

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM

1996 OCT 27 AM 10:00

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) BONIOR FOR CONGRESS		2. FEC IDENTIFICATION NUMBER 051900
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported. 3270 GRANDVIEW CT		
CITY, STATE and ZIP CODE SHELBY TWP, MI 48316	STATE/DISTRICT	
3. IS THIS REPORT AN AMENDMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		

4. TYPE OF REPORT

April 15 Quarterly Report

12-Day Pre-Election Report for the GENERAL (Type of Election)
election on 11-7-00 in the State of MICH.

July 15 Quarterly Report

October 15 Quarterly Report

January 31 Year End Report

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

30-Day Post-Election Report following the General Election
on _____ in the State of _____

Termination Report

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

SUMMARY

5. Covering Period	COLUMN A This Period	COLUMN B Calendar Year-to-Date
<u>10-1-00</u> through <u>10-18-00</u>		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(a))	97,124.64	945,166.87
(b) Total Contribution Refunds (from Line 20(d))	- 0 -	2,620.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	97,124.64	942,546.87
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	330,305.03	1,617,249.75
(b) Total Offsets to Operating Expenditures (from Line 14)	- 0 -	3,006.73
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	330,305.03	1,614,243.02
8. Cash on Hand at Close of Reporting Period (from Line 27)	79,664.49	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		

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

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

Type or Print Name of Treasurer DAVID M. DIEGEL	Date 10-23-00
Signature of Treasurer <i>David M. Diegel</i>	

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)	Report Covering the Period:	
<i>BONIOR FOR CONGRESS</i>	From: <i>10-1-00</i>	To: <i>10-18-00</i>
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 (see Schedule A)	<i>57,677.64</i>	
(ii) Unitemized	<i>13,447.00</i>	
(iii) Total of contributions from individuals	<i>51,124.64</i>	<i>570,260.07</i>
(b) Political Party Committees	<i>0 - 0</i>	
(c) Other Political Committees (such as PACs)	<i>46,000.00</i>	<i>374,906.80</i>
(d) The Candidate	<i>- -</i>	
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d))	<i>97,124.64</i>	<i>945,166.87</i>
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
(b) All Other Loans		
(c) TOTAL LOANS (add 13(a) and (b))		
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)		<i>3,006.73</i>
15. OTHER RECEIPTS (Dividends, Interest, etc.)		<i>34,493.81</i>
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)	<i>97,124.64</i>	<i>982,667.41</i>
II. DISBURSEMENTS		
17. OPERATING EXPENDITURES	<i>330,305.03</i>	<i>1,617,249.75</i>
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES		
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate		
(b) Of All Other Loans		
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))		
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees		<i>595.00</i>
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		<i>2,025.00</i>
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))		<i>2,620.00</i>
21. OTHER DISBURSEMENTS		
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)	<i>330,305.03</i>	<i>1,619,869.75</i>
III. CASH SUMMARY		
23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	\$	<i>312,844.88</i>
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)	\$	<i>97,124.64</i>
25. SUBTOTAL (add Line 23 and Line 24)	\$	<i>409,969.52</i>
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	\$	<i>330,305.03</i>
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)	\$	<i>79,664.49</i>

SCHEDULE A

ITEMIZED RECEIPTS

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) **SONIDA FOR CONGRESS**

A. Full Name, Mailing Address and ZIP Code AJAZ AHMED 14 OVERHILL DR N. BRUNSWICK, NJ 08902	Name of Employer HILT ENTERPRISE Occupation GEN. CONTRACTOR	Date (month, day, year) 10-1	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):			
Aggregate Year-to-Date > \$		1,000	
B. Full Name, Mailing Address and ZIP Code ISMAIL AHMED 2327 BRAVER CREEK WESTLAKE, OH 44145	Name of Employer SELF Occupation CARDIOLOGIST	Date (month, day, year) 10-8	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > \$		500	
C. Full Name, Mailing Address and ZIP Code K.M. ATAYA 25120 LAKE RD BAT VILLAGE, OH 44140	Name of Employer SELF Occupation M.D.	Date (month, day, year) 10-8-	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > \$		500	
D. Full Name, Mailing Address and ZIP Code LELAND BASSETT 30751 CEDAR CREEK FARMINGTON HILLS, MI 48336	Name of Employer BASSETT + BASSETT Occupation CONSULTANT	Date (month, day, year) 10-12	Amount of Each Receipt this Period 50.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > \$		250	
E. Full Name, Mailing Address and ZIP Code VIKON BARBERIAN 126 S. 56th ST NEW YORK, NY 10022	Name of Employer HELIOS GROUP Occupation CONSULTANT	Date (month, day, year) 10-6	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > \$		250	
F. Full Name, Mailing Address and ZIP Code JOHN BIERBUSSE 44100 ROMEO BLANK MI. CLEMENS, MI 48043	Name of Employer MACOMB-S. CLAIR WORKFORCE DEV. Occupation DIRECTOR	Date (month, day, year) 10-2	Amount of Each Receipt this Period 50.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > \$		375	
G. Full Name, Mailing Address and ZIP Code LEON BILLINGS 10007 KENSINGTON PKY KENSINGTON, MD 20895	Name of Employer BILLINGS, ROSE + STURBINS Occupation PARTNER	Date (month, day, year) 10-12	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > \$		500	

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

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 12
FOR LINE NUMBER 11A

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)

Donor for Congress

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
MARILYNN BRULEY 38005 SEAWAY HARRISON TWP, MI 48045	RETIRED	10-10	100.00
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation	Aggregate Year-to-Date > \$	230
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
FARROKH CAPTAIN 51 A W. CEDAR ST BOSTON, MA 02124	SELF	10-2	1,000.00
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation	Aggregate Year-to-Date > \$	1,000
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
JOHN CATSIMATIDIS 817 5TH AVE NEW YORK, NY 10021	RED APPLE GROWER CEO	10-11	1,000.00
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation	Aggregate Year-to-Date > \$	1,000
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
MARGO CATSIMATIDIS 817 5TH AVE NEW YORK, NY 10021	HELLENIC TIMES PUBLISHER	10-11	1,000.00
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation	Aggregate Year-to-Date > \$	1,000
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
BASHIR CHOWDARY 2775 E. QUAIL AVE LAS VEGAS, NV 89120	SELF	10-10	500.00
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation	Aggregate Year-to-Date > \$	500
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
FLORANTIA CHRISTODOULIDOU 2747 CARSCENT ST ASTORIA, NY 1102	SELF	10-11	300.00
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation	Aggregate Year-to-Date > \$	300
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
PHILIP CHRISTOPHER 4 STEPPING STONE CREST DIX HILLS, NY 11744	AUDIO VOX COMMUNICATIONS PRES.	10-11	500.00
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation	Aggregate Year-to-Date > \$	1,500

SUBTOTAL of Receipts This Page (optional)

4,400.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 12
FOR LINE NUMBER 11A

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NAME OF COMMITTEE (in Full)

BONUS for CONGRESS

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
VASSOS CHRYSANTHOU 2212 ARVILL CT TOMS RIVER, NJ 08753 Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	POCATOWN Occupation: DIR of OPPANS Aggregate Year-to-Date > \$ 750 750	10-11	500.00
OLEH CIEPLY 26351 CUNNINGHAM WARREN, MI 48091 Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Name of Employer: Retired Occupation: Aggregate Year-to-Date > \$ 35	10-17	200.00
SOTIRIS CONSTANTINO CANNOT DETERMINE DESPITE BEST EFFORT Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Name of Employer: ASTORIA CARPET Occupation: OWNER Aggregate Year-to-Date > \$ 250	10-11	250.00
FARAZ DAMRA 10102 LAKE MEADOWS STRONGSVILLE, OH 44130 Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Name of Employer: ISLAMIC CTR of CLEVELAND Occupation: IMAM Aggregate Year-to-Date > \$ 300	10-8	300.00
IOANNIS DOUKAKIS 5345 BOWLING BOND NEW PORT RICHEY, FL 346 Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Name of Employer: CANNOT DETERMINE DESPITE BEST EFFORT Occupation: Aggregate Year-to-Date > \$ 500	10-11	500.00
MICHAEL EINHUSEN 19425 CLOUCESTER DETROIT MI 48203 Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Name of Employer: SELF Occupation: ATTY Aggregate Year-to-Date > \$ 700	10-10	200.00
AHMAD EL-SHAAR 3861 N. SHORE DR AKRON, OH 44333 Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Name of Employer: SELF Occupation: M.D. Aggregate Year-to-Date > \$ 250	10-8	250.00

SUBTOTAL of Receipts This Page (optional)

2,200.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 4 OF 12
FOR LINE NUMBER 11A

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NAME OF COMMITTEE (in Full)

BOND FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NANCY FALCONE 52900 BUNKERHILL BLVD CHESTERFIELD TWP. NJ 08011	U.A.W	10-17	100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: INT'L Rep	Aggregate Year-to-Date > \$	250
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NAIM FARHAT 3242 NOTTINGHAM DR AVON LK, OH 44022	SELF	10-8	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: M.D.	Aggregate Year-to-Date > \$	250
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOHN C. FOSTER 38507 RIVERSIDE CLINTON TWP. MI 48336	STATE of MICH.	10-12	200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: DIST JUDGE	Aggregate Year-to-Date > \$	420
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MICHAEL GATZONIS 13-31 141 ST ST WHITESTON, NY 11347	CANNOT DETERMINE DESPITE BEST EFFORT	10-11	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: BEST EFFORT	Aggregate Year-to-Date > \$	500
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ABID GHUMAN 1134 CHARLINGTON BLOOMFIELD HILLS, MI 48301	Boss Tech INC	10-10	200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Tech. Exec	Aggregate Year-to-Date > \$	210
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MAHMUD HAQ 10 BEEKMAN RD FRANKLIN PARK, NJ 08823	Retired	10-1	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date > \$	1,000
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOHN HOWARD 871 MOUNTAIN AVE SPRINGFIELD, NJ 07081	ELECTRO-MAGNETIC Tech CEO	10-11	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CEO	Aggregate Year-to-Date > \$	500

SUBTOTAL of Receipts This Page (optional)

2,750.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in full) **BOWEN FOR CONGRESS**

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NICKI HOWARD 9010 FALLS RD POTOMAC, MD 20854	Homemaker	10-12	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > 6	1,000
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
IFTEKHAR HUSAIN 4304 COBBLESTONE Copley, OH 44321	Self	10-8	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation M.D.	Aggregate Year-to-Date > \$	500
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NAVEED IQBAL 267 MOUNTAIN RD PLEASANTVILLE, NY 10570	SELF	10-1	300.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation M.D.	Aggregate Year-to-Date > \$	300
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
TERESA JASZCZAK 18 FORSYTH LN GROSSE PT. MI 48234	METRO MEDICAL PRACTICE	10-17	200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation M.D.	Aggregate Year-to-Date > \$	325
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BEATRICE JORDAN 724 COUNTRY CLUB ST. CLAIR SHORES, MI 48082	Retired	10-10	200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	605
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PETER KAKOYIANNIS 1413 SILO RD YARDLEY, PA 19067	SOLOVAY EDWIN EISMAN	10-11	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ANY	Aggregate Year-to-Date > \$	250
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
THEODORE KAKOYIANNIS 7423 RIDGE BLVD BROOKLYN NY 11209	CANNOT DETERMINE DESPITE	10-11	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation BEST EFFORT	Aggregate Year-to-Date > \$	250

SUBTOTAL of Receipts This Page (optional) 2,700.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full) BONION FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CHRISTAKIS KARAMANO 70 HENDRICKSON BRICK, NJ 08723	SBN ENTREPRENEURS	10-11	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation <u>PRES</u> Aggregate Year-to-Date > \$ <u>500</u>	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MICHAEL KARANTINIDIS 3401 BROADWAY ASTORIA, NY 11004	KARANTINIDIS ENGINEERING	10-11	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation <u>PRES</u> Aggregate Year-to-Date > \$ <u>250</u>	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PAUL KAZARIAN 30 KENNEDY PL PROVIDENCE, RI 02903	JAPONICA BARINAS	10-6	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation <u>PRES</u> Aggregate Year-to-Date > \$ <u>2,000</u>	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SHAHEEN KHALID 302 W 39 ST NEW YORK, NY 10018	CANOT DETERMINE DESPITE	10-1	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation <u>BEST EFFORT</u> Aggregate Year-to-Date > \$ <u>500</u>	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SHANAZ KHAN 11310 GRANDVIEW DR DADE CITY, FL 33525	FLORIDA MEDICAL CENTER	10-2	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation <u>M.D.</u> Aggregate Year-to-Date > \$ <u>500</u>	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
YUSUF KHAN 248 CARRIAGE WY PRINCETON, NJ 08540	SELF	10-1	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation <u>M.D.</u> Aggregate Year-to-Date > \$ <u>250</u>	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
STELLA KOKOCIS 452 75TH ST BROOKLYN, NY 11209	SELF	10-11	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation <u>EDUCATION CONSULTANT</u> Aggregate Year-to-Date > \$ <u>250</u>	

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

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 7 OF 12
FOR LINE NUMBER 11A

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NAME OF COMMITTEE (In Full) **Donor for Congress**

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Joyce Lalonde 24801 Rosalind Eastpointe, MI 48021	UTICA SCHOOLS	10-11	25.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Teacher	Aggregate Year-to-Date > \$ 365	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dolores Lavins 15230 Windmill Pte Grosse Pointe Park MI 48230	SELF	10-17	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Homemaker	Aggregate Year-to-Date > \$ 500	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Rick Levin 1030 N State St Chicago, IL 60610	Bi4REAL.COM	10-2	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CEO	Aggregate Year-to-Date > \$ 250	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Parvaz Malik 34 Walker Dr Princeton, NJ 08540	Self	10-1	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: M.D.	Aggregate Year-to-Date > \$ 250	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Eleftherios Malliakas 21-85 Roe Ave E. Meadow, NY 11554	CANNOT DETERMINE DESPITE BEST EFFORT	10-11	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: BEST EFFORT	Aggregate Year-to-Date > \$ 500	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Andreas Manolas 12-10 Astoria Park Astoria, NY 11102	CANNOT DETERMINE DESPITE BEST EFFORT	10-11	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: BEST EFFORT	Aggregate Year-to-Date > \$ 1,000	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas Martin 3318 A Wilkins Dr Falls Church, VA 22041	Earth Force	10-2	200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: ADMINISTRATOR	Aggregate Year-to-Date > \$ 250	

SUBTOTAL of Receipts This Page (optional) 2,725.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 8 OF 12
FOR LINE NUMBER 11A

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NAME OF COMMITTEE (in Full) **BONITA FOR CONGRESS**

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
KATHLEEN Mc LAUGHLIN 803 N. HOWARD ALEXANDRIA, VA 22304	DOWNEX McGRATH GROUP	10-2	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CONSULTANT	Aggregate Year-to-Date > \$ 1,000	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NANCY MICHALAKIS CANNOS DETERMINE DESPITE BEST EFFORT	CANNOT DETERMINE DESPITE BEST EFFORT	10-11	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation BEST EFFORT	Aggregate Year-to-Date > \$ 1,000	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DAVID MILLER 983 PARK AVE NEW YORK, NY 10028	TOY MANUFACTURERS	10-2	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PRES	Aggregate Year-to-Date > \$ 1,000	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ANTHONY MOFFETT 1644 AVON PL NW WASH DC 20007	MONSANTO	10-2	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation V.P	Aggregate Year-to-Date > \$ 1,000	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NIKOS MOUYIARIS 32-02 QUEENS BLVD LONG ISLAND CITY, NY 11101	MANA PRODUCTS	11-11	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PRES	Aggregate Year-to-Date > \$ 1,500	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DONNIS MUCHMORE 6226 COLUMBIA HASLET, MI 48840	MHSA	10-10	1,000.00 100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CONSULTANT	Aggregate Year-to-Date > \$ 225	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RAY NAKLEY 112 N. GARLAND YOUNGSTOWN, OH 44506	SELF	10-8	300.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation MORTGAGE BANKER	Aggregate Year-to-Date > \$ 300	

SUBTOTAL of Receipts This Page (optional) \$5,400.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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) POWDER FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jeff NAGVI I HANS VOJE DR FRANKLIN PARK, NT 08823 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	INCE Occupation: <u>HEALTH CARE</u> Aggregate Year-to-Date > \$ <u>1,000</u>	10-1	1,000.00
B. Full Name, Mailing Address and ZIP Code RONALD OAKLEY 39310 GARY CLINTON TWP. IN 48036 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	OAKLEY INDUSTRIES Occupation: <u>DIRECTOR</u> Aggregate Year-to-Date > \$ <u>250</u>	10-10	200.00
C. Full Name, Mailing Address and ZIP Code DANNIS BABAZIAN 1935 BLUFF CT GROY, MI 48098 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	UNIVERSITY OF MICH Occupation: <u>PROFESSOR</u> Aggregate Year-to-Date > \$ <u>375</u>	10-10	200.00
D. Full Name, Mailing Address and ZIP Code NICOS BAKHITIS 75-09 DIMMAS BLVD E. ELMHURST NY 11370 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	CYBUS POPULAR BANK Occupation: <u>REPRESENTATIVE</u> Aggregate Year-to-Date > \$ <u>11200</u>	10-11	700.00
E. Full Name, Mailing Address and ZIP Code NABIL RADWAN 3298 E. NORMANDY PARK MEDINA, OH 44256 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	TECHNOLOGY CARANSIAR Occupation: <u>DIRECTOR</u> Aggregate Year-to-Date > \$ <u>1,000</u>	10-8	1,000.00
F. Full Name, Mailing Address and ZIP Code RASIQ RAHMAN 400 BRIARWOOD CR ELIZABETH TOWN, KY 42701 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	SELF Occupation: <u>M.D.</u> Aggregate Year-to-Date > \$ <u>1,000</u>	10-2	1,000.00
G. Full Name, Mailing Address and ZIP Code JOHN BAKKOU CANNOT DETERMINE DESPITE BEST EFFORT Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	CANNOT DETERMINE DESPITE BEST EFFORT Occupation: <u>BEST EFFORT</u> Aggregate Year-to-Date > \$ <u>250</u>	10-11	250.00

SUBTOTAL of Receipts This Page (optional) 4,350.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full) **BONITA FOR CONGRESS**

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LAMA SALKA 4570 EDGEWATER DR VERMILION, OH 44089	CANNOT DETERMINE DESPITE BEST EFFORT	10-8	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	250	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
M.G. SALKA 4570 EDGEWATER DR VERMILION, OH 44089	LAKELAND MEDICAL CTR	10-8	400.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation M.D.	Aggregate Year-to-Date > \$	500
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LINDA SCHWAB 20909 25 MILE MACOMB, MI 48042	ADAM STATE OF MICH.	10-10	100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ADM LAW JUDGE	Aggregate Year-to-Date > \$	325
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GARY SETRAKIAN 1323 DAILY CTR GLENDALE, CA 91208	RETIRED	10-6	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	350
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MARCO SETRAKIAN 1323 DAILY CTR GLENDALE, CA 91208	SELF	10-6	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation HOME MAKER	Aggregate Year-to-Date > \$	250
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROBERT SETRAKIAN 126 E. 56TH ST NEW YORK, NY 10022	THE HELIOS GROUP	10-6	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation INVESTOR	Aggregate Year-to-Date > \$	1,000
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SILVIA SETRAKIAN 170 E. 87TH ST NEW YORK, NY 10128	SELF	10-6	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation HOME MAKER	Aggregate Year-to-Date > \$	250

SUBTOTAL of Receipts This Page (optional) 2,500.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 11 OF 12
FOR LINE NUMBER 11A

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NAME OF COMMITTEE (In Full)

Donor for Congress

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<u>LINDA SHADRICK</u> <u>1234 HALL MARK</u> <u>TROY, MI 48098</u>	<u>Retired</u>	<u>10-10</u>	<u>100.00</u>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ <u>350.00</u>	
<u>NAILAH SIDDIQUE</u> <u>345 ASHLAND AVE</u> <u>EVANSTON, IL 60202</u>	<u>Northwestern Univ.</u>	<u>10-10</u>	<u>25.00</u>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <u>Nurse</u>	Aggregate Year-to-Date > \$ <u>525</u>	
<u>YOUSAF SINDU</u> <u>CANNOT DETERMINE</u> <u>DISPITE BEST EFFORT</u>	<u>BAYONNE HOSP</u>	<u>10-1</u>	<u>500.00</u>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <u>MD</u>	Aggregate Year-to-Date > \$ <u>500</u>	
<u>ZAHARO SOFIANOU</u> <u>196 CARROLL</u> <u>BROOKLYN, NY 11231</u>	<u>Self</u>	<u>10-11</u>	<u>300.00</u>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <u>ENGINEER</u>	Aggregate Year-to-Date > \$ <u>300</u>	
<u>CHARLNE STURBITS</u> <u>3211 N. WOODWARD</u> <u>ARLINGTON, VA 22207</u>	<u>Self</u>	<u>10-2</u>	<u>500.00</u>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <u>ATTY</u>	Aggregate Year-to-Date > \$ <u>500</u>	
<u>MOHAMMED SULEMAN</u> <u>14 GUADALUPE ST</u> <u>Kenner, LA 70062</u>	<u>Self</u>	<u>10-2</u>	<u>200.00</u>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <u>MD</u>	Aggregate Year-to-Date > \$ <u>1200</u>	
<u>JENNIFER VASIOFF</u> <u>404 N. KANMODE ST</u> <u>ARLINGTON, VA 22201</u>	<u>SHRIDAN GROUP</u>	<u>10-10</u>	<u>677.64</u>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <u>V.P.</u>	Aggregate Year-to-Date > \$ <u>777.64</u>	

SUBTOTAL of Receipts This Page (optional) 2,302.64

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full) **MONIDA FOR CONGRESS**

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
STEVE VIGLIS 195 BATTERY AVE BROOKLYN, NY 11209	ARISTA KUN WOAKCAS	10-11	300.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: PRES	Aggregate Year-to-Date > \$ 300	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WILLIAM WESTRICK 51301 SCHOENHEAR SHELBY TWP. IN 48315	ANDERSON ECKSTEIN & WESTRICK	10-17	200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CIVIL ENR	Aggregate Year-to-Date > \$ 620	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CYNTHIA WILKINSON 2528-E S. ARLINGTON MILL ARLINGTON, VA 22204	21ST CENTURY GROUP	10-2	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: ADY	Aggregate Year-to-Date > \$ 1,000	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CHARLES WILSON 1401 N. OAK ST ARLINGTON, VA 22209	HOOVER OWAN & WINBURN	10-6	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CONSULTANT	Aggregate Year-to-Date > \$ 500	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
XENOPHON XENOPHONTOS CANNOT DETERMINE DESPITE BEST EFFORT	CANNOT DETERMINE DESPITE BEST EFFORT	10-11	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: BEST EFFORT	Aggregate Year-to-Date > \$ 250	
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) 2,250.00
 TOTAL This Period (last page this line number only) 37,677.64

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NAME OF COMMITTEE (in Full)

PANIOA for CONGRESS

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A+B Fed PAC PO Box 3440 HONOLULU, HI 96801		10-6	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	1,000
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ADALGAMATED TRANSIT UNION CODE 5025 WISCONSIN AVENUE ACCT WASH DC 20016		10-17	2,500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	2,500
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
AMERICAN ARTS ALLIANCE INC. PAC 805 15th ST NW WASH DC 20005		10-12	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	500
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
AMER. MEDICAL ASSOC PAR 1101 VERMONT AVE NW WASH DC 20005		10-6 10-6	500.00 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	1,000
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
AMER. NURSES ASSOC PAR 600 MARYLAND AVE SW WASH DC 20024		10-6	2,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	2,000
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
AMERICAS COMMUNITY BANKERS 900 19th ST NW WASH DC 20006		10-17	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	2,000
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ARMAN PAC 521 E AIRBOAT FWY IRVING, TX 75062		10-6	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	1,000

SUBTOTAL of Receipts This Page (optional)

9,000.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 5
FOR LINE NUMBER 115

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NAME OF COMMITTEE (In Full)

BONINA FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
AMER. SOCIETY OF ANESTHESIOLOGISTS 520 N. NORTHWESTERN HWY PARK RIDGE, IL 60068	PAC	10-2	4,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	5,000
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ASCAP LEGISLATIVE FUND ONE LINCOLN PLAZA NEW YORK, NY 10023	FOR THE ARTS	10-6	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	2,500
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ASSOCIATED MILK PRODUCERS INC PO BOX 455 NEW ULM, MN 56073	PAC	10-6	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	1,000
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BROTHERHOOD OF LOCOMOTIVE ENGINEERS 1370 ONTARIO ST CLEVELAND, OH 44113	PAC FUND	10-2	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	3,000
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BUILD PAC 1201 15TH ST NW WASH DC 20005		10-2	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	3,500
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CAREER COLLEGE ASSOC 10 G ST NE WASH DC 20002	PAC	10-12	2,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	2,000
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CHICAGO MERCANTILE EXCHANGE 30 S. WACKER DR CHICAGO, IL 60609	PAC	10-6	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	2,000

SUBTOTAL of Receipts This Page (optional)

10,500.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 5

FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

BONUS FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CONTINUUM ACTION PAC 290 3rd AVE NEW YORK, NY 10010	for HEALTH INC. Fed	10-2	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	1,000
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
COUNTRYWIDE PAC 155 N. LAKE AVE PASADENA, CA 91109		10-6	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	1,000
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CREDIT UNION LEGISLATIVE ACTION 805 15th ST NW WASH DC 20005	COUNCIL	10-10	3,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	6,000
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DTE ENERGY CO PAC 2000 SECOND DETROIT, MI 48226	Fed	10-6	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	2,250.
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GR LAKES SUGAR BEET 4800 FASHION BLVD SAGINAW, MI 48604	GROWERS ASSOC PAC	10-6	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	1,000
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
HUMAN RIGHTS CAMPAIGN PAC 919 18th ST NW WASH DC 20006		10-2	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	1,000
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
INT'L ASSOC of FIRE FIGHTERS PAC 1750 NEW YORK AVE NW WASH DC 20004		10-6	2,500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	2,500

SUBTOTAL of Receipts This Page (optional)

10,000.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 4 OF 5

FOR LINE NUMBER 11C

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NAME OF COMMITTEE (In Full)

BONIOR FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Hancock Financial Services 801 Penn. Ave NW WASH DC 20004	INC. Fed PAC	10-2	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 2,000	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lehman Brothers Holding Inc. 800 Conn. Ave NW WASH DC 20004	ACTION FUND	10-2	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,000	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MEBA PAC 444 N. CAPITOL ST NW WASH DC 20001		10-6	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,000	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
METROPOLITAN Life INS ONE MADISON AVE NEW YORK, NY 10010	COMP EMPLOYEES POL. FUND	10-2	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 2,000	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MICH. BOILERMAKERS Fed PAC 5936 Chase Rd DOW BARN, MI 48126		10-2	3,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 3,000	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MORGAN STANLEY DEAN 2 WORLD TRADE CTR NEW YORK, NY 10048	WITKOP & CO PAC	10-12	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,000	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NABUS PAC FOR POSTMASTERS 8 HEADPAT ST ALEXANDRIA, VA 22305		10-6	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 2,000	

SUBTOTAL of Receipts This Page (optional)

9,000.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 5 OF 5

FOR LINE NUMBER 11C

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NAME OF COMMITTEE (In Full)

BONITA FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code Pipe Fitters Local 636 PAR 16850 MEYERS DETROIT, MI 48235	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 10-6 2,200	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 ROBINS KAPLAN PAC 1801 K ST NW WASH DC 20004	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 10-2 2,000	Amount of Each Receipt this Period 2,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code SAFARIAS POL ACTIVITY DONATION 5201 AUTH WAY CAMP SPRINGS, MD 20746	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 10-2 5,000	Amount of Each Receipt this Period 2,500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code SONY PICTURES ENTERTAINMENT INC 10202 N. WASHINGTON CULVER CITY, CA 90232	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 10-6 2,000	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 UNITED MINE WORKERS 8315 LPE HWY FAIRFAX, VA 22031	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 10-6 2,350	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):			
F. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional)

7,500.00

TOTAL This Period (last page this line number only)

46,000.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 2
FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

BONIOR FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
POSTMASTER MT. CLEMENS, MI 48043	POSTAGE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-2 10-6 10-11	2,000.00 1,190.00 3,160.00
B. Full Name, Mailing Address and ZIP Code QUALITY FARM-FLEET 67176 GRATIOT RICHMOND TWP, MI 48062	Purpose of Disbursement SIGN STAKES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-4 10-4	399.48 2,371.75
C. Full Name, Mailing Address and ZIP Code STAPLES 51382 GRATIOT CHESTERFIELD TWP, MI 48051	Purpose of Disbursement OFFICE SUPPLIES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-5 10-14 10-18	635.47 127.09 245.91
D. Full Name, Mailing Address and ZIP Code OFFICE MAX 37600 VAN DYKE STERLING HTS, MI 48312	Purpose of Disbursement OFFICE SUPPLIES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-9	270.65
E. Full Name, Mailing Address and ZIP Code POSTMASTER MT. CLEMENS, MI 48043	Purpose of Disbursement POSTAGE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-9 10-12	3,000.00 200.00
F. Full Name, Mailing Address and ZIP Code NORTHWEST AIRLINES PO BOX 1450 MINNEAPOLIS, MN 55455	Purpose of Disbursement AIRFARE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-5	258.50
G. Full Name, Mailing Address and ZIP Code MC FAIRMONT HOTEL SANTA MONICA, CA	Purpose of Disbursement ROOM RENTAL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-5	2,918.51
H. Full Name, Mailing Address and ZIP Code U.S. HOUSE OF REP'S B-127 LONGWORTH WASH DC 20004	Purpose of Disbursement GIFTS ITEMS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-5	143.94
I. Full Name, Mailing Address and ZIP Code GRAMSON & ASSOC'S 409 CASS MT. CLEMENS, MI 48043	Purpose of Disbursement ACCOUNTING SERVICES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-6	150.00

SUBTOTAL of Disbursements This Page (optional)

17,051.30

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 2 OF 2

FOR LINE NUMBER

17

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NAME OF COMMITTEE (in Full)

BONION FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
INTERNAL REVENUE SVC CINCINNATI, OH 45999	PAYROLL TAX Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-6 10-6	5,278.16 213.25
STATE of Mich DEPT 77003 DETROIT, MI 48277	PAYROLL TAX Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-6 10-6	478.93 18.16
COMPTROLLER of TREAS PO BOX 171032 BALTIMORE, MD 21297	PAYROLL TAX Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-6	739.40
SAM'S CLUB 31940 GRADYOT ROSEVILLE, MI 48064	FOOD, BEVERAGE & SUPPLIES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-17	467.50
D.C. DOES PO BOX 96664 WASH. DC 20090	PAYROLL TAX Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-13	145.64
MICH. DEMOCRATIC PARTY 606 TOWNSEND LANSING, MI 48933	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-17	10,000.00
FANNING KINK COMMUNICATIONS MEDIA ACCT 2715 M ST NW WASH DC 20007	PURCHASE of T.V. AIRTIME Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-4 10-12 10-16	111,760.00 116,390.00 66,682.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)

312,173.10

TOTAL This Period (last page this line number only)

329,224.40

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

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

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C) 10-23-00
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
JG. PREPARER	10-27-00 DATE PREPARED