REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM
2000 JUL 17 A 11:18

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
Elaine Bloom for Congress

ADDRESS (number and street) ☐ Check if different than previously reported.
5255 Collins Ave.

CITY, STATE and ZIP CODE — STATE/DISTRICT
Miami Beach, FL 33140 — FL/22

2. FEC IDENTIFICATION NUMBER
C00345405

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)
- ☐ 12-Day Pre-Election Report for the _____ (Type of Election) election on _____ in the State of _____
- ☐ 30-Day Post-Election 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
6.	Covering Period 4/1/00 through 6/30/00		
6.	Net Contributions (other than loans)		
	(a) Total Contributions (other than loans) (from Line 11(e))	$411,960.16	$754,966.16
	(b) Total Contribution Refunds (from Line 20(d))	$3,000.00	$4,318.00
	(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	$408,960.16	$750,648.16
7.	Net Operating Expenditures		
	(a) Total Operating Expenditures (from Line 17)	$128,363.64	$285,410.90
	(b) Total Offsets to Operating Expenditures (from Line 14)	$479.36	$479.36
	(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	$127,884.28	$284,931.54
8.	Cash on Hand at Close of Reporting Period (from Line 27)	$1,082,512.59	
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)	$105,100.00	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

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
Richard A. Berkowitz

Signature of Treasurer [signature] — Date 7/14/00

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

FEC FORM 3
(revised 4/87)

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DETAILED SUMMARY PAGE

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

Name of Committee (In full)	Report Covering the Period:	
Elaine Bloom for Congress	From: 4/1/00	To: 6/30/00

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)	$231,676.00		11(a)(i)
(ii) Unitemized	$104,710.06		11(a)(ii)
(iii) Total of contributions from Individuals	$336,386.06	$609,216.81	11(a)(iii)
(b) Political Party Committees	$3,477.25	$3,477.25	11(b)
(c) Other Political Committees (such as PACs)	$69,242.06	$144,829.31	11(c)
(d) The Candidate	$2,854.79	$3,443.79	11(d)
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d))	$411,960.16	$764,966.16	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.)	$479.36	$479.36	14
15. OTHER RECEIPTS (Dividends, Interest, etc.)	$6,718.56	$4,399.69	15
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)	$419,158.08	$769,845.21	16
II. DISBURSEMENTS			
17. OPERATING EXPENDITURES	$128,363.64	$255,410.90	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	$0.00	$0.00	19(b)
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))	$0.00	$0.00	19(c)
20. REFUNDS OF CONTRIBUTIONS TO:			
(a) Individuals/Persons Other Than Political Committees	$3,000.00	$4,318.00	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))	$3,000.00	$4,318.00	20(d)
21. OTHER DISBURSEMENTS	$0.00	$0.00	21
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)	$131,363.64	$259,728.90	22

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	$ 794,718.15	23
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)	$ 419,158.08	24
25. SUBTOTAL (add Line 23 and Line 24)	$ 1,213,876.23	25
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	$ 131,363.64	26
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)	$ 1,082,512.59	27

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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE 1 OF 62

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Daniel Abraham 777 South Flagler Drive West Tower, 15th Floor West Palm Beach, FL 33401	Thompson Medical	5/5/00	$500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Business Executive	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
Avi Abramovitz 4741 Alton Road Miami Beach, FL 33140	Pizza Via	6/30/00	$1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Owner	Aggregate Year-to-Date $	$2,000.00

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Avi Abramovitz 4741 Alton Road Miami Beach, FL 33140	Pizza Via	6/30/00	$1,000.00
Receipt For: [ ] Primary [X] General [ ] Other (specify):	Occupation: Owner	Aggregate Year-to-Date $	$2,000.00

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Malca Abramovitz 4741 Alton Road Miami Beach, FL 33140	Homemaker	6/30/00	$1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Homemaker	Aggregate Year-to-Date $	$2,000.00

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Malca Abramovitz 4741 Alton Road Miami Beach, FL 33140	Homemaker	6/30/00	$1,000.00
Receipt For: [ ] Primary [X] General [ ] Other (specify):	Occupation: Homemaker	Aggregate Year-to-Date $	$2,000.00

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Susan Ackerman 1950 S. Ocean Drive #22H Hallandale, FL 33009		5/25/00	$236.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Retired	Aggregate Year-to-Date $	$236.00

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sara Adler 1900 Sunset Harbor Dr. PH-6 Miami, FL 33139	New Israel Fund	4/17/00	$250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Development	Aggregate Year-to-Date $	$500.00

SUBTOTAL of Receipts This Page (optional)	$4,986.00
TOTAL This Period (last page this line number only)	

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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE 2 OF 62

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code Sara Adler 1900 Sunset Harbor Dr. PH-6 Miami, FL 33139 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer: New Israel Fund Occupation: Development Aggregate Year-to-Date > $ $600.00	Date (month, day, year): 5/19/00	Amount of Each Receipt this Period: $250.00
B. Full Name, Mailing Address and ZIP Code Sarl Agatston 2549 Sunset Drive Island 2 Miami Beach, FL 33139 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer: Retired Occupation: Retired Aggregate Year-to-Date > $ $500.00	Date (month, day, year): 5/31/00	Amount of Each Receipt this Period: $500.00
C. Full Name, Mailing Address and ZIP Code Jonathan Alpert 902 Anchorage Road Tampa, FL 33602 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer: Alpert, Berker, Rodems, Ferrentino & Cook Occupation: Attorney Aggregate Year-to-Date > $ $500.00	Date (month, day, year): 6/30/00	Amount of Each Receipt this Period: $500.00
D. Full Name, Mailing Address and ZIP Code Barry Alter 3312 SW 57 Place Fort Lauderdale, FL 33312 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer: South Broward Cardiology Consultant Occupation: Physician Aggregate Year-to-Date > $ $500.00	Date (month, day, year): 5/2/00	Amount of Each Receipt this Period: $500.00
E. Full Name, Mailing Address and ZIP Code Richard Alterman 555 N.E. 34th Street, #904 Miami, FL 33137 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer: Alterman Transport Lines Occupation: Business Executive Aggregate Year-to-Date > $ $250.00	Date (month, day, year): 6/30/00	Amount of Each Receipt this Period: $250.00
F. Full Name, Mailing Address and ZIP Code Sidney Alterman 12805 NW 42nd Ave Opa Locka, FL 33054 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer: Alterman Transport Lines Occupation: Buisness Executive Aggregate Year-to-Date > $ $500.00	Date (month, day, year): 6/30/00	Amount of Each Receipt this Period: $500.00
G. Full Name, Mailing Address and ZIP Code Stuart Altman 3802 NE 207th Street Aventura, FL 33180 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer: Fowler, White Occupation: Attorney Aggregate Year-to-Date > $ $500.00	Date (month, day, year): 5/2/00	Amount of Each Receipt this Period: $500.00
SUBTOTAL of Receipts This Page (optional)			$3,000.00
TOTAL This Period (last page this line number only)			

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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE 3 OF 62

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Barbara Amazon 22 West Rivo Alto Dr. Miami Beach, FL 33139	M-DCC Medical Campus	5/2/00	$250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Dental Hygienist	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
Brenda Anthony 5264 Fisher Island Drive Fisher Island, FL 33109	Information	4/17/00	$250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Requested	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
James Arnold 2425 Ellentown Rd. La Jolla, CA 92037-1108	University of California, San Diego	6/19/00	$500.00 *
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Professor	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
PeacePac 110 Maryland Ave., NE Washington, DC 20002	Note: Above Contribution earmarked through this organi	6/19/00	MEMO $500.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):	Occupation: Conduit total: $3,760.00	Aggregate Year-to-Date: $	

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Adrienne Arsht 3031 Brickell Ave. Miami, FL 33129	Total Bank	4/17/00	$1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Chairman of the Board	Aggregate Year-to-Date: $ $1,000.00	

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David Auslander 777 Brickell Ave., Suite 100 Miami, FL 33131	Nemiroff & Auslander PA	5/10/00	$500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Attorney	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
Gilbert Bachman 5246 Boca Marina Circle Boca Raton, FL 33487	Information	6/30/00	$1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Requested	Aggregate Year-to-Date: $ $1,000.00	

SUBTOTAL of Receipts This Page (optional)	$3,500.00
TOTAL This Period (last page this line number only)	

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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Steven Barnard 5015 Hayes Street Hollywood, FL 33021	Barnett, Barnard & Sechan	6/27/00	$1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Attorney	Aggregate Year-to-Date $	$1,000.00
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Ellen Baum 600 Altara Ave. Coral Gables, FL 33146		4/19/00	$250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Retired	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**
Steven Becker 4401 Sanders Street Hollywood, FL 33021	Southern Wine and Spirits	6/8/00	$1,000.00
Receipt For: [ ] Primary [X] General [ ] Other (specify):	Occupation: Treasurer	Aggregate Year-to-Date $	$1,000.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Diane Belfer 2 N Breakers Row PH N4 Palm Beach, FL 33480	Self	4/25/00	$500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Private Investor	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**
Julie Bercow 590 Lakeview Dr. Miami Beach, FL 33140	Self * In-Kind: Fundraising Event	5/24/00	$1,000.00 *
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Community Activist	Aggregate Year-to-Date $	$1,000.00
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
David Berger 1636 West 23rd Street Sunset Island Miami Beach, FL 33140	Strategica Group	6/30/00	$1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Merchant banking	Aggregate Year-to-Date $	$1,000.00
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Max Berger 1230 Cleveland Road Miami Beach, FL 33141	Retired	6/30/00	$500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Retired	Aggregate Year-to-Date $	$500.00

SUBTOTAL of Receipts This Page (optional)	$5,250.00
TOTAL This Period (last page this line number only)	

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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE 5 OF 62

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress CD0345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William Berger 1200 N. Federal Hwy. Suite 200 Boca Raton, FL 33432	Self	5/19/00	$500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Attorney	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
George Bergmann 16801 NE 21st Ave. North Miami Beach, FL 33179	Retired	6/14/00	$1,000.00
Receipt For: [ ] Primary [X] General [ ] Other (specify):	Occupation: Retired	Aggregate Year-to-Date $	$1,000.00

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jeffrey Berkowitz 2665 S. Bayshore Dr., #1200 Coconut Grove, FL 33133	Self	6/30/00	$1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Developer	Aggregate Year-to-Date $	$1,000.00

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Marshall Berkson 111 Palm Ave. Palm Island Miami Beach, FL 33139	Retired	5/18/00	$500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation:	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
Howard Berlin 67 Bal Bay Drive Bal Harbour, FL 33154	Kluger, Peretz, Kaplan, & Berlin P.A.	6/30/00	$500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Attorney	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
Jeffrey Berman 17941 Fieldbrook Circle S. Boca Raton, FL 33496	Self	6/8/00	$1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Medical Doctor	Aggregate Year-to-Date $	$1,000.00

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Meyer Berman 401 NE Mizner Blvd. Boca Raton, FL 33432	MA Berman & Co.	6/27/00	$750.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Investor	Aggregate Year-to-Date $	$750.00

SUBTOTAL of Receipts This Page (optional)	$5,250.00
TOTAL This Period (last page this line number only)	

FEMAH07PEF

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE 6 OF 62

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Pedro Benmann 2131 N.E. 202nd Street North Miami Beach, FL 33179	Self	5/22/00	$250.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: Orthopedic Surgeon	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**
Kenneth Bernstein 19501 Biscayne Blvd., Ste. 400 Miami, FL 33180	Turnberry Associates	6/26/00	$1,000.00
Receipt For: [ ] Primary [x] General [ ] Other (specify):	Occupation: Attorney	Aggregate Year-to-Date > $	$2,000.00
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Kenneth Bernstein 19501 Biscayne Blvd., Ste. 400 Miami, FL 33180	Turnberry Associates	6/26/00	$1,000.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: Attorney	Aggregate Year-to-Date > $	$2,000.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Fran Berrin 8445 S. Mitchell Manor Circle Miami, FL 33156	Self	5/26/00	$250.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: Community Activist	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**
Roslyn Berrin 9001 SW 56 Court Coral Gables, FL 33156	Berrin Associates, Inc.	4/19/00	$250.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: Real Estate Investments	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**
Ruth Berry 830 N Shore drive NE #2H Saint Petersburg, FL 33701	Retired	6/30/00	$300.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation:	Aggregate Year-to-Date > $	$400.00
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Howard Binkow 2500 S. Ocean Blvd., #505 Boca Raton, FL 33432	Self Employed	6/27/00	$200.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: Businessman	Aggregate Year-to-Date > $	$300.00

SUBTOTAL of Receipts This Page (optional)	$3,250.00
TOTAL This Period (last page this line number only)	

FE6AN01SP.OF

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE 7 OF 62

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Howard Binkow 2500 S. Ocean Blvd., #505 Boca Raton, FL 33432	Self Employed	4/21/00	$100.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Businessman	Aggregate Year-to-Date > $	$300.00
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Timothy Blake 7370 SW 129th St. Pinecrest, FL 33156	Self	6/14/00	$500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Attorney	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**
Donna Blaustein 1111 Lincoln Road #325 Miami Beach, FL 33139	Self	4/17/00	$250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Attorney	Aggregate Year-to-Date > $	$250.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Ron Bloomberg 420 Lincoln Rd., Ste. 448 Miami, FL 33139	American Riviera Real Estate Company	5/31/00	$300.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Real Estate	Aggregate Year-to-Date > $	$300.00
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Richard Booth 1600 N.W. 163rd Street Miami, FL 33169	Southern Wine and Spirits	6/8/00	$1,000.00
Receipt For: [ ] Primary [X] General [ ] Other (specify):	Occupation: General Manager	Aggregate Year-to-Date > $	$1,000.00
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Gregory Borgognoni 6950 SW 107th Street Miami, FL 33156	Self-Employed	6/27/00	$500.00
Receipt For: [ ] Primary [X] General [ ] Other (specify):	Occupation: Attorney	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**
Rosita Boruchin 1030 Kane Concourse Miami, FL 33154	Homemaker	6/23/00	$1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation:	Aggregate Year-to-Date > $	$1,000.00

SUBTOTAL of Receipts This Page (optional) >	$3,650.00
TOTAL This Period (last page this line number only) >	

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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 8 OF 62
	FOR LINE NUMBER 1(a)(i)

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

NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Wes Boyd 1141 Walnut Street Berkeley, CA 94707	Self-Employed Occupation: Software Developer Aggregate Year-to-Date: $ $950.00	6/27/00	$950.00 *
Receipt For: [X] Primary [ ] General [ ] Other (specify):			
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
MoveOn.org P.O. Box 9063 Berkeley, CA 94709-	Note: Above Contribution earmarked through this organi Occupation: Conduit total: $17,780.00 Aggregate Year-to-Date: $	6/27/00	MEMO $950.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):			
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Norman Braman 1 Indian Creek Drive Indian Creek Village, FL 33154	Braman Enterprises Occupation: Auto Dealer Aggregate Year-to-Date: $ $1,000.00	5/31/00	$1,000.00
Receipt For: [ ] Primary [X] General [ ] Other (specify):			
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Barry Brant 1 SE 3rd Avenue Miami, FL 33131	Berkowitz, Dick et al Occupation: CPA Aggregate Year-to-Date: $ $500.00	6/30/00	$500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):			
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Stephen Bretl 2092 Hardscrabble Drive Boulder, CO 80303	Information Occupation: Requested Aggregate Year-to-Date: $ $1,000.00	6/27/00	$1,000.00 *
Receipt For: [X] Primary [ ] General [ ] Other (specify):			
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Emily's List 805 15th Street, NW, Suite 400 Washington, DC 20005	Note: Above Contribution earmarked through this organi Occupation: Conduit total: $51,005.00 Aggregate Year-to-Date: $	6/27/00	MEMO $1,000.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):			
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Alvin Brown 1611 SW 17 St. Boca Raton, FL 33486	Self Occupation: CPA Aggregate Year-to-Date: $ $250.00	6/28/00	$250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):			

SUBTOTAL of Receipts This Page (optional)	$3,700.00
TOTAL This Period (last page this line number only)	

FEC Form 3P

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE 9 OF 62

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Maria Brown 1900 Glades Road Ste. 100 Boca Raton, FL 33431	Information Occupation: Requested	6/30/00	$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 / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Nancy Brown 609 Island Drive P.O. Box 2692 Palm Beach, FL 33480	Occupation: Retired	5/5/00	$50.00 *
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $	$250.00	
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Nancy Brown 609 Island Drive P.O. Box 2692 Palm Beach, FL 33480	Occupation: Retired	4/25/00	$200.00 *
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $	$250.00	
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Emily's List 805 15th Street, NW, Suite 400 Washington, DC 20005	Note: Above Contribution earmarked through this organi Occupation: Conduit total: $51,005.00	4/25/00	MEMO $200.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):	Aggregate Year-to-Date > $		
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Emily's List 805 15th Street, NW, Suite 400 Washington, DC 20005	Note: Above Contribution earmarked through this organi Occupation: Conduit total: $51,005.00	5/5/00	MEMO $50.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):	Aggregate Year-to-Date > $		
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Paul Brown 1744 S. Ocean Blvd. Palm Beach, FL 33480	HEARx Ltd. Occupation: Chairman/CEO	5/12/00	$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**
Peggy Brown 2500 S. Ocean Blvd #2-B-2 Palm Beach, FL 33480	Self Occupation: Building Contractor	6/14/00	$500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $	$800.00	

SUBTOTAL of Receipts This Page (optional) $1,750.00

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

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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Peggy Brown 2500 S. Ocean Blvd #2-B-2 Palm Beach, FL 33480	Self	5/10/00	$200.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: Building Contractor Aggregate Year-to-Date > $	$800.00	

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael Brumer 1560 NE Quayside Terrace Miami, FL 33138-2210	Brumer & Kaufman, P.A.	6/2/00	$250.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: Attorney 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 Brunetti 84 Bal Bay Drive Bal Harbour, FL 33154	Hialeah Race Track	6/30/00	$1,000.00
Receipt For: [ ] Primary [x] General [ ] Other (specify):	Occupation: Business Exec. Aggregate Year-to-Date > $	$1,000.00	

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Brunetti 9930 Collins Ave., Apt. 16 Bal Harbour, FL 33154	Hialeah Race Track	6/30/00	$500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: Business Executive Aggregate Year-to-Date > $	$1,000.00	

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stephen Brunetti 100 Kings Point Drive, Apt. 1819 Miami Beach, FL 33160	Hialeah Race Track	6/30/00	$500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: Executive Aggregate Year-to-Date > $	$1,000.00	

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Elizabeth Buntrock 521 E Las Olas Blvd. Fort Lauderdale, FL 33301	Self	6/30/00	$500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: Florist Aggregate Year-to-Date > $	$1,000.00	

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Elizabeth Buntrock 521 E Las Olas Blvd. Fort Lauderdale, FL 33301	Self	5/2/00	$500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: Florist Aggregate Year-to-Date > $	$1,000.00	

SUBTOTAL of Receipts This Page (optional)	$3,450.00
TOTAL This Period (last page this line number only)	

FEC FORM 3P

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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)

Elaine Bloom for Congress C00346405

A. Full Name, Mailing Address and ZIP Code Jason Burnett 200 Morgan Steet NW Washington, DC 20001 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer: American Enterprise Institute Occupation: Researcher Aggregate Year-to-Date > $ $1,000.00	Date (month, day, year): 5/10/00	Amount of Each Receipt this Period: $1,000.00
B. Full Name, Mailing Address and ZIP Code Nancy Burnett 490 Grove Acre Pacific Grove, CA 93950 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer: Information Occupation: Requested Aggregate Year-to-Date > $ $2,000.00	Date (month, day, year): 6/6/00	Amount of Each Receipt this Period: $1,000.00
C. Full Name, Mailing Address and ZIP Code Nancy Burnett 490 Grove Acre Pacific Grove, CA 93950 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Name of Employer: Information Occupation: Requested Aggregate Year-to-Date > $ $2,000.00	Date (month, day, year): 6/6/00	Amount of Each Receipt this Period: $1,000.00
D. Full Name, Mailing Address and ZIP Code Angela Burstyn 1631 West 28th St. Sunset Island #1 Miami Beach, FL 33140 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Name of Employer: Occupation: Homemaker Aggregate Year-to-Date > $ $2,000.00	Date (month, day, year): 4/19/00	Amount of Each Receipt this Period: $1,000.00
E. Full Name, Mailing Address and ZIP Code Angela Burstyn 1631 West 28th St. Sunset Island #1 Miami Beach, FL 33140 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer: Occupation: Homemaker Aggregate Year-to-Date > $ $2,000.00	Date (month, day, year): 4/19/00	Amount of Each Receipt this Period: $1,000.00
F. Full Name, Mailing Address and ZIP Code Samuel Burstyn 1631 West 28th St. Sunset Island #1 Miami Beach, FL 33140 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer: Self Occupation: Attorney Aggregate Year-to-Date > $ $2,000.00	Date (month, day, year): 4/19/00	Amount of Each Receipt this Period: $1,000.00
G. Full Name, Mailing Address and ZIP Code Samuel Burstyn 1631 West 28th St. Sunset Island #1 Miami Beach, FL 33140 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Name of Employer: Self Occupation: Attorney Aggregate Year-to-Date > $ $2,000.00	Date (month, day, year): 4/19/00	Amount of Each Receipt this Period: $1,000.00
SUBTOTAL of Receipts This Page (optional)			$7,000.00
TOTAL This Period (last page this line number only)			

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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 12 OF 62
	FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard Burton 1000 Island Blvd. #1109 Miami, FL 33160	Self	6/30/00	$250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Attorney	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**
Deborah Lea Bussel PO Box 331287 Miami, FL 33233	Donors Forum	4/19/00	$300.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Director POP	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**
Deborah Lea Bussel PO Box 331287 Miami, FL 33233	Donors Forum	4/19/00	$200.00
Receipt For: [ ] Primary [X] General [ ] Other (specify):	Occupation: Director POP	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 Bussel 9 Island Avenue #501 Miami Beach, FL 33139	Self	6/8/00	$1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Investment Manager	Aggregate Year-to-Date $	$1,000.00
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
John Campbell 3775 Poinciana Ave. Coconut Grove, FL 33133	Self	6/6/00	$1,000.00
Receipt For: [ ] Primary [X] General [ ] Other (specify):	Occupation: Business consultant	Aggregate Year-to-Date $	$2,000.00
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
John Campbell 3775 Poinciana Ave. Coconut Grove, FL 33133	Self	6/8/00	$1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Business consultant	Aggregate Year-to-Date $	$2,000.00
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Roger Carlton 12715 Rolling Road Dr. Miami, FL 33156	Lockheed Martin	6/27/00	$500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Vice President	Aggregate Year-to-Date $	$500.00

SUBTOTAL of Receipts This Page (optional)	$4,250.00
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

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FOR LINE NUMBER: 11(a)(i)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code Donald Carson 316 Royal Poinciana Plaza Palm Beach, FL 33480	Name of Employer Information	Date (month, day, year) 6/30/00	Amount of Each Receipt this Period $1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation Requested		
	Aggregate Year-to-Date $	$1,000.00	
B. Full Name, Mailing Address and ZIP Code Sara Case 851 Harrison Street Hollywood, FL 33019	Name of Employer Broward County Libraries	Date (month, day, year) 6/28/00	Amount of Each Receipt this Period $500.00
Receipt For: [ ] Primary [X] General [ ] Other (specify):	Occupation Librarian		
	Aggregate Year-to-Date $	$1,000.00	
C. Full Name, Mailing Address and ZIP Code Rubi Cayard 15201 SW 74th Place Miami, FL 33157	Name of Employer Self	Date (month, day, year) 6/16/00	Amount of Each Receipt this Period $1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation Investor		
	Aggregate Year-to-Date $	$1,000.00	
D. Full Name, Mailing Address and ZIP Code Joseph Ceros-Livingston 2503 N Nob Hill Rod. #308 Fort Lauderdale, FL 33322	Name of Employer Retired	Date (month, day, year) 5/19/00	Amount of Each Receipt this Period $1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation		
	Aggregate Year-to-Date $	$2,000.00	
E. Full Name, Mailing Address and ZIP Code Joseph Ceros-Livingston 2503 N Nob Hill Rod. #308 Fort Lauderdale, FL 33322	Name of Employer Retired	Date (month, day, year) 5/19/00	Amount of Each Receipt this Period $1,000.00
Receipt For: [ ] Primary [X] General [ ] Other (specify):	Occupation		
	Aggregate Year-to-Date $	$2,000.00	
F. Full Name, Mailing Address and ZIP Code Sy Chadroff 1931 N.E. 197th Terrace North Miami Beach, FL 33179	Name of Employer Self	Date (month, day, year) 5/12/00	Amount of Each Receipt this Period $1,000.00
Receipt For: [ ] Primary [X] General [ ] Other (specify):	Occupation Attorney		
	Aggregate Year-to-Date $	$2,000.00	
G. Full Name, Mailing Address and ZIP Code Sy Chadroff 1931 N.E. 197th Terrace North Miami Beach, FL 33179	Name of Employer Self	Date (month, day, year) 5/12/00	Amount of Each Receipt this Period $1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation Attorney		
	Aggregate Year-to-Date $	$2,000.00	

SUBTOTAL of Receipts This Page (optional)	$6,500.00
TOTAL This Period (last page this line number only)	

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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

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FOR LINE NUMBER 1(a)(i)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Leona Chanin 50 E. 77th Street New York, NY 10021 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Volunteer Occupation	5/10/00	$250.00
	Aggregate Year-to-Date > $	$250.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Harvey Chaplin 1600 NW 163rd Street Miami, FL 33169 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Southern Wine and Spirits Co. Occupation Executive	6/8/00	$1,000.00
	Aggregate Year-to-Date > $	$1,000.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Wayne Chaplin 54 LA Gorce Circle Miami, FL 33141-4520 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Southern Wine and Spirits Co. Occupation Executive	6/8/00	$1,000.00
	Aggregate Year-to-Date > $	$1,000.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Jane Chen 10680 SW 40th Manor Davie, FL 33328 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Homemaker Occupation	4/25/00	$1,000.00
	Aggregate Year-to-Date > $	$2,000.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Jane Chen 10680 SW 40th Manor Davie, FL 33328 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Homemaker Occupation	4/25/00	$1,000.00
	Aggregate Year-to-Date > $	$2,000.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Sara Chikovsky 616 North Island Golden Beach, FL 33160 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Self * In-Kind: Fundraising Event Occupation Community Activist	6/22/00	$500.00 *
	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
Gladys Cofrin 2735 NW 21 St Gainesville, FL 32605 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Information Occupation Requested	6/30/00	$1,000.00
	Aggregate Year-to-Date > $	$1,000.00	

SUBTOTAL of Receipts This Page (optional) $5,750.00

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

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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Norman Cohan 2127 Brickell Ave., #3501 Miami, FL 33129	Security Plastics Plastics Mfr.	6/30/00	$200.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $	$400.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Albert Cohen 3802 NE 207th Street Apt. 601 Aventura, FL 33180	Retired	5/4/00	$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
Nancy Cohen 1415 North View Drive Miami Beach, FL 33140	Self Attorney	4/26/00	$250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $	$250.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Rita Cohen 11111 Biscayne Blvd., Apt. 227 Miami, FL 33181	Homemaker	4/25/00	$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
Michael Colodny 13155 Biscayne Bay Terrace North Miami, FL 33181	Colodny, Fass & Talenfeld, P.A. Attorney	6/30/00	$1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $	$1,000.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Marvin Cooper 5000 North Bay Rd Miami Beach, FL 33140	Retired	4/19/00	$250.00
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
Hazel Cypen 320 West DiLido Dr. Miami Beach, FL 33139	Retired	5/10/00	$250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $	$250.00	

SUBTOTAL of Receipts This Page (optional)	$2,700.00
TOTAL This Period (last page this line number only)	

FE6AN01.PDF

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE 16 OF 62

FOR LINE NUMBER -1(a)(i)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Irving Cypen 320 West Di Lido Drive Miami Beach, FL 33139	Cypen and Cypen	5/16/00	$250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Attorney	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**
Myles Cypen 825 41st Street Miami Beach, FL 33140	Cypen and Cypen	5/16/00	$250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Attorney	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**
Stephen Cypen 3120 Pine Tree Drive Miami, FL 33140	Cypen & Cypen	5/16/00	$250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Attorney	Aggregate Year-to-Date $	$250.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Allison Dauer 1800 Eagle Trace Blvd. Coral Springs, FL 33071	Student	6/15/00	$1,000.00
Receipt For: [ ] Primary [X] General [ ] Other (specify):	Occupation: Student	Aggregate Year-to-Date $	$2,000.00
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Allison Dauer 1800 Eagle Trace Blvd. Coral Springs, FL 33071	Student	6/15/00	$1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Student	Aggregate Year-to-Date $	$2,000.00
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Edward Dauer 4850 W. Oakland Park Blvd. #145 Fort Lauderdale, FL 33313	Florida Medical Center	6/15/00	$1,000.00
Receipt For: [ ] Primary [X] General [ ] Other (specify):	Occupation: Director of Radiology	Aggregate Year-to-Date $	$1,000.00
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Lauren Dauer 1800 Eagle Trace Blvd. Coral Springs, FL 33071	Student	6/15/00	$1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Student	Aggregate Year-to-Date $	$2,000.00

SUBTOTAL of Receipts This Page (optional) $4,750.00

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

FE6AN07MPDF

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE 17 OF 62

FOR LINE NUMBER: 11(a)(i)

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

NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Lauren Dauer 1800 Eagle Trace Blvd. Coral Springs, FL 33071	Student Occupation: Student	6/15/00	$1,000.00
Receipt For: [ ] Primary [X] General [ ] Other (specify):	Aggregate Year-to-Date > $	$2,000.00	
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Lawrence David 45 Broadway New York, NY 10006	Self Occupation: Investor	6/6/00	$250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $	$250.00	
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Isabel Davidson 5660 Collins Ave #20D Miami Beach, FL 33140	Self Occupation: Community Activist	6/22/00	$1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $	$2,000.00	
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Isabel Davidson 5660 Collins Ave #20D Miami Beach, FL 33140	Self Occupation: Community Activist	6/22/00	$1,000.00
Receipt For: [ ] Primary [X] General [ ] Other (specify):	Aggregate Year-to-Date > $	$2,000.00	
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Morris Deakter 471 Alamanda Drive Hallandale, FL 33009	Retired Occupation:	6/6/00	$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 / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Morris Deckelbaum 4430 Casper Court Hollywood, FL 33021	Hollywood Oaks Developers Occupation: Partner	6/30/00	$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**
Becky Delaster 2 Grove Isle Drive No.902 Miami, FL 33133	Self Occupation: Community Activist	4/17/00	$250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $	$250.00	

SUBTOTAL of Receipts This Page (optional) $4,500.00

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

FE6AN07SP.PDF

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE 18 OF 62

FOR LINE NUMBER -1(a)(i)

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

NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Irving Denmark 12000 N. Bayshore Drive #407 North Miami, FL 33181	Retired	6/27/00	$100.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation	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**
Jeffrey Dennis 1370 Shabark Lane Des Plaines, IL 60018-1656	Self	6/22/00	$200.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation Attorney	Aggregate Year-to-Date $	$300.00
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Judith Devins 144 Lake Rebecca Drive West Palm Beach, FL 33411-9203	Retired	6/6/00	$750.00
Receipt For: [ ] Primary [X] General [ ] Other (specify):	Occupation Retired	Aggregate Year-to-Date $	$750.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Paul Dichter 20191 E. Country Club Dr. #2501 Aventura, FL 33180	Retired	5/25/00	$250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation Retired	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**
Mel Dick 3380 NE 165th St. North Miami Beach, FL 33160	Southern Wine Co.	6/8/00	$1,000.00
Receipt For: [ ] Primary [X] General [ ] Other (specify):	Occupation Executive	Aggregate Year-to-Date $	$1,000.00
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Barry Dockswell 2204 Bay Drive Pompano Beach, FL 33062	* In-Kind: Event Costs	5/11/00	$50.00 *
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation Retired	Aggregate Year-to-Date $	$550.00
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Barry Dockswell 2204 Bay Drive Pompano Beach, FL 33062		5/19/00	$500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation Retired	Aggregate Year-to-Date $	$550.00

SUBTOTAL of Receipts This Page (optional) $2,850.00

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

FE6AN07NFDF

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jorge Dominicis 274 Barcelona Road West Palm Beach, FL 33401	Florida Crystals	6/30/00	$500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Business Executive	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
Mary Sue Donohue 3117 Lakeshore Drive Deerfield Beach, FL 33442	Self	6/30/00	$250.00
Receipt For: [ ] Primary [X] General [ ] Other (specify):	Occupation: Attorney	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
Anne Dorsey 32 Vista Clara Sausalito,, CA 94965	Retired	6/21/00	$600.00 *
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Retired	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
MoveOn.org P.O. Box 9063 Berkeley, CA 94709-	Note: Above Contribution earmarked through this organi	6/21/00	MEMO $500.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):	Occupation: Conduit total: $17,760.00	Aggregate Year-to-Date $	

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Steven Drucker 18-43 43rd Street Long Island City, NY 11105	Efficiency Leasing of Maryland, LLC	6/27/00	$1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Partner	Aggregate Year-to-Date $	$1,000.00

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sheila Duffy-Lehrman 3090 Alton Road Miami Beach, FL 33140	Tropic Survival Productions	4/28/00	$250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Television Producer	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
Irving Dunn 4770 Biscayne Blvd., Suite 980 Miami, FL 33137	Dunn and Johnson, PA	6/30/00	$500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Attorney	Aggregate Year-to-Date $	$500.00

SUBTOTAL of Receipts This Page (optional)	$3,000.00
TOTAL This Period (last page this line number only)	

FE6AN07PDF

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Donna Dupuy PO Box 1789 Stuart, FL 34995	Self-Employed	5/19/00	$200.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: Writer	Aggregate Year-to-Date $	$300.00
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
David Efron PO Box 29314 San Juan, PR 00929-0314	Self	6/19/00	$500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: Attorney	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**
Uri Elias 333 NW 70 Ave., Ste. 203 Plantation, FL 33317	Self	5/31/00	$250.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: Dentist	Aggregate Year-to-Date $	$250.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Lee Elliott 400 Sansome Street San Francisco, CA 94111	Orrick, Herrington & Sutcliffe	5/10/00	$250.00 *
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: Administrator	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**
Emily's List 805 15th Street, NW. Suite 400 Washington, DC 20005	Note: Above Contribution earmarked through this organi	5/10/00	MEMO $250.00
Receipt For: [ ] Primary [ ] General [x] Other (specify):	Occupation: Conduit total: $51,005.00	Aggregate Year-to-Date $	
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Carole Epstein 1413 Sunset Harbour Dr., #409 Miami, FL 33139	Self	6/28/00	$1,000.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: Social Worker	Aggregate Year-to-Date $	$1,000.00
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Ronald Esserman 3303 Devon Road Coconut Grove, FL 33133	Self	5/18/00	$1,000.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: Owner-Automobile Dealership	Aggregate Year-to-Date $	$1,000.00

SUBTOTAL of Receipts This Page (optional) $3,200.00

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

FE5AN079PDF

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

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FOR LINE NUMBER "1(a)(i)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Joseph Falk 1770 Micanopy Ave. Miami, FL 33133 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Metropolitan Mortgage Company President $500.00	5/19/00	$500.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Alfonso Fanjul Florida Crystals Corporation 340 Royal Poinciana Way Suite 316 Palm Beach, FL 33480 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Florida Crystals Corporation Business Executive $1,000.00	6/30/00	$1,000.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Robert Farmer 1445 Ocean Drive #1701 Miami Beach, FL 33139 Receipt For: [X] Primary [ ] General [ ] Other (specify):	AMG Consulting President $2,000.00	6/30/00	$1,000.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Robert Farmer 1445 Ocean Drive #1701 Miami Beach, FL 33139 Receipt For: [ ] Primary [X] General [ ] Other (specify):	AMG Consulting President $2,000.00	6/30/00	$1,000.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Edward Farmilant 3303 North Wendell Road Tucson, AZ 85749-9560 Receipt For: [X] Primary [ ] General [ ] Other (specify):	LTC Systems, Inc. Retired $250.00	5/11/00	$250.00 *
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Emily's List 805 15th Street, NW, Suite 400 Washington, DC 20005 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Note: Above Contribution earmarked through this organi Conduit total: $51,005.00	5/11/00	MEMO $250.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Steven Feig 1480 Daytonia Road Miami Beach, FL 33141 Receipt For: [X] Primary [ ] General [ ] Other (specify):	FPD/ Farm Parts Distributors Buisness Executive $500.00	4/25/00	$500.00

SUBTOTAL of Receipts This Page (optional) $4,250.00

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

FE6AN079PDF

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE 22 OF 62

FOR LINE NUMBER: 11(a)(i)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
George Feldenkreis 3000 NW 107th Avenue Miami, FL 33172	Supreme International	6/14/00	$1,000.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Occupation: Chairman		
	Aggregate Year-to-Date > $	$1,000.00	

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lillian Fernandez 246 Eden Road Palm Beach, FL 33480	Self Employed	6/30/00	$1,000.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $	$1,000.00	

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Luis Fernandez 246 Eden Road Palm Beach, FL 33480	Flow-Fun	6/30/00	$1,000.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: Chief Financial Officer		
	Aggregate Year-to-Date > $	$1,000.00	

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lori Ferrell 4511 Lake Road Miami, FL 33137	Self	6/30/00	$1,000.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Occupation: Interior Designer		
	Aggregate Year-to-Date > $	$2,000.00	

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gil Fonseca 15122 SW 71st St. Miami, FL 33193-1909	L.A. Citgo	6/15/00	$1,000.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Occupation: Owner		
	Aggregate Year-to-Date > $	$2,000.00	

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gil Fonseca 15122 SW 71st St. Miami, FL 33193-1909	L.A. Citgo	6/15/00	$1,000.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: Owner		
	Aggregate Year-to-Date > $	$2,000.00	

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Elizabeth Frai 9464 Bay Dr Miami, FL 33154	E. Frai and Company	5/12/00	$236.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: Accounting		
	Aggregate Year-to-Date > $	$236.00	

SUBTOTAL of Receipts This Page (optional)	$6,236.00
TOTAL This Period (last page this line number only)	

FE6AN07SP.DF

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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)

Elaine Bloom for Congress C00346405

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Shelia Freeman 6805 SW 132nd Street Miami, FL 33156	Homemaker Occupation: Homemaker Aggregate Year-to-Date > $ $300.00	6/30/00	$100.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):			
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Susan Fried 1875 NE 197th Terrace North Miami Beach, FL 33179	Self Occupation: Public Relations Aggregate Year-to-Date > $ $250.00	6/8/00	$250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):			
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Ada Friedkin PO Box 3051 Boca Raton, FL 33431	Occupation: Homemaker Aggregate Year-to-Date > $ $1,000.00	6/30/00	$1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):			
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Monte Friedkin 7267 Mandarin Drive Boca Raton, FL 33433	F.I. Management, Inc. Occupation: President Aggregate Year-to-Date > $ $1,000.00	6/30/00	$1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):			
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Izak Friedman 9801 Collins Ave., Apt. 7-k Bal Harbour, FL 33154	Occupation: Retired Aggregate Year-to-Date > $ $700.00	6/27/00	$200.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):			
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Jacob Friedman 2500 S. Ocean Blvd. Apt. 2 B3 Palm Beach, FL 33480	Occupation Aggregate Year-to-Date > $ $1,000.00	4/21/00	$1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):			
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Kayla Friedman 1800 NE 114 St. #1205 Miami, FL 33181	Self Occupation: Investor Aggregate Year-to-Date > $ $250.00	5/19/00	$250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):			

SUBTOTAL of Receipts This Page (optional) $3,800.00

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

FE6AN07PDF

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

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FOR LINE NUMBER 1(a)(i)

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

NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lillian Friedman 2780 NE 183rd St., #1904 Aventura, FL 33160	Retired	5/26/00	$100.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Retired	Aggregate Year-to-Date $	$350.00
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Lynn Fuente 17986 Foxborough Blvd. Boca Raton, FL 33496	Information	6/30/00	$250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Requested	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**
Arthur Furia The Grand Penthouse C-57 1717 N Bayshore Drive Miami, FL 33132	Holtzman, KE & F	6/27/00	$250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Attorney	Aggregate Year-to-Date $	$250.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Miriam Futernick 2 Grove Isle #1509 Coconut Grove, FL 33133		5/22/00	$250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Retired	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**
Jill Geffins 2000 S. Bayshore Dr-59 Miami, FL 33133	None	5/25/00	$250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: None	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**
Ronalee Galbut 5255 Collins Ave. Miami Beach, FL 33140		6/12/00	$1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Buisness Executive	Aggregate Year-to-Date $	$2,000.00
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Ronalee Galbut 5255 Collins Ave. Miami Beach, FL 33140		6/12/00	$1,000.00
Receipt For: [ ] Primary [X] General [ ] Other (specify):	Occupation: Buisness Executive	Aggregate Year-to-Date $	$2,000.00

SUBTOTAL of Receipts This Page (optional) $3,100.00

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

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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE 25 OF 62

FOR LINE NUMBER *1(a)(i)

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

NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress CD0345405

A. Full Name, Mailing Address and ZIP Code Elinor Ganz 1000 Island Blvd. #3203 North Miami Beach, FL 33160 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Retired Aggregate Year-to-Date > $	Date (month, day, year) 5/12/00 $500.00	Amount of Each Receipt this Period $500.00
B. Full Name, Mailing Address and ZIP Code Barbara Garrett 301 Casuerina Concourse Coral Gables, FL 33143 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer Applica, Inc. Occupation Executive Aggregate Year-to-Date > $	Date (month, day, year) 5/22/00 $250.00	Amount of Each Receipt this Period $250.00
C. Full Name, Mailing Address and ZIP Code Fran Gaynor 12859 Old Cutler Road Pinecrest, FL 33156 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer Retired Occupation Aggregate Year-to-Date > $	Date (month, day, year) 4/17/00 $250.00	Amount of Each Receipt this Period $250.00
D. Full Name, Mailing Address and ZIP Code Joseph Geller 7552 West Treasure Drive North Bay Village, FL 33141 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Name of Employer Self Occupation Attorney Aggregate Year-to-Date > $	Date (month, day, year) 5/31/00 $1,100.00	Amount of Each Receipt this Period $100.00
E. Full Name, Mailing Address and ZIP Code Theodore Gelman Sunset Island 2 1554 W. 25th Street Miami Beach, FL 33140 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Name of Employer Donaldson, Lufkin and Jenrette Occupation Stockbroker Aggregate Year-to-Date > $	Date (month, day, year) 6/22/00 $1,000.00	Amount of Each Receipt this Period $1,000.00
F. Full Name, Mailing Address and ZIP Code Gary Gerson 666 71st Street Miami Beach, FL 33141 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Name of Employer Gerson & Preston Occupation CPA Aggregate Year-to-Date > $	Date (month, day, year) 6/22/00 $1,000.00	Amount of Each Receipt this Period $1,000.00
G. Full Name, Mailing Address and ZIP Code Niety Gerson 666 71st St. Miami, FL 33141 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Name of Employer CHARLEE Occupation social worker Aggregate Year-to-Date > $	Date (month, day, year) 6/30/00 $2,000.00	Amount of Each Receipt this Period $1,000.00

SUBTOTAL of Receipts This Page (optional) $4,100.00

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

REMARKS/PDF

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

FOR LINE NUMBER 1(a)(i)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

Full Name, Mailing Address and ZIP Code	Name of Employer	Occupation	Date (month, day, year)	Amount of Each Receipt this Period	Receipt For	Aggregate Year-to-Date
A. Niety Gerson, 666 71st St., Miami, FL 33141	CHARLEE	social worker	6/22/00	$1,000.00	[x] Primary [ ] General [ ] Other (specify):	$2,000.00
B. Tim Gill, 461 Race St., Denver, CO 80206	Quark	Founder / Chairman	6/14/00	$750.00	[x] Primary [ ] General [ ] Other (specify):	$750.00
C. Norman Giller, 4500 Prairie Avenue, Miami Beach, FL 33140	Giller Group Ltd.	Owner	6/14/00	$250.00	[x] Primary [ ] General [ ] Other (specify):	$500.00
D. Norman Giller, 4500 Prairie Avenue, Miami Beach, FL 33140	Giller Group Ltd.	Owner	4/28/00	$250.00	[x] Primary [ ] General [ ] Other (specify):	$500.00
E. Eugene Gitin, 7957 Fisher Island Drive, Fisher Island, FL 33109		Retired	6/30/00	$100.00	[x] Primary [ ] General [ ] Other (specify):	$600.00
F. David Glatthorn, 654 Riverside Road, North Palm Beach, FL 33408	David Glatthorn PA	Attorney	6/30/00	$500.00	[x] Primary [ ] General [ ] Other (specify):	$500.00
G. Sharon Glazer, 736 Lakeview Dr, Miami Beach, FL 33140	Singer Farbman & Assoc. PA	Attorney	5/10/00	$250.00	[x] Primary [ ] General [ ] Other (specify):	$250.00

SUBTOTAL of Receipts This Page (optional) $3,100.00

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

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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

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FOR LINE NUMBER 1(a)(i)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Elsa Glucksberg 20191 East Country Club Dr. Aventura, FL 33180		5/26/00	$500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: Retired		
	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
Barbara Goldfarb 230 Golden Beach Dr. Golden Beach, FL 33160	Self	6/14/00	$250.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: Community Activist		
	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
Samuel Goldstein 10160 W. Bay Harbor Drive #4B Bay Harbor Islands, FL 33154	Attorney	6/30/00	$200.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: Self		
	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
Gene Gomberg 2950 N. 29th Terr. Hollywood, FL 33020	Continental Group	6/28/00	$500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: Business Executive		
	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
Donald Goodman 1000 Island Blvd., #803 Aventura, FL 33160	Retired	6/30/00	$1,000.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation		
	Aggregate Year-to-Date > $	$1,000.00	

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Vera Goodman 2660 S. Ocean Blvd. Apt. 703W Palm Beach, FL 33480	Information	6/12/00	$200.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: Requested		
	Aggregate Year-to-Date > $	$400.00	

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Vera Goodman 2660 S. Ocean Blvd. Apt. 703W Palm Beach, FL 33480	Information	5/10/00	$200.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: Requested		
	Aggregate Year-to-Date > $	$400.00	

SUBTOTAL of Receipts This Page (optional)	$2,850.00
TOTAL This Period (last page this line number only)	

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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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)

Elaine Bloom for Congress CD0345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Beth Gopman 709 Dilido Dr. Miami Beach, FL 33139-1239	Self	5/22/00	$600.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Community Activist	Aggregate Year-to-Date $	$900.00
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Beth Gopman 709 Dilido Dr. Miami Beach, FL 33139-1239	Self	5/22/00	$300.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Community Activist	Aggregate Year-to-Date $	$600.00
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Glenn Gopman 2010 NE 198th Terr. Miami, FL 33174-3132	Rochlin, Cohen & Holtz	5/31/00	$250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: CPA	Aggregate Year-to-Date $	$250.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
William Graham 16001 NW 83rd Ave. Miami Lakes, FL 33016	The Graham Companies	6/8/00	$500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: President	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**
William Graham 6843 Main St. Miami Lakes, FL 33014	The Graham Company	6/8/00	$500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Buisness Executive	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**
Stanley Greenstein 3802 NE 207th St. Aventura, FL 33180		5/2/00	$500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Retired	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**
Jane Dee Gross 2900 Flamingo Dr Miami Beach, FL 33140	N/A	4/19/00	$250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: N/A	Aggregate Year-to-Date $	$250.00

SUBTOTAL of Receipts This Page (optional) $2,900.00

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

FE6AN07SPDF

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Joan Gross 3801 NE 207th Street, #2801 Aventura, FL 33180	Self	5/2/00	$250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Community Leader	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
Robert Gross 1901 Brickell Ave., Apt. B2414 Miami, FL 33129	Unemployed Attorney's Mgt. Inc.	5/2/00	$300.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Business Owner	Aggregate Year-to-Date $	$300.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lee Heger 3015 Sorrel Ct. Fort Lauderdale, FL 33331	Southern Wine & Spirits of America Inc.	6/8/00	$1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Executive	Aggregate Year-to-Date $	$1,000.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Andrew Hall 1428 Brickell Ave 8th floor Miami, FL 33131	Self	6/23/00	$1,000.00
Receipt For: [ ] Primary [X] General [ ] Other (specify):	Occupation: Attorney	Aggregate Year-to-Date $	$2,000.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael Hanzman 4835 SW 76th Street Miami, FL 33143	Hanzman and Cridan, PA	6/30/00	$1,000.00
Receipt For: [ ] Primary [X] General [ ] Other (specify):	Occupation: Attorney	Aggregate Year-to-Date $	$1,000.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lydia Harrison 109 4th Terrace Rivo Alto Island Miami Beach, FL 33139	Information	6/30/00	$500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Requested	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
Thomas Heard 11111 Biscayne Blvd. Condo #3, PH 55 Miami, FL 33181	Retired	5/25/00	$1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation	Aggregate Year-to-Date $	$1,000.00

SUBTOTAL of Receipts This Page (optional) $5,050.00

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

FE6AN(m)PDF

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

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FOR LINE NUMBER 1(a)(i)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345406

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Susan Helfman 465 Rovino Ave. Coral Gables, FL 33156		4/19/00	$250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Homemaker		
	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
Hal Herman 3530 Mystic Pointe Drive Aventura, FL 33180	Worth International Communications Corp	6/30/00	$1,000.00
Receipt For: [ ] Primary [X] General [ ] Other (specify):	Occupation: President		
	Aggregate Year-to-Date > $	$1,000.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David Hermelin 31500 Bingham Road Bingham Farms, MI 48025	Self	6/30/00	$250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Investor		
	Aggregate Year-to-Date > $	$250.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Helen Hermes 46 Dorothy Road Redding, CT 06896		5/12/00	$250.00 *
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Retired		
	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
Emily's List 805 15th Street, NW. Suite 400 Washington, DC 20005	Note: Above Contribution earmarked through this organi	5/12/00	MEMO $250.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):	Occupation: Conduit total: $51,005.00		
	Aggregate Year-to-Date > $		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Deborah Hoffman 3525 Bayshore Villas Drive Miami, FL 33133	Self-Employed	6/15/00	$1,000.00
Receipt For: [ ] Primary [X] General [ ] Other (specify):	Occupation: Attorney		
	Aggregate Year-to-Date > $	$2,000.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Deborah Hoffman 3525 Bayshore Villas Drive Miami, FL 33133	Self-Employed	6/15/00	$750.00
Receipt For: [ ] Primary [X] General [ ] Other (specify):	Occupation: Attorney		
	Aggregate Year-to-Date > $	$2,000.00	

SUBTOTAL of Receipts This Page (optional)	$3,500.00
TOTAL This Period (last page this line number only)	

FE6AN078PDF

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Deborah Hoffman 3525 Bayshore Villas Drive Miami, FL 33133	Self-Employed	4/25/00	$250.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Occupation: Attorney	Aggregate Year-to-Date > $	$2,000.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Larry Hoffman Greenberg Traurig Union Planters Bank Building, 22nd Floor Miami, FL 33131	Greenberg Traurig	6/15/00	$1,000.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Occupation: Attorney	Aggregate Year-to-Date > $	$2,000.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Larry Hoffman Greenberg Traurig Union Planters Bank Building, 22nd Floor Miami, FL 33131	Greenberg Traurig	6/15/00	$1,000.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: Attorney	Aggregate Year-to-Date > $	$2,000.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Hogan 701 Brickel Ave., Ste. 3000 Miami, FL 33131	Holland & Knight	6/14/00	$1,000.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: Lawyer	Aggregate Year-to-Date > $	$1,000.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Fana Holtz 9999 Collins Avenue Miami, FL 33154	Homemaker	6/22/00	$1,000.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Occupation: Homemaker	Aggregate Year-to-Date > $	$1,000.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sonny Holtzman Holtzman, Krinzman, et al 2601 South Bayshore Dr., #800 Miami, FL 33133	Holtzman, Krinzman, Equels & Furia	6/27/00	$500.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: Attorney	Aggregate Year-to-Date > $	$1,000.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Judy Honig 9911 Depaul Drive Bethesda, MD 20817	eLoyalty	5/14/00	$250.00 *
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: Consultant	Aggregate Year-to-Date > $	$250.00

SUBTOTAL of Receipts This Page (optional) $5,000.00

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

FEBAN07PDF

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

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FOR LINE NUMBER 11(a)(i)

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

NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Emily's List 805 15th Street, NW, Suite 400 Washington, DC 20005	Note: Above Contribution earmarked through this organi Occupation: Conduit total: $51,005.00	5/14/00	MEMO $250.00
Receipt For: ☐ Primary ☐ General ☒ Other (specify):	Aggregate Year-to-Date > $		
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Lawrence Hurwit 2115 N.E. 191st Drive North Miami Beach, FL 33179	Self Occupation: Investor	5/31/00	$500.00
Receipt For: ☒ 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**
Elmer Hurwitz 194 Golden Beach Drive Miami, FL 33180	Retired Occupation:	6/30/00	$500.00
Receipt For: ☐ 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**
Doran Jason 4515 North Bay Road Miami Beach, FL 33140	The Doran Jason Group Occupation: President	6/30/00	$1,000.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $	$1,000.00	
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Barbara Jonas 20185 E. Country Club Dr., #2304 Aventura, FL 33180	Homemaker Occupation: Homemaker	5/16/00	$236.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Aggregate Year-to-Date > $	$236.00	
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Kathryn Kami 2880 NE 14th ST #405 Pompano Beach, FL 33062	Occupation: Retired	6/28/00	$500.00
Receipt For: ☒ 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**
Alyne Kaplan 1945 NE 201 Street North Miami Beach, FL 33179	Information Occupation: Requested	6/30/00	$500.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $	$500.00	

SUBTOTAL of Receipts This Page (optional)	$3,236.00
TOTAL This Period (last page this line number only)	

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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

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FOR LINE NUMBER 11(a)(i)

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

NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stanley Katz 2 N. Breakers Row Palm Beach, FL 33480	Self	4/17/00	$1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Retired-Investor	Aggregate Year-to-Date $	$1,000.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Deborah Kaye 11111 Biscayne Blvd. Ste 1657 Miami, FL 33161	Self	6/30/00	$1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Investor	Aggregate Year-to-Date $	$1,000.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dona Kelley 830 Swan Ave. Miami Springs, FL 33166	Information	5/2/00	$1,000.00
Receipt For: [ ] Primary [X] General [ ] Other (specify):	Occupation: Requested	Aggregate Year-to-Date $	$2,000.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dona Kelley 830 Swan Ave. Miami Springs, FL 33166	Information	5/2/00	$1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Requested	Aggregate Year-to-Date $	$2,000.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
L Keyfetz 44 W. Flagler St., Ste. 2400 Miami, FL 33130	Keyfetz, Asnis & Srebnick, P.A.	6/9/00	$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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Henry Klein 1 Grove Isle Dr #1603 Miami, FL 33133	Coding Group	6/30/00	$500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Real Estate Broker	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
Lynn Klein 412 Oyster Road North Palm Beach, FL 33408	Self	5/19/00	$250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Bookkeeper	Aggregate Year-to-Date $	$250.00

SUBTOTAL of Receipts This Page (optional) $5,000.00

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

FE6AH07SPDF

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE 34 OF 62

FOR LINE NUMBER 11(a)(i)

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

NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Alan Kluger 2800 Island Blvd W. #2402 Miami, FL 33160	Kluger, Peretz, Kaplan, & Berlin P.A. Attorney $500.00	6/30/00	$500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):			
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Matthew Komreich 420 Primavera Way Palm Beach, FL 33480	Komreich/NIA Executive $1,000.00	5/19/00	$1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):			
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Henry Kort 20320 Fairway Oaks DR. #332 Boca Raton, FL 33434	Retired $500.00	6/27/00	$250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):			
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Helen Kotler 9801 Collins Ave., Apt. 200 Bal Harbour, FL 33154	Self-Employed Real Estate Broker $250.00	4/28/00	$250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):			
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Marc Kovens 10 Edgewater Dr. Coral Gables, FL 33133	Kovens Development RE Developer $500.00	6/30/00	$500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):			
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Werner Kramarsky 33 East 70th Street New York, NY 10021	Retired Retired $500.00	4/25/00	$500.00
Receipt For: [ ] Primary [X] General [ ] Other (specify):			
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Dorothy Kravetz 19667 Turnberry Way #14-H Aventura, FL 33180	Retired $1,200.00	6/28/00	$500.00
Receipt For: [ ] Primary [X] General [ ] Other (specify):			

SUBTOTAL of Receipts This Page (optional) $3,500.00

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

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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Philip Kretsedemas 1907 Adams St #3 Hollywood, FL 33020	Florida Memorial College	6/23/00	$300.00 *
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: Asst Prof of Sociology	Aggregate Year-to-Date $	$300.00

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MoveOn.org P.O. Box 9063 Berkeley, CA 94709-	Note: Above Contribution earmarked through this organi	6/23/00	MEMO $300.00
Receipt For: [ ] Primary [ ] General [x] Other (specify):	Occupation: Conduit total: $17,760.00	Aggregate Year-to-Date $	

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Anita Krieger 1354 Cleviand Road Miami Beech, FL 33141	Haddan Hall Hotel	6/30/00	$1,000.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: Buisness Executive	Aggregate Year-to-Date $	$1,000.00

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jorgelina Lago 10429 NW 129th St. Hialeah Gardens, FL 33016	Information	6/15/00	$1,000.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: Requested	Aggregate Year-to-Date $	$1,000.00

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Louis Lago 10429 NW 129th St. Hialeah Gardens, FL 33016-6044	Information	6/15/00	$1,000.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: Requested	Aggregate Year-to-Date $	$1,000.00

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Marilyn Lampert 2900 Le Bateau Dr. Palm Beech Gardens, FL 33410-1288	Self	6/6/00	$500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: Insurance Broker	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
Michael Landa 9418 Broadview Dr Bal Harbour, FL 33154	Aon Risk Services	6/30/00	$500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: Insurance Broker	Aggregate Year-to-Date $	$500.00

SUBTOTAL of Receipts This Page (optional)	$4,300.00
TOTAL This Period (last page this line number only)	

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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Tania Lapciuc 1753 North View Drive Miami Beach, FL 33140	Self Community Activist $250.00	5/2/00	$250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):			
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Edie Laquer 2901 S. Bayshore Dr., PH B Coconut Grove, FL 33133	Laquer Corporate Realty Owner $500.00	6/9/00	$500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):			
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Michael Lazar 419 Park Avenue South Ste. 300 New York, NY 10016	Michael Lazar Co. Investor $1,000.00	6/19/00	$1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):			
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Donald Lefton 3250 Mary Street, Suite 500 Miami, FL 33133	Carnival Resorts & Casinos Vice Chairman of the Board $500.00	4/25/00	$250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):			
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Shirley Lehman 2071 NE 194th Terr North Miami Beach, FL 33179	Homemaker $1,000.00	6/1/00	$1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):			
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Norman Leventhal 12 Sloan's Curve Drive Palm Beach, FL 33480	Retired $250.00	5/10/00	$250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):			
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
F. Lynn Leverett 7604 SW 178th Terrace Miami, FL 33157	Retired $300.00	6/30/00	$200.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):			

SUBTOTAL of Receipts This Page (optional) $3,450.00

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

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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

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FOR LINE NUMBER 31(a)(i)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Behna Levin Receipt For: [X] Primary [ ] General [ ] Other (specify):	Information Occupation: Requested	5/10/00 Aggregate Year-to-Date: $250.00	$250.00
B. Full Name, Mailing Address and ZIP Code Carolyn Levin 8855 Collins Ave #401 Surfside, FL 33154 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer: Retired Occupation:	5/8/00 Aggregate Year-to-Date: $500.00	$500.00 *
C. Full Name, Mailing Address and ZIP Code Emily's List 805 16th Street, NW, Suite 400 Washington, DC 20005 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Name of Employer: Note: Above Contribution earmarked through this organi Occupation: Conduit total: $51,005.00 Aggregate Year-to-Date: $	Date (month, day, year): 5/8/00	Amount of Each Receipt this Period: MEMO $500.00
D. Full Name, Mailing Address and ZIP Code Shirlee Levin 19500 Turnberry WAY #D-10 Aventura, FL 33180 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer: Self Occupation: Community Activist Aggregate Year-to-Date: $318.00	Date (month, day, year): 5/25/00	Amount of Each Receipt this Period: $200.00
E. Full Name, Mailing Address and ZIP Code Shirlee Levin 19500 Turnberry WAY #D-10 Aventura, FL 33180 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer: Self Occupation: Community Activist Aggregate Year-to-Date: $318.00	Date (month, day, year): 5/12/00	Amount of Each Receipt this Period: $118.00
F. Full Name, Mailing Address and ZIP Code Marlene Levine 136 Rosales Ct. Coral Gables, FL 33143 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer: Housewife Occupation: Aggregate Year-to-Date: $250.00	Date (month, day, year): 5/12/00	Amount of Each Receipt this Period: $250.00
G. Full Name, Mailing Address and ZIP Code Barbara Levinson 318 North Woods Road Palm Beach, FL 33480 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer: Information Occupation: Requested Aggregate Year-to-Date: $500.00	Date (month, day, year): 4/28/00	Amount of Each Receipt this Period: $500.00

SUBTOTAL of Receipts This Page (optional) $1,818.00

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

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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE 38 OF 62

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Rhoda Levitt 3519 Bayshore Villas Drive Coconut Grove, FL 33133	Self	6/30/00	$500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Community Activist	Aggregate Year-to-Date: $	$750.00

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Rhoda Levitt 3519 Bayshore Villas Drive Coconut Grove, FL 33133	Self	4/21/00	$250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Community Activist	Aggregate Year-to-Date: $	$750.00

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael Lewis 8932 Queenferry Circle Boca Raton, FL 33496	Information	6/30/00	$500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Requested	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
Carlos Lidsky 154 East 49th Street Hialeah, FL 33013	Lidsky, Vaccaro & Montes, PA	6/27/00	$1,000.00
Receipt For: [ ] Primary [X] General [ ] Other (specify):	Occupation: Attorney	Aggregate Year-to-Date: $	$2,000.00

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bennett Lifter 18425 NW 2nd Avenue, #305 Miami, FL 33169	Self-Employed	6/27/00	$500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Attorney	Aggregate Year-to-Date: $	$1,000.00

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Nancy Lipoff 3 Grove Isle Dr. #1D09 Coconut Grove, FL 33133	N/A	4/25/00	$250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: N/A	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
John Lively 4534 Hunting Trail Lake Worth, FL 33467	Protel Ind., Inc.	5/22/00	$100.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Senior Vice President	Aggregate Year-to-Date: $	$2,000.00

SUBTOTAL of Receipts This Page (optional)	$3,100.00
TOTAL This Period (last page this line number only)	

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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 39 OF 62
	FOR LINE NUMBER 1(a)(i)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Lively 4534 Hunting Trail Lake Worth, FL 33467	Protel Ind., Inc.	6/14/00	$900.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: Senior Vice President	Aggregate Year-to-Date $	$2,000.00

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Lively 4534 Hunting Trail Lake Worth, FL 33467	Protel Ind., Inc.	6/14/00	$1,000.00
Receipt For: [ ] Primary [x] General [ ] Other (specify):	Occupation: Senior Vice President	Aggregate Year-to-Date $	$2,000.00

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Phyllis Lucero 1225 Babcock Rd. Colorado Springs, CO 80915		5/3/00	$300.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: Retired	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
Emily's List 805 15th Street, NW. Suite 400 Washington, DC 20005	Note: Above Contribution earmarked through this organi	5/3/00	MEMO $300.00
Receipt For: [ ] Primary [ ] General [x] Other (specify):	Occupation: Conduit total: $51,005.00	Aggregate Year-to-Date $	

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Anthony Lundy 12260 Glenmore Dr. Coral Springs, FL 33071	Source South Florida	6/14/00	$1,000.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: Vice President	Aggregate Year-to-Date $	$1,000.00

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Claudina Maidique 4331 SW 15th St. Miami, FL 33134-3807	Self	6/23/00	$250.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: Maidique Design & Build Corr	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
Angelo Malahias 1028 Pine Branch Court Weston, FL 33326	ANDRX Corporation	5/4/00	$500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: CFO	Aggregate Year-to-Date $	$500.00

SUBTOTAL of Receipts This Page (optional)	$3,950.00
TOTAL This Period (last page this line number only)	

FEBAN01PDF

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE 40 OF 62

FOR LINE NUMBER 31(a)(i)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
A. Ellen Malcolm 805 15th Street, NW Suite 400 Washington, DC 20005	EMILY'S List President $500.00	6/28/00	$250.00 *
Receipt For: [x] Primary [ ] General [ ] Other (specify):			
B. Emily's List 805 15th Street, NW, Suite 400 Washington, DC 20005	Note: Above Contribution earmarked through this organi Conduit total: $51,005.00	6/28/00	MEMO $250.00
Receipt For: [ ] Primary [ ] General [x] Other (specify):			
C. Johanna Manley 2475 Marseilles Drive West Palm Beach, FL 33410	Self Community Activist $500.00	6/30/00	$500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):			
D. Stephen Manson 1321 NE 172nd Street North Miami Beach, FL 33162	Self-Employed Driver's Education School Exe $1,000.00	5/31/00	$1,000.00
Receipt For: [ ] Primary [x] General [ ] Other (specify):			
E. Martin Margulies 445 Grand Bay Drive, #PH-1 Key Biscayne, FL 33149	Self-Employed Real Estate Developer $500.00	6/30/00	$250.00
Receipt For: [ ] Primary [x] General [ ] Other (specify):			
F. Jerry Markowitz Markowitz, Davis & Ringel Suite 1225 Miami, FL 33156	Markowitz, Davis & Ringel Attorney $500.00	6/30/00	$500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):			
G. Priscilla McDougal 200 Woodwind Circle Kalamazoo, MI 49006	Information Requested $250.00	5/31/00	$250.00 *
Receipt For: [x] Primary [ ] General [ ] Other (specify):			

SUBTOTAL of Receipts This Page (optional) $2,750.00

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

FLSCHA02P2F

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Emily's List 805 15th Street, NW, Suite 400 Washington, DC 20005 Receipt For: [ ] Primary [ ] General [x] Other (specify):	Name of Employer: Note: Above Contribution earmarked through this organi Occupation: Conduit total: $51,005.00 Aggregate Year-to-Date: $	5/31/00	MEMO $250.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Laura McGhee 9345 Chisholm Rd., P-2 Pensacola, FL 32514 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer: Creative Associates International Inc Occupation: technical advisor Aggregate Year-to-Date: $ $1,000.00	6/30/00	$1,000.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
MoveOn.org P.O. Box 9063 Berkeley, CA 94709- Receipt For: [ ] Primary [ ] General [x] Other (specify):	Name of Employer: Note: Above Contribution earmarked through this organi Occupation: Conduit total: $17,760.00 Aggregate Year-to-Date: $	6/30/00	MEMO $1,000.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
John Meik Fisher Island Holdings LLC 1 Fisher Island Drive Miami, FL 33109 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer: Fisher Island Holdings Occupation: Developer Aggregate Year-to-Date: $ $250.00	4/25/00	$250.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Arlene Mendelson 3518 Bayshore Villas Drive Miami, FL 33133 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer: Self Occupation: Community Activist Aggregate Year-to-Date: $ $1,000.00	6/30/00	$1,000.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Laurans Mendelson 3518 Bayshore Villas Drive Miami, FL 33133 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Name of Employer: Helco Corporation Occupation: Executive Aggregate Year-to-Date: $ $1,000.00	6/30/00	$1,000.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Charles Merinoff 18-43 43rd Street Long Island City, NY 11105 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer: Efficiency Leasing of Maryland, LLC Occupation: Partner Aggregate Year-to-Date: $ $1,000.00	6/27/00	$1,000.00

SUBTOTAL of Receipts This Page (optional)	$4,250.00
TOTAL This Period (last page this line number only)	

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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Gail Meyers 2000 S Bayshore Dr. Unit #72 Coconut Grove, FL 33133 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Self / Community Activist / $2,000.00	6/23/00	$1,000.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Gail Meyers 2000 S Bayshore Dr. Unit #72 Coconut Grove, FL 33133 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Self / Community Activist / $2,000.00	6/23/00	$1,000.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Michael Milberg 4141 NE 2nd Ave, Ste. 106A Miami, FL 33137 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Self / Owner, Big Dog Ventures, Inc / $500.00	6/23/00	$500.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Carolyn Miller 23 Indian Creek Island Miami, FL 33154 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Wimbash-Riteway / Real Estate Agent / $250.00	6/19/00	$250.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Leonard Miller 23 Indian Creek Island Indian Creek, FL 33154 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Pasadena Homes, Inc. / Builder / $1,000.00	6/6/00	$1,000.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Lester Miller 20043 NE 36th Place Aventura, FL 33180 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Newcastle Industries / Owner / $1,000.00	6/27/00	$1,000.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Suzy Minkoff 3090 Chateau Lane Palm Beach Gardens, FL 33410 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Self / Community Activist / $250.00	6/2/00	$250.00

SUBTOTAL of Receipts This Page (optional)	$5,000.00
TOTAL This Period (last page this line number only)	

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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

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FOR LINE NUMBER 11(a)(i)

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

NAME OF COMMITTEE (In Full)

Elaine Sloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mona Mizrachi 1200 NE Miami Gardens Drive, #1021W North Miami Beach, FL 33179	Ganot Corp.	6/27/00	$500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: Receptionist	Aggregate Year-to-Date $	$1,000.00
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Jan Montgomery 842 Via Fruteria Santa Barbara, CA 93110		6/5/00	$250.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: Retired	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**
Matthew Moore 111 Fourth Avenue, Apt. 9E New York, NY 10003	Davis Polk & Wardwell	6/21/00	$250.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: Lawyer	Aggregate Year-to-Date $	$250.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
MoveOn.org P.O. Box 9063 Berkeley, CA 94709-	Note: Above Contribution earmarked through this organi	6/21/00	MEMO $250.00
Receipt For: [ ] Primary [ ] General [x] Other (specify):	Occupation: Conduit total: $17,760.00	Aggregate Year-to-Date $	
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Sara Moriber 1434 W 24 St Miami Beach, FL 33140	Self	5/12/00	$250.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: Community Activist	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**
Jon Moyle 525 N Flagler Dr. PO Box 3888 West Palm Beach, FL 33402	Moyle Flanagan	6/9/00	$500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: Attorney	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**
Kenneth Myers 3000 Miami Center 201 S. Biscayne Blvd. Miami, FL 33131	Self	6/30/00	$500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: Attorney	Aggregate Year-to-Date $	$500.00

SUBTOTAL of Receipts This Page (optional) $2,250.00

TOTAL This Period (last page this line number only)

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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE 44 OF 62

FEC LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Barry Nelson 200 Golden Beach Drive Golden Beach, FL 33160 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Self Attorney Aggregate Year-to-Date > $	5/31/00 $250.00	$250.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Selma Newman 1450 W. 25th St. Sunset Island, #2 Miami Beach, Fl. 33140 Receipt For: [X] Primary [ ] General [ ] Other (specify):	N/A N/A Aggregate Year-to-Date > $	5/16/00 $250.00	$250.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Katie Nichols 1682 Oceanview Drive Tierra Verde, FL 33715 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Self Investor Aggregate Year-to-Date > $	5/22/00 $1,000.00	$800.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Katie Nichols 1682 Oceanview Drive Tierra Verde, FL 33715 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Self Investor Aggregate Year-to-Date > $	5/22/00 $1,000.00	$100.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Tamara Nixon 4648 N. Bay Rd. Miami Beach, FL 33140 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Self Real Estate Consultant Aggregate Year-to-Date > $	5/16/00 $250.00	$250.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
James Nobil 5735 NW 40th Way Boca Raton, FL 33496 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Self Real Estate Aggregate Year-to-Date > $	6/28/00 $500.00	$250.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Stephen Nuell 782 NW 42nd Avenue Miami, FL 33126 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Nuell & Polsky Attorney Aggregate Year-to-Date > $	6/30/00 $250.00	$250.00

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

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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

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FEC LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Suzanne Oliver 3760 N. 55th Ave. Hollywood, FL 33021	Self / CRNA	6/30/00	$150.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $	$300.00	
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Nedra Oren 3526 Bayshore Villas Dr. Coconut Grove, FL 33133	Self / Community Activist	4/17/00	$250.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $	$250.00	
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Michael Orlove 5220 N. 37th St. Hollywood, FL 33021	Information / Requested	6/6/00	$500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $	$700.00	
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Elizabeth Paddock 525 S. Flagler 11C West Palm Beach, FL 33401	Self / Homemaker	5/25/00	$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**
Kopel Parnes 2751 South Ocean D., #1805N Hollywood, FL 33019	/ Retired	6/27/00	$200.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $	$400.00	
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Nancy Parrish 433 El Arroyo Rd. Hillsborough, CA 94010	Self / Community Activist	5/25/00	$1,000.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $	$1,000.00	
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Steven Peretz 5654 Oakmont Ave Fort Lauderdale, FL 33312	Kluger, Peretz, Kaplan, & Berlin P.A. / Attorney	6/30/00	$500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $	$500.00	

SUBTOTAL of Receipts This Page (optional)	$2,850.00
TOTAL This Period (last page this line number only)	

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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Larry Perl 1886 S Bayshore Lane Coconut Grove, FL 33131	Self Employed Occupation: Investor Aggregate Year-to-Date: $1,000.00	6/30/00	$1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):			
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Daphne Philipson PO Box 242 Ardsley On Hudson, NY 10503	None Occupation: Aggregate Year-to-Date: $250.00	5/25/00	$250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):			
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Kathy Pillsbury 34 Carver Rd. Newton Highlands, MA 2461	self-employed Occupation: photographer Aggregate Year-to-Date: $250.00	6/26/00	$250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):			
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
MoveOn.org P.O. Box 9083 Berkeley, CA 94709-	Note: Above Contribution earmarked through this organi Occupation: Conduit total: $17,760.00 Aggregate Year-to-Date:	6/26/00	MEMO $250.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):			
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Sherri Poliakoff 13211 Lurey Rd. Fort Lauderdale, FL 33330-3728	Self Occupation: Community Activist Aggregate Year-to-Date: $250.00	6/22/00	$250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):			
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Richard Pollack 1 SE 3rd Avenue, 15th Floor Miami, FL 33131	Berkowitz, Dick, et al Occupation: CPA Aggregate Year-to-Date: $500.00	6/30/00	$500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):			
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Mark Pomerantz 12955 Biscayne Blvd. Ste. 208 Miami, FL 33181	Self Occupation: Attorney Aggregate Year-to-Date: $1,000.00	5/31/00	$1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):			

SUBTOTAL of Receipts This Page (optional) $3,250.00

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

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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

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FO3 LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code Stephen Power 1600 N.W. 163rd Street Miami, FL 33169 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Name of Employer Southern Wine and Spirits Occupation Beverage Distribution Exec. Aggregate Year-to-Date $ $1,000.00	Date (month, day, year) 6/8/00	Amount of Each Receipt this Period $1,000.00
B. Full Name, Mailing Address and ZIP Code Mary Lou Powers 505 Forest Ave. Oak Park, IL 60302 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Retired Aggregate Year-to-Date $ $300.00	Date (month, day, year) 5/9/00	Amount of Each Receipt this Period $300.00
C. Full Name, Mailing Address and ZIP Code Emily's List 805 15th Street, NW, Suite 400 Washington, DC 20005 Receipt For: ☐ Primary ☐ General ☒ Other (specify):	Name of Employer Note: Above Contribution earmarked through this organi Occupation Conduit total: $51,005.00 Aggregate Year-to-Date $	Date (month, day, year) 5/9/00	Amount of Each Receipt this Period MEMO $300.00
D. Full Name, Mailing Address and ZIP Code T. Prescott 1200 Anastasia Ave., 2nd Flr. Miami, FL 33134 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer The Biltmore Hotel Occupation Buisness Executive Aggregate Year-to-Date $ $500.00	Date (month, day, year) 6/19/00	Amount of Each Receipt this Period $500.00
E. Full Name, Mailing Address and ZIP Code Jon Rappaport 19501 Biscayne Blvd. #400 Aventura, FL 33180 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Name of Employer Self Occupation Veterinarian Aggregate Year-to-Date $ $1,000.00	Date (month, day, year) 6/28/00	Amount of Each Receipt this Period $1,000.00
F. Full Name, Mailing Address and ZIP Code Selma Rappaport 18181 NE 31st Ct. #609 Aventura, FL 33160 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Retired Occupation Aggregate Year-to-Date $ $250.00	Date (month, day, year) 5/12/00	Amount of Each Receipt this Period $250.00
G. Full Name, Mailing Address and ZIP Code Dianne Raulson 14317 SW 62nd Street Miami, FL 33183 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Miami-Dade County Days, Inc. Occupation Coordinator Aggregate Year-to-Date $ $250.00	Date (month, day, year) 5/10/00	Amount of Each Receipt this Period $250.00
SUBTOTAL of Receipts This Page (optional)			$3,300.00
TOTAL This Period (last page this line number only)			

FE6AN079PDF

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Gertrude Reagan 967 Moreno Ave. Palo Alto, CA 94303-3732	Self Artist	5/16/00	$250.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $	$250.00	
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Emily's List 805 15th Street, NW. Suite 400 Washington, DC 20005	Note: Above Contribution earmarked through this organi Conduit total: $51,005.00	5/16/00	MEMO $250.00
Receipt For: [ ] Primary [ ] General [x] Other (specify):	Aggregate Year-to-Date > $		
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Ida Reis 19667 Turnberry Way #20 GR Aventura, FL 33180	Retired	6/28/00	$1,000.00
Receipt For: [ ] Primary [x] General [ ] Other (specify):	Aggregate Year-to-Date > $	$2,000.00	
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Ida Reis 19667 Turnberry Way #20 GR Aventura, FL 33180	Retired	6/28/00	$1,000.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $	$2,000.00	
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Alan Reyf 16461 NE 30th Ave. North Miami Beach, FL 33160	Information Requested	5/31/00	$300.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $	$300.00	
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Gerald Richman 19 St. George Place West Palm Beach, FL 33418	Richman, et. Al Attorney	6/22/00	$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 / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Greg Ritter 7000 West Palmetto Park Road, Suite 400 Boca Raton, FL 33433	Ritter Chusid Bivona & Cohen, LLP	6/30/00	$500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $	$500.00	

SUBTOTAL of Receipts This Page (optional) $3,300.00

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

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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

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FOR LINE NUMBER 11(a)(i)

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

NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Karen Rivo 4566 Prairie Ave Miami Beach, FL 33140	Self	4/28/00	$250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Nurse	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**
Lawrence Robbins 10236 W. Broadview Drive Bay Harbor Islands, FL 33154	Self	6/30/00	$1,000.00
Receipt For: [ ] Primary [X] General [ ] Other (specify):	Occupation: Plastic Surgeon	Aggregate Year-to-Date $	$1,000.00
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Marjorie Robbins 10236 West Broadview Drive Bal Harbour, FL 33154	Lazan, Trute & Robbins	6/30/00	$1,000.00
Receipt For: [ ] Primary [X] General [ ] Other (specify):	Occupation: Attorney	Aggregate Year-to-Date $	$2,000.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Marjorie Robbins 10236 West Broadview Drive Bal Harbour, FL 33154	Lazan, Trute & Robbins	6/30/00	$1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Attorney	Aggregate Year-to-Date $	$2,000.00
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Berenice Rogers 130 Sunrise Ave., Apt. 413 Palm Beach, FL 33480		5/4/00	$100.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Retired	Aggregate Year-to-Date $	$350.00
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Robert Rogers 523 S. Flagler Dr., Apt. 9-G West Palm Beach, FL 33401	Rogers Bowers Dempsey and Paladino	5/31/00	$250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Attorney	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**
Michael Rose 150 W Flagler St #1525 Miami, FL 33130	Self	6/22/00	$500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Attorney	Aggregate Year-to-Date $	$500.00

SUBTOTAL of Receipts This Page (optional) $4,100.00

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

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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE 50 OF 62

FOR LINE NUMBER 1(a)(i)

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

NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Selma Rosen 2000 S. Ocean Blvd. #5109 Palm Beach, FL 33480	Self	5/10/00	$250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Community Activist	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
Neal Roth 7229 SW 102nd Street Miami, FL 33156	Self	6/27/00	$1,000.00
Receipt For: [ ] Primary [X] General [ ] Other (specify):	Occupation: Attorney	Aggregate Year-to-Date $	$1,000.00

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Vicki Roth Grand Bay Plaza PH1 2665 S. Bayshore Drive Coconut Grove, FL 33133		6/27/00	$1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Housewife	Aggregate Year-to-Date $	$1,000.00

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Martin Rubin 98 Dutchmill Lane Buffalo, NY 14211	Buffalo c/c Inc	6/30/00	$250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: President	Aggregate Year-to-Date $	$450.00

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Candace Ruskin 5500 Collins Avenue Miami Beach, FL 33140		6/22/00	$1,000.00
Receipt For: [ ] Primary [X] General [ ] Other (specify):	Occupation: Retired	Aggregate Year-to-Date $	$1,000.00

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Angela Sacher 520 Brickell Key Dr, #A-BH23 Miami, FL 33131	UAHC	6/30/00	$350.00
Receipt For: [ ] Primary [X] General [ ] Other (specify):	Occupation: Outreach Director	Aggregate Year-to-Date $	$750.00

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Angela Sacher 520 Brickell Key Dr, #A-BH23 Miami, FL 33131	UAHC	6/30/00	$150.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Outreach Director	Aggregate Year-to-Date $	$750.00

SUBTOTAL of Receipts This Page (optional)	$4,000.00
TOTAL This Period (last page this line number only)	

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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

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FOR LINE NUMBER 11(a)(i)

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

NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Raquel Scheck 2120 NE 190th Terr. Miami, FL 33179	Sweet Paper Sales Corp.	6/30/00	$250.00
Receipt For: [ ] Primary [X] General [ ] Other (specify):	Occupation: Executive	Aggregate Year-to-Date $	$1,250.00

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Raquel Scheck 2120 NE 190th Terr. Miami, FL 33179	Sweet Paper Sales Corp.	6/30/00	$750.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Executive	Aggregate Year-to-Date $	$1,250.00

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Raquel Scheck 2120 NE 190th Terr. Miami, FL 33179	Sweet Paper Sales Corp.	5/12/00	$250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Executive	Aggregate Year-to-Date $	$1,250.00

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Martha Schecter 1080 N. Northlake Drive Hollywood, FL 33019		4/17/00	$500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Homemaker	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
Sheldon Schlesinger 1212 SE 3rd Ave. Fort Lauderdale, FL 33316	Self	6/23/00	$500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Attorney	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
Debra Schwartz 5880 Pine Tree Drive Miami Beach, FL 33140	Florida House	4/26/00	$250.00
Receipt For: [ ] Primary [X] General [ ] Other (specify):	Occupation: Legislative Aide	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
Miriam Schwartz 120 Canterbury Lane Palm Beach, FL 33480	self	5/10/00	$500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Community Activist	Aggregate Year-to-Date $	$500.00

SUBTOTAL of Receipts This Page (optional)	$3,000.00
TOTAL This Period (last page this line number only)	

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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE 52 OF 62

FOR LINE NUMBER 11(a)(i)

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

NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Rita Schwartz 19707 Turnberry Way, TH#1 Aventura, FL 33180	Self	5/26/00	$1,000.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: Community Activist	Aggregate Year-to-Date $	$1,000.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Herbert Shapiro 2000 S. Ocean Blvd. #2045 Palm Beach, FL 33480		5/10/00	$300.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: Retired	Aggregate Year-to-Date $	$300.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Julie Simon 6465 SW 110 Street Miami, FL 33156	Julie Simon Communications	5/19/00	$250.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: Public Relations	Aggregate Year-to-Date $	$250.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sherman Simon 9999 Collins Ave., #20K Bal Harbour, FL 33154		6/15/00	$1,000.00
Receipt For: [ ] Primary [x] General [ ] Other (specify):	Occupation: Retired	Aggregate Year-to-Date $	$1,500.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sherman Simon 9999 Collins Ave., #20K Bal Harbour, FL 33154		6/15/00	$250.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: Retired	Aggregate Year-to-Date $	$1,500.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stuart Sisisky 6690 Windsor Lane Miami Beach, FL 33141	Northern Trust Bank	6/27/00	$1,000.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: Business Executive	Aggregate Year-to-Date $	$1,000.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert Siskin 13877 Rivoli Drive Palm Beach Gardens, FL 33410		6/28/00	$250.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: Retired	Aggregate Year-to-Date $	$300.00

SUBTOTAL of Receipts This Page (optional) $4,050.00

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

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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code Joan Smith 1 Grove Isle Drive, #3D8 Miami, FL 33133 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Name of Employer: Retired Occupation: Retired Aggregate Year-to-Date > $ $500.00	Date (month, day, year): 6/19/00	Amount of Each Receipt this Period: $500.00
B. Full Name, Mailing Address and ZIP Code Eleanor Sobel 3700 N. 54th Ave. Hollywood, FL 33021 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer: State of Florida Occupation: Florida State Representative Aggregate Year-to-Date > $ $250.00	Date (month, day, year): 5/12/00	Amount of Each Receipt this Period: $250.00
C. Full Name, Mailing Address and ZIP Code Marsha Soffer 19501 Biscayne Blvd., Apt. 400 Miami, FL 33180 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Name of Employer: Turnberry Associates Occupation: Financial Planner Aggregate Year-to-Date > $ $1,000.00	Date (month, day, year): 6/28/00	Amount of Each Receipt this Period: $1,000.00
D. Full Name, Mailing Address and ZIP Code Diane Sollee 5310 Bell Road, NW Washington, DC 20015 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer: Coalition for Marriage, Family & Couples Edu. Occupation: Administrator Aggregate Year-to-Date > $ $500.00	Date (month, day, year): 6/16/00	Amount of Each Receipt this Period: $500.00
E. Full Name, Mailing Address and ZIP Code Allan Solomon 7244 Valencia Dr. Boca Raton, FL 33433 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer: Isle of Capri Casinos, Inc. Occupation: Executive VP's General Coun Aggregate Year-to-Date > $ $500.00	Date (month, day, year): 6/6/00	Amount of Each Receipt this Period: $500.00
F. Full Name, Mailing Address and ZIP Code Stephen Sonnabend 5 Coconut Lane Key Biscayne, FL 33149 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer: Sonesta Beach Hotel Occupation: Hotel Executive Aggregate Year-to-Date > $ $600.00	Date (month, day, year): 6/30/00	Amount of Each Receipt this Period: $400.00
G. Full Name, Mailing Address and ZIP Code Neal Sonnett 1581 Brickell Avenue #1804 Miami, FL 33129 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer: Self Occupation: Attorney Aggregate Year-to-Date > $ $1,000.00	Date (month, day, year): 6/27/00	Amount of Each Receipt this Period: $1,000.00
SUBTOTAL of Receipts This Page (optional)			$4,150.00
TOTAL This Period (last page this line number only)			

FE8AN03P3F

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Polly Spaulding 10 Heath Lane P.O. Box 2338		5/18/00	$1,000.00 *
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Homemaker	Aggregate Year-to-Date $	$1,000.00
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Emily's List 805 15th Street, NW, Suite 400 Washington, DC 20005	Note: Above Contribution earmarked through this organi	5/18/00	MEMO $1,000.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):	Occupation: Conduit total: $51,005.00	Aggregate Year-to-Date $	
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Joy Spill 4200 Royal Palm Ave Miami Beach, FL 33140	Simon and Simon PA	4/28/00	$250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Attorney	Aggregate Year-to-Date $	$250.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Doreen Spitzer 659 Lake Dr. Princeton, NJ 08540-5634	Self	6/19/00	$500.00 *
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Writer	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**
PeacePac 110 Maryland Ave., NE Washington, DC 20002	Note: Above Contribution earmarked through this organi	6/19/00	MEMO $500.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):	Occupation: Conduit total: $3,780.00	Aggregate Year-to-Date $	
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Steven Sponder P.O. Box 1690 Boca Raton, FL 33429	Information	5/12/00	$1,000.00
Receipt For: [ ] Primary [X] General [ ] Other (specify):	Occupation: Requested	Aggregate Year-to-Date $	$2,000.00
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Steven Sponder P.O. Box 1690 Boca Raton, FL 33429	Information	5/12/00	$1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Requested	Aggregate Year-to-Date $	$2,000.00

SUBTOTAL of Receipts This Page (optional) $3,750.00

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

FE8AN03.PDF

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Howard Sprechman 179 Golden Beach Dr. Golden Beach, FL 33160 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Information Occupation: Requested Aggregate Year-to-Date: $1,000.00	5/25/00	$1,000.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Joan Sprechman 532 N. Island Golden Beach, FL 33160 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Self Occupation: Community Activist Aggregate Year-to-Date: $1,000.00	5/31/00	$1,000.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Alpha Stacer 1529 North Victoria Park Road Fort Lauderdale, FL 33304 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: Retired Aggregate Year-to-Date: $250.00	4/28/00	$50.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Charles Stack 1200 Brickell Ave., Suite 950 Miami, FL 33131 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Stack Fernandez Anderson Harris & Wallace Occupation: Attorney Aggregate Year-to-Date: $500.00	6/6/00	$500.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Josephine Stayman 2500 S. Ocean Blvd. Palm Beach, FL 33480 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: Retired Aggregate Year-to-Date: $300.00	5/10/00	$100.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Josephine Stayman 2500 S. Ocean Blvd. Palm Beach, FL 33480 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: Retired Aggregate Year-to-Date: $300.00	5/10/00	$200.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Simon Stackel 701 Brickell Ave., Ste. 3260 Miami, FL 33131 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Self Occupation: Attorney Aggregate Year-to-Date: $500.00	6/16/00	$500.00

SUBTOTAL of Receipts This Page (optional)	$3,350.00
TOTAL This Period (last page this line number only)	

FEC Form 3P

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 56 OF 82
	FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Linda Steinberg 323 Golden Beach Dr. Miami, FL 33160	Self	6/23/00	$1,000.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: Community Activist	Aggregate Year-to-Date $	$1,000.00
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Robert Stillman 22 Primrose Street Chevy Chase, MD 20815	US SBA	5/10/00	$250.00 *
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: Assoc. Administrator	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**
Emily's List 805 15th Street, NW, Suite 400 Washington, DC 20005	Note: Above Contribution earmarked through this organi	5/10/00	MEMO $250.00
Receipt For: [ ] Primary [ ] General [x] Other (specify):	Occupation: Conduit total: $51,005.00	Aggregate Year-to-Date $	
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Robert Stok 2875 NE 191st Street, Suite 304 Aventura, FL 33180	Robert A. Stok, PA	5/25/00	$200.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: Attorney	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**
Natalie Stone 170 N. Ocean Blvd., PH1 Palm Beach, FL 33480	Self	5/10/00	$1,000.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: Community Activist	Aggregate Year-to-Date $	$1,000.00
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Kenneth Strauss 1 SE 3rd Ave , Floor 15 Miami, FL 33131	Berkowitz, et. Al	6/30/00	$500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: Accountant	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**
Meril Stumberger 11390 Island Lakes Ln Boca Raton, FL 33498-6805	Self	5/19/00	$500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: Government Relations	Aggregate Year-to-Date $	$500.00

SUBTOTAL of Receipts This Page (optional)	$3,450.00
TOTAL This Period (last page this line number only)	

FE8ANC79.PDF

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

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FOR LINE NUMBER 11(a)(i)

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

NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Lawrence Suran 7660 SW 146th St. Miami, FL 33158 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Information Occupation: Requested Aggregate Year-to-Date: $500.00	6/14/00	$250.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Lawrence Suran 7660 SW 146th St. Miami, FL 33158 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Information Occupation: Requested Aggregate Year-to-Date: $500.00	6/14/00	$250.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Ellen Sussman 2770 S. Ocean Blvd. Palm Beach, FL 33480 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Retired Aggregate Year-to-Date: $250.00	5/22/00	$250.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Anne Taft 38 Oakridge Dr. Binghamton, NY 13903 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Self Occupation: Investor Aggregate Year-to-Date: $500.00	5/31/00	$500.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Christine Taplin 1404 Biscaya Drive Surfside, FL 33154 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Homemaker Occupation: Homemaker Aggregate Year-to-Date: $1,000.00	6/30/00	$1,000.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Martin Taplin 1177 Kane Consourse, Suite 201 Bay Harbor, FL 33154 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Harbor Realty Advisors Occupation: Executive Aggregate Year-to-Date: $1,000.00	6/30/00	$1,000.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mark Thew 2100 NE 196 Terr. Miami, FL 33179 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation Aggregate Year-to-Date: $250.00	5/31/00	$250.00

SUBTOTAL of Receipts This Page (optional) $3,500.00

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

FE6AN07PDF

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

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FOR LINE NUMBER 11(a)(i)

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

NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Andrew Tobias 787 NE 71st Street Miami, FL 33138-5717	Self Writer	4/25/00	$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 / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Leonard Toonkel 268 South Parkway Golden Beach, FL 33160	Self Physician	6/14/00	$250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date $	$250.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Sally Tramin 1215 W 63rd Street Kansas City, MO 64113	Information Requested	6/30/00	$250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date $	$250.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Sheryl Tropin 5845 SW 93rd St. Miami, FL 33156	Self Attorney/Homemaker	6/6/00	$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
Joan Turnoff 1945 NE 206th Terrace Miami Beach, FL 33179	 Homemaker	6/30/00	$100.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date $	$300.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Ella Upsher 1904 South Ocean Drive Hallandale, FL 33009	Retired 	6/27/00	$1,000.00
Receipt For: [ ] Primary [X] General [ ] Other (specify):	Aggregate Year-to-Date $	$1,500.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Sylvia Urtich 2500 SW 75th Avenue Miami, FL 33144	Westchester Hospital Hospital Administrator	6/12/00	$1,000.00
Receipt For: [ ] Primary [X] General [ ] Other (specify):	Aggregate Year-to-Date $	$1,250.00	

SUBTOTAL of Receipts This Page (optional)	$3,350.00
TOTAL This Period (last page this line number only)	

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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

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FOR LINE NUMBER 11(a)(i)

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

NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David Wallack 900 Ocean Drive Miami Beach, FL 33139	Self	4/25/00	$1,000.00
Receipt For: [ ] Primary [X] General [ ] Other (specify):	Occupation: Bussineessman	Aggregate Year-to-Date $	$1,500.00
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
David Wallack 900 Ocean Drive Miami Beach, FL 33139	Self	4/25/00	$500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Bussineessman	Aggregate Year-to-Date $	$1,500.00
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Michael Wasserman 13220 SW 69th Ct Miami, FL 33156	Information	6/30/00	$500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Requested	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**
Sherwood Weiser 3250 Mary Street Miami, FL 33133	Carnival Resorts & Casinos	4/25/00	$500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Chairman, CEO	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**
Gary Weiss 1051 Port Malabar Blvd., NE, Suite 6 Palm Bay, FL 32905	Weiss & Newberry Medical Associates	5/22/00	$1,000.00
Receipt For: [ ] Primary [X] General [ ] Other (specify):	Occupation: Medical Doctor	Aggregate Year-to-Date $	$2,000.00
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Gary Weiss 1051 Port Malabar Blvd., NE, Suite 6 Palm Bay, FL 32905	Weiss & Newberry Medical Associates	5/22/00	$1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Medical Doctor	Aggregate Year-to-Date $	$2,000.00
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Robert Werner 3000 Island Blvd., #3001 Aventura, FL 33160	Retired	6/12/00	$500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation:	Aggregate Year-to-Date $	$500.00

SUBTOTAL of Receipts This Page (optional) $5,000.00

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

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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

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FEC LINE NUMBER 11(a)(i)

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

NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Frances Wheeler 2021 SW Main Street #23 Portland, OR 97205	Information Occupation: Requested Aggregate Year-to-Date: $250.00	6/19/00	$250.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):			
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Emily's List 805 15th Street, NW, Suite 400 Washington, DC 20005	Note: Above Contribution earmarked through this organi Occupation: Conduit total: $51,005.00 Aggregate Year-to-Date: $	6/19/00	MEMO $250.00
Receipt For: [ ] Primary [ ] General [x] Other (specify):			
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Richard White 570 Page St. Apt 1 San Francisco, CA 94117-3454	Serveron Inc. Occupation: Executive Aggregate Year-to-Date: $250.00	5/3/00	$250.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):			
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Emily's List 805 15th Street, NW, Suite 400 Washington, DC 20005	Note: Above Contribution earmarked through this organi Occupation: Conduit total: $51,005.00 Aggregate Year-to-Date: $	5/3/00	MEMO $250.00
Receipt For: [ ] Primary [ ] General [x] Other (specify):			
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Louise Williams 622 Kenilworth Avenue Kenilworth, IL 60043-1068	Occupation: Housewife Aggregate Year-to-Date: $2,000.00	6/30/00	$500.00
Receipt For: [ ] Primary [x] General [ ] Other (specify):			
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Louise Williams 622 Kenilworth Avenue Kenilworth, IL 60043-1068	Occupation: Housewife Aggregate Year-to-Date: $2,000.00	6/30/00	$500.00
Receipt For: [ ] Primary [x] General [ ] Other (specify):			
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Elaine Winik 100 Sunrise Ave, Apt. 325 Palm Beach, FL 33480	Occupation: Retired Aggregate Year-to-Date: $450.00	5/10/00	$250.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):			

SUBTOTAL of Receipts This Page (optional)	$1,750.00
TOTAL This Period (last page this line number only)	

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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Bradley Winston 8211 W. Broward Blvd. Ste. 420 Plantation, FL 33324	Self Lawyer $250.00	6/12/00	$250.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):			
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Myriam Wolf 538 NE 199th Lane Miami, FL 33179	Housewife $250.00	5/31/00	$250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):			
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Paula Xanthopoulou 1160 NE 91st Terrace Miami, FL 33138	W Xanthopoulou Office Administrator/Legal As $250.00	5/25/00	$250.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):			
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
George Yoss 2601 South Bayshore Drive #1600 Miami, FL 33133	ADorno & Z P.A. Attorney $500.00	6/30/00	$500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):			
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Dror Zedok 8800 SW 105th St. Miami, FL 33176	Perfume International President $250.00	5/16/00	$250.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):			
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Eric Zeitlin 730 NW 7th Ave Boca Raton, FL 33486	Paradigm Advisory Group Managing Director $500.00	6/30/00	$500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):			
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Isaac Zelcer 9999 Collins Ave., #18K Bal Harbour, FL 33154	Olem Shoes Owner $1,000.00	6/14/00	$1,000.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):			

SUBTOTAL of Receipts This Page (optional)	$3,000.00
TOTAL This Period (last page this line number only)	

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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 62 OF 62
	FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code Leyla Zelcer 9999 Collins Ave., Apt. 18K Bal Harbor, FL 33154 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer: Self Occupation: Homemaker Aggregate Year-to-Date > $	Date (month, day, year): 6/14/00 $1,000.00	Amount of Each Receipt this Period: $1,000.00
B. Full Name, Mailing Address and ZIP Code Marcia Zerivitz 12000 N. Bayshore Dr.# 409 North Miami, FL 33181-2950 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer: Jewish Museum of Florida Occupation: Museum Director Aggregate Year-to-Date > $	Date (month, day, year): 5/16/00 $250.00	Amount of Each Receipt this Period: $250.00
C. Full Name, Mailing Address and ZIP Code Seymour Ziff 2660 S. Ocean Blvd., Apt. 701W Palm Beach, FL 33480 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer: Information Occupation: Requested Aggregate Year-to-Date > $	Date (month, day, year): 5/10/00 $250.00	Amount of Each Receipt this Period: $150.00
D. Full Name, Mailing Address and ZIP Code Seymour Ziff 2660 S. Ocean Blvd., Apt. 701W Palm Beach, FL 33480 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer: Information Occupation: Requested Aggregate Year-to-Date > $	Date (month, day, year): 5/2/00 $250.00	Amount of Each Receipt this Period: $100.00
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)			$1,500.00
TOTAL This Period (last page this line number only)			$231,675.00

FEC Form 3P

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Party Committees

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

PAGE 1 OF 1

FOR LINE NUMBER 11(b)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code Democratic Congressional Campaign Committee 430 South Capitol Street Washington, DC 20003 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer * In-Kind: Media Services Occupation Aggregate Year-to-Date > $ $3,477.25	Date (month, day, year) 5/12/00	Amount of Each Receipt this Period $3,477.25 *
B. 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
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)	$3,477.25
TOTAL This Period (last page this line number only)	$3,477.25

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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Other Political Committees

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

PAGE 1 OF 6

FOR LINE NUMBER 11(c)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
American Federation of State, County and Municipal Employees-AFL-CIO 1625 L Street, NW Washington, DC 20036 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Aggregate Year-to-Date > $	6/23/00 $10,000.00	$5,000.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Ameripac-The Fund for a Greater America 1341 G Street, NW Suite 200 Washington, DC 20005 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Aggregate Year-to-Date > $	6/26/00 $10,000.00	$1,000.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Ameripac-The Fund for a Greater America 1341 G Street, NW Suite 200 Washington, DC 20005 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Aggregate Year-to-Date > $	6/27/00 $10,000.00	$4,000.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Ameripac-The Fund for a Greater America 1341 G Street, NW Suite 200 Washington, DC 20005 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $	6/27/00 $10,000.00	$1,000.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Ameripac-The Fund for a Greater America 1341 G Street, NW Suite 200 Washington, DC 20005 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $	6/27/00 $10,000.00	$2,000.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Association of Flight Attendents 1275 K Street, NW 5th Floor Washington, DC 20005 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $	5/12/00 $500.00	$500.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Barney Frank for Congress Committee P.O. Box 280 Newton, MA 02160 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $	6/27/00 $500.00	$500.00

SUBTOTAL of Receipts This Page (optional)	$14,000.00
TOTAL This Period (last page this line number only)	

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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Other Political Committees

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

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FOR LINE NUMBER 13(c)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code Bricklayers and Allied Craftworkers PAC 815 15th Street, NW Washington, DC 20005-	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year) 6/30/00 $1,000.00	Amount of Each Receipt this Period $1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):			
B. Full Name, Mailing Address and ZIP Code Carolyn's PAC 49 East 92nd Street New York, NY 10128-	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year) 6/30/00 $500.00	Amount of Each Receipt this Period $500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):			
C. Full Name, Mailing Address and ZIP Code Cash America International 1600 W. 7th Street Fort Worth, TX 76102	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year) 6/30/00 $500.00	Amount of Each Receipt this Period $500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):			
D. Full Name, Mailing Address and ZIP Code Committee for a Progressive Congress 2201 Wisconsin Ave., NW Suite 320 Washington, DC 20007-	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year) 6/30/00 $1,000.00	Amount of Each Receipt this Period $1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):			
E. Full Name, Mailing Address and ZIP Code Committee to Re-Elect Loretta Sanchez 9531 Via Ricardo Burbank, CA 91504	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year) 6/6/00 $1,000.00	Amount of Each Receipt this Period $1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):			
F. Full Name, Mailing Address and ZIP Code DRIVE Political Fund International Brotherhood of Teamsters 25 Louisiana Ave., NW Washington, DC 20001	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year) 5/31/00 $5,000.00	Amount of Each Receipt this Period $5,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):			
G. Full Name, Mailing Address and ZIP Code Human Rights Campaign PAC 919 18th Street NW Suite 800 Washington, DC 20006	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year) 6/27/00 $2,500.00	Amount of Each Receipt this Period $2,500.00
Receipt For: [ ] Primary [X] General [ ] Other (specify):			

SUBTOTAL of Receipts This Page (optional)	$11,500.00
TOTAL This Period (last page this line number only)	

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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Other Political Committees

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

PAGE 3 OF 6

FOR LINE NUMBER 11(c)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
I.B.E.W. - C.O.P.E. 1125 - 15th Street NW Washington, DC 20005		6/27/00	$3,000.00
Receipt For: [ ] Primary [X] General [ ] Other (specify):	Aggregate Year-to-Date > $	$5,000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
International Association of Machinists & Aerospace Workers 9000 Machinist Place Upper Marlboro, MD 20772-		6/27/00	$2,500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $	$2,500.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
International Union of Operating Engineers 1125 Seventeenth Street NW Washington, DC 20036		5/31/00	$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
Lofgren for Congress 111 W. St. John Street, Suite 400 San Jose, CA 95113-		6/30/00	$1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $	$1,000.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
MoveOn.Org P.O. Box 9063 Berkeley, CA 94709-	* In-Kind: Programming Fees	6/30/00	$74.31 *
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $	$74.31	
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Nancy Pelosi for Congress One Bush Street, Suite 1100 San Francisco, CA 94104-		6/30/00	$1,000.00
Receipt For: [ ] Primary [X] General [ ] Other (specify):	Aggregate Year-to-Date > $	$2,000.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Nancy Pelosi for Congress One Bush Street, Suite 1100 San Francisco, CA 94104-		6/30/00	$1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $	$2,000.00	

SUBTOTAL of Receipts This Page (optional) >	$9,074.31
TOTAL This Period (last page this line number only) >	

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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Other Political Committees

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

PAGE 4 OF 6

FOR LINE NUMBER 1:1(c)

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)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code National Association of Securities and Commercial Law Attorneys 100 Park Ave. New York, NY 10017- Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year) 6/30/00 $1,000.00	Amount of Each Receipt this Period $1,000.00
B. Full Name, Mailing Address and ZIP Code National Association of Social Workers PAC 750 First Street, NE Suite 700 Washington, DC 20002- Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year) 6/27/00 $1,000.00	Amount of Each Receipt this Period $1,000.00
C. Full Name, Mailing Address and ZIP Code National Check Cashers Association, Inc. 25 Main Street, P.O. Box 647 Hackensack, NJ 07602- Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year) 6/30/00 $1,000.00	Amount of Each Receipt this Period $1,000.00
D. Full Name, Mailing Address and ZIP Code National Committee to Preserve Social Security and Medicare 10 G Street NE, Suite 600 Washington, DC 20002 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year) 6/25/00 $2,000.00	Amount of Each Receipt this Period $2,000.00
E. Full Name, Mailing Address and ZIP Code National Utility Contractors Association 4301 Fairfax Drive, No. 360 Arlington, VA 22203- Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year) 6/27/00 $1,000.00	Amount of Each Receipt this Period $1,000.00
F. Full Name, Mailing Address and ZIP Code NEA Fund for Children & Public Education 1201 16th Street, NW Suite 421 Washington, DC 20036 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year) 5/31/00 $5,000.00	Amount of Each Receipt this Period $5,000.00
G. Full Name, Mailing Address and ZIP Code New Millennium PAC P.O. Box 632 Union City, NJ 07087- Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year) 6/30/00 $1,000.00	Amount of Each Receipt this Period $1,000.00
SUBTOTAL of Receipts This Page (optional)			$12,000.00
TOTAL This Period (last page this line number only)			

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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Other Political Committees

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

PAGE 5 OF 16

FOR LINE NUMBER 11(c)

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)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code PeacePAC 110 Maryland Ave., NE Washington, DC 20002 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer * In-Kind: Mailing Expenses Occupation Aggregate Year-to-Date > $	Date (month, day, year) 5/26/00 $917.75	Amount of Each Receipt this Period $917.75 *
B. Full Name, Mailing Address and ZIP Code Pete Stark Re-Election Committee P.O. Box 121 Hayward, CA 94543 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year) 5/22/00 $1,000.00	Amount of Each Receipt this Period $1,000.00
C. Full Name, Mailing Address and ZIP Code Planned Parenthood Action Fund Inc. 810 Seventh Ave. New York, NY 10019 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year) 5/4/00 $10,000.00	Amount of Each Receipt this Period $2,500.00
D. Full Name, Mailing Address and ZIP Code Planned Parenthood Action Fund Inc. 810 Seventh Ave. New York, NY 10019 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year) 5/16/00 $10,000.00	Amount of Each Receipt this Period $2,500.00
E. Full Name, Mailing Address and ZIP Code Planned Parenthood Action Fund Inc. 810 Seventh Ave. New York, NY 10019 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year) 5/16/00 $10,000.00	Amount of Each Receipt this Period $5,000.00
F. Full Name, Mailing Address and ZIP Code Responsible Citizens Political League Transportation Communications International Union 3 Research Place Rockville, MD 20850 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year) 6/30/00 $500.00	Amount of Each Receipt this Period $500.00
G. Full Name, Mailing Address and ZIP Code The Honorable Lynn Woolsey P.O. Box 750176 Petaluma, CA 94975 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year) 5/2/00 $2,000.00	Amount of Each Receipt this Period $1,000.00
SUBTOTAL of Receipts This Page (optional)			$13,417.75
TOTAL This Period (last page this line number only)			

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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Other Political Committees

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

PAGE 6 OF 16

FOR LINE NUMBER 11(c)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code The Honorable Lynn Woolsey P.O. Box 750176 Petaluma, CA 94975		6/30/00	$1,000.00
Receipt For: [ ] Primary [X] General [ ] Other (specify):	Occupation	Aggregate Year-to-Date $	$2,000.00
B. Full Name, Mailing Address and ZIP Code The Honorable Melvin Watt 715 E. 5th Street, Suite #665 Charlotte, NC 28202		5/25/00	$1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation	Aggregate Year-to-Date $	$1,000.00
C. Full Name, Mailing Address and ZIP Code The People's Choice PAC 8028 Dusenburg Road Delray Beach, FL 33484		4/25/00	$250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation	Aggregate Year-to-Date $	$250.00
D. Full Name, Mailing Address and ZIP Code TREA Senior Citizens League PAC 909 N. Washington Street, Suite 301 Alexandria, VA 22314-		6/30/00	$2,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation	Aggregate Year-to-Date $	$2,000.00
E. Full Name, Mailing Address and ZIP Code United Food and Commercial Workers International Union 1775 K Street NW Washington, DC 20006		5/12/00	$5,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation	Aggregate Year-to-Date $	$5,000.00
F. Full Name, Mailing Address and ZIP Code			
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Occupation	Aggregate Year-to-Date $	
G. Full Name, Mailing Address and ZIP Code			
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Occupation	Aggregate Year-to-Date $	

SUBTOTAL of Receipts This Page (optional)	$9,250.00
TOTAL This Period (last page this line number only)	$89,242.06

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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from the Candidate

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

PAGE 1 OF 1

FOR LINE NUMBER: 11(d)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code Rep. Elaine Bloom 5255 Collins Avenue Miami Beach, FL 33140 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer * In-Kind: Car Expense Occupation Aggregate Year-to-Date > $	Date (month, day, year) 6/30/00 $3,443.79	Amount of Each Receipt this Period $2,115.00 *
B. Full Name, Mailing Address and ZIP Code Rep. Elaine Bloom 5255 Collins Avenue Miami Beach, FL 33140 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer * In-Kind: Plane Ticket Occupation Aggregate Year-to-Date > $	Date (month, day, year) 6/9/00 $3,443.79	Amount of Each Receipt this Period $264.79 *
C. Full Name, Mailing Address and ZIP Code Rep. Elaine Bloom 5255 Collins Avenue Miami Beach, FL 33140 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer * In-Kind: Plane Ticket Occupation Aggregate Year-to-Date > $	Date (month, day, year) 5/15/00 $3,443.79	Amount of Each Receipt this Period $475.00 *
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)	$2,854.79
TOTAL This Period (last page this line number only)	$2,854.79

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SCHEDULE A **ITEMIZED RECEIPTS**

Offsets to Operating Expenditures

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 1
	FOR LINE NUMBER 14

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code Bell South PO Box 33009 Charlotte, NC 28243	Name of Employer Occupation	Date (month, day, year) 5/12/00	Amount of Each Receipt this Period $249.92
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date $	$426.09	
B. Full Name, Mailing Address and ZIP Code EMILY's List 805 15th Street, NW, Suite 400 Washington, DC 20005	Name of Employer Occupation	Date (month, day, year) 5/31/00	Amount of Each Receipt this Period $4.44
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date $	$4.44	
C. Full Name, Mailing Address and ZIP Code National Council of Jewish Women 4221 Pine Tree Drive Miami Beach, FL 33140	Name of Employer Occupation	Date (month, day, year) 5/15/00	Amount of Each Receipt this Period $125.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date $	$125.00	
D. Full Name, Mailing Address and ZIP Code Office Depot 12190 Biscayne Blvd. Miami, FL 33161	Name of Employer Occupation	Date (month, day, year) 6/14/00	Amount of Each Receipt this Period $100.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date $	$100.00	
E. 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 $		
F. 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 $		
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)			$479.36
TOTAL This Period (last page this line number only)			$479.36

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SCHEDULE A **ITEMIZED RECEIPTS**

Other Receipts

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

PAGE 1 OF 2

FOR LINE NUMBER 15

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code City National Bank 300 71st Street Miami Beach, FL 33141 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer * Bank Interest Occupation Aggregate Year-to-Date > $ $14,223.52	Date (month, day, year) 6/30/00	Amount of Each Receipt this Period $97.62
B. Full Name, Mailing Address and ZIP Code City National Bank 300 71st Street Miami Beach, FL 33141 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer * CD Interest Occupation Aggregate Year-to-Date > $ $14,223.52	Date (month, day, year) 6/28/00	Amount of Each Receipt this Period $1,554.41
C. Full Name, Mailing Address and ZIP Code City National Bank 300 71st Street Miami Beach, FL 33141 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer * CD interest Occupation Aggregate Year-to-Date > $ $14,223.52	Date (month, day, year) 6/13/00	Amount of Each Receipt this Period $2,666.03
D. Full Name, Mailing Address and ZIP Code City National Bank 300 71st Street Miami Beach, FL 33141 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer * Interest Occupation Aggregate Year-to-Date > $ $14,223.52	Date (month, day, year) 5/31/00	Amount of Each Receipt this Period $55.03
E. Full Name, Mailing Address and ZIP Code City National Bank 300 71st Street Miami Beach, FL 33141 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer * CD Interest Occupation Aggregate Year-to-Date > $ $14,223.52	Date (month, day, year) 5/23/00	Amount of Each Receipt this Period $887.14
F. Full Name, Mailing Address and ZIP Code City National Bank 300 71st Street Miami Beach, FL 33141 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer * CD Interest Occupation Aggregate Year-to-Date > $ $14,223.52	Date (month, day, year) 5/15/00	Amount of Each Receipt this Period $1,387.43
G. Full Name, Mailing Address and ZIP Code City National Bank 300 71st Street Miami Beach, FL 33141 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer * Interest Occupation Aggregate Year-to-Date > $ $14,223.52	Date (month, day, year) 4/30/00	Amount of Each Receipt this Period $21.58
SUBTOTAL of Receipts This Page (optional)			$6,669.24
TOTAL This Period (last page this line number only)			

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SCHEDULE A **ITEMIZED RECEIPTS**

Other Receipts

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

PAGE 2 OF 2

FOR LINE NUMBER 13

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00346405

A. Full Name, Mailing Address and ZIP Code City National Bank 300 71st Street Miami Beach, FL 33141 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer * Interest Occupation Aggregate Year-to-Date > $ $14,223.52	Date (month, day, year) 4/14/00	Amount of Each Receipt this Period $49.32
B. 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
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)	$49.32
TOTAL This Period (last page this line number only)	$6,718.56

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 16

FOR LINE NUMBER 17

Operating Expenditures

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)

Elaine Bloom for Congress C00345405

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
A. Aaron Rents, Inc. 7101 Coral Way Miami, FL 33155	Furniture rental [X] Primary [ ] General [ ] Other (specify)	4/3/00	$56.89
B. Aaron Rents, Inc. 7101 Coral Way Miami, FL 33155	Furniture rental [X] Primary [ ] General [ ] Other (specify)	5/23/00	$113.78
C. AT&T P.O. Box 16730 Mesa, AZ 85211	Telephone Expense [X] Primary [ ] General [ ] Other (specify)	5/31/00	$395.03
D. AT&T P.O. Box 16730 Mesa, AZ 85211	Telephone Expense [X] Primary [ ] General [ ] Other (specify)	4/3/00	$34.06
E. AT&T P.O. Box 16730 Mesa, AZ 85211	Telephone Expense [X] Primary [ ] General [ ] Other (specify)	4/3/00	$720.80
F. AT&T P.O. Box 16730 Mesa, AZ 85211	Telephone Expense [X] Primary [ ] General [ ] Other (specify)	5/1/00	$62.65
G. AT&T P.O. Box 16730 Mesa, AZ 85211	Telephone Expense [X] Primary [ ] General [ ] Other (specify)	5/31/00	$6.18
H. AT&T P.O. Box 16730 Mesa, AZ 85211	Telephone Expense [X] Primary [ ] General [ ] Other (specify)	6/17/00	$727.65
I. AT&T P.O. Box 16730 Mesa, AZ 85211	Telephone Expense [X] Primary [ ] General [ ] Other (specify)	4/25/00	$618.93

SUBTOTAL of Disbursements This Page (optional) $2,735.77

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

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 2 OF 16

FOR LINE NUMBER 17

Operating Expenditures

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)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bell South PO Box 33009 Charlotte, NC 28243	Telephone Expense Disbursement for: [X] Primary [ ] General [ ] Other (specify)	4/3/00	$248.83
B. Full Name, Mailing Address and ZIP Code Bell South PO Box 33009 Charlotte, NC 28243	Purpose of Disbursement Telephone Expense Disbursement for: [X] Primary [ ] General [ ] Other (specify)	Date (month, day, year) 4/25/00	Amount of Each Disbursement This Period $562.78
C. Full Name, Mailing Address and ZIP Code Bell South PO Box 33009 Charlotte, NC 28243	Purpose of Disbursement Telephone expense Disbursement for: [X] Primary [ ] General [ ] Other (specify)	Date (month, day, year) 5/23/00	Amount of Each Disbursement This Period $475.80
D. Full Name, Mailing Address and ZIP Code Bell South PO Box 33009 Charlotte, NC 28243	Purpose of Disbursement Telephone expense Disbursement for: [X] Primary [ ] General [ ] Other (specify)	Date (month, day, year) 5/23/00	Amount of Each Disbursement This Period $196.08
E. Full Name, Mailing Address and ZIP Code City National Bank 300 71st Street Miami Beach, FL 33141	Purpose of Disbursement Bank Fee Disbursement for: [X] Primary [ ] General [ ] Other (specify)	Date (month, day, year) 6/28/00	Amount of Each Disbursement This Period $6.00
F. Full Name, Mailing Address and ZIP Code City National Bank 300 71st Street Miami Beach, FL 33141	Purpose of Disbursement Bank fee Disbursement for: [X] Primary [ ] General [ ] Other (specify)	Date (month, day, year) 4/20/00	Amount of Each Disbursement This Period $6.00
G. Full Name, Mailing Address and ZIP Code City National Bank 300 71st Street Miami Beach, FL 33141	Purpose of Disbursement Bank Fee Disbursement for: [X] Primary [ ] General [ ] Other (specify)	Date (month, day, year) 6/19/00	Amount of Each Disbursement This Period $6.00
H. Full Name, Mailing Address and ZIP Code Crounse, Malchow and Schlackman 1400 I Street NW, Suite 550 Washington, DC 20005	Purpose of Disbursement Consulting fees Disbursement for: [X] Primary [ ] General [ ] Other (specify)	Date (month, day, year) 4/1/00	Amount of Each Disbursement This Period $4,033.80
I. Full Name, Mailing Address and ZIP Code Democratic Congressional Campaign Committee 430 South Capitol Street Washington, DC 20003	Purpose of Disbursement Media Services Disbursement for: [X] Primary [ ] General [ ] Other (specify)	Date (month, day, year) 5/12/00	Amount of Each Disbursement This Period $3,477.25 * * in-kind received

SUBTOTAL of Disbursements This Page (optional)	$9,012.54
TOTAL This Period (last page this line number only)	

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

FEC LINE NUMBER 17

Operating Expenditures

NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
A. Democrats.com, 500 East 77th Street, Apt. 1423, New York, NY 10021	credit card fee	x Primary	4/3/00	$235.00
B. Democrats.com, 500 East 77th Street, Apt. 1423, New York, NY 10021	credit card fee	x Primary	6/26/00	$1 87
C. Democrats.com, 500 East 77th Street, Apt. 1423, New York, NY 10021	credit card fee	x Primary	6/20/00	$142.50
D. Democrats.com, 500 East 77th Street, Apt. 1423, New York, NY 10021	credit card fee	x Primary	6/15/00	$22.50
E. Division of Election, Department of State, Division of Election, Tallahassee, FL 32399	Filing Fee	x Primary	5/3/00	$8,202.00
F. Effective Strategies, 426 North Saint Asaph Street, Alexandria, VA 22314	Consulting fees	x Primary	6/1/00	$1,000.00
G. Effective Strategies, 426 North Saint Asaph Street, Alexandria, VA 22314	Consulting fees	x Primary	5/1/00	$1,000.00
H. Effective Strategies, 426 North Saint Asaph Street, Alexandria, VA 22314	Consulting fees	x Primary	4/15/00	$1,000.00
I. EMILY's List, 805 15th Street, NW, Suite 400, Washington, DC 20005	Credit card fee	x Primary	5/14/00	$29.57

SUBTOTAL of Disbursements This Page (optional) $11,633.44

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 4 OF 16

FOR LINE NUMBER 17

Operating Expenditures

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)

Elaine Bloom for Congress C00345405

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. EMILY's List 805 15th Street, NW, Suite 400 Washington, DC 20005	credit card fee Disbursement for: [X] Primary [ ] General [ ] Other (specify)	4/30/00	$20.68
B. EMILY's List 805 15th Street, NW, Suite 400 Washington, DC 20005	Credit Card Fee Disbursement for: [X] Primary [ ] General [ ] Other (specify)	6/25/00	$0.55
C. EMILY's List 805 15th Street, NW, Suite 400 Washington, DC 20005	Credit card fee Disbursement for: [X] Primary [ ] General [ ] Other (specify)	6/16/00	$4.39
D. EMILY's List 805 15th Street, NW, Suite 400 Washington, DC 20005	Credit Card Fee Disbursement for: [X] Primary [ ] General [ ] Other (specify)	6/11/00	$1.44
E. EMILY's List 805 15th Street, NW, Suite 400 Washington, DC 20005	Credit Card Fee Disbursement for: [X] Primary [ ] General [ ] Other (specify)	6/4/00	$1.16
F. EMILY's List 805 15th Street, NW, Suite 400 Washington, DC 20005	credit card fees Disbursement for: [X] Primary [ ] General [ ] Other (specify)	5/21/00	$29.36
G. EMILY's List 805 15th Street, NW, Suite 400 Washington, DC 20005	Credit card fee Disbursement for: [X] Primary [ ] General [ ] Other (specify)	5/8/00	$16.41
H. EMILY's List 805 15th Street, NW, Suite 400 Washington, DC 20005	Credit Card fee Disbursement for: [X] Primary [ ] General [ ] Other (specify)	6/30/00	$5.38
I. EMILY's List 805 15th Street, NW, Suite 400 Washington, DC 20005	Mail Costs Disbursement for: [X] Primary [ ] General [ ] Other (specify)	4/12/00	$6,593.00

SUBTOTAL of Disbursements This Page (optional) $6,672.37

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

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 5 OF 16

FOR LINE NUMBER 17

Operating Expenditures

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)

Elaine Bloom for Congress C00345405

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. EMILY's List 805 15th Street, NW, Suite 400 Washington, DC 20005	Credit card fee Disbursement for: [x] Primary [ ] General [ ] Other (specify)	4/16/00	$2.17
B. EMILY's List 805 15th Street, NW, Suite 400 Washington, DC 20005	credit card fees Disbursement for: [x] Primary [ ] General [ ] Other (specify)	5/31/00	$3.38
C. FL Division of Unemployment Compensation Division of Tax 107 E Madison Street Tallahassee, FL 32399-0212	FL Unemployment tax Disbursement for: [x] Primary [ ] General [ ] Other (specify)	6/17/00	$2.03
D. FL Division of Unemployment Compensation Division of Tax 107 E Madison Street Tallahassee, FL 32399-0212	FL Unempolyment Tax Disbursement for: [x] Primary [ ] General [ ] Other (specify)	4/28/00	$256.00
E. Florida Power & Light Company P.O. Box 025576 Miami, FL 33102	Utilities Disbursement for: [x] Primary [ ] General [ ] Other (specify)	4/3/00	$355.57
F. Florida Power & Light Company P.O. Box 025576 Miami, FL 33102	Utilities Disbursement for: [x] Primary [ ] General [ ] Other (specify)	4/25/00	$146.24
G. Florida Power & Light Company P.O. Box 025576 Miami, FL 33102	Utilities Disbursement for: [x] Primary [ ] General [ ] Other (specify)	5/31/00	$160.53
H. Fortunet Systems, Inc. 3050 Biscayne Blvd., Suite 1008 Miami, FL 33137	computer service Disbursement for: [x] Primary [ ] General [ ] Other (specify)	4/3/00	$475.00
I. Fortunet Systems, Inc. 3050 Biscayne Blvd., Suite 1008 Miami, FL 33137	computer service, parts Disbursement for: [x] Primary [ ] General [ ] Other (specify)	5/26/00	$190.00
		SUBTOTAL of Disbursements This Page (optional)	$1,592.92
		TOTAL This Period (last page this line number only)	

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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FOR LINE NUMBER 17

Operating Expenditures

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)

Elaine Bloom for Congress C00345405

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
A. Fortunet Systems, Inc. 3050 Biscayne Blvd., Suite 1006 Miami, FL 33137	computer parts Disbursement for: [x] Primary [ ] General [ ] Other (specify)	5/1/00	$125.08
B. GPB Communications 22228 Collington Drive Boca Raton, FL 33428	Phone Installations Disbursement for: [x] Primary [ ] General [ ] Other (specify)	4/15/00	$80.00
C. Hamilton Beattie & Staff 308 1/2 Center Street Fernandina Beach, FL 32034	Consultant Travel Expenses Disbursement for: [x] Primary [ ] General [ ] Other (specify)	5/12/00	$427.03
D. Hamilton Beattie & Staff 308 1/2 Center Street Fernandina Beach, FL 32034	Polling expenses Disbursement for: [x] Primary [ ] General [ ] Other (specify)	4/1/00	$9,000.00
E. Internal Revenue Service Atlanta, 39901	Payroll Taxes Disbursement for: [x] Primary [ ] General [ ] Other (specify)	4/3/00	$2,051.88
F. Internal Revenue Service Atlanta, 39901	Payroll Taxes Disbursement for: [x] Primary [ ] General [ ] Other (specify)	5/31/00	$2,339.76
G. Internal Revenue Service Atlanta, 39901	Payroll Taxes Disbursement for: [x] Primary [ ] General [ ] Other (specify)	4/3/00	$386.50
H. Internal Revenue Service Atlanta, 39901	Payroll Taxes Disbursement for: [x] Primary [ ] General [ ] Other (specify)	4/15/00	$1,133.50
I. Internal Revenue Service Atlanta, 39901	Payroll Taxes Disbursement for: [x] Primary [ ] General [ ] Other (specify)	4/28/00	$102.40

SUBTOTAL of Disbursements This Page (optional) $15,625.15

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

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 7 OF 16

FOR LINE NUMBER 17

Operating Expenditures

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NAME OF COMMITTEE (in Full)

Elaine Bloom for Congress C00345405

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
A. Internal Revenue Service Atlanta, 39901	Payroll Taxes Disbursement for: [x] Primary [ ] General [ ] Other (specify)	5/31/00	$590.26
B. Internal Revenue Service Atlanta, 39901	Payroll Taxes Disbursement for: [x] Primary [ ] General [ ] Other (specify)	6/17/00	$1,974.52
C. Internal Revenue Service Atlanta, 39901	Payroll Taxes Disbursement for: [x] Primary [ ] General [ ] Other (specify)	4/28/00	$820.65
D. Kinkos 12395 Biscayne Blvd. Miami, FL 33181	Copy Expenses Disbursement for: [x] Primary [ ] General [ ] Other (specify)	6/18/00	$119.16
E. Miami Dade County Democratic Party 3550 Biscayne Blvd. Suite 210 Miami, FL 33137	Dinner tickets Disbursement for: [x] Primary [ ] General [ ] Other (specify)	5/15/00	$40.00
F. Miami Dade County Democratic Party 3550 Biscayne Blvd. Suite 210 Miami, FL 33137	Dinner tickets Disbursement for: [x] Primary [ ] General [ ] Other (specify)	5/12/00	$200.00
G. MoveOn.Org P.O. Box 9063 Berkeley, CA 94709-	Credit Card Fees Disbursement for: [x] Primary [ ] General [ ] Other (specify)	6/28/00	$334.24
H. MoveOn.Org P.O. Box 9063 Berkeley, CA 94709-	Programming Fees Disbursement for: [x] Primary [ ] General [ ] Other (specify)	6/30/00	$74.31 * * in-kind received
I. MoveOn.Org P.O. Box 9063 Berkeley, CA 94709-	Credit card fees Disbursement for: [x] Primary [ ] General [ ] Other (specify)	6/30/00	$57.11

SUBTOTAL of Disbursements This Page (optional)	$4,210.25
TOTAL This Period (last page this line number only)	

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 8 OF 16

FOR LINE NUMBER 17

Operating Expenditures

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)

Elaine Bloom for Congress CD0345405

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Mr. Charles Stuart 2321 Pembroke Road Hollywood, FL 33020	Air Conditioner Installation Disbursement for: [x] Primary [ ] General [ ] Other (specify)	4/15/00	$270.00
B. Full Name, Mailing Address and ZIP Code Mr. Jay Napolitan 411 NE 20th Ave., Apt. 3 Deerfield Beach, FL 33442	Payroll Disbursement for: [x] Primary [ ] General [ ] Other (specify)	5/31/00	$1,293.62
C. Full Name, Mailing Address and ZIP Code Mr. Jay Napolitan 411 NE 20th Ave., Apt. 3 Deerfield Beach, FL 33442	Payroll Disbursement for: [x] Primary [ ] General [ ] Other (specify)	6/17/00	$1,293.62
D. Full Name, Mailing Address and ZIP Code Mr. Jeffrey Garcia 401 SW 125 Ave Miami, FL 33184	Payroll Disbursement for: [x] Primary [ ] General [ ] Other (specify)	5/15/00	$1,738.75
E. Full Name, Mailing Address and ZIP Code Mr. Jeffrey Garcia 401 SW 125 Ave Miami, FL 33184	Payroll Disbursement for: [x] Primary [ ] General [ ] Other (specify)	5/1/00	$1,738.75
F. Full Name, Mailing Address and ZIP Code Mr. Jeffrey Garcia 401 SW 125 Ave Miami, FL 33184	Payroll Disbursement for: [x] Primary [ ] General [ ] Other (specify)	4/15/00	$1,772.75
G. Full Name, Mailing Address and ZIP Code Mr. Jeffrey Garcia 401 SW 125 Ave Miami, FL 33184	Reimbursable Expense Disbursement for: [x] Primary [ ] General [ ] Other (specify)	4/14/00	$410.00
H. Full Name, Mailing Address and ZIP Code Mr. Jeffrey Garcia 401 SW 125 Ave Miami, FL 33184	Payroll Disbursement for: [x] Primary [ ] General [ ] Other (specify)	4/3/00	$3,545.50
I. Full Name, Mailing Address and ZIP Code Mr. Jeffrey Garcia 401 SW 125 Ave Miami, FL 33184	Reimbursable Expense Disbursement for: [x] Primary [ ] General [ ] Other (specify)	5/15/00	$104.00

SUBTOTAL of Disbursements This Page (optional)	$12,162.99
TOTAL This Period (last page this line number only)	

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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FOR LINE NUMBER 17

Operating Expenditures

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Mr. Tom Erickson Erickson & Company 38 Ivy Street, SE Washington, DC 20003	Consulting Fees Disbursement for: [X] Primary [ ] General [ ] Other (specify)	4/3/00	$2,105.03
B. Mr. Tom Erickson Erickson & Company 38 Ivy Street, SE Washington, DC 20003	Consulting fees Disbursement for: [X] Primary [ ] General [ ] Other (specify)	4/25/00	$2,046.25
C. Mr. Tom Erickson Erickson & Company 38 Ivy Street, SE Washington, DC 20003	Consulting fees Disbursement for: [X] Primary [ ] General [ ] Other (specify)	5/23/00	$2,046.80
D. Mr. William Mallette 3090 Sheridan Street Hollywood, FL 33020	Copy Machine Purchase Disbursement for: [X] Primary [ ] General [ ] Other (specify)	4/1/00	$2,000.00
E. Mrs. Julie Barcow 590 Lakeview Dr. Miami Beach, FL 33140	Fundraising Event Costs Disbursement for: [X] Primary [ ] General [ ] Other (specify)	5/24/00	$1,000.00 * * in-kind received
F. Ms. Amy Andryszak 5680 Pine Tree Drive Miami Beach, FL 33140	Payroll Disbursement for: [X] Primary [ ] General [ ] Other (specify)	6/17/00	$592.00
G. Ms. Amy Andryszak 5680 Pine Tree Drive Miami Beach, FL 33140	Payroll Disbursement for: [X] Primary [ ] General [ ] Other (specify)	5/15/00	$592.50
H. Ms. Amy Andryszak 5680 Pine Tree Drive Miami Beach, FL 33140	Reimbursable expense Disbursement for: [X] Primary [ ] General [ ] Other (specify)	4/3/00	$289.30
I. Ms. Amy Andryszak 5680 Pine Tree Drive Miami Beach, FL 33140	Payroll Disbursement for: [X] Primary [ ] General [ ] Other (specify)	4/3/00	$592.50

SUBTOTAL of Disbursements This Page (optional)	$11,264.18
TOTAL This Period (last page this line number only)	

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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FOR LINE NUMBER 17

Operating Expenditures

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Ms. Amy Andryszak 5680 Pine Tree Drive Miami Beach, FL 33140	Reimbursable Expense Disbursement for: [X] Primary [ ] General [ ] Other (specify)	4/15/00	$375.00
B. Ms. Amy Andryszak 5680 Pine Tree Drive Miami Beach, FL 33140	Payroll Disbursement for: [X] Primary [ ] General [ ] Other (specify)	4/15/00	$592.50
C. Ms. Amy Andryszak 5680 Pine Tree Drive Miami Beach, FL 33140	Payroll Disbursement for: [X] Primary [ ] General [ ] Other (specify)	5/1/00	$592.50
D. Ms. Amy Andryszak 5680 Pine Tree Drive Miami Beach, FL 33140	Reimbursable expense Disbursement for: [X] Primary [ ] General [ ] Other (specify)	5/1/00	$277.80
E. Ms. Amy Andryszak 5680 Pine Tree Drive Miami Beach, FL 33140	Reimbursable Expense Disbursement for: [X] Primary [ ] General [ ] Other (specify)	5/15/00	$295.78
F. Ms. Amy Andryszak 5680 Pine Tree Drive Miami Beach, FL 33140	Reimbursable expense Disbursement for: [X] Primary [ ] General [ ] Other (specify)	5/17/00	$277.00
G. Ms. Amy Andryszak 5680 Pine Tree Drive Miami Beach, FL 33140	Payroll Disbursement for: [X] Primary [ ] General [ ] Other (specify)	5/31/00	$592.00
H. Ms. Amy Andryszak 5680 Pine Tree Drive Miami Beach, FL 33140	Reimbursable expense Disbursement for: [X] Primary [ ] General [ ] Other (specify)	5/31/00	$285.00
I. Ms. Amy Schwartz 2200 South Ocean Lane, Apt. 803 Ft. Lauderdale, FL 33316	Reimbursable expense Disbursement for: [X] Primary [ ] General [ ] Other (specify)	6/20/00	$307.00
SUBTOTAL of Disbursements This Page (optional)			$3,594.58
TOTAL This Period (last page this line number only)			

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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FCA LINE NUMBER 17

Operating Expenditures

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Ms. Sara Chikovsky 616 North Island Golden Beach, FL 33160	Fundraising Event Costs Disbursement for: [x] Primary [ ] General [ ] Other (specify)	6/22/00	$500.00 * * in-kind received
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Murphy Putnam Media 901 North Washington Street, Suite 500 Alexandria, VA 22314	Consulting Fees Disbursement for: [x] Primary [ ] General [ ] Other (specify)	4/7/00	$2,500.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Nation's Bank 1501 Pennsylvania Ave. NW Washington, DC 20005	Bank fees Disbursement for: [x] Primary [ ] General [ ] Other (specify)	4/28/00	$11.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Nation's Bank 1501 Pennsylvania Ave. NW Washington, DC 20005	Bank fee Disbursement for: [x] Primary [ ] General [ ] Other (specify)	5/31/00	$133.50
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
National Council of Jewish Women 4221 Pine Tree Drive Miami Beach, FL 33140	Dinner Tickets Disbursement for: [x] Primary [ ] General [ ] Other (specify)	4/25/00	$125.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Office Depot 12190 Biscayne Blvd. Miami, FL 33161	Computer, Supplies, Furniture Disbursement for: [x] Primary [ ] General [ ] Other (specify)	4/25/00	$1,495.55
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
PeacePAC 110 Maryland Ave., NE Washington, DC 20002	Mailing Expenses Disbursement for: [x] Primary [ ] General [ ] Other (specify)	5/26/00	$917.75 * * In-kind received
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Premiere Technologies, Inc. One Industrial Way West, Bldg. D Eatontown, NJ 07724	Blast fax service Disbursement for: [x] Primary [ ] General [ ] Other (specify)	5/12/00	$370.40
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Premiere Technologies, Inc. One Industrial Way West, Bldg. D Eatontown, NJ 07724	Blast fax services Disbursement for: [x] Primary [ ] General [ ] Other (specify)	4/25/00	$514.17

SUBTOTAL of Disbursements This Page (optional) $8,567.37

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

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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FOR LINE NUMBER 17

Operating Expenditures

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)

Elaine Bloom for Congress C00345405

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
A. Premiere Technologies, Inc. One Industrial Way West, Bldg. D Eatontown, NJ 07724	Blast fax service Disbursement for: [x] Primary [ ] General [ ] Other (specify)	6/17/00	$565.05
B. Rep. Elaine Bloom 5255 Collins Avenue Miami Beach, FL 33140	Car Expense Disbursement for: [x] Primary [ ] General [ ] Other (specify)	6/30/00	$2,115.00 * * in-kind received
C. Rep. Elaine Bloom 5255 Collins Avenue Miami Beach, FL 33140	Plane Ticket Disbursement for: [x] Primary [ ] General [ ] Other (specify)	5/15/00	$475.00 * * in-kind received
D. Rep. Elaine Bloom 5255 Collins Avenue Miami Beach, FL 33140	Plane Ticket Disbursement for: [x] Primary [ ] General [ ] Other (specify)	6/9/00	$264.79 * * in-kind received
E. Seitlin P.O. Box 025220 Miami, FL 33102-5220	Insurance Disbursement for: [x] Primary [ ] General [ ] Other (specify)	5/12/00	$1,557.18
F. Strategic Technologies 790 NW 107 Avenue Miami, FL 33172	Mail Expense Disbursement for: [x] Primary [ ] General [ ] Other (specify)	6/9/00	$1,263.00
G. The Tyson Organization 1000 Macon Street, Suite 300 Fort Worth, TX 76102	Phone Bank Disbursement for: [x] Primary [ ] General [ ] Other (specify)	4/7/00	$10,000.00
H. Thierry's Catering 3321 NW 7th Avenue Miami, FL 33127	Catering Expense Disbursement for: [x] Primary [ ] General [ ] Other (specify)	5/12/00	$713.55
I. Union Printing 2321 Pembroke Road Hollywood, FL 33020	Printing Expense Disbursement for: [x] Primary [ ] General [ ] Other (specify)	4/25/00	$1,405.56

SUBTOTAL of Disbursements This Page (optional)	$18,359.13
TOTAL This Period (last page this line number only)	

FEC Form 3P

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 13 OF 16

FOR LINE NUMBER: 17

Operating Expenditures

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)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: Primary / General / Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
Union Printing 2321 Pembroke Road Hollywood, FL 33020	Printing Expense Disbursement for: [x] Primary [ ] General [ ] Other (specify)	5/5/00	$1,557.14
B. Full Name, Mailing Address and ZIP Code Union Printing 2321 Pembroke Road Hollywood, FL 33020	Purpose of Disbursement Printing Expense Disbursement for: [x] Primary [ ] General [ ] Other (specify)	Date (month, day, year) 5/12/00	Amount of Each Disbursement This Period $2,575.54
C. Full Name, Mailing Address and ZIP Code Union Printing 2321 Pembroke Road Hollywood, FL 33020	Purpose of Disbursement Printing expense Disbursement for: [x] Primary [ ] General [ ] Other (specify)	Date (month, day, year) 5/26/00	Amount of Each Disbursement This Period $2,777.20
D. Full Name, Mailing Address and ZIP Code Union Printing 2321 Pembroke Road Hollywood, FL 33020	Purpose of Disbursement Printing Expense Disbursement for: [x] Primary [ ] General [ ] Other (specify)	Date (month, day, year) 4/7/00	Amount of Each Disbursement This Period $1,675.00
E. Full Name, Mailing Address and ZIP Code Union Printing 2321 Pembroke Road Hollywood, FL 33020	Purpose of Disbursement Printing expense Disbursement for: [x] Primary [ ] General [ ] Other (specify)	Date (month, day, year) 4/1/00	Amount of Each Disbursement This Period $1,005.19
F. Full Name, Mailing Address and ZIP Code United States Postal Service Hollywood Branch Hollywood, FL 33020	Purpose of Disbursement Postage Disbursement for: [x] Primary [ ] General [ ] Other (specify)	Date (month, day, year) 6/14/00	Amount of Each Disbursement This Period $300.00
G. Full Name, Mailing Address and ZIP Code United States Postal Service Hollywood Branch Hollywood, FL 33020	Purpose of Disbursement Postage Disbursement for: [x] Primary [ ] General [ ] Other (specify)	Date (month, day, year) 6/8/00	Amount of Each Disbursement This Period $495.00
H. Full Name, Mailing Address and ZIP Code United States Postal Service Normandy Branch Miami Beach, FL 33141	Purpose of Disbursement Postage Disbursement for: [x] Primary [ ] General [ ] Other (specify)	Date (month, day, year) 4/5/00	Amount of Each Disbursement This Period $1,485.00
I. Full Name, Mailing Address and ZIP Code United States Postal Service Hollywood Branch Hollywood, FL 33020	Purpose of Disbursement Postage Disbursement for: [x] Primary [ ] General [ ] Other (specify)	Date (month, day, year) 6/5/00	Amount of Each Disbursement This Period $300.00

SUBTOTAL of Disbursements This Page (optional)	$12,170.07
TOTAL This Period (last page this line number only)	

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 14 OF 16

FOR LINE NUMBER 17

Operating Expenditures

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

NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code United States Postal Service Hollywood Branch Hollywood, FL 33020	Purpose of Disbursement Postage Disbursement for: [x] Primary [ ] General [ ] Other (specify)	Date (month, day, year) 6/16/00	Amount of Each Disbursement This Period $380.00
B. Full Name, Mailing Address and ZIP Code United States Postal Service Hollywood Branch Hollywood, FL 33020	Purpose of Disbursement Postage Disbursement for: [x] Primary [ ] General [ ] Other (specify)	Date (month, day, year) 6/2/00	Amount of Each Disbursement This Period $300.00
C. Full Name, Mailing Address and ZIP Code United States Postal Service Hollywood Branch Hollywood, FL 33020	Purpose of Disbursement Postage Disbursement for: [x] Primary [ ] General [ ] Other (specify)	Date (month, day, year) 4/19/00	Amount of Each Disbursement This Period $495.00
D. Full Name, Mailing Address and ZIP Code United States Postal Service Hollywood Branch Hollywood, FL 33020	Purpose of Disbursement Postage Disbursement for: [x] Primary [ ] General [ ] Other (specify)	Date (month, day, year) 5/22/00	Amount of Each Disbursement This Period $330.00
E. Full Name, Mailing Address and ZIP Code United States Postal Service Hollywood Branch Hollywood, FL 33020	Purpose of Disbursement Postage Disbursement for: [x] Primary [ ] General [ ] Other (specify)	Date (month, day, year) 5/3/00	Amount of Each Disbursement This Period $495.00
F. Full Name, Mailing Address and ZIP Code United States Postal Service Hollywood Branch Hollywood, FL 33020	Purpose of Disbursement Postage Disbursement for: [x] Primary [ ] General [ ] Other (specify)	Date (month, day, year) 6/1/00	Amount of Each Disbursement This Period $300.00
G. Full Name, Mailing Address and ZIP Code Wilson Atkinson 1946 Tyler Street Hollywood, FL 33021	Purpose of Disbursement Rent Disbursement for: [x] Primary [ ] General [ ] Other (specify)	Date (month, day, year) 5/1/00	Amount of Each Disbursement This Period $1,060.00
H. Full Name, Mailing Address and ZIP Code Wilson Atkinson 1946 Tyler Street Hollywood, FL 33021	Purpose of Disbursement Rent Disbursement for: [x] Primary [ ] General [ ] Other (specify)	Date (month, day, year) 4/3/00	Amount of Each Disbursement This Period $1,060.00
I. Full Name, Mailing Address and ZIP Code Wilson Atkinson 1946 Tyler Street Hollywood, FL 33021	Purpose of Disbursement Rent Disbursement for: [x] Primary [ ] General [ ] Other (specify)	Date (month, day, year) 5/31/00	Amount of Each Disbursement This Period $1,060.00
SUBTOTAL of Disbursements This Page (optional)			$5,480.00
TOTAL This Period (last page this line number only)			

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 20(a)

Refunds of Contributions to Individuals

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)

Elaine Bloom for Congress C00345405

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Mr. Irwin Adler 2000 S Bayshore Dr. Villa 32 Coconut Grove, FL 33133	Refund Disbursement for: [ ] Primary [X] General [ ] Other (specify)	4/12/00	$1,000.00
B. Full Name, Mailing Address and ZIP Code Mrs. Louise Williams 622 Kenilworth Avenue Kenilworth, IL 60043-1088	Purpose of Disbursement Refund Disbursement for: [ ] Primary [X] General [ ] Other (specify)	Date (month, day, year) 6/30/00	Amount of Each Disbursement This Period $500.00
C. Full Name, Mailing Address and ZIP Code Ms. Deborah Hoffman 3525 Bayshore Villas Drive Miami, FL 33133	Purpose of Disbursement Refund Disbursement for: [X] Primary [ ] General [ ] Other (specify)	Date (month, day, year) 6/23/00	Amount of Each Disbursement This Period $1,000.00
D. Full Name, Mailing Address and ZIP Code Ms. Ella Upsher 1504 South Ocean Drive Hallandale, FL 33009	Purpose of Disbursement Refund Disbursement for: [ ] Primary [X] General [ ] Other (specify)	Date (month, day, year) 6/30/00	Amount of Each Disbursement This Period $500.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
SUBTOTAL of Disbursements This Page (optional)			$3,000.00
TOTAL This Period (last page this line number only)			$3,000.00

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SCHEDULE C
(Revised 3/80)

LOANS

Page 1 of 2 for LINE NUMBER 10
(Use separate schedules for each numbered line)

Loans owed by the Committee

Name of Committee (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code of Loan Source	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
Rep. Elaine Bloom 5255 Collins Avenue Miami Beach, FL 33140	$5,100.00	$0.00	$5,100.00

Election: ☒ Primary ☐ General ☐ Other (specify):

Terms: Date Incurred 6/30/99 Date Due _____ Interest Rate _____%(apr) ☐ Secured

List All Endorsers or Guarantors (if any) to Item A

1. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $
2. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $
3. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $

B. Full Name, Mailing Address and ZIP Code of Loan Source	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
Rep. Elaine Bloom 5255 Collins Avenue Miami Beach, FL 33140	$96,000.00	$0.00	$96,000.00

Election: ☒ Primary ☐ General ☐ Other (specify):

Terms: Date Incurred 6/30/99 Date Due _____ Interest Rate _____%(apr) ☐ Secured

List All Endorsers or Guarantors (if any) to Item B

1. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $
2. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $
3. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $

SUBTOTALS This Period This Page (optional)	
TOTALS This Period (last page in this line only)	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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SCHEDULE C
(Revised 3/90)

LOANS

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

Loans owed by the Committee

Name of Committee (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code of Loan Source	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
Rep. Elaine Bloom 5255 Collins Avenue Miami Beach, FL 33140	$4,000.00	$0.00	$4,000.00

Election: [x] Primary [ ] General [ ] Other (specify):

Terms: Date Incurred 5/4/99 Date Due _____ Interest Rate _____%(apr) [ ] Secured

List All Endorsers or Guarantors (if any) to Item A

1. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $	
2. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $	
3. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $	

B. Full Name, Mailing Address and ZIP Code of Loan Source	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period

Election: [ ] Primary [ ] General [ ] Other (specify):

Terms: Date Incurred _____ Date Due _____ Interest Rate _____%(apr) [ ] Secured

List All Endorsers or Guarantors (if any) to Item B

1. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $	
2. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $	
3. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $	

SUBTOTALS This Period This Page (optional)	
TOTALS This Period (last page in this line only)	$105,100.00

Carry outstanding balance only to LINE 8, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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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 Rece pt 7-17-00
☐	First Class Mail	POSTMARKED
☐	Registered/Certified Mail	POSTMARKED (R/C)
☐	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	

SL — PREPARER

7-17-00 — DATE PREPARED

(6/2000)