

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
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USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. **NAME AND ADDRESS OF COMMITTEE**
 C0022692B 042800
 JOHN E TULLY
 PALLONE FOR CONGRESS
 PO BOX 3176
 LONG BRANCH NJ 07740

2. **FEC IDENTIFICATION NUMBER**
 C0022692B

3. **IS THIS REPORT AN AMENDMENT?**
 YES NO

2009 MAY 21 A 10:35

4. TYPE OF REPORT

- April 15 Quarterly Report 12-Day Pre-Election Report for the Primary (Type of Election)
 election on June 6, 2009 in the State of New Jersey
- July 15 Quarterly Report
- October 15 Quarterly Report 30-Day Post-Election Report for the _____ (Type of Election)
 election on _____ in the State of _____
- January 31 Year End Report
- July 31 Mid-Year Report (Non-election Year Only) Termination Report

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

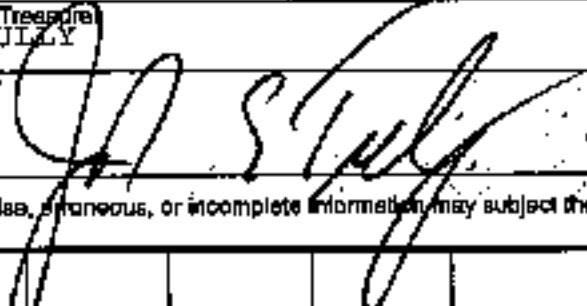
SUMMARY

6. Covering Period	COLUMN A This Period	COLUMN B Calendar Year-to-Date
4/1/00 through 5/17/00		
8. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(a))	26,368.55	81,051.55
(b) Total Contribution Refunds (from Line 20(d))	---	---
(c) Net Contributions (other than loans) (subtract Line 8(b) from 8(a))	26,368.55	81,051.55
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	36,404.90	99,808.34
(b) Total Offsets to Operating Expenditures (from Line 14)	---	7.50
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	36,404.90	99,800.84
9. Cash on Hand at Close of Reporting Period (from Line 27)	282,661.67	
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 202-218-3420

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
 JOHN E. TULLY

Signature of Treasurer  Date
 5-19-00

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

DETAILED SUMMARY PAGE

of Receipts and Disbursements

(Page 2, FEC FORM 3)

Name of Committee (in full) PALLONE FOR CONGRESS (C00226928)	Report Covering the Period:	
	From:	To:
	4-1-00	5-17-00
I. RECEIPTS	COLUMN A Total This Period	COLUMN B Calendar Year-To-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	5,101.00	
(ii) Unitemized	5,601.00	
(iii) Total of contributions from Individuals	10,702.00	23,235.00
(b) Political Party Committees		1,500.00
(c) Other Political Committees (such as PACs)	15,666.55	56,316.55
(d) The Candidate		
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(i), (b), (c) and (d))	26,368.55	81,051.55
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.)	---	7.50
15. OTHER RECEIPTS (Dividends, Interest, etc.)	142.79	580.17
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)	26,511.34	81,639.22
II. DISBURSEMENTS		
17. OPERATING EXPENDITURES	36,404.90	99,808.34
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		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))		
21. OTHER DISBURSEMENTS	11,366.55	25,426.55
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)	47,771.45	125,234.89

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	\$	303,921.78	
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)	\$	26,511.34	
25. SUBTOTAL (add Line 23 and Line 24)	\$	330,433.12	
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	\$	47,771.45	
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)	\$	282,661.67	

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)
PALLONE FOR CONGRESS (C00226928)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Samuel Hekemian 45 Eisenhower Dr. Paramus, NJ 07652	Hekemian Casper LLC	4-10-00	750.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Real Estate Aggregate Year-to-Date > \$ 750.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert Setrakian 170 E. 87th St. New York, NY 10128	The Helios Group	4-10-00	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Inv. Banker Aggregate Year-to-Date > \$ 500.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ara Managosian 110 Stone Fence Rd. Bernardsville, NJ 07924	Stirling Textiles	4-13-00	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Trader/Owner Aggregate Year-to-Date > \$ 250.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jeffrey Korbeykian 82-76 116th St. Kew Gardens, NY 11418	Korbeykian Architects	4-18-00	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Architect/owner Aggregate Year-to-Date > \$ 600.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kiran Jain 8 Oak Grove Lane Edison, NJ 08820	Best Efforts	5-1-00	501.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Aggregate Year-to-Date > \$ 501.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Chitti Moorthy 65 Roundhill Rd. Armonk, NY 10504	Westchester Medical	5-1-00	300.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Physician Aggregate Year-to-Date > \$ 300.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Amar Reddy 37 Margaret Dr. Somerset, NJ 08873	Smart IMS	5-1-00	300.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Senior Systems Analyst Aggregate Year-to-Date > \$ 300.00		

SUBTOTAL of Receipts This Page (optional) **3,101.00**

TOTAL This Period (last page this line number only)

PALLONE FOR CONGRESS

P.O. BOX 3176

Long Branch, NJ 07740

Tel: (732) 571-4141 • Fax: (732) 571-9488

May 2, 2000

Mr. Kiran Jain
8 Oak Grove Lane
Edison, NJ 08820

Dear Mr. Jain:

On behalf of Congressman Frank Pallone, I want to express my appreciation for your recent contribution to his campaign.

Federal Law requires that our Committee report the full name, address, occupation and name of employer for each individual who contributes in excess of \$200.00 in a calendar year.

In that regard, I have enclosed a card and return envelope for your convenience.

Thank you again for your support and cooperation.

Sincerely,

Marilyn Regan
Marilyn Regan, Asst. Treas.
Pallone for Congress

Enc: 2

Please complete all of the following information regarding your contribution:

Full Name Kiran Jain

Mailing Address 8 Oak Grove Lane 1st

City Edison State NJ Zip 08820

The Federal Election Campaign Act also requires the following:

Occupation _____ Self-employed? (check)

Employer/Business Name _____

Business Address _____

PLEASE MAKE CHECKS PAYABLE TO: PALLONE FOR CONGRESS

Please return to: P.O. Box 3176, Long Branch, NJ 07740

Amount \$ 501.00 Date: 5-1-00

We cannot accept Corporate Checks



Paid For By Pallone Campaign Committee, 1100 Congress Mall, Trenton, NJ 08646. These Political Contributions are Non-tax deductible. Contributions are not tax deductible.

SCHEDULE A

ITEMIZED RECEIPTS

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

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

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NAME OF COMMITTEE (In Full)

PALLONE FOR CONGRESS (C00226928)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Paila Reddy 12 Old Searingtown Rd. Searingtown, NY 11507	Bactolac Pharmacy	5-1-00	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Bus. Exec. Aggregate Year-to-Date > \$ 500.00		
Kishori Reddy 1470 Timberlane Dr. Riverside, CA 92506	Indian Amer. Friendship Council	5-1-00	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Management Aggregate Year-to-Date > \$ 1,000.00		
Rakesh Shraedhar 11 Deforest Ct. West Nyack, NY 10994	Self	5-1-00	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Physician Aggregate Year-to-Date > \$ 250.00		
Madhusudan Yaskhi 6 Rainbow Ct. Edison, NJ 08820	ILTC	5-1-00	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		
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) **2,000.00**

TOTAL This Period (last page this line number only) **5,101.00**

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 8

FOR LINE NUMBER 11 a (ii)

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NAME OF COMMITTEE (in Full)

FALLONE FOR CONGRESS (C00226928)

A. Full Name, Mailing Address and ZIP Code Edgar Housepian 531 Next Day Hill Englewood, NJ 07631	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	4-4-00	100.00
		Aggregate Year-to-Date > \$ 100.00		
B. Full Name, Mailing Address and ZIP Code Noubar Jessourian 1019 Franklin Lakes Rd. Franklin Lakes, NJ 07417	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	4-4-00	100.00
		Aggregate Year-to-Date > \$ 100.00		
C. Full Name, Mailing Address and ZIP Code Kerry Khantzian 2350 Linwood Ave. Port Lee, NJ 07024	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	4-4-00	25.00
		Aggregate Year-to-Date > \$ 25.00		
D. Full Name, Mailing Address and ZIP Code Victor Arzdomanian 120 Corlies Ave. Hackensack, NJ 07601	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	4-6-00	50.00
		Aggregate Year-to-Date > \$ 50.00		
E. Full Name, Mailing Address and ZIP Code Marian Bandazian 70 Overlook Dr. Woodcliff Lake, NJ 07675	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	4-6-00	50.00
		Aggregate Year-to-Date > \$ 50.00		
F. Full Name, Mailing Address and ZIP Code Stephen Mekenian 100 Deerfield Lane North Pleasantville, NY 10570	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	4-6-00	50.00
		Aggregate Year-to-Date > \$ 50.00		
G. Full Name, Mailing Address and ZIP Code David Kasparian 264 Morrow Rd. Englewood, NJ 07631	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	4-10-00	200.00
		Aggregate Year-to-Date > \$ 200.00		

SUBTOTAL of Receipts This Page (optional) 575.00

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 8

FOR LINE NUMBER 11 a (ii)

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NAME OF COMMITTEE (In Full)

PALLONE FOR CONGRESS (C00226928)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Jeffrey Kerbeykian 82-76 116th St. Kew Gardens, NY 11418			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	4-10-00	100.00
	Aggregate Year-to-Date	> \$ 100.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Aram Terlemezian 77 Franklin Tpk Waldwick, NJ 07463			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	4-10-00	100.00
	Aggregate Year-to-Date	> \$ 100.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Armen Zartarian 401 Barclay Walk Cherry Hill, NJ 08034			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	4-10-00	25.00
	Aggregate Year-to-Date	> \$ 25.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Rose Mekenian 156 Elm St. Tenafly, NJ 07670			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	4-13-00	50.00
	Aggregate Year-to-Date	> \$ 50.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
George Papalian 25 Wood Oak Dr. Westbury, NY 11590			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	4-13-00	100.00
	Aggregate Year-to-Date	> \$ 100.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Mary Sarajian 25 Jefferson St. Hackensack, NJ 07601			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	4-18-00	25.00
	Aggregate Year-to-Date	> \$ 25.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
G. Haig Ariyan 19 Meriwether Trail Congers, NY 10920			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	4-25-00	200.00
	Aggregate Year-to-Date	> \$ 200.00	

SUBTOTAL of Receipts This Page (optional) 600.00

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 9

FOR LINE NUMBER 11 & (ii)

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NAME OF COMMITTEE (In Full)

PALLONE FOR CONGRESS (C00226928)

A. Full Name, Mailing Address and ZIP Code Nimish Buch 1708 Birchwood Ct. North Brunswick, NJ 08902 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 125.00	Date (month, day, year) 5-2-00	Amount of Each Receipt this Period 125.00
B. Full Name, Mailing Address and ZIP Code Reddy Chintalpani 49 Richard Lane Staten Island, NY 10314 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 100.00	Date (month, day, year) 5-2-00	Amount of Each Receipt this Period 100.00
C. Full Name, Mailing Address and ZIP Code Vishu Chitten 72 Rocky Hill Rd. Princeton, NJ 08540 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 100.00	Date (month, day, year) 5-2-00	Amount of Each Receipt this Period 100.00
D. Full Name, Mailing Address and ZIP Code Mohan Danda 13 Eleanor Dr. Kendall Park, NJ 08826 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 100.00	Date (month, day, year) 5-2-00	Amount of Each Receipt this Period 100.00
E. Full Name, Mailing Address and ZIP Code Mahender Corrai 40 Tanglewood Ct. Monmouth Junction, NJ 08852 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 100.00	Date (month, day, year) 5-2-00	Amount of Each Receipt this Period 100.00
F. Full Name, Mailing Address and ZIP Code Ayodhya Gupta 9 Flower Rd. Somerset, NJ 08873 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 100.00	Date (month, day, year) 5-2-00	Amount of Each Receipt this Period 100.00
G. Full Name, Mailing Address and ZIP Code Nagesh Gupta 7 Drexel Hill Dr. Kendall Park, NJ 08824 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 100.00	Date (month, day, year) 5-2-00	Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional)

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 4 OF 8
 FOR LINE NUMBER 11 A (11)

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NAME OF COMMITTEE (in Full)
FALLONE FOR CONGRESS (C00226928)

A. Full Name, Mailing Address and ZIP Code Narayanar Guptan Forest Haven Blvd. Edison, NJ Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	5-3-00	
Aggregate Year-to-Date		\$ 50.00	

B. Full Name, Mailing Address and ZIP Code Rajendra Kanithi 19 Reading Rd. Edison, NJ 08817 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	5-2-00	
Aggregate Year-to-Date		\$ 100.00	

C. Full Name, Mailing Address and ZIP Code Narain Kataria 41-67 Judge St. Elmhurst, NY 11373 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	5-2-00	
Aggregate Year-to-Date		\$ 50.00	

D. Full Name, Mailing Address and ZIP Code Bob Kathuria 11 Hearth Stone Dr. Dix Hills, NY 11476 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	5-2-00	
Aggregate Year-to-Date		\$ 100.00	

E. Full Name, Mailing Address and ZIP Code Venkata Kalidindi 990 A Village Dr. East North Brunswick, NJ 08902 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	5-2-00	
Aggregate Year-to-Date		\$ 100.00	

F. Full Name, Mailing Address and ZIP Code Maheswar Lingala 522 Travis Ave. Staten Island, NY 10814 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	5-2-00	
Aggregate Year-to-Date		\$ 100.00	

G. Full Name, Mailing Address and ZIP Code Venkat Maram 141 Tennyson Dr. Plainsboro, NJ 08536 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	5-2-00	
Aggregate Year-to-Date		\$ 100.00	

SUBTOTAL of Receipts This Page (optional) **600.00**

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 8

FOR LINE NUMBER
11 a (11)

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NAME OF COMMITTEE (In Full)
PALLONE FOR CONGRESS (C00226920)

A. Full Name, Mailing Address and ZIP Code Praveen Mitta 22 Arbutus Way Monmouth Junction, NJ 08852 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	5-2-00	100.00
Aggregate Year-to-Date > \$ 100.00			
B. Full Name, Mailing Address and ZIP Code Rajendra Musku 8 Willow Woods Trail Warren, NJ 07059 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	5-2-00	100.00
Aggregate Year-to-Date > \$ 100.00			
C. Full Name, Mailing Address and ZIP Code Ramendr Nandi 127 Highland Ave. Jersey City, NJ 07306 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	5-2-00	100.00
Aggregate Year-to-Date > \$ 100.00			
D. Full Name, Mailing Address and ZIP Code Manojith Padala 1021 Cricket Lane Woodbridge, NJ 07095 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	5-2-00	100.00
Aggregate Year-to-Date > \$ 100.00			
E. Full Name, Mailing Address and ZIP Code Usha Patlolla 3 Danny's Way Cranbury, NJ 08512 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	5-2-00	150.00
Aggregate Year-to-Date > \$ 150.00			
F. Full Name, Mailing Address and ZIP Code Bhaqwan Pingle 158 A Donor Ave. Elmwood Park, NJ 07407 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	5-2-00	150.00
Aggregate Year-to-Date > \$ 150.00			
G. Full Name, Mailing Address and ZIP Code Vijayanandan Pulsani 785 Green St. Iselin, NJ 08830 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	5-2-00	50.00
Aggregate Year-to-Date > \$ 50.00			

SUBTOTAL of Receipts This Page (optional) 750.00

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 6 OF 8

FOR LINE NUMBER

11 a (ii)

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NAME OF COMMITTEE (In Full)

PALLONE FOR CONGRESS (C00226928)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sarup Ram 89-17 Pontiac St. Queens, NY 11429			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	5-2-00	100.00
	Aggregate Year-to-Date > \$	100.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ashok Reddy 6 Clearview Dr. Ocean, NJ 07712			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	5-2-00	100.00
	Aggregate Year-to-Date > \$	100.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lakshma Reddy 539 Richmond St. Elizabeth, NJ 07203			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	5-2-00	101.00
	Aggregate Year-to-Date > \$	101.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Madhusudian Reddy 8 Willow Woods Trail Warren, NJ 07059			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	5-2-00	200.00
	Aggregate Year-to-Date > \$	200.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Parnesh Reddy 409 Horizon Dr. Edison, NJ 08817			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	5-2-00	200.00
	Aggregate Year-to-Date > \$	200.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sudhaker Reddy 66-14 Grand Central Pkwy Forest Hills, NY 11375			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	5-2-00	100.00
	Aggregate Year-to-Date > \$	100.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Srinivas Reddy 6 Arbutus Way Monmouth Junction, NJ 08852			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	5-2-00	100.00
	Aggregate Year-to-Date > \$	100.00	

SUBTOTAL of Receipts This Page (optional)

901.00

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 8
FOR LINE NUMBER 11 a (ii)

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NAME OF COMMITTEE (in Full)

PALLONE FOR CONGRESS (C00226928)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Sundeeep Reddy 198 Walnut Ct. Highland Park, NJ 08904		5-2-00	100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 100.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Vivekanand Reddy 315 Pheasant Hollow Dr. Plainsboro, NJ 08536		5-2-00	100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 100.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Arish Sahani 54-15 108th St. Corona, NY 11368		5-2-00	100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 100.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Chandra Singh 199-01 Epsom Ct. Hollis, NY 11423		5-2-00	100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 100.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Jitendra Singh 14 Kory Dr. Kendall Park, NJ 08824		5-2-00	100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 100.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Sunil Singh 15 Sea Garden Dr. Linwood, NJ 08821		5-2-00	100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 100.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
R. P. Sood 35 Gaskill Ave. Edison, NJ 08817		5-2-00	100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 100.00	

SUBTOTAL of Receipts This Page (optional) 700.00

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 8
FOR LINE NUMBER 11 a (ii)

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)

PALLONE FOR CONGRESS (C00226928)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Venkatshwar Thakkelapally 72-46 Manse St. Forest Hills, NY 11375			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	5-2-00	200.00
	Aggregate Year-to-Date >	\$ 200.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Nagarjuna Thota 15 New Turkey Rd. Monmouth Junction, NJ 08852			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	5-2-00	100.00
	Aggregate Year-to-Date >	\$ 100.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Rajasekhar Vangapaty 110-51 64th St. Forest Hills, NY 11375			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	5-2-00	200.00
	Aggregate Year-to-Date >	\$ 200.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Prakash Velankar 259 Marcus Ave. New Hyde Park, NY 11040			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	5-2-00	50.00
	Aggregate Year-to-Date >	\$ 50.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Shaahi Vundyalu 46 Sycamore Dr. Plainsboro, NJ 08536			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	5-2-00	100.00
	Aggregate Year-to-Date >	\$ 100.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Prakash Waghmare 6 Hickory Rd. West Orange, NJ 07052			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	5-2-00	100.00
	Aggregate Year-to-Date >	\$ 100.00	
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)

750.00

TOTAL This Period (last page this line number only)

5,601.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 3
FOR LINE NUMBER 11 c

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NAME OF COMMITTEE (in Full)

PALLONE FOR CONGRESS (C00226928)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
TV & Radio PAC 1771 N St. NW Washington, DC 20036			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	4-6-00	2,000.00
	Aggregate Year-to-Date >	\$ 2,500.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Natl Emergency Med. PAC PO Box 619911 Dallas, TX 75261			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	4-11-00	1,000.00
	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
AT&T PAC 32 Ave of Americas New York, NY 10013			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	4-18-00	1,000.00
	Aggregate Year-to-Date >	\$ 2,000.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Securities Industry Assn. PAC 1401 Eye St. NW Washington, DC 20005			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	4-20-00	1,000.00
	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
NY Mercantile Exchange PAC 1331 Penn Ave. NW Washington, DC 20004			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	4-25-00	500.00
	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
Electric Power Supply Assn PAC 1401 H St. NW Washington, DC 20005			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	5-8-00	500.00
	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
GPU Power PAC 801 Penn Ave. NW Washington, DC 20004			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	5-8-00	1,000.00
	Aggregate Year-to-Date >	\$ 1,500.00	

SUBTOTAL of Receipts This Page (optional)

7,000.00

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (in full)

PALLONE FOR CONGRESS (C00226928)

<p>A. Full Name, Mailing Address and ZIP Code POWER PAC PO Box 14042 St. Petersburg, FL 33733</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year)</p> <p>5-8-00</p>	<p>Amount of Each Receipt this Period</p> <p>500.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Northeast Utilities PAC PO Box 270 Hartford, CT 06141</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year)</p> <p>5-9-00</p>	<p>Amount of Each Receipt this Period</p> <p>500.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Wisconsin Energy PAC 231 W. Michigan St. Milwaukee, WI 53203</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year)</p> <p>5-15-00</p>	<p>Amount of Each Receipt this Period</p> <p>500.00</p>
<p>D. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>E. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>F. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>G. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>

SUBTOTAL of Receipts This Page (optional) 1,500.00

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 3

FOR LINE NUMBER 11 0

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NAME OF COMMITTEE (In Full)

PALLONE FOR CONGRESS (C00226928)

A. Full Name, Mailing Address and ZIP Code TV & Radio PAC 1771 N St. NW Washington, DC 20036 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer IN KIND Use of MCI Box-Fundraiser Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 4-3-00	Amount of Each Receipt this Period 1,600.00 IN KIND
B. Full Name, Mailing Address and ZIP Code Election Fund of John Pallone PO Box 3037 Long Branch, NJ 07740 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Municipal Election	Name of Employer This was a loan which was forgiven as an IN KIND contrib. Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 5-17-00	Amount of Each Receipt this Period 1,095.77 IN KIND
C. Full Name, Mailing Address and ZIP Code Election Fund of Celli, Gorcey & Schwartz PO Box 3037 Long Branch, NJ 07740 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Municipal Election	Name of Employer This was a loan which was forgiven as an IN KIND contrib. Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 5-17-00	Amount of Each Receipt this Period 4,470.78 IN KIND
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)

7,166.55

TOTAL This Period (last page this line number only)

15,666.55

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 15

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NAME OF COMMITTEE (In Full)

PALLONE FOR CONGRESS (C00226928)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Allaire Community Bank PO Box 440 Sea Girt, NJ 08750		4-20-00	126.07
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General	Occupation		
<input checked="" type="checkbox"/> Other (specify): Interest Earned	Aggregate Year-to-Date	\$ 501.75	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Fleet Bank 577 Broadway Long Branch, NJ 07740		4-28-00	16.72
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General	Occupation		
<input checked="" type="checkbox"/> Other (specify): Interest Earned	Aggregate Year-to-Date	\$ 78.42	
C. 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	Occupation		
<input type="checkbox"/> Other (specify):	Aggregate Year-to-Date	\$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General	Occupation		
<input type="checkbox"/> Other (specify):	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	Occupation		
<input type="checkbox"/> Other (specify):	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	Occupation		
<input type="checkbox"/> Other (specify):	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	Occupation		
<input type="checkbox"/> Other (specify):	Aggregate Year-to-Date	\$	

SUBTOTAL of Receipts This Page (optional) 142.79

TOTAL This Period (last page this line number only) 142.79

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

PALLONE FOR CONGRESS (C00226928)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Waste Management 1301 Rt 37 West Toms River, NJ 08755	Paper Recycling Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-3-00	38.00
B. Full Name, Mailing Address and ZIP Code NJ Women's Political Caucus 97 North Main St. Lambertville, NJ 08530	Ticket Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-3-00	75.00
C. Full Name, Mailing Address and ZIP Code Ashbury Park Press PO Box 1550 Neptune, NJ 07754	News-Paper Delivery Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-3-00	55.50
D. Full Name, Mailing Address and ZIP Code Incomnet Dept. 7722 Los Angeles, CA 90084	Tel. Service Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-3-00	239.26
E. Full Name, Mailing Address and ZIP Code Nat'l Democratic Club 30 Ivy St. SE Washington, DC 20003	Annual Dues Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-3-00	137.50
F. Full Name, Mailing Address and ZIP Code NJ American Water Co. Box 371331 Pittsburgh, PA 15250	Water service Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-3-00	15.14
G. Full Name, Mailing Address and ZIP Code AT&T PO Box 78355 Phoenix, AZ 85062	Tel. Service Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-3-00	46.95
H. Full Name, Mailing Address and ZIP Code AT&T PO Box 9001308 Louisville, KY 40290	Tel. Service Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-3-00	67.88
I. Full Name, Mailing Address and ZIP Code Comcast of Monmouth PO Box 08057 Philadelphia, PA 19101	TV Service Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-3-00	48.26

SUBTOTAL of Disbursements This Page (optional)

723.49

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

PALLONE FOR CONGRESS (C00226928)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
David Donnelly 235 Grove St. Jersey City, NJ 07302	Salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-3-00	1,333.55
Tara Dowdell 1466 Masoma Pl. No. Brunswick, NJ 08902	Consulting Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-3-00	750.00
Mary McGarry 193 Linden Ave. Highlands, NJ 07732	Cleaing & supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-3-00	57.18
Cash	Replenish Petty Cash Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-3-00	200.00
Marilyn Regan 41 Werah Place Oceanport, NJ 07757	Reimb. expenses - Tel, Food/Bev Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-3-00	72.21
Samuel Peluso 740 Broad St. Shrewsbury, NJ 07702	Rent & Utilities Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-3-00	1,703.48
Satellite Self Storage 2120 Kings Hwy Ocean, NJ 07712	Storage Unit Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-3-00	83.00
Marilyn Regan 41 Werah Place Oceanport, NJ 07757	Salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-3-00	1,020.94
Tamarack Self Storage 610 Joline Ave. Long Branch, NJ 07740	Storage Unit Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-3-00	109.00

SUBTOTAL of Disbursements This Page (optional)

5,329.36

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)

PALLONE FOR CONGRESS (C00226928)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Monmouth Petroleum PO Box 3128 Long Branch, NJ 07740	Fuel Oil Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-5-00	266.00
B. Full Name, Mailing Address and ZIP Code Credit Card Plan PO Box 10311 Stamford, CT 06904	Purpose of Disbursement see next 3 items Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-5-00	444.53
C. Full Name, Mailing Address and ZIP Code (1) Zachary's W. Long Branch, NJ 07764	Purpose of Disbursement Food/Bev Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3-15-00	73.12 MEMO ENTRY
D. Full Name, Mailing Address and ZIP Code (2) ESPN Zone Baltimore, MD	Purpose of Disbursement Food/Bev Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2-28-00	48.90 MEMO ENTRY
E. Full Name, Mailing Address and ZIP Code (3) Hyatt Hotel Baltimore, MD	Purpose of Disbursement Room Rent Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2-29-00	322.51 MEMO ENTRY
F. Full Name, Mailing Address and ZIP Code Royal Printing Service PO Box 547 W. New York, NJ 07093	Purpose of Disbursement Printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-5-00	602.55
G. Full Name, Mailing Address and ZIP Code Federal Express PO Box 1140 Memphis, TN 38101	Purpose of Disbursement Deliveries Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-5-00	53.72
H. Full Name, Mailing Address and ZIP Code Atlanticville PO Box 59 Long Branch, NJ 07740	Purpose of Disbursement Ads Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-5-00	520.00
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)

1,886.80

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)

PALLONE FOR CONGRESS (C00226928)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Chase Visa Gold PO Box 15836 Wilmington, DE 19886	see next item Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-7-00	68.37
B. Full Name, Mailing Address and ZIP Code (1) Freddie's Restaurant Long Branch, NJ 07740	Food/Dev Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3-10-00 3-13-00	40.60 27.77 MEMO ENTRY
C. Full Name, Mailing Address and ZIP Code American Express PO Box 114 Newark, NJ 07101	see next 6 items Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-10-00	173.58
D. Full Name, Mailing Address and ZIP Code (1) PC warehouse Eatontown, NJ	Computer Software Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3-9-00	42.39 MEMO ENTRY
E. Full Name, Mailing Address and ZIP Code (2) US Postal Service Long Branch, NJ	Stamps Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3-10-00	23.10 MEMO ENTRY
F. Full Name, Mailing Address and ZIP Code (3) Tosco Mobil Oil Sayreville, NJ	Gasoline Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3-10-00	14.75 MEMO ENTRY
G. Full Name, Mailing Address and ZIP Code (4) Getty Station Union City, NJ	Gasoline Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3-15-00	15.00 MEMO ENTRY
H. Full Name, Mailing Address and ZIP Code (5) Kinko's Ventura, CA	Copies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3-15-00	12.40 MEMO ENTRY
I. Full Name, Mailing Address and ZIP Code (6) Staples Jersey City, NJ	Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3-19-00	65.94 MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional)

241.95

TOTAL This Period (last page lists line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (in Full)

PALLONE FOR CONGRESS (C006928)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Fleet Bank 577 Broadway Long Branch, NJ 07740	Pec. Tax Deposit Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-10-00	1,639.52
B. Full Name, Mailing Address and ZIP Code Marilyn Regan 41. Werah Place Oceanport, NJ 07757	Purpose of Disbursement Reimb. expenses Babysitters Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-11-00	134.05
C. Full Name, Mailing Address and ZIP Code Quill Corp. PO Box 94081 Palatine, IL 60094	Purpose of Disbursement Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-11-00	482.82
D. Full Name, Mailing Address and ZIP Code Bell Atlantic-NJ PO Box 4833 Trenton, NJ 08650	Purpose of Disbursement Tel. Service Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-11-00	737.08
E. Full Name, Mailing Address and ZIP Code Advanta Leasing Service PO Box 41598 Philadelphia, PA 19101	Purpose of Disbursement Copier Lease Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-12-00	156.27
F. Full Name, Mailing Address and ZIP Code NJ Poster Compliance Center 1977 North Olden Ave. Trenton, NJ 08618	Purpose of Disbursement Fed. & State compliance posters Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-12-00	42.25
G. Full Name, Mailing Address and ZIP Code Manavi PO Box 2131 Union, NJ 07083	Purpose of Disbursement Ticket Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-12-00	35.00
H. Full Name, Mailing Address and ZIP Code David Donnelly 235 Grove St. Jersey City, NJ 07302	Purpose of Disbursement Salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-14-00	1,593.29
I. Full Name, Mailing Address and ZIP Code Tara Dowdell 1466 Masoma Rd. Nor. Brunswick, NJ 08903	Purpose of Disbursement Consulting Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-14-00	750.00

SUBTOTAL of Disbursements This Page (optional)

5,570.28

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (in Full)

PALLONE FOR CONGRESS (C00226928)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mary McGarry 193 Linden Ave. Highlands, NJ 07732	Cleaning office Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-14-00	50.00
Marilyn Regan 41 Werah Place Oceanport, NJ 07757	Salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-17-00	1,109.26
Atlanticville PO Box 59 Long Branch, NJ 07740	Ads Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-19-00	520.00
AT&T PO BOX 9001308 Louisville, KY 40290	Tel. Service Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-19-00	3.30
America One Communications PO Box 85095 Richmond, VA 23285	Tel. Service Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-19-00	100.52
America One Communications PO Box 85559 Richmond, VA 23285	Tel Service Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-19-00	136.33 132.23
GPU Energy PO Box 600 Allenhurst, NJ 07709	Electric Service Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-19-00	31.79
Comcast of Monmouth PO Box 08057 Philadelphia, PA 19101	TV Service Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-19-00	48.26
Custom Lawn Service PO Box 395 Long Branch, NJ 07740	Cleaning & Cutting Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-19-00	150.00

SUBTOTAL of Disbursements This Page (optional) **2,281.69**

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)

PALLONE FOR CONGRESS (C00226928)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Staples Credit Plan PO Box 30292 Salt Lake City, UT 84130	Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-24-00	1,605.46
B. Full Name, Mailing Address and ZIP Code Federal Express PO Box 1140 Memphis, TN 38101	Deliveries Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-24-00	144.59
C. Full Name, Mailing Address and ZIP Code State of NJ Dept. of Labor PO Box 929 Trenton, NJ 08625	1st Qtr Payment Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-24-00	25.22
D. Full Name, Mailing Address and ZIP Code Formex Inc. 620 Broadway Long Branch, NJ 07740	Letterhead & Env. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-24-00	534.45
E. Full Name, Mailing Address and ZIP Code Waste Management 1301 Rt 37 West Toms River, NJ 08755	Paper recycling Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-24-00	38.64
F. Full Name, Mailing Address and ZIP Code Fleet Bank 577 Broadway Long Branch, NJ 07740	Fed Tax Payment Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-26-00	112.00
G. Full Name, Mailing Address and ZIP Code State of NJ PO Box 632 Trenton, NJ 08646	1st Qtr Payment Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-26-00	972.64
H. Full Name, Mailing Address and ZIP Code Local 27 Club Sheetmetal Wrkrs PO Box 847 Parmingdale, NJ 07727	Ad Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-27-00	150.00
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)

3,583.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)

FALLONE FOR CONGRESS (C00226028)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
American Express PO Box 114 Newark, NJ 07101	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-26-00	3,266.79
B. Full Name, Mailing Address and ZIP Code (1) Cafe LaRuche Washington, DC	Purpose of Disbursement Food/Bev Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 3-1-00 3-8-00	Amount of Each Disbursement This Period 28.87 30.46 MEMO ENTRY
C. Full Name, Mailing Address and ZIP Code (2) All Seasons Diner Eatontown, NJ	Purpose of Disbursement Food/Bev Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 3-4-00	Amount of Each Disbursement This Period 51.57 MEMO ENTRY
D. Full Name, Mailing Address and ZIP Code (3) watchung Water Spring Lakewood, NJ	Purpose of Disbursement Water supply Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 3-9-00	Amount of Each Disbursement This Period 9.27 MEMO ENTRY
E. Full Name, Mailing Address and ZIP Code (4) H. Kaabe Glass Co. Long Branch, NJ 07740	Purpose of Disbursement Frames Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 3-12-00	Amount of Each Disbursement This Period 51.15 MEMO ENTRY
F. Full Name, Mailing Address and ZIP Code (5) Acme Stores Oakhurst, NJ	Purpose of Disbursement Flowers Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 3-12-00	Amount of Each Disbursement This Period 47.65 MEMO ENTRY
G. Full Name, Mailing Address and ZIP Code (6) Barolo's Washington, DC	Purpose of Disbursement Food/Bev - Fundraiser Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 3-14-00	Amount of Each Disbursement This Period 2,292.14 MEMO ENTRY
H. Full Name, Mailing Address and ZIP Code (7) Hotel Maurya Sheraton New Delhi, India	Purpose of Disbursement Telephone Calls Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 3-23-00	Amount of Each Disbursement This Period 108.79 MEMO ENTRY
I. Full Name, Mailing Address and ZIP Code (8) Bull Feathers Washington, DC	Purpose of Disbursement Food/Bev Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 3-23-00	Amount of Each Disbursement This Period 42.42 MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional) 3,266.79

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (in Full)

PALLONE FOR CONGRESS (C00226928)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
(9) Greenhouse Ocean, NJ	Floral Purchase Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3-25-00	95.36 MEMO ENTRY
B. Full Name, Mailing Address and ZIP Code (10) The Home Depot W. Long Branch, NJ 07764	Purpose of Disbursement Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3-28-00	34.32 MEMO ENTRY
C. Full Name, Mailing Address and ZIP Code (11) US Postmaster Long Branch, NJ 07740	Purpose of Disbursement Stamps Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3-2-00 3-3-00	10.68 198.00 MEMO ENTRY
D. Full Name, Mailing Address and ZIP Code (12) Box & Mail Long Branch, NJ	Purpose of Disbursement Packing & Mailing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3-3-00 3-7-00	11.60 8.42 MEMO ENTRY
E. Full Name, Mailing Address and ZIP Code (13) Coast Hardware Long Branch, NJ	Purpose of Disbursement Tools Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3-7-00	11.06 MEMO ENTRY
F. Full Name, Mailing Address and ZIP Code (14) Microsoft Network Washington	Purpose of Disbursement On Line Service Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3-9-00	19.95 MEMO ENTRY
G. Full Name, Mailing Address and ZIP Code (15) Cluck-U-Chicken Eatontown, NJ	Purpose of Disbursement Food/Bev Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3-20-00	45.75 MEMO ENTRY
H. Full Name, Mailing Address and ZIP Code (16) Elects Boutique Jersey City, NJ	Purpose of Disbursement Electronic Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3-25-00	154.49 MEMO ENTRY
I. Full Name, Mailing Address and ZIP Code (17) Plaza Diner Edison, NJ	Purpose of Disbursement Food/Bev Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3-26-00	14.84 MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)

PALLONE FOR CONGRESS (C00226928)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Cash	Replenish Petty Cash Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-28-00	200.00
B. Full Name, Mailing Address and ZIP Code ARC Middlesex County 225 North Center Dr. North Brunswick, NJ 08902	Ad & Ticket Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-28-00	160.00
C. Full Name, Mailing Address and ZIP Code Tara Dowdell 1466 Masoma Rd. North Brunswick, NJ 08902	Consulting Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-28-00	750.00
D. Full Name, Mailing Address and ZIP Code Mary McGarry 193 Linden Ave. Highlands, NJ 07732	Cleaning & Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-28-00	56.35
E. Full Name, Mailing Address and ZIP Code AT&T PO Box 78355 Phoenix, AZ 85062	Tel Service Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-28-00	9.62
F. Full Name, Mailing Address and ZIP Code Samuel Peluso 740 Broad St. Shrewsbury, NJ 07702	Rent & Utilities Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-1-00	1,689.45
G. Full Name, Mailing Address and ZIP Code Tamarack Self Storage 610 Joline Ave. Long Branch, NJ 07740	Storage Unit Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-1-00	109.00
H. Full Name, Mailing Address and ZIP Code Marilyn Regan 41 Werah Place Oceanport, NJ 07757	Salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-1-00	989.26 130.51
I. Full Name, Mailing Address and ZIP Code David Donnelly 235 Grove St. Jersey City, NJ 07302	Salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-1-00	1,593.29 202.94

SUBTOTAL of Disbursements This Page (optional)

5,890.42

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SCHEDULE B

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NAME OF COMMITTEE (In Full)

PALLONE FOR CONGRESS (C00226928)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Inconnet Dept. 7722 Los Angeles, CA 90084	Tel. Service Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-1-00	232.20
B. Full Name, Mailing Address and ZIP Code Sandy Hook Friends of St. Barnabus Burn Fed. PO Box 559 Highlands, NJ 07732	Purpose of Disbursement Ad Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-2-00	100.00
C. Full Name, Mailing Address and ZIP Code Tara Dowdell 1466 Masoma Rd. North Brunswick, NJ 08902	Purpose of Disbursement Consulting Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-3-00	250.00
D. Full Name, Mailing Address and ZIP Code Satellite Self Storage 2120 Kings Hwy Ocean, NJ 07712	Purpose of Disbursement Storage Unit Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-4-00	93.00
E. Full Name, Mailing Address and ZIP Code Chase Gold Visa PO Box 15836 Wilmington, DE 19886	Purpose of Disbursement see next 2 items Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-8-00	105.83
F. Full Name, Mailing Address and ZIP Code (1) Freddie's Long Branch, NJ	Purpose of Disbursement Food/Bev Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-7-00 4-20-00	36.10 47.64 MEMO ENTRY
G. Full Name, Mailing Address and ZIP Code (2) Cafe LaRuche Washington, DC	Purpose of Disbursement Food/Bev Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-13-00	22.09 MEMO ENTRY
H. Full Name, Mailing Address and ZIP Code David Donnelly 235 Grove St. Jersey City, NJ 07302	Purpose of Disbursement Reimb. - Computer PROGRAM Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-8-00	200.00
I. Full Name, Mailing Address and ZIP Code Meeker Sharkey Financial Group PO Box 550 Cranford, NJ 07016	Purpose of Disbursement Workmens Comp Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-8-00	365.00

SUBTOTAL of Disbursements This Page (optional)

1,336.03

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules for each category of the Detailed Summary Page

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NAME OF COMMITTEE (in Full)

PALLONE FOR CONGRESS (C00226928)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Advanta Leasing Service PO Box 41598 Philadelphia, PA 19101	Copier Lease Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-8-00	156.27
Fleet Bank 577 Broadway Long Branch, NJ 07740	Fed. tax deposit Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-11-00	2,276.98
Cash	Replenish Petty Cash Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-11-00	200.00
Scott Snyder 1505 Long Beach Ave. Lakewood, NJ 08701	Consulting Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-11-00	1,125.00
Scott Snyder 1505 Long Beach Ave. Lakewood, NJ 08701	Reimb. train fare Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-11-00	59.00
Mary McGarry 193 Linden Ave. Highlands, NJ 07732	Cleaning Office Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-12-00	50.00
Marilyn Regan 41 Werah Pl. Oceanport, NJ 07757	Salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-15-00	1,067.63
Holy Trinity Church Prospect St. Long Branch, NJ 07740	Ticket Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-15-00	100.00
Bell Atlantic-NJ PO Box 4833 Trenton, NJ 08650	Tel. Service Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-15-00	956.56

SUBTOTAL of Disbursements This Page (optional)

5,991.44

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)

PALLONE FOR CONGRESS (C00226928)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Women's Political Caucus of 50 Casale Dr. South NJ Warren, NJ 07059	Ticket Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-16-00	45.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Election Fund of Weinberg for PO Box 3392 Assembly Teaneck, NJ 07666	Ticket Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-16-00	60.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Asian American Heritage Council 7 Pine Acres Dr. Medford, NJ 08052	Ticket Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-16-00	50.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Neptune Twp. Dem. Exec. Cmte Neptune, NJ 07753	Tickets Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-16-00	40.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
People's Bank Visa PO Box 1590 Bridgeport, CT 06601	see next item Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-16-00	108.65
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
(1) Kinko's Eatontown, NJ 07724	Copies & folding Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-12-00	108.65 MEMO ENTRY
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)

303.65

TOTAL This Period (last page this line number only)

36,404.90

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 2
FOR LINE NUMBER 21

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NAME OF COMMITTEE (In Full)

PALLONE FOR CONGRESS (C00226928)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Susan Bass Levin for Congress PO Box 3311 Cherry Hill, NJ 08034	Donation Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-4-00	1,000.00
B. Full Name, Mailing Address and ZIP Code Linda Chapin for Congress PO Box 952 Orlando, FL. 32802	Donation Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-27-00	1,000.00
C. Full Name, Mailing Address and ZIP Code STPO c/o Long Branch Middle School Long Branch, NJ 07740	Donation Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-8-00	100.00
D. Full Name, Mailing Address and ZIP Code West Side Comm. Center 115 DeWitt Ave. Asbury Park, NJ 07712	Donation Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-8-00	100.00
E. Full Name, Mailing Address and ZIP Code LaPolla for Congress PO Box 2003 Westfield, NJ 07091	Donation Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-8-00	1,000.00
F. Full Name, Mailing Address and ZIP Code Jim Matheson for Congress 466 East 500 South #200 Salt Lake City, UT 84111	Donation Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-9-00	1,000.00
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)

4,200.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)
PALLONE FOR CONGRESS (C00226928)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
TV & Radio PAC 1771 N St. NW Washington, DC 20036	IN KIND Use of MCI Box-Fundraiser Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-3-00	1,600.00 IN KIND
B. Full Name, Mailing Address and ZIP Code Election Fund of John Pallone PO Box 3037 Long Branch, NJ 07740	This loan was forgiven as an IN KIND contrib. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-17-00	1,000.00 195.77 IN KIND
C. Full Name, Mailing Address and ZIP Code Election Fund of Celli, Gorcey PO Box 3037 & Schwartz Long Branch, NJ 07740	This loan was forgiven as an IN KIND contrib. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5 17-00	2,470.78 2,000.00 IN KIND
D. 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
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
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)	7,166.55
TOTAL This Period (last page this line number only)	11,366.55

LOANS

Name of Committee (in Full) PALLONE FOR CONGRESS (CDD226928)					
A. Full Name, Mailing Address and ZIP Code of Loan Source Election Fund of John Pallone PO Box 3037 Long Branch, NJ 07740 Municipal Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Election see below	Original Amount of Loan 1,000.00	Cumulative Payment To Date 1,000.00	Balance Outstanding at Close of This Period ---		
Terms: Date Incurred <u>5-3-94</u> Date Due <u>NONE</u> Interest Rate <u>NONE</u> % (apr) <input type="checkbox"/> Secured					
List All Endorsers or Guarantors (if any) to Item A					
1. Full Name, Mailing Address and ZIP Code This loan was made to the Committee of a New Jersey Municipal Mayoral Candidate. This has been forgiven as an IN-KIND contribution.	Name of Employer Occupation Amount Guaranteed Outstanding: \$	(This area is shaded to indicate that the information provided in the preceding sections is sufficient to determine the balance outstanding at the close of this period.)			
2. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: \$				
3. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: \$				
B. Full Name, Mailing Address and ZIP Code of Loan Source					
Election Fund of Celli, Gorcey & Schwartz PO Box 3037 Long Branch, NJ 07740 Municipal Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Election see below	Original Amount of Loan 2,000.00			Cumulative Payment To Date 2,000.00	Balance Outstanding at Close of This Period ---
Terms: Date Incurred <u>5-3-94</u> Date Due <u>NONE</u> Interest Rate <u>NONE</u> % (apr) <input type="checkbox"/> Secured					
List All Endorsers or Guarantors (if any) to Item B					
1. Full Name, Mailing Address and ZIP Code This loan was made to the Committee of New Jersey Municipal Council Candidates. This has been forgiven as an IN-KIND contribution.	Name of Employer Occupation Amount Guaranteed Outstanding: \$	(This area is shaded to indicate that the information provided in the preceding sections is sufficient to determine the balance outstanding at the close of this period.)			
2. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: \$				
3. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: \$				
SUBTOTALS This Period This Page (optional)					
TOTALS This Period (last page in this line only)					
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.					

LOANS

Name of Committee (in Full) PALLONE FOR CONGRESS (C00226928)			
A. Full Name, Mailing Address and ZIP Code of Loan Source Election Fund of Celli, Gorcey & PO Box 3037 Schwartz Long Branch, NJ 07740 Municipal	Original Amount of Loan 2,000.00	Cumulative Payment To Date 2,000.00	Balance Outstanding at Close of This Period ---
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <u>Election see below</u> Term: Date Incurred <u>5-5-94</u> Date Due <u>None</u> Interest Rate <u>NONE</u> (apr) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to item A			
1. Full Name, Mailing Address and ZIP Code This loan was made to the Committee of New Jersey Municipal Council Candidates. This has been forgiven as an IN-KIND contribution.	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
B. Full Name, Mailing Address and ZIP Code of 1 non-Financial Election Fund of Celli, Gorcey & PO Box 3037 Schwartz Long Branch, NJ 07740 Municipal			
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <u>Election see below</u> Term: Date Incurred <u>5-5-94</u> Date Due <u>None</u> Interest Rate <u>NONE</u> (apr) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to item B			
1. Full Name, Mailing Address and ZIP Code This loan was made to the Committee of New Jersey Municipal Candidates. This has been forgiven as an IN-KIND contribution.	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
SUBTOTALS This Period This Page (optional)			---
TOTALS This Period (last page in this line only)			---
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.			

LOANS

Name of Committee (in Full) PALLONE FOR CONGRESS (C00226928)					
A. Full Name, Mailing Address and ZIP Code of Loan Source Election Fund of John Pallone PO Box 3037 Long Branch, NJ 07740 Municipal Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <u>Election see below</u>	Original Amount of Loan 95.77	Cumulative Payment To Date 95.77	Balance Outstanding at Close of This Period ---		
Terms: Date Incurred <u>11-28-94</u> Date Due <u>None</u> Interest Rate <u>None</u> (APR) <input type="checkbox"/> Secured					
List All Endorsers or Guarantors (if any) to Item A					
1. Full Name, Mailing Address and ZIP Code This loan was made to the Committee of a New Jersey Municipal Mayoral Candidate. This has been forgiven as an IN-KIND contribution.	Name of Employer Occupation Amount Guaranteed Outstanding: \$	(This area is shaded to indicate that the information in this section is not to be reported.)			
2. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: \$				
3. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: \$				
B. Full Name, Mailing Address and ZIP Code of Loan Source					
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):					
Terms: Date Incurred _____ Date Due _____ Interest Rate _____ (APR) <input type="checkbox"/> Secured					
List All Endorsers or Guarantors (if any) in Item B					
1. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: \$	(This area is shaded to indicate that the information in this section is not to be reported.)			
2. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: \$				
3. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: \$				
SUBTOTALS This Period This Page (optional)					
TOTALS This Period (last page in this line only)					
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.					

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 5-22-00
<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	
 <i>ME</i> PREPARER	5-24-00 DATE PREPARED