

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) Elaine Bloom for Congress		2. FEC IDENTIFICATION NUMBER C00345405
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported. 5255 Collins Avenue		
CITY, STATE and ZIP CODE Miami Beach, FL 33140	STATE/DISTRICT FL/22	
3. IS THIS REPORT AN AMENDMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		

JUL 30 9 40 AM '99

4. TYPE OF REPORT

- | | |
|--|--|
| <input type="checkbox"/> April 15 Quarterly Report
<input type="checkbox"/> July 15 Quarterly Report
<input type="checkbox"/> October 15 Quarterly Report
<input type="checkbox"/> January 31 Year End Report
<input checked="" type="checkbox"/> July 31 Mid-Year Report (Non-election Year Only) | <input type="checkbox"/> 12-Day Pre-Election Report for the _____
(Type of Election)
election on _____ in the State of _____
<input type="checkbox"/> 30-Day Post-Election Report for the _____
(Type of Election)
election on _____ in the State of _____
<input type="checkbox"/> Termination Report |
|--|--|

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

SUMMARY

6. Covering Period	COLUMN A This Period	COLUMN B Calendar Year-to-Date
1/1/99 through 6/30/99		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 14(a))	\$157,636.75	\$157,636.75
(b) Total Contribution Refunds (from Line 20(d))	\$0.00	\$0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	\$157,636.75	\$157,636.75
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	\$11,567.07	\$11,567.07
(b) Total Offsets to Operating Expenditures (from Line 14)	\$0.00	\$0.00
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	\$11,567.07	\$11,567.07
8. Cash on Hand at Close of Reporting Period (from Line 27)	\$251,168.68	
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
909 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-218-3420

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

Type or Print Name of Treasurer Richard A. Berkowitz	
Signature of Treasurer 	Date 6/29/99

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

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FEC FORM 3
(revised 4/87)

DETAILED SUMMARY PAGE

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

Name of Committee (in full) Elaine Bloom for Congress	Report Covering the Period		
	From	To	
	1/1/99	6/30/99	
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) -----	\$135,444.75		11(a)(i)
(ii) Unitemized -----	\$17,291.00		11(a)(ii)
(iii) Total of contributions from individuals -----	\$152,735.75	\$152,735.75	11(a)(iii)
(b) Political Party Committees -----	\$0.00	\$0.00	11(b)
(c) Other Political Committees (such as PACs) -----	\$0.00	\$0.00	11(c)
(d) The Candidate -----	\$4,900.00	\$4,900.00	11(d)
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d)) -----	\$157,635.75	\$157,635.75	11(e)
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES -----	\$0.00	\$0.00	12
13. LOANS:			
(a) Made or Guaranteed by the Candidate -----	\$105,100.00	\$105,100.00	13(a)
(b) All Other Loans -----	\$0.00	\$0.00	13(b)
(c) TOTAL LOANS (add 13(a) and (b)) -----	\$105,100.00	\$105,100.00	13(c)
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) -----	\$0.00	\$0.00	14
15. OTHER RECEIPTS (Dividends, Interest, etc.) -----	\$0.00	\$0.00	15
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15) -----	\$262,735.75	\$262,735.75	16
II. DISBURSEMENTS			
17. OPERATING EXPENDITURES -----	\$11,567.07	\$11,567.07	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 -----	\$0.00	\$0.00	20(a)
(b) Political Party Committees -----	\$0.00	\$0.00	20(b)
(c) Other Political Committees (such as PACs) -----	\$0.00	\$0.00	20(c)
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c)) -----	\$0.00	\$0.00	20(d)
21. OTHER DISBURSEMENTS -----	\$0.00	\$0.00	21
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21) -----	\$11,567.07	\$11,567.07	22
III. CASH SUMMARY			
23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD -----	\$	0.00	23
24. TOTAL RECEIPTS THIS PERIOD (from Line 16) -----	\$	262,735.75	24
25. SUBTOTAL (add Line 23 and Line 24) -----	\$	262,735.75	25
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22) -----	\$	11,567.07	26
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25) -----	\$	251,168.68	27

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

PAGE 1 OF 28
FOR LINE NUMBER 11(a)(1)

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

NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code Leonard Abess 300 71st Street Miami Beach, FL 33141	Name of Employer City National Bank Occupation Banker Aggregate Year-to-Date > \$	Date (month, day, year) 6/28/99 \$2,000.00	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
B. Full Name, Mailing Address and ZIP Code Leonard Abess 300 71st Street Miami Beach, FL 33141	Name of Employer City National Bank Occupation Banker Aggregate Year-to-Date > \$	Date (month, day, year) 6/28/99 \$2,000.00	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code Leonard Abess, Jr. 4950 Pine Tree Drive Miami, FL 33140	Name of Employer City National Bank Occupation Banker Aggregate Year-to-Date > \$	Date (month, day, year) 6/28/99 \$2,000.00	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code Leonard Abess, Jr. 4950 Pine Tree Drive Miami, FL 33140	Name of Employer City National Bank Occupation Banker Aggregate Year-to-Date > \$	Date (month, day, year) 6/28/99 \$2,000.00	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code Michael Adler 1400 NW 107th Avenue, 4th Floor Miami, FL 33172	Name of Employer The Adler Group Occupation Developer Aggregate Year-to-Date > \$	Date (month, day, year) 6/21/99 \$1,000.00	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code Richard Alhadef 150 West Flagler Street Miami, FL 33130	Name of Employer Stearns, Weaver et al. Occupation Attorney Aggregate Year-to-Date > \$	Date (month, day, year) 6/1/99 \$500.00	Amount of Each Receipt this Period \$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code Richard Alterman 555 N.E. 34th Street, #904 Miami, FL 33137	Name of Employer Alterman Transport Lines Occupation Business Executive Aggregate Year-to-Date > \$	Date (month, day, year) 6/4/99 \$250.00	Amount of Each Receipt this Period \$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional)

\$5,750.00

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

PAGE 2 OF 28
FOR LINE NUMBER 11(a)(1)

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NAME OF COMMITTEE (in Full)

Elaine Bloom for Congress C00845405

A. Full Name, Mailing Address and ZIP Code	Name of Employer Self-Employed	Date (month, day, year)	Amount of Each Receipt This Period
Arthur Barr 1000 Island Blvd. Aventura, FL 33180	Occupation Business Consulting	6/7/99	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	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
Adolph J. Berger 3 Grove Isle Drive, #801 Miami, FL 33133	Pasadena Homes	5/17/99	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation Builder	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 J. Berger 1836 W. 23rd Street Miami, FL 33140	Strategica, Inc.	6/15/99	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation Attorney	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
Helene Berger 3 Grove Isle Drive, #801 Miami, FL 33133	Community Leader	5/17/99	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation Volunteer	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
Mark Berger 142 E. Princetown Road Bala Cynwyd, PA 19004	University of Pennsylvania Hospital	6/4/99	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation Physician	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
Max Berger 1230 Cleveland Road Miami Beach, FL 33141	Retired	6/15/99	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> 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
Morris Berger 285 N.W. 190th Street, #210 Miami, FL 33169	Berger & Epstein, P.A.	6/15/99	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$	\$1,000.00

SUBTOTAL of Receipts This Page (optional)

\$12,250.00

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

PAGE 3 OF 28
FOR LINE NUMBER 11(b)(6)

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NAME OF COMMITTEE (in Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code Paul Berkowitz 10145 SW 71st Ave Miami, FL 33156 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Greenberg, Traurig et al Occupation Attorney Aggregate Year-to-Date > \$	Date (month, day, year) 6/11/99 \$250.00	Amount of Each Receipt this Period \$250.00
B. Full Name, Mailing Address and ZIP Code Jeffrey L. Berkowitz 2665 S. Bayshore Drive, #1200 Cocoanut Grove, FL 33133 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Berkowitz Development Group Occupation Real Estate Aggregate Year-to-Date > \$	Date (month, day, year) 6/15/99 \$1,000.00	Amount of Each Receipt this Period \$1,000.00
C. Full Name, Mailing Address and ZIP Code George Berlin 18501 Biscayne Blvd., #400 Aventura, FL 33180 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Tumbery Associates Occupation Executive Aggregate Year-to-Date > \$	Date (month, day, year) 6/29/99 \$1,000.00	Amount of Each Receipt this Period \$1,000.00
D. Full Name, Mailing Address and ZIP Code Sy Bloom 2 Grove Isle Drive Miami, FL 33133 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Apparel Manufacturing Occupation Dorisa of Miami Aggregate Year-to-Date > \$	Date (month, day, year) 6/7/99 \$500.00	Amount of Each Receipt this Period \$500.00
E. Full Name, Mailing Address and ZIP Code Ronald Book 2251 NE 201st St Aventura, FL 33180 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Ronald A. Book, PA Occupation Attorney Aggregate Year-to-Date > \$	Date (month, day, year) 6/24/99 \$1,000.00	Amount of Each Receipt this Period \$1,000.00
F. Full Name, Mailing Address and ZIP Code Gregory Borgognani 6950 SW 107th Street Miami, FL 33156 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self-Employed Occupation Attorney Aggregate Year-to-Date > \$	Date (month, day, year) 6/15/99 \$1,000.00	Amount of Each Receipt this Period \$1,000.00
G. Full Name, Mailing Address and ZIP Code Imma Braman 1 Indian Creek Village Indian Creek Village, FL 33154 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Community Leader Occupation Community Leader Aggregate Year-to-Date > \$	Date (month, day, year) 5/21/99 \$1,000.00	Amount of Each Receipt this Period \$1,000.00

SUBTOTAL of Receipts This Page (optional)

\$18,000.00

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

PAGE 4 OF 28
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
Norman Braman 1 Indian Creek Drive Indian Creek Drive, FL 33154	Braman Enterprises	5/21/99	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Occupation Auto Dealer		
Other (specify):	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
Barry Brantl 1 SE 3rd Avenue Miami, FL 33131	Berkowitz, Dick et al * In-Kind: Fundraiser Expenses	6/14/99	\$213.95
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Occupation CPA		
Other (specify):	Aggregate Year-to-Date > \$	\$213.95	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Arthur Brown 10090 SW 145th ST Miami, FL 33141	Garson, Preston & Co.	8/29/99	\$300.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Occupation CPA		
Other (specify):	Aggregate Year-to-Date > \$	\$300.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael Bruner 1560 NE Quail Terrace Miami, FL 33138	Bruner & Kaufman, P.A.	6/11/99	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Occupation Attorney		
Other (specify):	Aggregate Year-to-Date > \$	\$250.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Deborah Lea Bussel PO Box 331287 Miami, FL 33233	Self-Employed	6/4/99	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Occupation Public Relations Consultant		
Other (specify):	Aggregate Year-to-Date > \$	\$500.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Daniel Cantor 8411 Lagos De Campos Blvd. Tamarac, FL 33321	Retired	6/14/99	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Occupation Retired		
Other (specify):	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
Marjorie Cantor 20000 NE 21st CT Miami, FL 33179	Retired	6/7/99	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Occupation Retired		
Other (specify):	Aggregate Year-to-Date > \$	\$250.00	

SUBTOTAL of Receipts This Page (optional)

\$21,513.95

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

PAGE 5 OF 28
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 Andy Cheah 18501 Biscayne Blvd, #400 Aventura, FL 33180 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Turnberry Associates Occupation Executive Aggregate Year-to-Date > \$	Date (month, day, year) 6/29/99 \$1,000.00	Amount of Each Receipt this Period \$1,000.00
B. Full Name, Mailing Address and ZIP Code Howard Chusid 3860 North 40th Avenue Hollywood, FL 33021 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Statewide Health Plans Occupation Administrator Aggregate Year-to-Date > \$	Date (month, day, year) 6/7/99 \$500.00	Amount of Each Receipt this Period \$500.00
C. Full Name, Mailing Address and ZIP Code Andrew Crisses 8 Cow Lane Kings Point, NY 11026 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self Employed Occupation Attorney Aggregate Year-to-Date > \$	Date (month, day, year) 6/7/99 \$1,000.00	Amount of Each Receipt this Period \$1,000.00
D. Full Name, Mailing Address and ZIP Code Stephen H. Cypert 3120 Pine Tree Drive Miami, FL 33140 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Cypert & Cypert Occupation Attorney Aggregate Year-to-Date > \$	Date (month, day, year) 6/4/99 \$500.00	Amount of Each Receipt this Period \$500.00
E. Full Name, Mailing Address and ZIP Code Helen Decker 2598 Yacht Club Drive Aventura, FL 33180 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Retired Occupation Retired Aggregate Year-to-Date > \$	Date (month, day, year) 6/8/99 \$500.00	Amount of Each Receipt this Period \$500.00
F. Full Name, Mailing Address and ZIP Code Judith Devins 144 Lake Rebecca Drive West Palm Beach, FL 33411 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Retired Occupation Retired Aggregate Year-to-Date > \$	Date (month, day, year) 6/7/99 \$1,000.00	Amount of Each Receipt this Period \$1,000.00
G. Full Name, Mailing Address and ZIP Code Keith Diamond 26 SW 1st Street, #400 Miami, FL 33130 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self-Employed Occupation Attorney Aggregate Year-to-Date > \$	Date (month, day, year) 6/7/99 \$500.00	Amount of Each Receipt this Period \$500.00

SUBTOTAL of Receipts This Page (optional)

\$28,613.95

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE **8** OF **28**
FOR LINE NUMBER **11(a)(i)**

Contributions from Individuals/Persons

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

<p>A. Full Name, Mailing Address and ZIP Code Manny Diaz 2886 S. Bayshore Dr. #1100 Miami, FL 33131</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):</p>	<p>Name of Employer Coffee, Diaz & O'Maghten, L.L.P.</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year) 6/15/99</p> <p>\$1,000.00</p>	<p>Amount of Each Receipt this Period \$1,000.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Jeffrey Dickstein 80 W Riva Alta DR Miami Beach, FL 33139</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):</p>	<p>Name of Employer Kaulman, Miller, et al.</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year) 6/4/99</p> <p>\$250.00</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Alan Diamond 3504 Wildwood Circle Miami, FL 33133</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):</p>	<p>Name of Employer Greenberg, Traurig et al</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year) 6/28/99</p> <p>\$300.00</p>	<p>Amount of Each Receipt this Period \$300.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Malcolm Dorman 443 Ocean Blvd Golden Beach, FL 33160</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):</p>	<p>Name of Employer Self-Employed</p> <p>Occupation Physician</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year) 6/30/99</p> <p>\$1,000.00</p>	<p>Amount of Each Receipt this Period \$1,000.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Lucia Dougherty 2045 Fisher Island Drive Fisher Island, FL 33109</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):</p>	<p>Name of Employer Grenberg, Traurig, et al.</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year) 6/15/99</p> <p>\$250.00</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>F. Full Name, Mailing Address and ZIP Code A. Norman Drucker 801 NE 167th ST N. Miami Beach, FL 33162</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):</p>	<p>Name of Employer Norman Drucker P.A.</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year) 6/30/99</p> <p>\$250.00</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>G. Full Name, Mailing Address and ZIP Code Donna Dupuy PO Box 1789 Shard, FL 34995</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):</p>	<p>Name of Employer Self-Employed</p> <p>Occupation Writer</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year) 6/2/98</p> <p>\$500.00</p>	<p>Amount of Each Receipt this Period \$500.00</p>

SUBTOTAL of Receipts This Page (optional)

\$30,063.95

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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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 C00346405

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lawrence Epstein 1413 Sunset Harbour Drive Miami, FL 33139	Berger & Epstein, P.A.	8/9/99	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation: Attorney Aggregate Year-to-Date: \$	\$1,000.00	
George Feldenkrais 3000 NW 107th Avenue Miami, FL 33172	Supreme International	8/21/99	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation: Chairman Aggregate Year-to-Date: \$	\$1,000.00	
Oscar Feldenkrais 3000 NW 107th Avenue Miami, FL 33172	Supreme International	8/21/99	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation: President, COO Aggregate Year-to-Date: \$	\$1,000.00	
Audrey Finkelstein 815 Catalonia Avenue Miami, FL 33134	Community Leader	6/2/99	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation: Volunteer Aggregate Year-to-Date: \$	\$500.00	
Dwren S. Freed 50 Puerta Coral Gables, FL 33143	Sterns, Weaver, et al	8/15/99	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation: Attorney Aggregate Year-to-Date: \$	\$250.00	
Ellen Feldin 1 SE 3rd Avenue, #2800 Miami, FL 33131	Akerman, Senorfill, et al	8/21/99	\$600.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation: Attorney Aggregate Year-to-Date: \$	\$600.00	
Lillian Friedman 2780 NE 183rd St., #1904 Aventura, FL 33160	Retired	8/30/99	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation: Retired Aggregate Year-to-Date: \$	\$250.00	

SUBTOTAL of Receipts This Page (optional)

\$34,583.95

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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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
LucyB Friedson 9125 SW 56th Court Miami, FL 33156	retired	6/21/99	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation retired	Aggregate Year-to-Date > \$	\$1,000.00
B. Full Name, Mailing Address and ZIP Code Melvyn B. Frumkes 100 North Biscayne Blvd. Miami, FL 33132	Melvyn B. Frumkes & Assoc., P.A.	6/7/99	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$	\$250.00
C. Full Name, Mailing Address and ZIP Code Allen Fuller 11101 SW 64th Avenue Miami, FL 33156	Fuller & Suarez, P.A.	6/14/99	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$	\$500.00
D. Full Name, Mailing Address and ZIP Code Barbara Friedson Garnett 4900 SW 80th Street Miami Lakes, FL 33143	Windmere-Durable Holdings, Inc.	6/15/99	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation Senior Vice President	Aggregate Year-to-Date > \$	\$500.00
E. Full Name, Mailing Address and ZIP Code Donald Gerson 7881 SW 103rd Place Miami, FL 33173	Gerson, Preston & Co.	6/29/99	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation CPA	Aggregate Year-to-Date > \$	\$250.00
F. Full Name, Mailing Address and ZIP Code Gary Gerson 666 71st Street Miami Beach, FL 33141	Gerson & Preston	6/29/99	\$400.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation CPA	Aggregate Year-to-Date > \$	\$400.00
G. Full Name, Mailing Address and ZIP Code Irwin Gerson 132 West Village Way Jupiter, FL 33458	Retired	6/7/99	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation Retired	Aggregate Year-to-Date > \$	\$500.00

SUBTOTAL of Receipts This Page (optional)

\$37,963.95

TOTAL This Period (last page this line number only)

SCHEDULE A

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Contributions from Individuals/Persons

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code Madelina Giardiello 18151 NE 31st Court Miami, FL 33180 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self-Employed Occupation Business Consultant Aggregate Year-to-Date > \$	Date (month, day, year) 6/7/99 \$300.00	Amount of Each Receipt This Period \$300.00
B. Full Name, Mailing Address and ZIP Code Susan Gold 301 North Miami Avenue, #1017 Miami, FL 33128 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer University of Miami Occupation Assistant Professor Aggregate Year-to-Date > \$	Date (month, day, year) 6/30/99 \$250.00	Amount of Each Receipt This Period \$250.00
C. Full Name, Mailing Address and ZIP Code Alan L. Goldberg 111 SW 3rd Street, #701 Miami, FL 33130 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Crisis Management, Inc. Occupation President Aggregate Year-to-Date > \$	Date (month, day, year) 6/15/98 \$1,000.00	Amount of Each Receipt This Period \$1,000.00
D. Full Name, Mailing Address and ZIP Code George Goldbloom 5660 Collins Avenue, PH-B Miami Beach, FL 33140 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Mg Investments Occupation Self-Employed Developer Aggregate Year-to-Date > \$	Date (month, day, year) 6/4/99 \$1,000.00	Amount of Each Receipt This Period \$1,000.00
E. Full Name, Mailing Address and ZIP Code Lester Goldstein 200 S. Biscayne Blvd., #2500 Miami, FL 33131 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Blizin, Bumberg et al Occupation Attorney Aggregate Year-to-Date > \$	Date (month, day, year) 6/21/99 \$500.00	Amount of Each Receipt This Period \$500.00
F. Full Name, Mailing Address and ZIP Code Morton Goote 3675 N. Country Club Drive Aventura, FL 33180 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Retired Occupation Scientist Aggregate Year-to-Date > \$	Date (month, day, year) 6/7/99 \$500.00	Amount of Each Receipt This Period \$500.00
G. Full Name, Mailing Address and ZIP Code Morris Gordon 1056 Creekford Drive Weston, FL 33328 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Marriage Educators Occupation Self-Employed Aggregate Year-to-Date > \$	Date (month, day, year) 5/24/99 \$250.00	Amount of Each Receipt This Period \$250.00

SUBTOTAL of Receipts This Page (optional)

\$41,763.95

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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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
Mary Graves 1015 34th Avenue Vero Beach, FL 32980	Homemaker	6/21/99	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Homemaker Aggregate Year-to-Date > \$	\$250.00	
B. Full Name, Mailing Address and ZIP Code Elevyn Langleb Greer 5900 SW 97th Street Miami, FL 33156	Self-Employed	6/4/99	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Attorney Aggregate Year-to-Date > \$	\$250.00	
C. Full Name, Mailing Address and ZIP Code Harry Hahamovitch PO Box 3760 Boca Raton, FL 33427	Self-Employed	6/28/99	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Real Estate Investor Aggregate Year-to-Date > \$	\$1,000.00	
D. Full Name, Mailing Address and ZIP Code Leri Hamilton 9326 Lagoon Place, #3403 Fort Lauderdale, FL 33324	Self-Employed	6/4/99	\$225.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Writer Aggregate Year-to-Date > \$	\$225.00	
E. Full Name, Mailing Address and ZIP Code Fanny Haroto 1805 NE 196th Terrace North Miami Beach, FL 33179	Cartel, Inc.	6/24/98	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Vice-President Aggregate Year-to-Date > \$	\$1,000.00	
F. Full Name, Mailing Address and ZIP Code Alan B. Heilig 9660 W. Bay Harbor Dr., #2D Miami, FL 33154	Retired	5/21/99	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Retired Aggregate Year-to-Date > \$	\$250.00	
G. Full Name, Mailing Address and ZIP Code Morris Heilig 5680 Pine Tree Drive Miami Beach, FL 33140	Retired	5/21/99	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Retired Aggregate Year-to-Date > \$	\$500.00	

SUBTOTAL of Receipts This Page (optional)

\$45,238.95

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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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
Hal Herman 3530 Mystic Pointe Drive Aventura, FL 33180	Worth International Communications	6/15/99	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation: President Aggregate Year-to-Date: \$	\$1,000.00	
B. Full Name, Mailing Address and ZIP Code Al Hochstadt 289 Key Palm Boca Raton, FL 33432	Self-Employed	6/21/99	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation: Investor Aggregate Year-to-Date: \$	\$250.00	
C. Full Name, Mailing Address and ZIP Code Arnold Hoffman 777 South Flagler Drive, #310E West Palm Beach, FL 33401	Self-Employed	6/7/99	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation: Attorney Aggregate Year-to-Date: \$	\$500.00	
D. Full Name, Mailing Address and ZIP Code Deborah Hoffman 3525 Bayshore Villas Drive Miami, FL 33133	Self-Employed	6/4/99	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation: Attorney Aggregate Year-to-Date: \$	\$1,000.00	
E. Full Name, Mailing Address and ZIP Code Abel Holtz 9999 Collins Avenue Miami, FL 33154	Investor	6/30/99	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation: Investor Aggregate Year-to-Date: \$	\$500.00	
F. Full Name, Mailing Address and ZIP Code Fana Holtz 9999 Collins Avenue Miami, FL 33154	Homemaker	6/30/99	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation: Homemaker Aggregate Year-to-Date: \$	\$500.00	
G. Full Name, Mailing Address and ZIP Code Bill Hoppe 68 W. Flagler St., 2nd Floor Miami, FL 33130	Hoppe & Stokes, P.A.	6/15/99	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation: Attorney Aggregate Year-to-Date: \$	\$500.00	

SUBTOTAL of Receipts This Page (optional) \$49,486.96

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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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
Eugene Howard 1111 Lincoln Road, #900 Miami, FL 33139	Eugene Howard, P.A. Occupation Attorney	6/30/99	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Aggregate Year-to-Date > \$	\$500.00	
Robert F. Hudson Jr. 3501 N. Prospect Drive Miami, FL 33133	Baker & McKenzie Occupation Attorney	6/4/99	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Aggregate Year-to-Date > \$	\$500.00	
Anita Jacob 9 Island Ave., #PH-8 Miami Beach, FL 33139	Homemaker Occupation Homemaker	5/24/99	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Aggregate Year-to-Date > \$	\$2,000.00	
Anita Jacob 9 Island Ave., #PH-8 Miami Beach, FL 33139	Homemaker Occupation Homemaker	5/24/99	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Aggregate Year-to-Date > \$	\$2,000.00	
Eli Jacob 9 Island Ave., #PH-6 Miami Beach, FL 33139	Self-Employed Occupation Securities Investor	5/25/99	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Aggregate Year-to-Date > \$	\$2,000.00	
ES Jacob 9 Island Ave., #PH-8 Miami Beach, FL 33139	Self-Employed Occupation Securities Investor	5/25/99	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Aggregate Year-to-Date > \$	\$2,000.00	
Eric Jacobs 13894 SW 58th Avenue Miami, FL 33156	Self-Employed Occupation Tourism Consultant	6/21/99	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Aggregate Year-to-Date > \$	\$1,000.00	

SUBTOTAL of Receipts This Page (optional)

\$55,488.95

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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NAME OF COMMITTEE (in Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code Barbara Jones 20185 E. Country Club Dr., #2304 Aventura, FL 33180	Name of Employer Homemaker Occupation Homemaker Aggregate Year-to-Date > \$	Date (month, day, year) 6/8/99 \$1,000.00	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
B. Full Name, Mailing Address and ZIP Code Royal Jones 3200 S. University Dr. Davie, FL 33328	Name of Employer Nova Southeastern Univ. Occupation University Administrator Aggregate Year-to-Date > \$	Date (month, day, year) 6/8/99 \$1,000.00	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code Morton Kalin 18707 Turnberry Way Aventura, FL 33180	Name of Employer Self-Employed Occupation Real Estate Aggregate Year-to-Date > \$	Date (month, day, year) 6/14/99 \$500.00	Amount of Each Receipt this Period \$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code Mehlin Kartzner 4000 Island Blvd., #307 Aventura, FL 33180	Name of Employer Retired Occupation Retired Aggregate Year-to-Date > \$	Date (month, day, year) 6/8/99 \$300.00	Amount of Each Receipt this Period \$300.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code Gerald Katcher 1399 SW 1st Avenue Miami, FL 33130	Name of Employer MetLife United Occupation Banker Aggregate Year-to-Date > \$	Date (month, day, year) 6/8/99 \$500.00	Amount of Each Receipt this Period \$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code Eugene Kessler 19501 Biscayne Blvd Aventura, FL 33180	Name of Employer Turnberry Associates Occupation Real Estate Aggregate Year-to-Date > \$	Date (month, day, year) 6/28/99 \$1,000.00	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code Steel Klurman 9999 Collins Avenue #5A Bal Harbour, FL 33154	Name of Employer Self-employed Occupation Investor Aggregate Year-to-Date > \$	Date (month, day, year) 6/28/99 \$1,000.00	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional) \$80,788.95

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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NAME OF COMMITTEE (in Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code John Kozyak 200 South Biscayne Blvd., #2800 Miami, FL 33131	Name of Employer Kozyak, Troplin, et al Occupation Attorney Aggregate Year-to-Date > \$	Date (month, day, year) 6/14/99 \$500.00	Amount of Each Receipt This Period \$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer Retired Occupation Retired Aggregate Year-to-Date > \$	Date (month, day, year) 6/4/99 \$500.00	Amount of Each Receipt This Period \$500.00
B. Full Name, Mailing Address and ZIP Code Werner H. Kramarsky 33 East 70th Street New York, NY 10021 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer Self-Employed Occupation Investor Aggregate Year-to-Date > \$	Date (month, day, year) 6/30/99 \$500.00	Amount of Each Receipt This Period \$500.00
C. Full Name, Mailing Address and ZIP Code Judy Kreuzer 8615 SW 48th Street Miami, FL 33155 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer Lincolnshire Management, Inc. Occupation Chairman, CEO Aggregate Year-to-Date > \$	Date (month, day, year) 6/8/99 \$1,000.00	Amount of Each Receipt This Period \$1,000.00
D. Full Name, Mailing Address and ZIP Code Steven J. Kumble 99 Silver Spring Road Wilton, CT 06897 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer Kurzban, Kurzban, et al Occupation Attorney Aggregate Year-to-Date > \$	Date (month, day, year) 6/4/99 \$1,000.00	Amount of Each Receipt This Period \$1,000.00
E. Full Name, Mailing Address and ZIP Code Ira Kurzban 300 Pacific Road Key Biscayne, FL 33149 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer Gerson and Preston Accountants Occupation Accountant Aggregate Year-to-Date > \$	Date (month, day, year) 6/23/99 \$550.00	Amount of Each Receipt This Period \$550.00
F. Full Name, Mailing Address and ZIP Code Carole Landa 2675 NE 191st Street, #511 Aventura, FL 33180 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer Homemaker Occupation Homemaker Aggregate Year-to-Date > \$	Date (month, day, year) 6/14/99 \$1,000.00	Amount of Each Receipt This Period \$1,000.00

SUBTOTAL of Receipts This Page (optional)

\$65,838.95

TOTAL This Period (last page this line number only)

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Contributions from Individuals/Persons

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NAME OF COMMITTEE (in Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code William Landa 2875 NE 191st Street, #511 Aventura, FL 33180 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer Self-Employed Occupation Developer Aggregate Year-to-Date > \$	Date (month, day, year) 6/14/99 \$1,000.00	Amount of Each Receipt this Period \$1,000.00
B. Full Name, Mailing Address and ZIP Code Donald E. Leffon 3250 Mary Street Miami, FL 33133 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer Continental Companies Occupation Hotelier Aggregate Year-to-Date > \$	Date (month, day, year) 6/30/99 \$250.00	Amount of Each Receipt this Period \$250.00
C. Full Name, Mailing Address and ZIP Code Lynn Leight 1990 NE 183rd St Miami, FL 33162 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer Self-Employed Occupation Doctor Aggregate Year-to-Date > \$	Date (month, day, year) 6/30/99 \$250.00	Amount of Each Receipt this Period \$250.00
D. Full Name, Mailing Address and ZIP Code Paul Leight 10275 Collins Avenue Miami, FL 33154 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer Well-Gain Card Occupation Sales Aggregate Year-to-Date > \$	Date (month, day, year) 6/4/99 \$250.00	Amount of Each Receipt this Period \$250.00
E. Full Name, Mailing Address and ZIP Code Bonnie Berger Leighton 16 Charlesden Park Newtonville, MA 02160 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer Massachusetts Institute of Technolo Occupation University Professors Aggregate Year-to-Date > \$	Date (month, day, year) 5/24/99 \$1,000.00	Amount of Each Receipt this Period \$1,000.00
F. Full Name, Mailing Address and ZIP Code F. Tom Leighton 13 Charlesden Park Newtonville, MA 02160 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer Massachusetts Institute of Technolo Occupation Univeristy Professor Aggregate Year-to-Date > \$	Date (month, day, year) 5/24/99 \$1,000.00	Amount of Each Receipt this Period \$1,000.00
G. Full Name, Mailing Address and ZIP Code Den Levenston 2751 South Ocean Drive, #805N Hollywood, FL 33019 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Name of Employer Retired Occupation Retired Aggregate Year-to-Date > \$	Date (month, day, year) 6/25/99 \$2,000.00	Amount of Each Receipt this Period \$1,000.00

SUBTOTAL of Receipts This Page (optional) \$70,588.95

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

PAGE 15 OF 28
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

Elaine Bloom for Congress CD0345405

A. Full Name, Mailing Address and ZIP Code Dan Levenson 2751 South Ocean Drive, #805N Hollywood, FL 33019	Name of Employer Retired Occupation Retired Aggregate Year-to-Date > \$	Date (month, day, year) 6/25/99	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 2,000.00	Date (month, day, year) 6/29/99	Amount of Each Receipt this Period \$250.00
B. Full Name, Mailing Address and ZIP Code Phyllis Litwin 2780 NE 183rd Street, C-507 Miami, FL 33160	Name of Employer Retired * In-Kind: Fundraiser Expense Occupation Retired Aggregate Year-to-Date > \$	Date (month, day, year) 5/17/99	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 5/17/99	Amount of Each Receipt this Period \$500.00
C. Full Name, Mailing Address and ZIP Code Ronald Lowy 5615 La Garce Drive Miami Beach, FL 33140	Name of Employer Self-Employed Occupation Attorney Aggregate Year-to-Date > \$	Date (month, day, year) 6/14/99	Amount of Each Receipt this Period \$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 6/7/99	Amount of Each Receipt this Period \$500.00
D. Full Name, Mailing Address and ZIP Code Stephen Manson 1321 NE 172nd Street North Miami Beach, FL 33162	Name of Employer Self-Employed Occupation Driver's Education School Executive Aggregate Year-to-Date > \$	Date (month, day, year) 6/4/99	Amount of Each Receipt this Period \$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00	SUBTOTAL of Receipts This Page (optional) \$74,838.85	
TOTAL This Period (last page this line number only)		\$74,838.85	

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

PAGE 17 OF 28
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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress CD0345405

A. Full Name, Mailing Address and ZIP Code Audre D. Mandel 5500 Collins Avenue Miami, FL 33140	Name of Employer Retired Occupation Retired Aggregate Year-to-Date > \$	Date (month, day, year) 6/4/99	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		\$1,000.00	
B. Full Name, Mailing Address and ZIP Code Laurans A. Mendelson 9518 Bayshore Villas Drive Miami, FL 33133	Name of Employer Heico Corporation Occupation Executive Aggregate Year-to-Date > \$	Date (month, day, year) 6/2/99	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		\$1,000.00	
C. Full Name, Mailing Address and ZIP Code Herman Merinoff Westcliff Drive Lake Success, NY 11020	Name of Employer Self-Employed Occupation Businessman Aggregate Year-to-Date > \$	Date (month, day, year) 6/7/99	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		\$1,000.00	
D. Full Name, Mailing Address and ZIP Code Spencer Merinoff 3700 Commerce Blvd Miramar, FL 33025	Name of Employer Premier Beverages Occupation Business Executive Aggregate Year-to-Date > \$	Date (month, day, year) 5/24/99	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		\$1,000.00	
E. Full Name, Mailing Address and ZIP Code Susan Merinoff Westcliff Drive Lake Success, NY 11020	Name of Employer Homemaker Occupation Homemaker Aggregate Year-to-Date > \$	Date (month, day, year) 6/7/99	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		\$1,000.00	
F. Full Name, Mailing Address and ZIP Code Stewart A. Merkin 444 Brickell Avenue, #300 Miami, FL 33131	Name of Employer Stewart A. Merkin, P.A. Occupation Attorney Aggregate Year-to-Date > \$	Date (month, day, year) 6/15/99	Amount of Each Receipt this Period \$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		\$250.00	
G. Full Name, Mailing Address and ZIP Code Leonard Miller 23 Indian Creek Island Indian Creek, FL 33154	Name of Employer Pasadena Homes, Inc. Occupation Builder Aggregate Year-to-Date > \$	Date (month, day, year) 6/4/99	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		\$1,000.00	

SUBTOTAL of Receipts This Page (optional)

\$81,088.95

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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Contributions from Individuals/Persons

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress 000345405

A. Full Name, Mailing Address and ZIP Code Leonard Miller 700 NW 107th Avenue Miami, FL 33172 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Lerner Corp. Occupation Builder Aggregate Year-to-Date > \$	Date (month, day, year) 6/14/99 \$1,000.00	Amount of Each Receipt this Period \$1,000.00
B. Full Name, Mailing Address and ZIP Code Lester Miller 20043 NE 39th Place Aventura, FL 33180 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Retired Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 6/28/99 \$1,000.00	Amount of Each Receipt this Period \$1,000.00
C. Full Name, Mailing Address and ZIP Code Richard C. Milstein 1311 Bay Terrace North Bay Village, FL 33141 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Akerman, Senterfit, et al. Occupation Attorney Aggregate Year-to-Date > \$	Date (month, day, year) 6/4/99 \$250.00	Amount of Each Receipt this Period \$250.00
D. Full Name, Mailing Address and ZIP Code Renu Mody 1717 N. Bayshore Drive, #2284 Miami, FL 33132 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self-Employed Occupation Attorney Aggregate Year-to-Date > \$	Date (month, day, year) 6/15/99 \$1,000.00	Amount of Each Receipt this Period \$1,000.00
E. Full Name, Mailing Address and ZIP Code Janice L. Moriber 720 NE 69th Street Miami, FL 33138 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Homemaker Occupation Homemaker Aggregate Year-to-Date > \$	Date (month, day, year) 6/4/99 \$1,000.00	Amount of Each Receipt this Period \$1,000.00
F. Full Name, Mailing Address and ZIP Code Lloyd A. Moriber 720 NE 69th Street Miami, FL 33138 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self-Employed Occupation Orthopedic Surgeon Aggregate Year-to-Date > \$	Date (month, day, year) 6/4/99 \$1,000.00	Amount of Each Receipt this Period \$1,000.00
G. Full Name, Mailing Address and ZIP Code Lottie Morton 5848 North Bay Road Miami Beach, FL 33140 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Retired Occupation Retired Aggregate Year-to-Date > \$	Date (month, day, year) 6/4/99 \$500.00	Amount of Each Receipt this Period \$500.00

SUBTOTAL of Receipts This Page (optional)

\$86,838.95

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 19 OF 28
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Contributions from Individuals/Persons

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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
Morey Moss 5660 Collins Avenue, #PH-A Miami Beach, FL 33140	Barkely Florist Supply Co., Inc.	6/7/99	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation: Business Executive 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
Sandra Muss 4441 Collins Avenue Miami Beach, FL 33140	Community Leader	6/11/99	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation: Community Leader 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
Stephan Muss 4441 Collins Avenue Miami Beach, FL 33140	Fontainebleu Hilton	6/11/99	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation: Business 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
Jeff Mutnik 1 SE 3rd Avenue Miami, FL 33131	Berkowitz, Dick et al * In-Kind: Fundraiser Expenses	6/14/99	\$213.95 *
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation: CPA Aggregate Year-to-Date > \$	\$213.95	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Loula Nieweg 5255 Collins Avenue Miami Beach, FL 33140	Retired	6/28/99	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation: Retired 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
Loula Nieweg 5255 Collins Avenue Miami Beach, FL 33140	Retired	6/28/99	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Occupation: Retired 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
Isaac Olsberg 800 NW 21st Street Miami, FL 33127	Olam Shoes	6/1/99	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation: Business Executive Aggregate Year-to-Date > \$	\$2,000.00	

SUBTOTAL of Receipts This Page (optional)

\$93,052.90

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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Contributions from Individuals/Persons

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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
Isaac Olernberg 800 NW 21st Street Miami, FL 33127	Olem Shoes	6/1/99	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Occupation Business Executive Aggregate Year-to-Date > \$	\$2,000.00	
Nieves Olernberg 800 NW 21st Street Miami, FL 33127	Community Leader Volunteer	6/1/99	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Occupation Community Leader Volunteer Aggregate Year-to-Date > \$	\$2,000.00	
Nieves Olernberg 800 NW 21st Street Miami, FL 33127	Community Leader Volunteer	6/1/99	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation Community Leader Volunteer Aggregate Year-to-Date > \$	\$2,000.00	
Ray Parella 19501 Biscayne Blvd., #400 Aventura, FL 33180	Tumberly Associates	6/28/99	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation Executive Aggregate Year-to-Date > \$	\$1,000.00	
George Perez 20066 NE 36th Place Aventura, FL 33180	Tumberly Realty	6/28/99	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation Realtor Aggregate Year-to-Date > \$	\$1,000.00	
Ricardo Pines 805 Arvida Dr. Coral Gables, FL 33156	Pines Group, Inc.	6/8/99	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation Business Executive Aggregate Year-to-Date > \$	\$500.00	
Aaron Podhurst 25 West Flagler St., #800 Miami, FL 33130	Podhurst, Orseck et al	6/15/99	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation Attorney Aggregate Year-to-Date > \$	\$500.00	

SUBTOTAL of Receipts This Page (optional)

\$99,052.00

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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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress 000345405

A. Full Name, Mailing Address and ZIP Code Richard Pollack 1 SE 3rd Avenue Miami, FL 33131	Name of Employer Barkowitz, Dick, at et * In-Kind: Fundraiser Expenses Occupation CPA Aggregate Year-to-Date > \$	Date (month, day, year) 6/14/99	Amount of Each Receipt this Period \$213.95
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer International Fine Arts College Occupation Educator Aggregate Year-to-Date > \$	Date (month, day, year) 6/24/99	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer Gerson, Preston & Co. Occupation CPA Aggregate Year-to-Date > \$	Date (month, day, year) 6/26/99	Amount of Each Receipt this Period \$350.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer Self-Employed Occupation Developer Aggregate Year-to-Date > \$	Date (month, day, year) 6/2/99	Amount of Each Receipt this Period \$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer Homemaker Occupation Homemaker Aggregate Year-to-Date > \$	Date (month, day, year) 6/21/99	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer Self-Employed Occupation Executive Aggregate Year-to-Date > \$	Date (month, day, year) 6/21/99	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer Gerson, Preston & Co. Occupation CPA Aggregate Year-to-Date > \$	Date (month, day, year) 6/29/99	Amount of Each Receipt this Period \$350.00

SUBTOTAL of Receipts This Page (optional)

\$103,466.85

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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Contributions from Individuals/Persons

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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
Alan Rosen 1800 NE 114th Street, #1711 North Miami, FL 33181	Gerson, Preston & Co.	6/28/99	\$300.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation CPA Aggregate Year-to-Date \$	\$300.00	
B. Full Name, Mailing Address and ZIP Code Herold Rosen 407 Lincoln Road, #PH5E Miami Beach, FL 33139	Rosen & Switkes	6/1/99	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation Law Firm Partners Aggregate Year-to-Date \$	\$250.00	
C. Full Name, Mailing Address and ZIP Code Stanley Rosenblatt 66 West Flagler Street, 12th Floor Miami, FL 33130	Stanley Rosenblatt, P.A.	6/1/99	\$400.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation Attorney Aggregate Year-to-Date \$	\$400.00	
D. Full Name, Mailing Address and ZIP Code Gary Rosenthal 1 SE 3rd Avenue Miami, FL 33131	Berkowitz, Dick et al * In-Kind: Fundraiser Expenses	6/14/99	\$213.95
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation CPA Aggregate Year-to-Date \$	\$213.95	
E. Full Name, Mailing Address and ZIP Code Jeffrey Roth 1500 San Remo Avenue, #176 Coral Gables, FL 33146	Roth and Scholl	6/21/99	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation Attorney Aggregate Year-to-Date \$	\$250.00	
F. Full Name, Mailing Address and ZIP Code Muriel Russell 720 NE 69th Street, #11 Miami, FL 33138	Retired	6/28/99	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation Retired Aggregate Year-to-Date \$	\$500.00	
G. Full Name, Mailing Address and ZIP Code Angela Sacher 520 Brickell Key Dr, WA-BH23 Miami, FL 33131	UAHC	6/8/99	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation Outreach Director Aggregate Year-to-Date \$	\$500.00	

SUBTOTAL of Receipts This Page (optional) \$105,660.80

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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NAME OF COMMITTEE (in Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code Eileen Schaefer 1100B Highland Beach Drive Highland Beach, FL 33487 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Claire's Stores Inc. Occupation Retail Executive Aggregate Year-to-Date > \$	Date (month, day, year) 6/8/99 \$1,000.00	Amount of Each Receipt this Period \$1,000.00
B. Full Name, Mailing Address and ZIP Code Rowland Schaefer PO Box 9312 Miami, FL 33014 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Claire's Stores Occupation Business Executive Aggregate Year-to-Date > \$	Date (month, day, year) 6/7/99 \$1,000.00	Amount of Each Receipt this Period \$1,000.00
C. Full Name, Mailing Address and ZIP Code Sylvia Schaefer PO Box 9312 Hialeah, FL 33014 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Claire's Stores Inc. Occupation Business Executive Aggregate Year-to-Date > \$	Date (month, day, year) 6/7/99 \$1,000.00	Amount of Each Receipt this Period \$1,000.00
D. Full Name, Mailing Address and ZIP Code Howard Scharlin 1399 SW 1st Avenue Miami, FL 33130 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self-Employed Occupation Attorney Aggregate Year-to-Date > \$	Date (month, day, year) 6/8/99 \$500.00	Amount of Each Receipt this Period \$500.00
E. Full Name, Mailing Address and ZIP Code Michael Scheck 3120 NE 190th Terrace Miami, FL 33179 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Sweet Paper Sales, Corp Occupation Owner/Business Executive Aggregate Year-to-Date > \$	Date (month, day, year) 6/2/99 \$1,000.00	Amount of Each Receipt this Period \$1,000.00
F. Full Name, Mailing Address and ZIP Code David Scholl 5918 McKinley Street Hollywood, FL 33021 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Retired Occupation Retired Aggregate Year-to-Date > \$	Date (month, day, year) 6/28/99 \$250.00	Amount of Each Receipt this Period \$250.00
G. Full Name, Mailing Address and ZIP Code Terry Schultz 1 SE 3rd Avenue Miami, FL 33131 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Berkowitz, Dick et al * In-Kind: Fundraiser Expenses Occupation CPA Aggregate Year-to-Date > \$	Date (month, day, year) 6/14/99 \$213.95	Amount of Each Receipt this Period \$213.95

SUBTOTAL of Receipts This Page (optional)

\$110,844.75

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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NAME OF COMMITTEE (in Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code Dabra H. Schwartz 5680 Pine Tree Drive Miami Beach, FL 33140 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Florida House Occupation Legislative Aide Aggregate Year-to-Date > \$	Date (month, day, year) 5/17/99 \$1,000.00	Amount of Each Receipt this Period \$1,000.00
B. Full Name, Mailing Address and ZIP Code Judy Silverman 19553 NE 37th Avenue Aventura, FL 33180 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Community Leader Volunteer Occupation Community Leader Volunteer Aggregate Year-to-Date > \$	Date (month, day, year) 6/9/99 \$500.00	Amount of Each Receipt this Period \$500.00
C. Full Name, Mailing Address and ZIP Code Harry B. Smith 1 Grove Isle Drive, #309 Coconut Grove, FL 33133 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Ruden, McClosky, et al Occupation Attorney Aggregate Year-to-Date > \$	Date (month, day, year) 6/15/99 \$500.00	Amount of Each Receipt this Period \$500.00
D. Full Name, Mailing Address and ZIP Code Joan Paven Smith 1 Grove Isle Drive, #309 Miami, FL 33133 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Retired Occupation Retired Aggregate Year-to-Date > \$	Date (month, day, year) 6/15/99 \$500.00	Amount of Each Receipt this Period \$500.00
E. Full Name, Mailing Address and ZIP Code Robert Smoley 20191 E Country Club Dr., #2302 Aventura, FL 33180 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Robert Smoley, P.A. Occupation Attorney Aggregate Year-to-Date > \$	Date (month, day, year) 6/15/99 \$500.00	Amount of Each Receipt this Period \$500.00
F. Full Name, Mailing Address and ZIP Code Arthur Snyder 20505 East Country Club Drive, #332 Aventura, FL 33180 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer City of Aventura Occupation Mayor Aggregate Year-to-Date > \$	Date (month, day, year) 6/4/99 \$250.00	Amount of Each Receipt this Period \$250.00
G. Full Name, Mailing Address and ZIP Code Carol Soffer 19500 Turnberry Way, #10-C Aventura, FL 33180 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Homemaker Occupation Homemaker Aggregate Year-to-Date > \$	Date (month, day, year) 6/29/99 \$1,000.00	Amount of Each Receipt this Period \$1,000.00

SUBTOTAL of Receipts This Page (optional) \$115,094.75

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

PAGE 25 OF 26
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 C00346405

A. Full Name, Mailing Address and ZIP Code Don Soffer 19501 Biscayne Blvd, #400 Aventura, FL 33180 Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Name of Employer Turnberry Associates Occupation Executive Aggregate Year-to-Date > \$	Date (month, day, year) 6/29/99 \$2,000.00	Amount of Each Receipt this Period \$1,000.00
B. Full Name, Mailing Address and ZIP Code Don Soffer 19501 Biscayne Blvd, #400 Aventura, FL 33180 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Turnberry Associates Occupation Executive Aggregate Year-to-Date > \$	Date (month, day, year) 6/29/99 \$2,000.00	Amount of Each Receipt this Period \$1,000.00
C. Full Name, Mailing Address and ZIP Code Jeffrey Soffer 19501 Biscayne Blvd., #400 Aventura, FL 33180 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Turnberry Associates Occupation Executive Aggregate Year-to-Date > \$	Date (month, day, year) 6/28/99 \$2,000.00	Amount of Each Receipt this Period \$1,000.00
D. Full Name, Mailing Address and ZIP Code Jeffrey Soffer 19501 Biscayne Blvd., #400 Aventura, FL 33180 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Turnberry Associates Occupation Executive Aggregate Year-to-Date > \$	Date (month, day, year) 6/28/99 \$2,000.00	Amount of Each Receipt this Period \$1,000.00
E. Full Name, Mailing Address and ZIP Code Marsha Soffer 1616 West 28th Street Miami Beach, FL 33140 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Turnberry Associates Occupation Financial Planner Aggregate Year-to-Date > \$	Date (month, day, year) 6/21/99 \$1,000.00	Amount of Each Receipt this Period \$1,000.00
F. Full Name, Mailing Address and ZIP Code Jacquelyn Soffer Bernstein 19501 Biscayne Blvd Aventura, FL 33180 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Turnberry Associates Occupation Executive Aggregate Year-to-Date > \$	Date (month, day, year) 6/25/99 \$2,000.00	Amount of Each Receipt this Period \$1,000.00
G. Full Name, Mailing Address and ZIP Code Jacquelyn Soffer Bernstein 19501 Biscayne Blvd Aventura, FL 33180 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Turnberry Associates Occupation Executive Aggregate Year-to-Date > \$	Date (month, day, year) 6/25/99 \$2,000.00	Amount of Each Receipt this Period \$1,000.00

SUBTOTAL of Receipts This Page (optional) \$122,094.75

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

PAGE 26 OF 28
FOR LINE NUMBER 11(a)(f)

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 Stephen Sonnabend 5 Coconut Lane Key Biscayne, FL 33149 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Sonesta Beach Hotel Occupation Hotel Executive Aggregate Year-to-Date > \$	Date (month, day, year) 8/21/99 \$300.00	Amount of Each Receipt this Period \$300.00
B. Full Name, Mailing Address and ZIP Code Edward Steinberg 100 Sunrise Avenue, #311 Palm Beach, FL 33480 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Thomson Medical Occupation Optometrist/Executive Aggregate Year-to-Date > \$	Date (month, day, year) 6/4/99 \$500.00	Amount of Each Receipt this Period \$500.00
C. Full Name, Mailing Address and ZIP Code Edward F. Swanson Jr. 2899 S. Bayshore Dr., #800F Coconut Grove, FL 33133 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self-Employed Occupation Attorney Aggregate Year-to-Date > \$	Date (month, day, year) 6/7/99 \$300.00	Amount of Each Receipt this Period \$300.00
D. Full Name, Mailing Address and ZIP Code Bob Switkes 407 Lincoln Road, #PH5E Miami Beach, FL 33139 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Rosen & Switkes Occupation Attorney Aggregate Year-to-Date > \$	Date (month, day, year) 6/1/99 \$250.00	Amount of Each Receipt this Period \$250.00
E. Full Name, Mailing Address and ZIP Code Christine Taplin 1404 Biscaya Drive Surfside, FL 33154 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Homemaker Occupation Homemaker Aggregate Year-to-Date > \$	Date (month, day, year) 6/4/99 \$1,000.00	Amount of Each Receipt this Period \$1,000.00
F. Full Name, Mailing Address and ZIP Code Martin Taplin 1177 Kane Concourse, Suite 201 Bay Harbor, FL 33154 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Harbor Realty Advisors Occupation Executive Aggregate Year-to-Date > \$	Date (month, day, year) 6/19/99 \$1,000.00	Amount of Each Receipt this Period \$1,000.00
G. Full Name, Mailing Address and ZIP Code Robert H. Traurig 1221 Brickell Ave Miami, FL 33131 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Greenberg, Traurig, P.A. Occupation Attorney Aggregate Year-to-Date > \$	Date (month, day, year) 6/4/99 \$1,000.00	Amount of Each Receipt this Period \$1,000.00

SUBTOTAL of Receipts This Page (optional)

\$126,444.75

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

PAGE 27 OF 28
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 Harley S. Tropin 200 S. Biscayne Blvd. Miami, FL 33131	Name of Employer Kozyak, Tropin et al Occupation Attorney	Date (month, day, year) 6/11/99	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):		Aggregate Year-to-Date > \$ 1,000.00	
B. Full Name, Mailing Address and ZIP Code Eddie Trump 4000 Island Blvd Aventura, FL 33160	Name of Employer The Trump Group Occupation President	Date (month, day, year) 6/14/99	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):		Aggregate Year-to-Date > \$ 1,000.00	
C. Full Name, Mailing Address and ZIP Code Eds Upsher 1904 South Ocean Drive Hallandale, FL 33009	Name of Employer Retired Occupation Retired	Date (month, day, year) 6/9/98	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):		Aggregate Year-to-Date > \$ 1,000.00	
D. Full Name, Mailing Address and ZIP Code Sylvia Ulrich 2500 SW 75th Avenue Miami, FL 33144	Name of Employer Westchester Hospital Occupation Hospital Administrator	Date (month, day, year) 6/15/99	Amount of Each Receipt this Period \$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):		Aggregate Year-to-Date > \$ 500.00	
E. Full Name, Mailing Address and ZIP Code Robert Vollrath 105 Pacer Circle Wellington, FL 33414	Name of Employer Shopping Center Management Occupation Controller	Date (month, day, year) 6/21/99	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):		Aggregate Year-to-Date > \$ 1,000.00	
F. Full Name, Mailing Address and ZIP Code Milton Wallace 55 Casuarina Courthouse Coral Gables, FL 33131	Name of Employer Self-Employed Occupation Attorney	Date (month, day, year) 6/7/99	Amount of Each Receipt this Period \$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):		Aggregate Year-to-Date > \$ 500.00	
G. Full Name, Mailing Address and ZIP Code Olave V. Ward 3050 Biscayne Blvd., #1000 Miami, FL 33137	Name of Employer Self-Employed Occupation Attorney	Date (month, day, year) 6/4/99	Amount of Each Receipt this Period \$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):		Aggregate Year-to-Date > \$ 500.00	

SUBTOTAL of Receipts This Page (optional)

\$191,944.75

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

PAGE 28 OF 28
FOR LINE NUMBER 11(a)(1)

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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
Judith Weinstein 5010 Alton Road Miami Beach, FL 33140	City of Miami Beach	6/16/99	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> 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
Sherwood M. Walser 3250 Mary Street Miami, FL 33133	Carnival Resorts & Casinos	6/30/99	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation: Chairman, CEO Aggregate Year-to-Date: \$	\$250.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael Werner 1111 Lincoln Road, #800 Miami Beach, FL 33139	Self-Employed	8/30/99	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation: Attorney 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
Bernard Wolfson 3165 Via Abitare Miami, FL 33133	Self-Employed	6/1/99	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation: Attorney 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
Frank Wolland 12885 West Dixie Highway North Miami, FL 33181	Self-Employed	6/11/99	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> 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
Alan Yarkin 10340 W. Broadview Drive Miami, FL 33154	Ray Egan	6/4/99	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation: Securities Consultant 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
Mayer Ziefer 1425 Diplomat Parkway Hollywood, FL 33019	Mayer's Jewelry	6/8/99	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation: Jewelry Manufacturer Aggregate Year-to-Date: \$	\$1,000.00	

SUBTOTAL of Receipts This Page (optional) \$135,444.75

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 11(d)

Contributions from the Candidate

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NAME OF COMMITTEE (in Full)

Elaine Bloom for Congress C00345406

A. Full Name, Mailing Address and ZIP Code Rep Elaine Bloom 525S Collins Avenue Miami Beach, FL 33140 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer * In-Kind: Polit Occupation Aggregate Year-to-Date \$	Date (month, day, year) 4/22/99 \$110,000.00	Amount of Each Receipt this Period \$4,900.00 *
B. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date \$	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date \$	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date \$	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date \$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date \$	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	\$4,900.00
TOTAL This Period (last page this line number only)	\$4,900.00

SCHEDULE A

ITEMIZED RECEIPTS

Loans Made or Guaranteed by the Candidate

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

PAGE 1 OF 1
FOR LINE NUMBER 13(a)

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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
Rep Elaine Bloom 5255 Collins Avenue Miami Beach, FL 33140 <i>Personal Funds</i>		8/30/99	\$95,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$110,000.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Rep Elaine Bloom 5255 Collins Avenue Miami Beach, FL 33140		8/30/99	\$5,100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$110,000.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Rep Elaine Bloom 5255 Collins Avenue Miami Beach, FL 33140		5/4/98	\$4,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$110,000.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)

Personal Funds
\$105,100.00

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 1 OF 3
 FILING 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
Bell South PO Box 33009 Charlotte, NC 28243	Phone bill Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/11/99	\$189.89
Bell South PO Box 33009 Charlotte, NC 28243	Advance payment Advance payment Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/17/99 5/17/99	\$260.00 \$70.00
City National Bank 300 71st Street Miami Beach, FL 33141	Rent Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/1/99	\$412.46
First USA PO Box 8650 Wilmington, DE 19886	2 Line Phone & Fax Machine Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/11/99	\$330.13
Florida Democratic Party PO Box 1758 Tallahassee, FL 32302	Ad Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/11/99	\$225.00
Liberty Mailing Inc. 9945 NW 88th Avenue Miami, FL 33178	Mailing Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/21/99	\$750.00
Mr. Barry Brant 1 SE 3rd Avenue Miami, FL 33131	Fundraiser Expenses Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/14/99	\$213.85
Mr. Brandon Biederman 2635 SW 35th Place #805 Gainesville, FL 32608	Campaign Consulting Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/25/99	\$900.00
Mr. Brandon Blademan 2635 SW 35th Place #805 Gainesville, FL 32608	Campaign Consulting Campaign Consulting Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/1/99 6/11/99	\$900.00 \$930.00

* In-kind received
 Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

\$5,181.43

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 3
FORM 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
Mr. Gary Rosenthal 1 SE 3rd Avenue Miami, FL 33131	Fundraiser Expenses Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/14/99	\$213.95 * * in-kind received
B. Full Name, Mailing Address and ZIP Code Mr. Jeff Mutnik 1 SE 3rd Avenue Miami, FL 33131	Fundraiser Expenses Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/14/99	\$213.95 * * in-kind received
C. Full Name, Mailing Address and ZIP Code Mr. Richard Pollack 1 SE 3rd Avenue Miami, FL 33131	Fundraiser Expenses Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/14/99	\$213.95 * * in-kind received
D. Full Name, Mailing Address and ZIP Code Mr. Terry Schultz 1 SE 3rd Avenue Miami, FL 33131	Fundraiser Expenses Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/14/99	\$213.95 * * in-kind received
E. Full Name, Mailing Address and ZIP Code Ms. Phyllis Lilwin 2780 NE 183rd Street, C-807 Miami, FL 33160	Fundraiser Expense Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/29/99	\$250.00 * * in-kind received
F. Full Name, Mailing Address and ZIP Code The Feldman Group 1015 18th Street, NW., Suite 900 Washington, DC 20036	Poll Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/22/99	\$4,900.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

\$11,167.23

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE **3** OF **3**
FORM 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
Florida Young Democrats Summer Conventio PO Box 11213 Tallahassee, FL 32302	Ad Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/28/99	\$75.00
B. Full Name, Mailing Address and ZIP Code Mr. Leonard Farbowitz 1020 NE 170th Terrace North Miami Beach, FL 33182	Purpose of Disbursement Inking Stamp Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/28/99	\$21.84
C. Full Name, Mailing Address and ZIP Code Ms. Harriet C. Halpryn 7835 Biscayne Point Cir. Miami Beach, FL 33141	Purpose of Disbursement Stamps Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/24/99	\$136.00
D. Full Name, Mailing Address and ZIP Code Telesystems 151 NE 166th Street North Miami, FL 33162	Purpose of Disbursement Installation Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/24/99	\$147.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

Disbursements This Page (optional)

..... (just page this line number only)

\$378.84

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.

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7/30/99

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Received from the Senate Office of Public Records Date of Receipt

Other (Specify): Postmarked
and/or Date of Receipt

Electronic Filing


PREPARER

7/30/99
DATE PREPARED