Karen Drive Potomac, MD 20854-	Payroll Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/07/199	$453.75

SUBTOTAL of Disbursements This Page (optional)	$3784.67
TOTAL This Period (last page this line number only)	

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)
Friends of Connie Morella for Congress

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Carolyn Milkey 11512 Karen Drive Potomac, MD 20854-	Payroll Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	12/07/199	$701.25
B. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Carolyn Milkey 11512 Karen Drive Potomac, MD 20854-	Payroll Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/22/199	$577.50
C. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Montgomery County Historical Society 111 W. Montgomery Avenue Rockville, MD 20850-4212	Holiday Cards-Deposit Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/05/199	$2120.00
D. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Montgomery County Historical Society 111 W. Montgomery Avenue Rockville, MD 20850-4212	Holiday Cards-Final Payment Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	11/20/199	$2120.00
E. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Ms. Debbie Campbell National Emergency Medicine PAC 1111 19th Street NW, #650 Washington, DC 20036-	La Colline , 11/22/99 Event Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	12/15/199	$267.00 IN KIND
F. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Post Master Bethesda, MD 20814-	Stamps Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	11/04/199	$165.00
G. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Post Master Bethesda, MD 20814-	Postage Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/05/199	$165.00

SUBTOTAL of Disbursements This Page (optional)	$6115.75
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 13

FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)
Friends of Connie Morella for Congress

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Post Master Bethesda, MD 20814-	Stamps Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	08/12/199	$165.00
B. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Post Master Bethesda, MD 20814-	Bulk stamps Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	11/04/199	$150.00
C. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Post Master Bethesda, MD 20814-	Stamps Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/19/199	$650.00
D. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Post Master Bethesda, MD 20814-	Stamps Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/19/199	$660.00
E. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Post Master Bethesda, MD 20814-	Bulk Mail Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/26/199	$755.10
F. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Post Master Bethesda, MD 20814-	Stamps Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/22/199	$160.00
G. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Post Master Bethesda, MD 20814-	Box Rental Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/29/199	$27.00

SUBTOTAL of Disbursements This Page (optional)	$2467.10
TOTAL This Period (last page this line number only)	

SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the detailed summary page

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FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)
Friends of Connie Morella for Congress

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Post Master Bethesda, MD 20814-	Stamps Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	12/15/199	$300.00
B. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Post Master Bethesda, MD 20814-	Postage Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/07/199	$650.00
C. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Post Master Bethesda, MD 20814-	Stamps Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/24/199	$231.00
D. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Post Master Bethesda, MD 20814-	Bulk Mail Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	12/07/199	$792.76
E. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Prentiss Properties P.O. Box 905853 Charlotte, NC 28290-5853	Rent Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	08/24/199	$2242.33
F. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Prentiss Properties P.O. Box 905853 Charlotte, NC 28290-5853	Rent Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	07/27/199	$2242.33
G. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Prentiss Properties P.O. Box 905853 Charlotte, NC 28290-5853	Rent Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	07/02/199	$2242.33

SUBTOTAL of Disbursements This Page (optional)	$8700.75
TOTAL This Period (last page this line number only)	

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)
Friends of Connie Morella for Congress

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Prentiss Properties P.O. Box 905853 Charlotte, NC 28290-5853	Rent Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	11/30/199	$2242.33
B. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Prentiss Properties P.O. Box 905853 Charlotte, NC 28290-5853	Rent Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/05/199	$2242.33
C. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Prentiss Properties P.O. Box 905853 Charlotte, NC 28290-5853	Rent Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/26/199	$2242.33
D. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Print A Copy, Inc. Print A. Copy,Inc. 5550 Friendship Blvd. 102 Chevy Chase, MD 20815-	Printing Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/15/199	$1257.64
E. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Print A Copy, Inc. Print A. Copy,Inc. 5550 Friendship Blvd. 102 Chevy Chase, MD 20815-	Printing Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	08/31/199	$322.09
F. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Print A Copy, Inc. Print A. Copy,Inc. 5550 Friendship Blvd. 102 Chevy Chase, MD 20815-	Printing Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	12/09/199	$441.05
G. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Print A Copy, Inc. Print A. Copy,Inc. 5550 Friendship Blvd. 102 Chevy Chase, MD 20815-	Printing Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/12/199	$759.26

SUBTOTAL of Disbursements This Page (optional)	$9507.03
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

FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)
Friends of Connie Morella for Congress

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Edith Puente 13102 Hugo Place Silver Spring, MD 20906-	Payroll Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	08/24/199	$833.00
B. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Edith Puente 13102 Hugo Place Silver Spring, MD 20906-	Payroll Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	11/02/199	$749.00
C. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Splendid Fare Catering 1310 Braddock Place Alexandria, VA 22314-	Catering for Oct. 20 Event Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	11/02/199	$647.55
D. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Staples 6800 Wisconsin Ave Bethesda, MD 20814-	Office Supplies Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/29/199	$183.65
E. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Staples 6800 Wisconsin Ave Bethesda, MD 20814-	Mailing Labels Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/29/199	$75.57
F. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Staples 6800 Wisconsin Ave Bethesda, MD 20814-	Office Supplies Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	08/31/199	$105.97
G. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Supervisors of Elections P. O. Box 4333 Rockville, MD 20850-	Election Returns Books Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	08/24/199	$54.00

SUBTOTAL of Disbursements This Page (optional)	$2648.74
TOTAL This Period (last page this line number only)	

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)
Friends of Connie Morella for Congress

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
The All Solution, Inc 11810 Parklawn Ave. Rockville, MD 20852-	Fans - 2 colors Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	07/13/199	$801.80
B. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Webster Communications 18804 Keiffer Way Gaithersburg, MD 20886-	Web site Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	07/26/199	$30.00
C. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Webster Communications 18804 Keiffer Way Gaithersburg, MD 20886-	Computer Syster Consulting Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/05/199	$100.00
D. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Webster Communications 18804 Keiffer Way Gaithersburg, MD 20886-	Software set-up - new Computer Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	11/02/199	$50.00
E. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Webster Communications 18804 Keiffer Way Gaithersburg, MD 20886-	Web Site Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	12/03/199	$30.00
F. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Webster Communications 18804 Keiffer Way Gaithersburg, MD 20886-	Web Site Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	07/13/199	$30.00
G. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Webster Communications 18804 Keiffer Way Gaithersburg, MD 20886-	Web Site Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/29/199	$30.00

SUBTOTAL of Disbursements This Page (optional)	$1071.80
TOTAL This Period (last page this line number only)	

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)
Friends of Connie Morella for Congress

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Webster Communications 18801 Keiffer Way Gaithersburg, MD 20886-	Web Site Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	11/09/199	$65.00
B. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Webster Communications 18804 Keiffer Way Gaithersburg, MD 20886-	Web Site Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	08/24/199	$30.00
C. Full Name, Mailing Address and Zip Code	**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	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	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**
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	/ /	
F. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	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**
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	/ /	

SUBTOTAL of Disbursements This Page (optional)	$95.00
TOTAL This Period (last page this line number only)	$5910.19

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
☐	First Class Mail	POSTMARKED
☑	Registered/Certified Mail	POSTMARKED 1/28/00
☐	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	

SJA
PREPARER

2/11/00
DATE PREPARED

(4/98)