

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

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

JUL 31 12 30 PM '97

July 26, 1997

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

TO WHOM IT MAY CONCERN:

Attached is our Filing Report for "Mathews for Congress,"
FEC #C00259374, covering the period of January 1, 1997 through
June 30, 1997. Best efforts were used to obtain missing information.
If additional information becomes available we will file amendments.

Thank you for your understanding and cooperation.

Sincerely yours,



David L. Gould, Treasurer
Mathews for Congress

cc: Secretary of State, State of California

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

Jul 31 12 30 PM '97

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (In full) MATHWS FOR CONGRESS		2. FEC IDENTIFICATION NUMBER C00259374
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported. 555 South Flower Street #4510		3. IS THIS REPORT AN AMENDMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
CITY, STATE and ZIP CODE Los Angeles, CA 90071	STATE/DISTRICT CA/38	

4. TYPE OF REPORT

- | | |
|--|--|
| <input type="checkbox"/> April 15 Quarterly Report
<input type="checkbox"/> July 15 Quarterly Report
<input type="checkbox"/> October 15 Quarterly Report
<input type="checkbox"/> January 31 Year End Report
<input checked="" type="checkbox"/> July 31 Mid-Year Report (Non-election Year Only) | <input type="checkbox"/> Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____
<input type="checkbox"/> Thirtieth day report following the General Election on _____ in the State of _____
<input type="checkbox"/> Termination Report |
|--|--|

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

SUMMARY

5. Covering Period <u>01/01/97</u> through <u>06/30/97</u>	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	19,702.96	19,702.96
(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))	19,702.96	19,702.96
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	18,706.55	18,706.55
(b) Total Offsets to Operating Expenditures (from Line 14)	20.00	20.00
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	18,686.55	18,686.55
8. Cash on Hand at Close of Reporting Period (from Line 27)	105.27	For further information contact: Federal Election Commission 989 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-378-3120
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)	43,397.43	

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

Type or Print Name of Treasurer David L. Gould	Date
Signature of Treasurer 	7-26-97

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U. S. C. p437g.

DETAILED SUMMARY PAGE

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

Name of Committee (in full) MATHEWS FOR CONGRESS		Report Covering the Period:	
		From: 01/01/97	To: 06/30/97
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)	9,550.00		11(a)(i)
(ii) Unitemized	10,152.96		11(a)(ii)
(iii) Total of contributions from individuals	19,702.96	19,702.96	11(a)(iii)
(b) Political Party Committees	0.00	0.00	11(b)
(c) Other Political Committees (such as PACs)	0.00	0.00	11(c)
(d) The Candidate	0.00	0.00	11(d)
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d))	19,702.96	19,702.96	11(e)
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00	12
13. LOANS:			
(a) Made or Guaranteed by the Candidate	0.00	0.00	13(a)
(b) All Other Loans	0.00	0.00	13(b)
(c) TOTAL LOANS (add 13(a) and (b))	0.00	0.00	13(c)
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	20.00	20.00	14
15. OTHER RECEIPTS (Dividends, Interest, etc.)	10.00	10.00	15
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)	19,732.96	19,732.96	16
II. DISBURSEMENTS			
17. OPERATING EXPENDITURES	18,706.55	18,706.55	17
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00	18
19. LOAN REPAYMENTS:			
(a) Of Loans Made or Guaranteed by the Candidate	0.00	0.00	19(a)
(b) Of All Other Loans	1,156.96	1,156.96	19(b)
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))	1,156.96	1,156.96	19(c)
20. REFUNDS OF CONTRIBUTIONS TO:			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	20(a)
(b) Political Party Committees	0.00	0.00	20(b)
(c) Other Political Committees (such as PACs)	0.00	0.00	20(c)
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))	0.00	0.00	20(d)
21. OTHER DISBURSEMENTS	0.00	0.00	21
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)	19,863.51	19,863.51	22
III. CASH SUMMARY			
23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	\$	235.82	23
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)	\$	19,732.96	24
25. SUBTOTAL (add Line 23 and Line 24)	\$	19,968.78	25
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	\$	19,863.51	26
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)	\$	105.27	27

SCHEDULE A ITEMIZED RECEIPTS

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page (01/01/97 - 06/30/97)

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

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

NAME OF COMMITTEE (In Full)

MATHEWS FOR CONGRESS C00259374

A. Full Name, Mailing Address and ZIP Code Dorothy M. Bheddah 60 Beacon Hill Road Port Washington, NY 11050 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer	Date(month, day, year)	Amount of Each Receipt this Period
	Occupation	05/14/97	
Aggregate Year-to-Date > \$		300.00	
B. Full Name, Mailing Address and ZIP Code Aruna Chopra 60 Anderson Avenue Englewood Cliffs, NJ 07632 Receipt For: <input checked="" type="checkbox"/> Primary '98 <input type="checkbox"/> General Other (specify):	Name of Employer	Date(month, day, year)	Amount of Each Receipt this Period
	Occupation	06/18/97	
Aggregate Year-to-Date > \$		see below	
C. Full Name, Mailing Address and ZIP Code same as above Receipt For: <input checked="" type="checkbox"/> Primary '96 <input checked="" type="checkbox"/> General '98 Other (specify):	Name of Employer	Date(month, day, year)	Amount of Each Receipt this Period
	Occupation	06/18/97 06/18/97 06/18/97	
Aggregate Year-to-Date > \$		4,000.00	
D. Full Name, Mailing Address and ZIP Code Sunita Chopra 60 Anderson Avenue Englewood Cliffs, NJ 07632 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer	Date(month, day, year)	Amount of Each Receipt this Period
	Occupation	06/18/97	
Aggregate Year-to-Date > \$		1,000.00	
E. Full Name, Mailing Address and ZIP Code Murickoil S. Bappen 416 White Oak Road Palisades, NY 10964 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer	Date(month, day, year)	Amount of Each Receipt this Period
	Occupation	05/14/97	
Aggregate Year-to-Date > \$		250.00	
F. Full Name, Mailing Address and ZIP Code Sovi Joseph 15 Fred Street Old Tappan, NJ 07675 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer	Date(month, day, year)	Amount of Each Receipt this Period
	Occupation	06/13/97	
Aggregate Year-to-Date > \$		250.00	
G. Full Name, Mailing Address and ZIP Code Kamesh Kachare 1937 Tulip Tree Lane La Canada, CA 91011 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer	Date(month, day, year)	Amount of Each Receipt this Period
	Occupation	06/13/97	
Aggregate Year-to-Date > \$		500.00	

SUBTOTAL of Receipts This Page (optional)

6,300.00

TOTAL This Period (last page this line number only)

SCHEDULE A ITEMIZED RECEIPTS

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page (01/01/97 - 06/30/97)

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

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NAME OF COMMITTEE (in Full)

MATHEWS FOR CONGRESS C00259374

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ajit Khubani 425 Saddle Back Terrace Franklin Lakes, NJ 07417		06/13/97	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation	Aggregate Year-to-Date > \$	1,000.00
B. Full Name, Mailing Address and ZIP Code Poonam Khubani 425 Saddle Back Terrace Franklin Lakes, NJ 07417	TV Asia	06/13/97	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation Television Host	Aggregate Year-to-Date > \$	1,000.00
C. Full Name, Mailing Address and ZIP Code Kiran R. Magiawala 4015 W. 137th Street #107 Hawthorne, CA 90250	TRW Inc.	05/07/97	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation Engineer	Aggregate Year-to-Date > \$	250.00
D. Full Name, Mailing Address and ZIP Code Thota Nagaraja 28 Pondelide Place Harrington Park, NJ 07640		06/13/97	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation	Aggregate Year-to-Date > \$	1,000.00
E. Full Name, Mailing Address and ZIP Code			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation	Aggregate Year-to-Date > \$	
SUBTOTAL of Receipts This Page (optional)			3,250.00
TOTAL This Period (last page this line number only)			9,550.00

SCHEDULE A **ITEMIZED RECEIPTS**
Offsets to Operating Expenditures

Use separate schedule(s)
 for each category of the
 Detailed Summary Page
 (01/01/97 - 03/31/97)

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NAME OF COMMITTEE (In Full)

MATHEWS FOR CONGRESS C00259374

A. Full Name, Mailing Address and ZIP Code U.S. Robotics 422 S. Madison Drive Tempe, AZ 85281 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer Rebate for modem Occupation Aggregate Year-to-Date > \$ 20.00	Date(month, day, year) 03/28/97	Amount of Each Receipt this Period 20.00
B. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date(month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> 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)	20.00
TOTAL This Period (last page this line number only)	20.00

SCHEDULE A
Other Receipts

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page
(01/01/87 - 08/30/97)

PAGE 1 OF 1
FOR LINE NUMBER 15

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NAME OF COMMITTEE (In Full)

MATHEWS FOR CONGRESS CD0259374

<p>A. Full Name, Mailing Address and ZIP Code Bank of America 6351 East Spring Street Long Beach, CA 90808</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):</p>	<p>Name of Employer Reversal of Charges</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 10.00</p>	<p>Date(month, day, year) 06/06/97</p>	<p>Amount of Each Receipt this Period 10.00</p>
<p>B. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date(month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>C. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date(month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>D. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date(month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>E. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date(month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>F. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date(month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>G. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date(month, day, year)</p>	<p>Amount of Each Receipt this Period</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>10.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p>10.00</p>

SCHEDULE B
Operating Expenses

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page
(01A0107 - 093007)

PAGE 1 OF 3
FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

MATHEWS FOR CONGRESS C00259374

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Bank of America 6351 East Spring Street Long Beach, CA 90808	Loan Payment Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	03/12/97	156.96
B. Full Name, Mailing Address and ZIP Code same as above	Purpose of Disbursement Bank service charges Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	01/31/97 02/28/97 03/31/97 04/30/97	10.00 7.59 10.00 10.00
C. Full Name, Mailing Address and ZIP Code same as above	Purpose of Disbursement Bank service charge Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	05/30/97	10.00
D. Full Name, Mailing Address and ZIP Code same as above	Purpose of Disbursement Returned Item - Refer to Maker Service charge Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	06/26/97	4.00
E. Full Name, Mailing Address and ZIP Code Bank of America VISA 6351 East Spring Street Long Beach, CA 90808	Purpose of Disbursement Credit Card Payment (See Below) See Sch.D Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	06/06/97 05/15/97 05/05/97 04/22/97	100.00 200.00 98.81 40.00
F. Full Name, Mailing Address and ZIP Code same as above	Purpose of Disbursement Credit Card Payments See Sch.D Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	03/12/97 02/13/97	35.00 77.00
G. Full Name, Mailing Address and ZIP Code David L. Gould Company 555 S. Flower, Suite 4510 Los Angeles, CA 90071	Purpose of Disbursement Professional services and reimb. for off. expen. Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	06/18/97 06/13/97 06/13/97 05/15/97	600.00 22.92 86.98 1,913.06
H. Full Name, Mailing Address and ZIP Code same as above	Purpose of Disbursement Professional services and reimb. for off. expen. Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	03/12/97 03/12/97	164.00 104.95
I. Full Name, Mailing Address and ZIP Code E. Peter Mathews 3701 Vermont Street Long Beach, CA 90814-2753	Purpose of Disbursement Reimb. for expenses Postage, printing, off. supp Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	03/19/97	185.00

SUBTOTAL of Disbursements This Page (optional)

3,836.27

TOTAL This Period (last page this line number only)

SCHEDULE B
Operating Expenses

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page
(DU) (97 - 09/30/97)

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NAME OF COMMITTEE (In Full)
MATHEWS FOR CONGRESS C00259374

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
First U.S.A. VISA P.O. Box 740085 Atlanta, GA 30374	Credit Card Payment (See Below)	06/18/97	2,205.00
	Payments per Sch. D	05/25/97	2,205.00
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General	03/12/97	235.79
<input type="checkbox"/> Other (specify):			
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Fromex Photo Lab 5277 East 2nd Street Long Beach, CA 90803	Photographic services	06/06/97	272.69
<input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
same as above	Photography	05/06/97	99.49
<input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
same as above	Photos & Fin. Exchange	03/12/97	71.27
<input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Daniel John 79 Adams St. Harrington Park, NJ 07640	Fundraising Costs	06/18/97	6,124.00
<input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Norwalk Printing 12014 East Rosecrans Avenue Norwalk, CA 90650	Printing on acct.	06/18/97 05/15/97	250.00 500.00
<input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
SAAB Travel & Tours 17134 Devonshire Street Suite #201 Northridge, CA 91325	Airfare	06/13/97	356.00
<input type="checkbox"/> Other (specify):			
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Hobbie Singh P.O. Box 163 Sacramento, CA 95812	Reimb: Airfare--Sacramento	06/19/97	206.99
<input type="checkbox"/> Other (specify):			
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
same as above	Reimb: Airfare--Orlando	06/24/97 06/23/97	100.00 598.00
<input type="checkbox"/> Other (specify):			

SUBTOTAL of Disbursements This Page (optional) 13,214.23

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Operating Expenses

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NAME OF COMMITTEE (In Full)

MATHEWS FOR CONGRESS C00259374

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
same as above	Reimbursement for travel expenses Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	06/26/97	195.94
same as above	Travel Reimbursements Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	06/04/97	326.19
same as above	Fundraising Commission Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	06/04/97	100.00
United States Treasury c/o FEC 999 E Street, NW Washington, D.C. 20463	Partial payment--campaign contrib. per FEC request. Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	05/23/97	1,000.00
Unitemized operating expenses [less than \$200] This Period: 01/01/97 - 06/30/97	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		33.92
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		

SUBTOTAL of Disbursements This Page (optional)	1,656.05
TOTAL This Period (last page this line number only)	18,706.55

SCHEDULE B

ITEMIZED DISBURSEMENTS

Principal Repayments (Other Loans)

Use separate schedule(s)
for each category of the
Detailed Summary Page
(01/01/97 - 06/30/97)

PAGE 1 OF 1
FOR LINE NUMBER
19 (b)

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

NAME OF COMMITTEE (In Full)

MATHEWS FOR CONGRESS C00259374

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Bank of America 6351 East Spring Street Long Beach, CA 90808	Loan Payment (Principal)	06/18/97	500.00
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General	05/15/97	500.00
	<input type="checkbox"/> Other (specify):	03/12/97	156.96
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify):		
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify):		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify):		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify):		

SUBTOTAL of Disbursements This Page (optional)

1,156.96

TOTAL This Period (last page this line number only)

1,156.96

SCHEDULE C

(Revised 3/80)

LOANS

Loans Received by the Committee

Page 1 of 1 for
 LINE NUMBER 10
 (Use separate schedules
 for each numbered line)

Name of Committee (In Full) MATHWS FOR CONGRESS			
A. Full Name, Mailing Address and ZIP Code of Loan Source Bank of America 6351 East Spring Street Long Beach, CA 90808	Original Amount of Loan 5,000.00	Cumulative Payment To Date 2,157.20	Balance Outstanding at Close of This Period 2,842.80
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Terms: Date Incurred <u>02/08/95</u> Date Due <u>02/15/99</u> Interest Rate <u>18.000</u> %(apr) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item A			
1. Full Name, Mailing Address and ZIP Code E. Peter Mathews 3701 Vermont Street Long Beach, CA 90814-2753	Name of Employer El Camino College		
	Occupation Professor		
	Amount Guaranteed Outstanding: \$ 2,842.80		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
(01/01/97 - 06/30/97)			
B. Full Name, Mailing Address and ZIP Code of Loan Source Deepak Krishnan 3200 Pacific Coast Highway #201 Hermosa Beach, CA 90254	Original Amount of Loan 1,000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 1,000.00
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Terms: Date Incurred <u>06/15/93</u> Date Due <u>06/25/94</u> Interest Rate <u>8.0000</u> %(apr) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item B			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
SUBTOTALS This Period This Page (optional)			3,842.80
TOTALS This Period (last page in this line only)			3,842.80
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.			

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans
Debts Owed By the Committee

Name of Committee (in full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
MATHEWS FOR CONGRESS				
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Airtouch Cellular-LA Dept 6080 Los Angeles, CA 90088	380.72	0.00	0.00	380.72
Nature of Debt (Purpose): Cellular phone charges				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Bank of America 6351 East Spring Street Long Beach, CA 90808	0.00	308.44	0.00	308.44
Nature of Debt (Purpose): Interest payable on Loan				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Bank of America VISA 6351 East Spring Street Long Beach, CA 90808	3,127.62	(550.81)	0.00	2,576.81
Nature of Debt (Purpose): Credit card charges				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor COGS 11343 Steward Street El Monte, CA 91731	5,000.00	0.00	0.00	5,000.00
Nature of Debt (Purpose): Signs				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Call America 2530 E. Lacadena Drive Riverside, CA 92507	2,010.97	0.00	0.00	2,010.97
Nature of Debt (Purpose): Long Distance Phone				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Corporate Computer Rental 222 W. Florence Avenue Inglewood, CA 90301	413.78	0.00	0.00	413.78
Nature of Debt (Purpose): Computer Rentals				
1) SUBTOTALS This Period This Page (optional)				10,690.72
2) TOTAL This Period (last page this line only)				
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				

SCHEDULE D

(Revised 3/80)

DEBTS AND OBLIGATIONS

Excluding Loans

Debts Owed By the Committee

Page 2 of 5 for
 LINE NUMBER 10
 (Use separate schedules
 for each numbered line)

Name of Committee (in Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
MATHEWS FOR CONGRESS				
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor David L. Gould Company 555 S. Flower, Suite 451D Los Angeles, CA 90071	1,913.06	4,374.18	2,891.91	3,395.33
Nature of Debt (Purpose): ADJUSTING, Copies, faxes, phone charges, Professional Services,				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Dick O'Dell 12750 Centralia Street Lakewood, CA 90715	163.25	0.00	0.00	163.25
Nature of Debt (Purpose):				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor E. Peter Mathews 3701 Vermont Street Long Beach, CA 90814-2753	0.00	1,687.01	0.00	1,687.01
Nature of Debt (Purpose): Phone, Travel, & Supplies				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Federal Express P.O. Box 727 Memphis, TN 38194	295.90	(261.98)	33.92	0.00
Nature of Debt (Purpose): Adjusting Entry (payments made other periods)				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor First U.S.A. VISA P.O.Box 740085 Atlanta, GA 30374	6,114.92	0.00	4,645.79	1,469.13
Nature of Debt (Purpose): Credit card charges				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Promex Photo Lab 5277 East 2nd Street Long Beach, CA 90803	50.00	21.27	71.27	0.00
Nature of Debt (Purpose): Photography				
1) SUBTOTALS This Period This Page (optional)				6,714.72
2) TOTAL This Period (last page this line only)				
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				

SCHEDULE D

(Revised 3/80)

DEBTS AND OBLIGATIONS

Excluding Loans

Debts Owed By the Committee

Page 3 of 5 for
 LINE NUMBER 10
 (Use separate schedules
 for each numbered line)

Name of Committee (In Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
MATHEWS FOR CONGRESS				
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor GTE California 13340 E. 183rd Street Cerritos, CA 92702	3,383.04	1,730.27	0.00	5,113.31
Nature of Debt (Purpose): Telephone Services				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Ileana Wachtel 2218 - 21st Street Santa Monica, CA 90405	150.00	0.00	0.00	150.00
Nature of Debt (Purpose):				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Leading Edge P.O. Box 6008 Stockton, CA 95206	258.00	0.00	0.00	258.00
Nature of Debt (Purpose): Computer data service				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor MCI P.O. Box 85053 Louisville, KY 40285	211.86	0.00	0.00	211.86
Nature of Debt (Purpose): Phone charges				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor MNB Business Systems 14397 Amargosa Road Victorville, CA 92392	333.54	0.00	0.00	333.54
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Metrocall 444 E. Huntington Drive #150 Arcadia, CA 91006	177.16	0.00	0.00	177.16
Nature of Debt (Purpose):				
1) SUBTOTALS This Period This Page (optional)				6,243.87
2) TOTAL This Period (last page this line only)				
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				

SCHEDULE D

(Revised 3/80)

DEBTS AND OBLIGATIONS

Excluding Loans

Debts Owed By the Committee

Page 4 of 5 for
LINE NUMBER 10
(Use separate schedules
for each numbered line)

Name of Committee (In Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
MATHEWS FOR CONGRESS				
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Norwalk Printing 12014 East Rosecrans Avenue Norwalk, CA 90650	5,824.00	0.00	750.00	5,074.00
Nature of Debt (Purpose): Printing				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Pitney Bowes P.O. Box 85390 Louisville, KY 40285	7.83	0.00	0.00	7.83
Nature of Debt (Purpose):				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Print Well 30030 Mission Boulevard Hayward, CA 94544	227.32	(150.00)	0.00	77.32
Nature of Debt (Purpose): To adjust for payment made previous periods				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor SAAB Travel & Tours 17134 Devonshire Street Suite #201 Northridge, CA 91325	0.00	2,473.00	0.00	2,473.00
Nature of Debt (Purpose): Travel Expenses				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Southern CA Edison 127 Elm Avenue Long Beach, CA 90802	167.80	0.00	0.00	167.80
Nature of Debt (Purpose): Electricity for headquarters				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Staples 4600 Pacific Coast Highway Long Beach, CA 90804	2,008.51	0.00	0.00	2,008.51
Nature of Debt (Purpose): Office supplies				
1) SUBTOTALS This Period This Page (optional)				9,808.46
2) TOTAL This Period (last page this line only)				
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				

SCHEDULE D

(Revised 3/80)

DEBTS AND OBLIGATIONS

Excluding Loans

Debts Owed By the Committee

Page 5 of 5 for
 LINE NUMBER 10
 (Use separate schedules
 for each numbered line)

Name of Committee (In Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
MATHEWS FOR CONGRESS				
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Stationery Place 1327 W. 12th Place Los Angeles, CA 90028	2,096.86	0.00	0.00	2,096.86
Nature of Debt (Purpose): Printing				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor United States Treasury c/o FEC 999 E Street, NW Washington, D.C. 20463	0.00	4,000.00	0.00	4,000.00
Nature of Debt (Purpose): Per FEC request: Refund due for Campaign Contributions				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
1) SUBTOTALS This Period This Page (optional)				6,096.86
2) TOTAL This Period (last page this line only)				39,554.63
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				3,842.80
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				43,397.43

