

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

(Committee Data)

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME  
ADDRESS  
CITY

000337428  
MICHAEL A AVELLA  
SWEENEY FOR CONGRESS  
PO BOX 4698  
SARATOGA SPRINGS

660499

NY 12866

PERSONAL ELECTION  
COMMISSION MAIL ROOM

2. FEC IDENTIFICATION NUMBER

AUG 2 9 45 AM '99

3. IS THIS REPORT AN AMENDMENT?

☐ YES

☐ NO

## 4. TYPE OF REPORT

☐ April 15 Quarterly Report

☐ 12-Day Pre-Election Report for the \_\_\_\_\_  
(Type of Election)

☐ July 15 Quarterly Report

election on \_\_\_\_\_ in the State of \_\_\_\_\_

☐ October 15 Quarterly Report

☐ 30-Day Post-Election Report following the General Election

☐ January 31 Year End Report

on \_\_\_\_\_ in the State of \_\_\_\_\_

☒ 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<br>This Period | COLUMN B<br>Calendar Year-to-Date |
|--------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------|
| 1-1-99 through 6-30-99                                                                           |                         |                                   |
| 6. Net Contributions (other than loans)                                                          |                         |                                   |
| (a) Total Contributions (other than loans) (from Line 11(e))                                     | 275444.75               | 275444.75                         |
| (b) Total Contribution Refunds (from Line 20(d))                                                 | 950 -                   | 950 -                             |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))                          | 274494.75               | 274494.75                         |
| 7. Net Operating Expenditures                                                                    |                         |                                   |
| (a) Total Operating Expenditures (from Line 17)                                                  | 139889.84               | 139889.84                         |
| (b) Total Offsets to Operating Expenditures (from Line 14)                                       | 3052.42                 | 3052.42                           |
| (c) Net Operating Expenditures (subtract Line 7(b) from 7(a))                                    | 136837.42               | 136837.42                         |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)                                      | 212,510.24              |                                   |
| 9. Debts and Obligations Owed TO the Committee<br>(Itemize all on Schedule C and/or Schedule D)  |                         |                                   |
| 10. Debts and Obligations Owed BY the Committee<br>(Itemize all on Schedule C and/or Schedule D) | 15,000                  |                                   |

For further information  
contact:  
Federal Election Commission  
989 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

Signature of Treasurer

Date

7/31/99

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

FEC FORM 3  
(revised 4/87)

# DETAILED SUMMARY PAGE

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

| Name of Committee (In full)                                                         |  | Report Covering the Period:          |                                          |
|-------------------------------------------------------------------------------------|--|--------------------------------------|------------------------------------------|
|                                                                                     |  | From:                                | To:                                      |
| <b>I. RECEIPTS</b>                                                                  |  | <b>COLUMN A</b><br>Total This Period | <b>COLUMN B</b><br>Calendar Year-To-Date |
| 11. CONTRIBUTIONS (other than loans) FROM:                                          |  |                                      |                                          |
| (a) Individuals/Persons Other Than Political Committees                             |  |                                      |                                          |
| (i) Itemized (use Schedule A) -----                                                 |  | 111,810.07                           |                                          |
| (ii) Unitemized -----                                                               |  | 83,278.57                            |                                          |
| (iii) Total of contributions from individuals -----                                 |  | 195,088.64                           | 195,088.64                               |
| (b) Political Party Committees -----                                                |  | 9007.86                              | 9007.86                                  |
| (c) Other Political Committees (such as PACs) -----                                 |  | 130,348.25                           | 130,348.25                               |
| (d) The Candidate -----                                                             |  |                                      |                                          |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d)) ----- |  | 375,444.75                           | 375,444.75                               |
| 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.) -----                |  | 3052.42                              | 3052.42                                  |
| 15. OTHER RECEIPTS (Dividends, Interest, etc.) -----                                |  | 447.05                               | 447.05                                   |
| 16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15) -----                          |  | 278,944.22                           | 278,944.22                               |
| <b>II. DISBURSEMENTS</b>                                                            |  |                                      |                                          |
| 17. OPERATING EXPENDITURES -----                                                    |  | 139,889.84                           | 139,889.84                               |
| 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 -----                       |  | 950 -                                | 950                                      |
| (b) Political Party Committees -----                                                |  |                                      |                                          |
| (c) Other Political Committees (such as PACs) -----                                 |  |                                      |                                          |
| (d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c)) -----                       |  | 950 -                                | 950                                      |
| 21. OTHER DISBURSEMENTS -----                                                       |  | 1200.40                              | 1200.40                                  |
| 22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21) -----                     |  | 142,040.24                           | 142,040.24                               |

## III. CASH SUMMARY

|                                                                                    |               |    |
|------------------------------------------------------------------------------------|---------------|----|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD -----                            | \$ 75,896.23  | 23 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16) -----                                | \$ 278,944.22 | 24 |
| 25. SUBTOTAL (add Line 23 and Line 24) -----                                       | \$ 354,840.45 | 25 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22) -----                           | \$ 142,040.24 | 26 |
| 27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25) ----- | \$ 212,800.21 | 27 |

Reported on summarized receipts as \$1100.00  
of anonymous contributions.  
Money is distributed to charitable organizations  
shall show in next report.

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary PagePAGE 1 OF  
FOR LINE NUMBER  
1121

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)

Agency for Congress

| A. Full Name, Mailing Address and ZIP Code                                                                                                        | Name of Employer                                                         | Date (month, day, year)       | Amount of Each Receipt this Period |
|---------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|-------------------------------|------------------------------------|
| CHARLES FREEMAN<br>18 Newlock Ridge Rd<br>Stamantown NY 12168                                                                                     | Commercial Capital Corp<br>434-2000<br>Chairman, CEO                     | 2/6/99                        | 250.00                             |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):            | Aggregate Year-to-Date > \$ 250                                          |                               |                                    |
| B. Full Name, Mailing Address and ZIP Code                                                                                                        | Name of Employer                                                         | Date (month, day, year)       | Amount of Each Receipt this Period |
| Mark Behan<br>14 N. American Ave<br>Glens Falls NY 12501                                                                                          | Behan Comm.<br>13 Locust St.<br>Glens Falls NY 12501<br>Pres.            | 2/4/99                        | 1000.00<br>1000.00                 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 2,000 -                                      |                               |                                    |
| C. Full Name, Mailing Address and ZIP Code                                                                                                        | Name of Employer                                                         | Date (month, day, year)       | Amount of Each Receipt this Period |
| Jeffrey Walter<br>625 Ralfe Pl<br>Alexandria VA 22314-1385                                                                                        | The Washington Group<br>1401 K St NW #400<br>Washington DC 20005<br>V.P. | 3-9-99<br>2/23/99             | 250.00<br>357.07<br>(St. Kent)     |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):            | Aggregate Year-to-Date > \$ 637.07                                       |                               |                                    |
| D. Full Name, Mailing Address and ZIP Code                                                                                                        | Name of Employer                                                         | Date (month, day, year)       | Amount of Each Receipt this Period |
| Eugene J. Berardi, Jr.<br>675 N. Hurley Ave<br>Newry NY 12443                                                                                     | Adamsback Railway<br>#11 Washington City<br>Fingertown NY 12401<br>Exec. | 3-9-99                        | 1000.00                            |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):            | Aggregate Year-to-Date > \$ 1000 -                                       |                               |                                    |
| E. Full Name, Mailing Address and ZIP Code                                                                                                        | Name of Employer                                                         | Date (month, day, year)       | Amount of Each Receipt this Period |
| Zach Oppenheimer<br>431 S. Cranford Rd<br>Cherry Hill NJ 08003-3436                                                                               | Obtaining info                                                           | 3-9-99                        | 500.00                             |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):            | Aggregate Year-to-Date > \$ 500 -                                        |                               |                                    |
| F. Full Name, Mailing Address and ZIP Code                                                                                                        | Name of Employer                                                         | Date (month, day, year)       | Amount of Each Receipt this Period |
| Joseph A. Lattangio<br>31 Chudas Rd<br>Albany NY 12203                                                                                            | NYS DEC<br>650 Wadsworth Rd Rm 116<br>Albany NY 1<br>State Employee      | 3/9/99<br>3/11/99<br>6/17/99  | 100.00<br>200.00<br>150.00         |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):            | Aggregate Year-to-Date > \$ 550                                          |                               |                                    |
| G. Full Name, Mailing Address and ZIP Code                                                                                                        | Name of Employer                                                         | Date (month, day, year)       | Amount of Each Receipt this Period |
| Vincent R. Verdelle, MD.<br>7 Parkers Place<br>Partridge NY 12866                                                                                 | Albany Med. Center<br>Main Bldg 139<br>Albany NY 12208<br>Physician      | 3/11/99<br>5/13/99<br>6/17/99 | 400.00<br>200.00<br>250.00         |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):            | Aggregate Year-to-Date > \$ 850 -                                        |                               |                                    |

SUBTOTAL of Receipts This Page (optional)

5187.07

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  
FOR LINE NUMBER  
1121

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**NAME OF COMMITTEE (in Full)**

**A. Full Name, Mailing Address and ZIP Code**

*George McNamee*  
*50 S Pearl St*  
*Albany NY 12207*

Receipt For: ☒ Primary ☐ General  
☐ Other (specify):

**Name of Employer**

*First Albany Corp*  
*30 So Pearl St*  
*Albany NY 12207*

**Occupation**

*Chairman*

Date (month,  
day, year)

*3/11/99*

Amount of Each  
Receipt this Period

*400.00*

Aggregate Year-to-Date *> \$ 400 -*

**B. Full Name, Mailing Address and ZIP Code**

*Cara Ann DiPietro*  
*41 Washington Ave*  
*Capeville NY 12051*

Receipt For: ☒ Primary ☐ General  
☐ Other (specify):

**Name of Employer**

*Mrs David Parale*  
*97 Central Ave*  
*Albany NY 12206*

**Occupation**

*Dr Parale Officer*

Date (month,  
day, year)

*3/11/99*

Amount of Each  
Receipt this Period

*400.00*

Aggregate Year-to-Date *> \$ 400 -*

**C. Full Name, Mailing Address and ZIP Code**

*Thomas R. Tyrrell*  
*32 Marion Ave*  
*Albany NY 12203*

Receipt For: ☐ Primary ☐ General  
☒ Other (specify): *55 Datt*

**Name of Employer**

*Fulter + O'Brien Inc*  
*15 State St*  
*Albany NY 12207*

**Occupation**

*Vice Pres.*

Date (month,  
day, year)

*3/11/99*

Amount of Each  
Receipt this Period

*400.00 D12*

Aggregate Year-to-Date *> \$ 400 -*

**D. Full Name, Mailing Address and ZIP Code**

*James W. Leary*  
*178 York Ave*  
*Albany Springs NY 12866*

Receipt For: ☒ Primary ☐ General  
☐ Other (specify):

**Name of Employer**

*Human Resources*  
*Dept State*  
*Bellevue State Campus*  
*Albany NY 12240*

**Occupation**

*Commissioner*

Date (month,  
day, year)

*3/11/99*  
*5/13/99*

Amount of Each  
Receipt this Period

*400.00*

*350.00*

Aggregate Year-to-Date *> \$ 650 -*

**E. Full Name, Mailing Address and ZIP Code**

*James A. Torano*  
*147 Kennewick Ave*  
*Slingerlands NY 12159*

Receipt For: ☒ Primary ☐ General  
☐ Other (specify):

**Name of Employer**

*Networks International*  
*185 Jordan Rd*  
*Troy NY 12180*

**Occupation**

*CEO*

Date (month,  
day, year)

*3/11/99*

Amount of Each  
Receipt this Period

*400.00*

Aggregate Year-to-Date *> \$ 400 -*

**F. Full Name, Mailing Address and ZIP Code**

*Nat Goldstein*  
*90 State St # 838*  
*Albany NY 12207*

Receipt For: ☐ Primary ☒ General  
☐ Other (specify):

**Name of Employer**

*Nemo?*  
*30 Broad Haven Rd*  
*Slingerlands NY*  
*12159*

**Occupation**

*Bandman*

Date (month,  
day, year)

*3/11/99*

Amount of Each  
Receipt this Period

*400.00*

*500.00*

*400.00*

Aggregate Year-to-Date *> \$ 1100*

**G. Full Name, Mailing Address and ZIP Code**

*A. C. Bryant Jr.*  
*Box 547*  
*Greenville NY 12083*

Receipt For: ☒ Primary ☐ General  
☐ Other (specify):

**Name of Employer**

**Occupation**

*Retiree*

Date (month,  
day, year)

*3/11/99*

Amount of Each  
Receipt this Period

*500.00*

Aggregate Year-to-Date *> \$ 500*

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

*3850 -*

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

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
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Detailed Summary PagePAGE 3 OF  
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## NAME OF COMMITTEE (in full)

Sweeney for Congress

| A. Full Name, Mailing Address and ZIP Code                                                                                                   | Name of Employer                                                | Date (month, day, year)            | Amount of Each Receipt this Period |
|----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|------------------------------------|------------------------------------|
| Kevin Vandenberg<br>37 113 B St Bus. est.<br>Troy NY 12182                                                                                   | None<br>335 6th Ave<br>Troy NY 12180                            | 4/17/99                            | \$250.00                           |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):       | Occupation                                                      | Aggregate Year-to-Date > \$ 250 -  |                                    |
| B. Full Name, Mailing Address and ZIP Code                                                                                                   | Name of Employer                                                | Date (month, day, year)            | Amount of Each Receipt this Period |
| John Mainello<br>4 Joseph St<br>Troy NY 12180                                                                                                | Mainello's<br>563 Harsack St<br>Troy NY 12180-2107              | 4/21/99                            | 250.00                             |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):       | Occupation<br>owner                                             | Aggregate Year-to-Date > \$ 250    |                                    |
| C. Full Name, Mailing Address and ZIP Code                                                                                                   | Name of Employer                                                | Date (month, day, year)            | Amount of Each Receipt this Period |
| John J. Miro<br>12 Cobble Hill Rd.<br>Rosedale NY 12211                                                                                      | Miro Companies<br>20 Corporate Woods<br>Albany NY 12211         | 3/15/99<br>5/17/99<br>5/18/99      | 200.00<br>200.00<br>250.00         |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):       | Occupation<br>owner                                             | Aggregate Year-to-Date > \$ 650 -  |                                    |
| D. Full Name, Mailing Address and ZIP Code                                                                                                   | Name of Employer                                                | Date (month, day, year)            | Amount of Each Receipt this Period |
| Francesco Gelosi<br>P.O. Box 98<br>Guilderland Center NY 12085                                                                               | Gelosi Gyo<br>None                                              | 3/15/99                            | 400.00                             |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):       | Occupation<br>owner                                             | Aggregate Year-to-Date > \$ 400 -  |                                    |
| E. Full Name, Mailing Address and ZIP Code                                                                                                   | Name of Employer                                                | Date (month, day, year)            | Amount of Each Receipt this Period |
| Seth L. Rosenberg<br>Kendall Farm<br>Old Chatham NY 12136                                                                                    | Obtaining information                                           | 3/15/99                            | 500.00                             |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):       | Occupation<br>Attorney                                          | Aggregate Year-to-Date > \$ 500 -  |                                    |
| F. Full Name, Mailing Address and ZIP Code                                                                                                   | Name of Employer                                                | Date (month, day, year)            | Amount of Each Receipt this Period |
| Peter A. Tulin<br>480 Broadway<br>Saratoga Springs NY 12806                                                                                  | Self-employed None                                              | 3/15/99                            | 1000.00                            |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify): 98000 | Occupation<br>Attorney                                          | Aggregate Year-to-Date > \$ 1000 - |                                    |
| G. Full Name, Mailing Address and ZIP Code                                                                                                   | Name of Employer                                                | Date (month, day, year)            | Amount of Each Receipt this Period |
| William Palmer Adape<br>1054 Lake Ave<br>Greenwich CT 06831                                                                                  | Adape Home Improvement<br>1801 Putnam Ave<br>Greenwich CT 06830 | 3/15/99                            | 1000.00                            |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):       | Occupation<br>Architect                                         | Aggregate Year-to-Date > \$ 1000 - |                                    |

SUBTOTAL of Receipts This Page (optional)

4050 -

TOTAL This Period (last page this line number only)

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

PAGE 4 OF 1  
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1121

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NAME OF COMMITTEE (in full)

**A. Full Name, Mailing Address and ZIP Code**

*Frank H. Sustrai #23P*  
*375 South End Ave*  
*NY NY 10280*

Receipt For: ☒ Primary ☐ General  
☒ Other (specify): *Debt*

**Name of Employer**

*National Light*  
*195 Broadway*  
*NY NY 10007-3189*

Occupation  
*Attorney*

Date (month,  
day, year)

*3/10/99*  
*5/26/99*

Amount of Each  
Receipt this Period

*1000.00 DR*  
*500.00*

Aggregate Year-to-Date *> \$ 1500*

**B. Full Name, Mailing Address and ZIP Code**

*David Kuzlowski*  
*32 Oak Valley Way*  
*Greenburgh NY 12804*

Receipt For: ☒ Primary ☐ General  
☐ Other (specify):

**Name of Employer**

*Glens Falls Hospital*  
*Glens Falls NY 12801*

Occupation  
*Administrator*

Date (month,  
day, year)

*3/11/99*

Amount of Each  
Receipt this Period

*1000.00*

Aggregate Year-to-Date *> \$ 1000*

**C. Full Name, Mailing Address and ZIP Code**

*F. Michael Jackson*  
*115 Westingfield Rd*  
*Delmar NY 12054*

Receipt For: ☒ Primary ☐ General  
☐ Other (specify):

**Name of Employer**

*Horner Companies Inc.*  
*3 E. Comm Sq.*  
*Albany NY 12207*

Occupation  
*Real Estate*

Date (month,  
day, year)

*5/1/99*

Amount of Each  
Receipt this Period

*1000.00*

Aggregate Year-to-Date *> \$ 1000*

**D. Full Name, Mailing Address and ZIP Code**

*Paul Kasselmann*  
*PO Box 87*  
*Delmar NY 12054*

Receipt For: ☒ Primary ☐ General  
☐ Other (specify):

**Name of Employer**

*Kasselman Electric*  
*PO Box 904*  
*Albany NY 12201*

Occupation  
*Electric Contractor*

Date (month,  
day, year)

*3/11/99*

Amount of Each  
Receipt this Period

*1000.00*

Aggregate Year-to-Date *> \$ 1000*

**E. Full Name, Mailing Address and ZIP Code**

*John Rickham*  
*24 Old Cepetong Rd.*  
*Katonah NY 10536*

Receipt For: ☒ Primary ☐ General  
☐ Other (specify):

**Name of Employer**

*Lockwood Industries*  
*20 Clarkson Ave*  
*White Plains NY 10603*

Occupation  
*Pres.*

Date (month,  
day, year)

*3/11/99*  
*5/13/99*

Amount of Each  
Receipt this Period

*1000.00*  
*500.00*

Aggregate Year-to-Date *> \$ 1500*

**F. Full Name, Mailing Address and ZIP Code**

*Salvatore Beltrone*  
*PO Box 517*  
*Latham NY 12110-0517*

Receipt For: ☒ Primary ☐ General  
☐ Other (specify):

**Name of Employer**

*Self Employed*  
*Capital Visions*  
*Latham NY*

Occupation  
*Audiologist*

Date (month,  
day, year)

*5/11/99*  
*4/16/99*

Amount of Each  
Receipt this Period

*1000.00*  
*500.00*

Aggregate Year-to-Date *> \$ 1500*

**G. Full Name, Mailing Address and ZIP Code**

*Bradley Atanias*  
*21946 Narrow Ave N.*  
*Forest Lake MN 55025*

Receipt For: ☒ Primary ☒ General  
☐ Other (specify):

**Name of Employer**

*Smart Club*  
*(obtaining address)*

Occupation  
*Owner*

Date (month,  
day, year)

*3/11/99*

Amount of Each  
Receipt this Period

*2000.00*

Aggregate Year-to-Date *> \$ 2000*

SUBTOTAL of Receipts This Page (optional)

*9500*

TOTAL This Period (last page this line number only)

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

PAGE **5** OF  
FOR LINE NUMBER  
**1101**

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NAME OF COMMITTEE (In Full)

| A. Full Name, Mailing Address and ZIP Code                                                                                                        | Name of Employer                                                             | Date (month, day, year)      | Amount of Each Receipt this Period |
|---------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|------------------------------|------------------------------------|
| <b>Michael Cuevas</b><br>1875 Grand Blvd<br>Johannesburg NY 12309                                                                                 | <b>NYS P.E.R.B.</b><br>80 Wall Rd<br>Albany NY 12205                         | 2/6/99<br>3/15/99<br>5/26/99 | 100.00<br>200.00<br>200.00         |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):            | Occupation: <b>Attorney</b><br>Aggregate Year-to-Date: <b>&gt; \$ 500</b>    |                              |                                    |
| <b>Timothy Bontecau</b><br>(obtaining home address)                                                                                               | <b>Thomas &amp; K</b><br>Rt 44 Rt 1 Box 1118<br>Middletown NY 12545          | 3/15/99                      | 2000.00                            |
| Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation:<br>Aggregate Year-to-Date: <b>&gt; \$ 2070</b>                   |                              |                                    |
| <b>Andrew J. Alkerti</b><br>630 W 8th St. #232<br>Bronx NY 10471                                                                                  | <b>Crane River International</b><br>400 Madison Ave<br>NY NY 10017           | 3/15/99                      | 2000.00                            |
| Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation: <b>Attorney</b><br>Aggregate Year-to-Date: <b>&gt; \$ 2000 -</b> |                              |                                    |
| <b>Robert Does</b><br>Rt 1, Box 126 Bush's Tavern<br>Middletown NY 12546                                                                          | <b>NYS Office of Compensation</b><br>1 Commerce Plaza<br>Albany NY           | 7/8/99                       | 250.00                             |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):            | Occupation:<br>Aggregate Year-to-Date: <b>&gt; \$ 250 -</b>                  |                              |                                    |
| <b>Richard L. Jarrow</b><br>410 West End Ave<br>NY NY 10024-5750                                                                                  | <b>McKnight &amp; Sperry</b><br>240 Madison Ave 18th<br>NY NY 10016          | 3/18/99<br>4/5/99            | 250.00<br>300.00                   |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):            | Occupation:<br>Aggregate Year-to-Date: <b>&gt; \$ 550 -</b>                  |                              |                                    |
| <b>Edward Bartholomew</b><br>14 Darrow Pl<br>Jewonsburg NY 12504                                                                                  | <b>NYS Motor Vehicles</b><br>Albany NY                                       | 3/18/99<br>5/26/99           | 250.00<br>200.00                   |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):            | Occupation: <b>Post Comm.</b><br>Aggregate Year-to-Date: <b>&gt; \$ 450</b>  |                              |                                    |
| <b>Cathryn Doyle</b><br>30 Carstedt Dr.<br>Albany NY 12159                                                                                        | <b>Albany City Surgeon's Office</b><br>Albany NY 12109                       | 3/18/99                      | 1000.00                            |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):            | Occupation: <b>Attorney</b><br>Aggregate Year-to-Date: <b>&gt; \$ 1000 -</b> |                              |                                    |

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**6750**

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**SCHEDULE A**

**ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

|                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                       |                                                      |                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|-----------------------------------------------------------------|
| <p>A. Full Name, Mailing Address and ZIP Code</p> <p><i>Bruce D. Baswell</i><br/><i>56 Sheridan Ave</i><br/><i>Albany NY 12210</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>             | <p>Name of Employer</p> <p><i>Baswell Engineering</i><br/><i>56 Sheridan Ave</i><br/><i>Albany NY 12210</i></p> <p>Occupation</p> <p><i>Clerk</i></p> <p>Aggregate Year-to-Date &gt; \$ <i>1000 -</i></p>                             | <p>Date (month, day, year)</p> <p><i>3/18/99</i></p> | <p>Amount of Each Receipt this Period</p> <p><i>1000.00</i></p> |
| <p>B. Full Name, Mailing Address and ZIP Code</p> <p><i>Donald Fred Duke</i><br/><i>P.O. Box 12789</i><br/><i>Albany NY 12212</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>              | <p>Name of Employer</p> <p><i>Donny Duke, Editor/Director</i><br/><i>57 Corporate Circle</i><br/><i>Albany NY 12203</i></p> <p>Occupation</p> <p><i>Executive</i></p> <p>Aggregate Year-to-Date &gt; \$ <i>1000</i></p>               | <p>Date (month, day, year)</p> <p><i>3/18/99</i></p> | <p>Amount of Each Receipt this Period</p> <p><i>1000.00</i></p> |
| <p>C. Full Name, Mailing Address and ZIP Code</p> <p><i>Peter T. Matzen</i><br/><i>58 Strump Dr.</i><br/><i>Troy NY 12180</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>                  | <p>Name of Employer</p> <p><i>Matzen Construction</i><br/><i>P.O. Box 7</i><br/><i>Troy NY</i></p> <p>Occupation</p> <p><i>Construction - CEO</i></p> <p>Aggregate Year-to-Date &gt; \$ <i>1000 -</i></p>                             | <p>Date (month, day, year)</p> <p><i>3/18/99</i></p> | <p>Amount of Each Receipt this Period</p> <p><i>1000.00</i></p> |
| <p>D. Full Name, Mailing Address and ZIP Code</p> <p><i>Nancy A. Valley</i><br/><i>53 Van Rensselaer Dr.</i><br/><i>Rosendale NY 12144</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>     | <p>Name of Employer</p> <p><i>KPMG LLP</i><br/><i>515 Broadway</i><br/><i>Albany NY 12202</i></p> <p>Occupation</p> <p><i>Partner - CPA</i></p> <p>Aggregate Year-to-Date &gt; \$ <i>1000 -</i></p>                                   | <p>Date (month, day, year)</p> <p><i>3/18/99</i></p> | <p>Amount of Each Receipt this Period</p> <p><i>1000.00</i></p> |
| <p>E. Full Name, Mailing Address and ZIP Code</p> <p><i>Mr. James D. Gettelstonhaugh</i><br/><i>15 Schuyler Villa Rd.</i><br/><i>Albany NY</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p> | <p>Name of Employer</p> <p><i>Gettelstonhaugh, Conway, Kiley &amp; O'Connell LLP</i><br/><i>69 Pine St.</i><br/><i>Albany NY 12207</i></p> <p>Occupation</p> <p><i>Attorney</i></p> <p>Aggregate Year-to-Date &gt; \$ <i>1000</i></p> | <p>Date (month, day, year)</p> <p><i>3/18/99</i></p> | <p>Amount of Each Receipt this Period</p> <p><i>1000.00</i></p> |
| <p>F. Full Name, Mailing Address and ZIP Code</p> <p><i>Kellison V. Brownell, III</i><br/><i>121 State St.</i><br/><i>Albany NY 12207</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>      | <p>Name of Employer</p> <p><i>Anonymous, Straub-Rymer</i><br/><i>121 State St.</i><br/><i>Albany NY 12207</i></p> <p>Occupation</p> <p><i>Attorney</i></p> <p>Aggregate Year-to-Date &gt; \$ <i>1000</i></p>                          | <p>Date (month, day, year)</p> <p><i>3/18/99</i></p> | <p>Amount of Each Receipt this Period</p> <p><i>1000.00</i></p> |
| <p>G. Full Name, Mailing Address and ZIP Code</p> <p><i>John M. Chalaben</i><br/><i>36 Summit Ave</i><br/><i>Ratham NY 12210</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>               | <p>Name of Employer</p> <p><i>Wm. A. Assoc.</i><br/><i>P.O. Box 542</i><br/><i>Ratham NY 12210</i></p> <p>Occupation</p> <p><i>Consultant</i></p> <p>Aggregate Year-to-Date &gt; \$ <i>1000 -</i></p>                                 | <p>Date (month, day, year)</p> <p><i>3/18/99</i></p> | <p>Amount of Each Receipt this Period</p> <p><i>1000.00</i></p> |

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*7000*

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**SCHEDULE A**

**ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

|                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                            |                                                      |                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|-----------------------------------------------------------------|
| <p>A. Full Name, Mailing Address and ZIP Code</p> <p><i>Thomas J. Spargo</i><br/><i>RD 1 Box 253A</i><br/><i>E. Berne NY 12059</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>                | <p>Name of Employer</p> <p><i>self employed</i></p> <p>Occupation</p> <p><i>Attorney</i></p> <p>Aggregate Year-to-Date &gt; \$ <i>1000 -</i></p>                                                                           | <p>Date (month, day, year)</p> <p><i>3/18/99</i></p> | <p>Amount of Each Receipt this Period</p> <p><i>1000.00</i></p> |
| <p>B. Full Name, Mailing Address and ZIP Code</p> <p><i>Martina L. Roberts</i><br/><i>Seagle Rd</i><br/><i>Cheverdale NY 12520</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>                | <p>Name of Employer</p> <p><i>1095 Whitteck Rd</i><br/><i>Selkirk Landing</i><br/><i>NY 12156</i></p> <p>Occupation</p> <p></p> <p>Aggregate Year-to-Date &gt; \$ <i>1000 -</i></p>                                        | <p>Date (month, day, year)</p> <p><i>3/18/99</i></p> | <p>Amount of Each Receipt this Period</p> <p><i>1000.00</i></p> |
| <p>C. Full Name, Mailing Address and ZIP Code</p> <p><i>Constance Crane</i><br/><i>16 Wilkwood Dr.</i><br/><i>Laudenville NY 12111</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p> | <p>Name of Employer</p> <p><i>CRANE ASSOCIATES</i></p> <p>Occupation</p> <p><i>Consultant</i></p> <p>Aggregate Year-to-Date &gt; \$ <i>2000 -</i></p>                                                                      | <p>Date (month, day, year)</p> <p><i>3/18/99</i></p> | <p>Amount of Each Receipt this Period</p> <p><i>2000.00</i></p> |
| <p>D. Full Name, Mailing Address and ZIP Code</p> <p><i>Richard A. Saunders</i><br/><i>47 Great Ave</i><br/><i>Albany Falls NY 12201</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>          | <p>Name of Employer</p> <p><i>113 Bay Rd</i><br/><i>Albany Falls NY 12201</i></p> <p>Occupation</p> <p><i>Ins. Agent</i></p> <p>Aggregate Year-to-Date &gt; \$ <i>500 -</i></p>                                            | <p>Date (month, day, year)</p> <p><i>3/18/99</i></p> | <p>Amount of Each Receipt this Period</p> <p><i>500.00</i></p>  |
| <p>E. Full Name, Mailing Address and ZIP Code</p> <p><i>Joseph Seidel</i><br/><i>8555 Glendale Rd</i><br/><i>Clary Chase MD 20815</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>             | <p>Name of Employer</p> <p><i>Williams Sonnet</i><br/><i>1155 21st St NW</i><br/><i>Wash DC 20036</i></p> <p>Occupation</p> <p><i>Partner</i></p> <p>Aggregate Year-to-Date &gt; \$ <i>1000 -</i></p>                      | <p>Date (month, day, year)</p> <p><i>3/18/99</i></p> | <p>Amount of Each Receipt this Period</p> <p><i>1000.00</i></p> |
| <p>F. Full Name, Mailing Address and ZIP Code</p> <p><i>John L. Butcher</i><br/><i>25 County Rd</i><br/><i>Clifton Park NY 12065</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>              | <p>Name of Employer</p> <p><i>Independent Bankers of</i><br/><i>NY</i><br/><i>135 State St.</i><br/><i>Albany NY 12207</i></p> <p>Occupation</p> <p><i>Ex Dir.</i></p> <p>Aggregate Year-to-Date &gt; \$ <i>1000 -</i></p> | <p>Date (month, day, year)</p> <p><i>4/2/99</i></p>  | <p>Amount of Each Receipt this Period</p> <p><i>1000.00</i></p> |
| <p>G. Full Name, Mailing Address and ZIP Code</p> <p><i>Mary L. Tager</i><br/><i>60 Kent Rd</i><br/><i>Tenafly NJ 07670</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>                       | <p>Name of Employer</p> <p><i>Tager &amp; Sonny</i><br/><i>Carriage Hall Tower</i><br/><i>1520 W 57 St</i><br/><i>NY NY 10019</i></p> <p>Occupation</p> <p></p> <p>Aggregate Year-to-Date &gt; \$ <i>1000 -</i></p>        | <p>Date (month, day, year)</p> <p><i>4/7/99</i></p>  | <p>Amount of Each Receipt this Period</p> <p><i>1000.00</i></p> |

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*7500*

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**SCHEDULE A**

**ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

|                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                    |                                                      |                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|-----------------------------------------------------------------|
| <p>A. Full Name, Mailing Address and ZIP Code</p> <p><i>Marvin A. Stricker</i><br/><i>154 Wildacre Ave</i><br/><i>Lawrence NY 11569</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p> | <p>Name of Employer</p> <p><i>obtaining info</i></p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ <i>1000 -</i></p>                                                                                         | <p>Date (month, day, year)</p> <p><i>4/3/99</i></p>  | <p>Amount of Each Receipt this Period</p> <p><i>1000.00</i></p> |
| <p>B. Full Name, Mailing Address and ZIP Code</p> <p><i>Y. Itok Schwartz</i><br/><i>84 Morton St.</i><br/><i>Brooklyn NY 11211</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>      | <p>Name of Employer</p> <p><i>obtaining info</i></p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ <i>1000 -</i></p>                                                                                         | <p>Date (month, day, year)</p> <p><i>4/5/99</i></p>  | <p>Amount of Each Receipt this Period</p> <p><i>1000.00</i></p> |
| <p>C. Full Name, Mailing Address and ZIP Code</p> <p><i>Meer Melnick</i><br/><i>1637 50th St.</i><br/><i>Brooklyn NY 11204</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>          | <p>Name of Employer</p> <p><i>Ruckaway Care Center</i><br/><i>353 Block 48 St.</i><br/><i>NY NY 11691</i></p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ <i>1000 -</i></p>                                | <p>Date (month, day, year)</p> <p><i>4/11/99</i></p> | <p>Amount of Each Receipt this Period</p> <p><i>1000.00</i></p> |
| <p>D. Full Name, Mailing Address and ZIP Code</p> <p><i>John T. Moore</i><br/><i>obtaining info</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>                                     | <p>Name of Employer</p> <p><i>110 E 42nd St # 1310</i><br/><i>NY NY</i></p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ <i>1000 -</i></p>                                                                  | <p>Date (month, day, year)</p> <p><i>4/7/99</i></p>  | <p>Amount of Each Receipt this Period</p> <p><i>1000.00</i></p> |
| <p>E. Full Name, Mailing Address and ZIP Code</p> <p><i>Jack Friedman</i><br/><i>201 E 79th St.</i><br/><i>NY NY 10021</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>              | <p>Name of Employer</p> <p><i>Franklin Center/Hersing</i><br/><i>+ Grand</i><br/><i>143-27 Franklin Ave</i><br/><i>Flushing NY 11355</i></p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ <i>1000 -</i></p> | <p>Date (month, day, year)</p> <p><i>4/7/99</i></p>  | <p>Amount of Each Receipt this Period</p> <p><i>1000.00</i></p> |
| <p>F. Full Name, Mailing Address and ZIP Code</p> <p><i>Bartolomew J. Lawson</i><br/><i>obtaining info</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>                              | <p>Name of Employer</p> <p><i>Greater NY Health Care</i><br/><i>Assoc.</i><br/><i>350 5th Ave # 4201</i><br/><i>NY NY</i></p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ <i>1000 -</i></p>                | <p>Date (month, day, year)</p> <p><i>4/6/99</i></p>  | <p>Amount of Each Receipt this Period</p> <p><i>1000.00</i></p> |
| <p>G. Full Name, Mailing Address and ZIP Code</p> <p><i>Thomas J. Murphy</i><br/><i>1 Jay Run</i><br/><i>Saturn NY 12110</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>            | <p>Name of Employer</p> <p><i>Independent Producers</i><br/><i>29 N. Mainline</i><br/><i>Albany NY 12210</i></p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ <i>250 -</i></p>                              | <p>Date (month, day, year)</p> <p><i>4/15/99</i></p> | <p>Amount of Each Receipt this Period</p> <p><i>250.00</i></p>  |

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*6250 -*

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## SCHEDULE A

## ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

| A. Full Name, Mailing Address and ZIP Code                                                                                                                                                                            | Name of Employer                                                                                 | Date (month, day, year) | Amount of Each Receipt This Period |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|-------------------------|------------------------------------|
| Willard, Paul<br>175 West Kings Rd<br>Schuylerville NY 13871<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                | Student<br>Aggregate Year-to-Date > \$ 250                                                       | 4/24/99                 | 250.00                             |
| Bent, Barbara<br>7 Mally White Dr.<br>Cassadaga NY 12057-1120<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):               | NY'S SENATE<br>Legislative Staff<br>Aggregate Year-to-Date > \$ 250 -                            | 4/24/99                 | 250.00                             |
| Jeffrey Teinman<br>46 Argosway Park<br>Singersville NY 12159<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                | 137 Park St Corp<br>137 Park St<br>Albany NY 12210<br>Exec.<br>Aggregate Year-to-Date > \$ 750 - | 4/30/99<br>5/11/99      | 500.00<br>250.00                   |
| Michael P. Daly<br>119 Lakewood Dr.<br>Oakland NY 07436<br>Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):          | Sheldrake Organ.<br>80 W Franklin St<br>Hempstead NY 11550<br>Aggregate Year-to-Date > \$ 2000 - | 4/30/99                 | 2000.00                            |
| J. Christopher Daly<br>467 Highland Ave<br>Pelham Manor NY 10803<br>Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Sheldrake Organ.<br>80 W Franklin St<br>Hempstead NY 11550<br>Aggregate Year-to-Date > \$ 2000 - | 4/29/99                 | 2000.00                            |
| Lisa Newlett<br>467 Highland Ave<br>Pelham Manor NY 10803<br>Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):        | Sheldrake Organ.<br>80 W Franklin St<br>Hempstead NY 11550<br>Aggregate Year-to-Date > \$ 2000 - | 4/29/99                 | 2000.00                            |
| Lawrence Keene<br>60 W. Prospect Ave<br>Lynbrook NY 11563<br>Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):        | Fox Thinking Company<br>Lynbrook NY 11563<br>Owner<br>Aggregate Year-to-Date > \$ 2000 -         | 4/30/99                 | 2000.00                            |

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9250.00

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**SCHEDULE A**

**ITEMIZED RECEIPTS**

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FOR LINE NUMBER  
1121

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NAME OF COMMITTEE (in Full)

|                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                               |                                                                         |                                                                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| <p>A. Full Name, Mailing Address and ZIP Code</p> <p><i>Douglas Labovitz</i><br/><i>18 Sheffield Dr</i><br/><i>Manassas VA 07726</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p> | <p>Name of Employer</p> <p><i>Attorney info</i></p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ <i>2000</i> -</p>                                                                                                     | <p>Date (month, day, year)</p> <p><i>4/30/99</i></p>                    | <p>Amount of Each Receipt this Period</p> <p><i>2000.00</i></p>                  |
| <p>B. Full Name, Mailing Address and ZIP Code</p> <p><i>Robert McGuire</i><br/><i>6 Aspen Ln</i><br/><i>Crofton Park NY 13065</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>               | <p>Name of Employer</p> <p>Occupation</p> <p><i>Retired</i></p> <p>Aggregate Year-to-Date &gt; \$ <i>250</i> -</p>                                                                                                            | <p>Date (month, day, year)</p> <p><i>7/16/99</i></p>                    | <p>Amount of Each Receipt this Period</p> <p><i>250.00</i></p>                   |
| <p>C. Full Name, Mailing Address and ZIP Code</p> <p><i>Sean Doolan</i><br/><i>498 Hudson Rd.</i><br/><i>Hudsonville NY 12311</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>               | <p>Name of Employer</p> <p><i>Hudson Strub, Riggs &amp; Manning</i></p> <p>Occupation</p> <p><i>Attorney</i></p> <p>Aggregate Year-to-Date &gt; \$ <i>250</i> -</p>                                                           | <p>Date (month, day, year)</p> <p><i>7/26/99</i></p>                    | <p>Amount of Each Receipt this Period</p> <p><i>250.00</i></p>                   |
| <p>D. Full Name, Mailing Address and ZIP Code</p> <p><i>William J. Vander Neuen</i><br/><i>819 Park Ave</i><br/><i>NY NY 10021</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>              | <p>Name of Employer</p> <p><i>Allen E. Co.</i><br/><i>711 - 5 Ave</i><br/><i>NY NY 10022</i></p> <p>Occupation</p> <p><i>Dr. Johnson</i></p> <p>Aggregate Year-to-Date &gt; \$ <i>1000</i> -</p>                              | <p>Date (month, day, year)</p> <p><i>5/26/99</i></p>                    | <p>Amount of Each Receipt this Period</p> <p><i>1000.00</i></p>                  |
| <p>E. Full Name, Mailing Address and ZIP Code</p> <p><i>John A. Bratskis</i><br/><i>Telusa Ave</i><br/><i>Roseton NY 12144</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>                  | <p>Name of Employer</p> <p><i>3532 50th St</i><br/><i>NY NY 10022</i></p> <p>Occupation</p> <p><i>Attorney</i></p> <p>Aggregate Year-to-Date &gt; \$ <i>800</i> -</p>                                                         | <p>Date (month, day, year)</p> <p><i>5/22/99</i><br/><i>5/15/99</i></p> | <p>Amount of Each Receipt this Period</p> <p><i>600.00</i><br/><i>200.00</i></p> |
| <p>F. Full Name, Mailing Address and ZIP Code</p> <p><i>Joseph Crochi</i><br/><i>4 Blue Creek Lane</i><br/><i>Rathen NY 12110</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>               | <p>Name of Employer</p> <p><i>NY 5 Dept Motor Vehicle</i><br/><i>Empire State Plaza</i><br/><i>Albany NY 12207</i></p> <p>Occupation</p> <p><i>Public Info Officer</i></p> <p>Aggregate Year-to-Date &gt; \$ <i>450</i> -</p> | <p>Date (month, day, year)</p> <p><i>5/23/99</i><br/><i>3/15/99</i></p> | <p>Amount of Each Receipt this Period</p> <p><i>250.00</i><br/><i>200.00</i></p> |
| <p>G. Full Name, Mailing Address and ZIP Code</p> <p><i>Frank H. Rodriguez</i><br/><i>attorney info</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>                                         | <p>Name of Employer</p> <p><i>Rodriguez, E. Assoc.</i><br/><i>555 E. 90th Ave Apt 101</i><br/><i>Denver CO 80203-3243</i></p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ <i>500</i> -</p>                            | <p>Date (month, day, year)</p> <p><i>5/25/99</i></p>                    | <p>Amount of Each Receipt this Period</p> <p><i>500.00</i></p>                   |

SUBTOTAL of Receipts This Page (optional)

*5250*

TOTAL This Period (last page this line number only)

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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NAME OF COMMITTEE (in Full)

|                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                         |                                                    |                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|--------------------------------------------------------------|
| <p><b>A. Full Name, Mailing Address and ZIP Code</b><br/> <i>Michael T. Kinsella</i><br/> <i>805 E. St. NE Upper</i><br/> <i>Wash DC 20002</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify):</p>       | <p>Name of Employer<br/> <i>Obtaining info.</i></p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ <i>500 -</i></p>                                                                                                                | <p>Date (month, day, year)<br/> <i>5/25/99</i></p> | <p>Amount of Each Receipt this Period<br/> <i>500.00</i></p> |
| <p><b>B. Full Name, Mailing Address and ZIP Code</b><br/> <i>Wesley W. Van Schoek</i><br/> <i>494 Beaver Rd.</i><br/> <i>Searchley Pa 15143-1004</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify):</p> | <p>Name of Employer<br/> <i>Energy East</i></p> <p>Occupation<br/> <i>CEO</i></p> <p>Aggregate Year-to-Date &gt; \$ <i>500</i></p>                                                                                                      | <p>Date (month, day, year)<br/> <i>5/11/99</i></p> | <p>Amount of Each Receipt this Period<br/> <i>500.00</i></p> |
| <p><b>C. Full Name, Mailing Address and ZIP Code</b><br/> <i>Joseph O'Hara</i><br/> <i>760 N. Broadway</i><br/> <i>Partridge NY 12866</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify):</p>            | <p>Name of Employer<br/> <i>Institute for Health &amp; Human Services, Inc.</i><br/> <i>182 Congress St.</i><br/> <i>Partridge NY 12866</i></p> <p>Occupation<br/> <i>Attorney</i></p> <p>Aggregate Year-to-Date &gt; \$ <i>250</i></p> | <p>Date (month, day, year)<br/> <i>5/22/99</i></p> | <p>Amount of Each Receipt this Period<br/> <i>250.00</i></p> |
| <p><b>D. Full Name, Mailing Address and ZIP Code</b><br/> <i>Clement Capuano</i><br/> <i>95 W. Vernon St.</i><br/> <i>Utters NY 12015</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify):</p>            | <p>Name of Employer<br/> <i>Cossackie Corrections</i><br/> <i>Rte 9 W</i><br/> <i>W. Cossackie NY</i></p> <p>Occupation<br/> <i>Corrections Administration</i></p> <p>Aggregate Year-to-Date &gt; \$ <i>250</i></p>                     | <p>Date (month, day, year)<br/> <i>5/23/99</i></p> | <p>Amount of Each Receipt this Period<br/> <i>250.00</i></p> |
| <p><b>E. Full Name, Mailing Address and ZIP Code</b><br/> <i>William Malone</i><br/> <i>1611 Kensington Pl.</i><br/> <i>Troy NY 12180</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify):</p>            | <p>Name of Employer<br/> <i>Malone &amp; Regue</i><br/> <i>Rt 620</i><br/> <i>Glens Falls NY 12801</i></p> <p>Occupation<br/> <i>Van Tres.</i></p> <p>Aggregate Year-to-Date &gt; \$ <i>250</i></p>                                     | <p>Date (month, day, year)<br/> <i>5/25/99</i></p> | <p>Amount of Each Receipt this Period<br/> <i>250.00</i></p> |
| <p><b>F. Full Name, Mailing Address and ZIP Code</b><br/> <i>Robert R. Loversidge</i><br/> <i>2417 Brookside Dr</i><br/> <i>Chenango NY 13063</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify):</p>    | <p>Name of Employer<br/> <i>Chen. Co. Corrections</i><br/> <i>4000 Main St</i><br/> <i>Troy NY 12180</i></p> <p>Occupation<br/> <i>Rec. Superintendent</i></p> <p>Aggregate Year-to-Date &gt; \$ <i>250 -</i></p>                       | <p>Date (month, day, year)<br/> <i>5/26/99</i></p> | <p>Amount of Each Receipt this Period<br/> <i>250.00</i></p> |
| <p><b>G. Full Name, Mailing Address and ZIP Code</b><br/> <i>John K. Boncatal</i><br/> <i>11 Terrel Way</i><br/> <i>Genevieve NY 12831</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify):</p>           | <p>Name of Employer<br/> <i>Gen. Govt. &amp; Development</i><br/> <i>1400 7th Ave</i><br/> <i>Troy NY 12180</i></p> <p>Occupation<br/> <i>Asst. Director</i></p> <p>Aggregate Year-to-Date &gt; \$ <i>250 -</i></p>                     | <p>Date (month, day, year)<br/> <i>5/26/99</i></p> | <p>Amount of Each Receipt this Period<br/> <i>250.00</i></p> |

SUBTOTAL of Receipts This Page (optional)

*2250-*

TOTAL This Period (last page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

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

| A. Full Name, Mailing Address and ZIP Code                                                                                             | Name of Employer                                                        | Date (month, day, year) | Amount of Each Receipt This Period |
|----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|-------------------------|------------------------------------|
| Patrick De Cesare<br>55 Swagerton Rd.<br>Glenville NY 12307                                                                            | De Cesare, Antonio & Son<br>650 Lexington Rd.<br>Burrst. Hills NY 12027 | 5/26/99                 | 250.00                             |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation: Insurance Agent<br>Aggregate Year-to-Date: \$ 250           |                         |                                    |
| B. Full Name, Mailing Address and ZIP Code                                                                                             | Name of Employer                                                        | Date (month, day, year) | Amount of Each Receipt This Period |
| Don Melles<br>19 Lawn Dr.<br>Ballston Spa NY 12020                                                                                     | Advantage Van Group<br>24 Watson Rd.<br>Canton Park NY 12045            | 5/13/99                 | 250.00                             |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation:<br>Aggregate Year-to-Date: \$ 250                           |                         |                                    |
| C. Full Name, Mailing Address and ZIP Code                                                                                             | Name of Employer                                                        | Date (month, day, year) | Amount of Each Receipt This Period |
| Gregory B. Campbell<br>425 Pine Tree Ln.<br>Keeseville NY 12944                                                                        | Campbell & Boughn Trust<br>55 Broad St. #205<br>Plattsburgh NY 12901    | 5/13/99                 | 250.00                             |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation: Stock Broker<br>Aggregate Year-to-Date: \$ 250              |                         |                                    |
| D. Full Name, Mailing Address and ZIP Code                                                                                             | Name of Employer                                                        | Date (month, day, year) | Amount of Each Receipt This Period |
| Phil Sebastian<br>230 Woodlawn Ave<br>Albany NY 12208                                                                                  |                                                                         | 5/10/99<br>5/15/99      | 250.00<br>10.00                    |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation: Retired<br>Aggregate Year-to-Date: \$ 350                   |                         |                                    |
| E. Full Name, Mailing Address and ZIP Code                                                                                             | Name of Employer                                                        | Date (month, day, year) | Amount of Each Receipt This Period |
| Robert C. Harris<br>PO Box 211<br>Chenango NY 12820                                                                                    | 1801 St. Plaza<br>Glens Falls NY 12031                                  | 5/10/99                 | 250.00                             |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation: Attorney<br>Aggregate Year-to-Date: \$ 250                  |                         |                                    |
| F. Full Name, Mailing Address and ZIP Code                                                                                             | Name of Employer                                                        | Date (month, day, year) | Amount of Each Receipt This Period |
| Michael Picante<br>30 Corporate Woods Blvd<br>Albany NY 12211-2370                                                                     | Home<br>38 Cobble Hill Rd.<br>Schenectady NY 12311                      | 5/13/99                 | 250.00                             |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation: Pres. - CEO<br>Aggregate Year-to-Date: \$ 250               |                         |                                    |
| G. Full Name, Mailing Address and ZIP Code                                                                                             | Name of Employer                                                        | Date (month, day, year) | Amount of Each Receipt This Period |
| Joseph Reggiero<br>7 Chestnut Dr.<br>Bayport NY 11705                                                                                  | Extended Care<br>533 E 54th St.<br>NY NY 10016                          | 5/13/99                 | 1000.00                            |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation:<br>Aggregate Year-to-Date: \$ 1000                          |                         |                                    |
| SUBTOTAL of Receipts This Page (optional)                                                                                              |                                                                         |                         | 2600                               |
| TOTAL This Period (last page this line number only)                                                                                    |                                                                         |                         |                                    |

## SCHEDULE A

## ITEMIZED RECEIPTS

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

|                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                            |                                                      |                                                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|-----------------------------------------------------------------|
| <p>A. Full Name, Mailing Address and ZIP Code</p> <p><i>Danilo Oberlander</i><br/><i>3107 Ditmars Ave</i><br/><i>Brooklyn NY 11236</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>             | <p>Name of Employer</p> <p><i>Quality Dental</i><br/><i>11 W 47th St</i><br/><i>NY NY 10036</i></p> <p>Occupation</p> <p><i>Dentist</i></p> <p>Aggregate Year-to-Date &gt; \$ <i>1000 -</i></p>                            | <p>Date (month, day, year)</p> <p><i>5/13/99</i></p> | <p>Amount of Each Receipt this Period</p> <p><i>1000.00</i></p> |
| <p>B. Full Name, Mailing Address and ZIP Code</p> <p><i>Dr. B. Kirk Gleason</i><br/><i>539 Clifton Park Blvd.</i><br/><i>Clifton Park NY 12065</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p> | <p>Name of Employer</p> <p><i>self employed</i></p> <p>Occupation</p> <p><i>Dentist</i></p> <p>Aggregate Year-to-Date &gt; \$ <i>400 -</i></p>                                                                             | <p>Date (month, day, year)</p> <p><i>5/12/99</i></p> | <p>Amount of Each Receipt this Period</p> <p><i>400.00</i></p>  |
| <p>C. Full Name, Mailing Address and ZIP Code</p> <p><i>Mr. Robert Rayer</i><br/><i>Obtaining info</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>                                             | <p>Name of Employer</p> <p><i>Rayer &amp; Rayer</i><br/><i>1747 Park Ave NW #910</i><br/><i>Wash DC 20006</i></p> <p>Occupation</p> <p><i>Partner / Counsel</i></p> <p>Aggregate Year-to-Date &gt; \$ <i>1000 -</i></p>    | <p>Date (month, day, year)</p> <p><i>5/12/99</i></p> | <p>Amount of Each Receipt this Period</p> <p><i>1000.00</i></p> |
| <p>D. Full Name, Mailing Address and ZIP Code</p> <p><i>Mr. Robert Rayer</i><br/><i>Obtaining info</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>                                             | <p>Name of Employer</p> <p><i>Rayer &amp; Rayer</i><br/><i>1747 Park Ave NW #910</i><br/><i>Wash DC 20006</i></p> <p>Occupation</p> <p><i>Partner / Consultant</i></p> <p>Aggregate Year-to-Date &gt; \$ <i>1000 -</i></p> | <p>Date (month, day, year)</p> <p><i>5/12/99</i></p> | <p>Amount of Each Receipt this Period</p> <p><i>1000.00</i></p> |
| <p>E. Full Name, Mailing Address and ZIP Code</p> <p><i>Mertyn C. Smith</i><br/><i>2 Locust St</i><br/><i>Catskill NY 12414</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>                    | <p>Name of Employer</p> <p><i>Art Security</i><br/><i>15 Main St</i><br/><i>Catskill NY 12414</i></p> <p>Occupation</p> <p><i>Security Consultant</i></p> <p>Aggregate Year-to-Date &gt; \$ <i>250 -</i></p>               | <p>Date (month, day, year)</p> <p><i>5/12/99</i></p> | <p>Amount of Each Receipt this Period</p> <p><i>250.00</i></p>  |
| <p>F. Full Name, Mailing Address and ZIP Code</p> <p><i>Dana L. Palmer</i><br/><i>12 Wendy Hill Rd.</i><br/><i>Glens Falls NY 12501</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>            | <p>Name of Employer</p> <p><i>Retired</i></p> <p>Occupation</p> <p><i>Retired</i></p> <p>Aggregate Year-to-Date &gt; \$ <i>250 -</i></p>                                                                                   | <p>Date (month, day, year)</p> <p><i>5/12/99</i></p> | <p>Amount of Each Receipt this Period</p> <p><i>250.00</i></p>  |
| <p>G. Full Name, Mailing Address and ZIP Code</p> <p><i>Walter C. Cadden</i><br/><i>PO Box 799</i><br/><i>Albany NY 12201</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>                      | <p>Name of Employer</p> <p><i>United Group of Companies</i><br/><i>50 State St 29th Fl</i><br/><i>Albany NY 12201</i></p> <p>Occupation</p> <p><i>Exec</i></p> <p>Aggregate Year-to-Date &gt; \$ <i>250 -</i></p>          | <p>Date (month, day, year)</p> <p><i>5/13/99</i></p> | <p>Amount of Each Receipt this Period</p> <p><i>250.00</i></p>  |

SUBTOTAL of Receipts This Page (optional)

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## SCHEDULE A

## ITEMIZED RECEIPTS

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

| A. Full Name, Mailing Address and ZIP Code                                                                                             | Name of Employer                                                       | Date (month, day, year)                 | Amount of Each Receipt this Period |
|----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|-----------------------------------------|------------------------------------|
| Edward K. Cunningham, Jr.<br>103 Todd Hill Rd<br>Ga. Greenville NY 12540                                                               | Van Dellen & Associates<br>PO Box 12<br>Toughkenowne NJ 07061          | 5/13/99                                 | 500.00                             |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation: Attorney                                                   | Aggregate Year-to-Date > \$ 500 -       |                                    |
| B. Full Name, Mailing Address and ZIP Code                                                                                             | Name of Employer                                                       | Date (month, day, year)                 | Amount of Each Receipt this Period |
| James P. Gallego<br>2503 May St.<br>Alexandria VA 22302                                                                                | Beland's Magazine<br>700 13th St NW<br>Wash DC 20005                   | 4/7/99                                  | 250.00                             |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation: Consultant                                                 | Aggregate Year-to-Date > \$ See page 16 |                                    |
| C. Full Name, Mailing Address and ZIP Code                                                                                             | Name of Employer                                                       | Date (month, day, year)                 | Amount of Each Receipt this Period |
| John Mullenbach<br>8824 Galled Green Dr.<br>McLean VA 22102                                                                            | Mullenbach, Bruce & Pollock<br>1150 Conn Ln NW #100<br>Arling DC 20006 | 4/1/99                                  | 250.00                             |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation: Partner                                                    | Aggregate Year-to-Date > \$ 250 -       |                                    |
| D. Full Name, Mailing Address and ZIP Code                                                                                             | Name of Employer                                                       | Date (month, day, year)                 | Amount of Each Receipt this Period |
| John R. Brunick<br>2508 Fallsoner Crt<br>Falls Church VA 22043                                                                         | Mullenbach, Bruce & Pollock<br>1150 Conn Ln NW #100<br>Arling DC 20006 | 3/17/99                                 | 250.00                             |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation:                                                            | Aggregate Year-to-Date > \$ 250 -       |                                    |
| E. Full Name, Mailing Address and ZIP Code                                                                                             | Name of Employer                                                       | Date (month, day, year)                 | Amount of Each Receipt this Period |
| Charles Garrison<br>1531 T St NW<br>Wash DC 20009 - 5909                                                                               | The Garrison Group<br>1731 T St NW<br>Wash DC 20009                    | 3/17/99                                 | 250.00                             |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation: Consultant                                                 | Aggregate Year-to-Date > \$ 250 -       |                                    |
| F. Full Name, Mailing Address and ZIP Code                                                                                             | Name of Employer                                                       | Date (month, day, year)                 | Amount of Each Receipt this Period |
| James L. Lera<br>4901 Euclid St. N.W.<br>Wash DC 20016                                                                                 | Beth A. V. Andrews #<br>1301 Penn Ave NW 500<br>Wash DC 20004          | 3/17/99<br>6/24/99                      | 250.00<br>500.00                   |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation:                                                            | Aggregate Year-to-Date > \$ 750 -       |                                    |
| G. Full Name, Mailing Address and ZIP Code                                                                                             | Name of Employer                                                       | Date (month, day, year)                 | Amount of Each Receipt this Period |
| Joqueline Carney<br>583 7th St SE<br>Wash DC 20003                                                                                     | Bell Group & Co<br>583 7th St SE<br>Wash DC 20003                      | 3/17/99                                 | 250.00                             |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation:                                                            | Aggregate Year-to-Date > \$ 250 -       |                                    |

SUBTOTAL of Receipts This Page (optional)

2500 -

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 15 OF

FOR LINE NUMBER

1121

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NAME OF COMMITTEE (in full)

|                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                  |                                                           |                                                                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|----------------------------------------------------------------------|
| <p><b>A. Full Name, Mailing Address and ZIP Code</b><br/> <i>David A. Metzger</i><br/> <i>665 S. Lee St.</i><br/> <i>Alexandria VA 22314</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify):</p>             | <p><b>Name of Employer</b><br/> <i>American Continental Corp</i><br/> <i>701 Pennsylvania Ave NW #250</i><br/> <i>Washington DC 20004</i></p> <p><b>Occupation</b><br/> <i>Manager</i></p> <p><b>Aggregate Year-to-Date</b> &gt; \$ 250 -</p>    | <p><b>Date (month, day, year)</b><br/> <i>3/17/99</i></p> | <p><b>Amount of Each Receipt this Period</b><br/> <i>250.00</i></p>  |
| <p><b>B. Full Name, Mailing Address and ZIP Code</b><br/> <i>Jeffrey M. Mackinnon</i><br/> <i>3411 Hollandale Ct. NW</i><br/> <i>Washington DC 20007</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify):</p> | <p><b>Name of Employer</b><br/> <i>Ripa Phillips/Whelan</i><br/> <i>1135 Pennsylvania Ave NW #200</i><br/> <i>Washington DC 20036</i></p> <p><b>Occupation</b><br/> <i>Partner</i></p> <p><b>Aggregate Year-to-Date</b> &gt; \$ 250</p>          | <p><b>Date (month, day, year)</b><br/> <i>3/17/99</i></p> | <p><b>Amount of Each Receipt this Period</b><br/> <i>250.00</i></p>  |
| <p><b>C. Full Name, Mailing Address and ZIP Code</b><br/> <i>Shawn Smeellie</i><br/> <i>3602 Germ Rd.</i><br/> <i>Alexandria VA 22307-2821</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify):</p>           | <p><b>Name of Employer</b><br/> <i>American Continental Corp</i><br/> <i>701 Pennsylvania Ave NW #250</i><br/> <i>Washington DC 20004</i></p> <p><b>Occupation</b><br/> <i>Managing Dir</i></p> <p><b>Aggregate Year-to-Date</b> &gt; \$ 250</p> | <p><b>Date (month, day, year)</b><br/> <i>3/17/99</i></p> | <p><b>Amount of Each Receipt this Period</b><br/> <i>250.00</i></p>  |
| <p><b>D. Full Name, Mailing Address and ZIP Code</b><br/> <i>C. Jean Thompson</i><br/> <i>1005 Watson Ct.</i><br/> <i>Indian VA 22102</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify):</p>                | <p><b>Name of Employer</b></p> <p><b>Occupation</b><br/> <i>Housewife</i></p> <p><b>Aggregate Year-to-Date</b> &gt; \$ 500 -</p>                                                                                                                 | <p><b>Date (month, day, year)</b><br/> <i>3/17/99</i></p> | <p><b>Amount of Each Receipt this Period</b><br/> <i>500.00</i></p>  |
| <p><b>E. Full Name, Mailing Address and ZIP Code</b><br/> <i>Petrick Mc Grath</i><br/> <i>127 Rochester St</i><br/> <i>Albany NY 12210</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify):</p>               | <p><b>Name of Employer</b><br/> <i>Obtaining info.</i></p> <p><b>Occupation</b></p> <p><b>Aggregate Year-to-Date</b> &gt; \$ 1000 -</p>                                                                                                          | <p><b>Date (month, day, year)</b><br/> <i>4/7/99</i></p>  | <p><b>Amount of Each Receipt this Period</b><br/> <i>1000.00</i></p> |
| <p><b>F. Full Name, Mailing Address and ZIP Code</b><br/> <i>Sgt Bud Grant</i><br/> <i>14 W. Shaw-Dr.</i><br/> <i>Southampton NY 11968</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify):</p>               | <p><b>Name of Employer</b><br/> <i>Obtaining info</i></p> <p><b>Occupation</b></p> <p><b>Aggregate Year-to-Date</b> &gt; \$ 500 -</p>                                                                                                            | <p><b>Date (month, day, year)</b><br/> <i>4/7/99</i></p>  | <p><b>Amount of Each Receipt this Period</b><br/> <i>500.00</i></p>  |
| <p><b>G. Full Name, Mailing Address and ZIP Code</b><br/> <i>Scott Schuster</i><br/> <i>207 Forest Haven Dr.</i><br/> <i>Alperlands NY 12159</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify):</p>         | <p><b>Name of Employer</b><br/> <i>obtaining info</i></p> <p><b>Occupation</b></p> <p><b>Aggregate Year-to-Date</b> &gt; \$ 2000 -</p>                                                                                                           | <p><b>Date (month, day, year)</b><br/> <i>6/17/99</i></p> | <p><b>Amount of Each Receipt this Period</b><br/> <i>2000.00</i></p> |

SUBTOTAL of Receipts This Page (optional)

4750

TOTAL This Period (last page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary PagePAGE 16 OF  
FOR LINE NUMBER  
1101

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## NAME OF COMMITTEE (in Full)

|                                                                                                                                                                                                                                                                      |                                                                                                                                                                                    |                                                      |                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|-------------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Gerald Quatal<br>16 Raymond Lane<br>Harrisburg NY 12885<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):               | <b>Name of Employer</b><br>Town of Harrisburg<br>3797 Main St<br>Harrisburg NY 12885<br><b>Occupation</b><br>Supervisor<br><b>Aggregate Year-to-Date</b> > \$ 250                  | <b>Date (month, day, year)</b><br>6/17/99            | <b>Amount of Each Receipt this Period</b><br>250.00 -             |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Michael Urbach<br>25 Rockledge Ave Apt. 301W<br>White Plains NY 10601<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br>NY State Outlets<br>183 Main St<br>White Plains NY 10601<br><b>Occupation</b><br>S.V.P. & CEO<br><b>Aggregate Year-to-Date</b> > \$ 1000 -              | <b>Date (month, day, year)</b><br>6/17/99<br>6/24/99 | <b>Amount of Each Receipt this Period</b><br>500.00 -<br>500.00 - |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Robert W Raddy<br>3 Van Ness St<br>Waterford NY 12188-2107<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):            | <b>Name of Employer</b><br>NYS Labor<br>Albany NY 12240<br>Campbell, Edgar, & Co<br><b>Occupation</b><br>Special Agent<br><b>Aggregate Year-to-Date</b> > \$ 350 -                 | <b>Date (month, day, year)</b><br>6/17/99<br>3/18/99 | <b>Amount of Each Receipt this Period</b><br>250.00 -<br>100.00 - |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>E. Stewart Jones<br>46 Schuyler Rd<br>Andoverville NY 12011<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):           | <b>Name of Employer</b><br>28 Second St<br>Troy NY 12181<br><b>Occupation</b><br>Attorney, Sole Proprietor<br><b>Aggregate Year-to-Date</b> > \$ 250 -                             | <b>Date (month, day, year)</b><br>6/17/99            | <b>Amount of Each Receipt this Period</b><br>250.00 -             |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Arthur J. Ruff<br>16 Marcon Ave<br>Albany NY 12203<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                    | <b>Name of Employer</b><br>NYS Taxation & Finance<br>Bldg 9, Warrenman Complex<br>Albany NY 12227<br><b>Occupation</b><br>Commissioner<br><b>Aggregate Year-to-Date</b> > \$ 450 - | <b>Date (month, day, year)</b><br>6/17/99<br>3/8/99  | <b>Amount of Each Receipt this Period</b><br>250.00 -<br>200.00   |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>David Helmer<br>26 Concord Dr.<br>Schenectady NY 12309<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                | <b>Name of Employer</b><br>NY State Labor<br>Albany, NY 12240<br><b>Occupation</b><br>Dept Comm.<br><b>Aggregate Year-to-Date</b> > \$ 450                                         | <b>Date (month, day, year)</b><br>3/1/99<br>6/17/99  | <b>Amount of Each Receipt this Period</b><br>200.00<br>250.00 -   |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Edward Kera<br>13 Pico Rd<br>Clifton Park NY 12065<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                    | <b>Name of Employer</b><br>obtaining info<br><b>Occupation</b><br><b>Aggregate Year-to-Date</b> > \$ 450 -                                                                         | <b>Date (month, day, year)</b><br>6/17/99<br>5/26/99 | <b>Amount of Each Receipt this Period</b><br>250.00 -<br>200.00   |

SUBTOTAL of Receipts This Page (optional)

3200

TOTAL This Period (last page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
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Detailed Summary PagePAGE / OF  
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1102

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## NAME OF COMMITTEE (In Full)

Sweeney for Congress

|                                                                                                                                                                                                                                                                                   |                                                                                                                                                                             |                                           |                                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-----------------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Rod Michael<br>1074 Blue Factory Rd.<br>Croyceville NY 12052<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                       | <b>Name of Employer</b><br>RDM Insurance<br>& Group RR<br>Croy NY 12180<br><b>Occupation</b><br>driver<br><b>Aggregate Year-to-Date</b> > \$ 250                            | <b>Date (month, day, year)</b><br>6/17/99 | <b>Amount of Each Receipt this Period</b><br>250.00                   |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Richard C Lepich Jr., Beth<br>632 Clayton Park Center Rd.<br>Clayton Park NY 13065<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br>Obtaining info<br><b>Occupation</b><br><b>Aggregate Year-to-Date</b> > \$ 1000 -                                                                 | <b>Date (month, day, year)</b><br>6/24/99 | <b>Amount of Each Receipt this Period</b><br>1000.00<br>(500.00 each) |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Marc Wuzel<br>PO Box 798406<br>Mank Village NY 11379<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                               | <b>Name of Employer</b><br>Grand Central Terminal<br>Ship sec<br>6E 43 St. #2100<br>NY 10017<br><b>Occupation</b><br>Gen Counsel<br><b>Aggregate Year-to-Date</b> > \$ 250  | <b>Date (month, day, year)</b><br>6/24/99 | <b>Amount of Each Receipt this Period</b><br>250.00                   |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Alfred Deeli Bovi<br>Kensington Lane<br>Chappaqua NY 10514-0761<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                    | <b>Name of Employer</b><br>Fed. Home Loan Bank<br>of NY<br>9 World Trade Center<br>NY 10048-1185<br><b>Occupation</b><br>Banker<br><b>Aggregate Year-to-Date</b> > \$ 500 - | <b>Date (month, day, year)</b><br>6/24/99 | <b>Amount of Each Receipt this Period</b><br>500.00                   |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Stephen Nield<br>300 Tarsade Ave,<br>Myler Place NY 11763<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                          | <b>Name of Employer</b><br>Just Kids<br>Kensington Pl. 119<br>Middle Island NY 11953<br><b>Occupation</b><br>EXEC. DIR.<br><b>Aggregate Year-to-Date</b> > \$ 250 -         | <b>Date (month, day, year)</b><br>6/24/99 | <b>Amount of Each Receipt this Period</b><br>250.00                   |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>James P. Gallagher<br>1508 Nelson St<br>Alexandria VA 22302<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                        | <b>Name of Employer</b><br>Randy Madison<br>910 13th St SE<br>Wash. DC 20005<br><b>Occupation</b><br>Consultant<br><b>Aggregate Year-to-Date</b> > \$ 150 -                 | <b>Date (month, day, year)</b><br>6/28/99 | <b>Amount of Each Receipt this Period</b><br>500.00                   |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Richard M. Bond<br>1323 Chetworth Ct.<br>Alexandria VA 22314<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                       | <b>Name of Employer</b><br>Bonds & Co<br>99 Prince St<br>Alexandria VA 22314<br><b>Occupation</b><br>Owner<br><b>Aggregate Year-to-Date</b> > \$ 500 -                      | <b>Date (month, day, year)</b><br>6/28/99 | <b>Amount of Each Receipt this Period</b><br>500.00                   |

SUBTOTAL of Receipts This Page (optional)

3250

TOTAL This Period (last page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary PagePAGE 1 OF 1  
FOR LINE NUMBER 11a

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## NAME OF COMMITTEE (In Full)

Sweeney for Congress

|                                                                                                                                                                                                                                                                         |                                                                                                                                                                        |                                           |                                                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Virginia C. Albright<br>801 Mackall Ave.<br>McLean VA 22101<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):              | <b>Name of Employer</b><br>obtaining info.<br><b>Occupation</b><br>Aggregate Year-to-Date > \$ 250                                                                     | <b>Date (month, day, year)</b><br>6/28/99 | <b>Amount of Each Receipt this Period</b><br>250.00  |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Roger L. Mott<br>1816 Countryside Court<br>Springfield VA 22151<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):          | <b>Name of Employer</b><br>Obtaining info<br><b>Occupation</b><br>Aggregate Year-to-Date > \$ 1000 -                                                                   | <b>Date (month, day, year)</b><br>6/28/99 | <b>Amount of Each Receipt this Period</b><br>1000.00 |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Victor Macri Jr.<br>3 Dartmore Dr.<br>Queensbury NY 12804<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                | <b>Name of Employer</b><br>VMTR Companies<br>P.O. Box 578<br>Blissfield NY 12804<br><b>Occupation</b><br>Pres.<br>Aggregate Year-to-Date > \$ 250                      | <b>Date (month, day, year)</b><br>6/28/99 | <b>Amount of Each Receipt this Period</b><br>250.00  |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>J. John Fluckarty<br>239 10th St. N.E.<br>Wash DC 20002<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                  | <b>Name of Employer</b><br>Chesapeake<br>1500 K St. NW #1122<br>Wash DC 20006<br><b>Occupation</b><br>Vice Pres.<br>Aggregate Year-to-Date > \$ 1000                   | <b>Date (month, day, year)</b><br>6/30/99 | <b>Amount of Each Receipt this Period</b><br>1000.00 |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Russell S. Cartwright<br>1520 N. Highland St.<br>Arlington VA 22201-5257<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br>Cartwright & Foley #<br>1140 Conn Ave NW #502<br>Wash DC 20036<br><b>Occupation</b><br>Consultant<br>Aggregate Year-to-Date > \$ 500 -      | <b>Date (month, day, year)</b><br>6/30/99 | <b>Amount of Each Receipt this Period</b><br>500.00  |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>David H. Hopp<br>obtaining info<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                          | <b>Name of Employer</b><br>NY Steak Exchange<br>801 Penn Ave NW #650<br>Wash DC 20004<br><b>Occupation</b><br>VP. Govt Relations<br>Aggregate Year-to-Date > \$ 1000   | <b>Date (month, day, year)</b><br>6/30/99 | <b>Amount of Each Receipt this Period</b><br>1000.00 |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Ann Eppes<br>1100 1st St.<br>Alexandria VA 22314<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                         | <b>Name of Employer</b><br>Cox-Gardner Assoc.<br>211 W. Union St #100<br>Alexandria VA 22314<br><b>Occupation</b><br>owner - Pres<br>Aggregate Year-to-Date > \$ 500 - | <b>Date (month, day, year)</b><br>6/30/99 | <b>Amount of Each Receipt this Period</b><br>500.00  |

SUBTOTAL of Receipts This Page (optional)

4,500

TOTAL This Period (last page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
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Detailed Summary Page

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1161

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## NAME OF COMMITTEE (In Full)

*Agency for Congress*

| A. Full Name, Mailing Address and ZIP Code                                                                                                                                                                                                                                                                 | Name of Employer                                                                                                                                                             | Date (month, day, year)    | Amount of Each Receipt this Period |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|------------------------------------|
| <p>Thomas W. White<br/>7612 Lees Ferry Dr.<br/>Potomac MD 20854</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>                                                                                         | <p>Thomas W. White Assoc.<br/>1415 Constitution Ave<br/>Wash DC 20030</p> <p>Occupation<br/>Legis. Specialist</p> <p>Aggregate Year-to-Date &gt; \$ 500</p>                  | <p>6/30/99</p>             | <p>500.00</p>                      |
| <p>Robert J. Muehlen<br/>60 Harvard Ave.<br/>Long NY 12180</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>                                                                                              | <p>Clough Harbort<br/>111 Williams Circle<br/>Albany NY 12205</p> <p>Occupation<br/>Mgt. - Florida Develop.</p> <p>Aggregate Year-to-Date &gt; \$ 250 -</p>                  | <p>6/30/99</p>             | <p>250.00</p>                      |
| <p>C. Full Name, Mailing Address and ZIP Code</p> <p>Philip E. Beckwith<br/>C/O Williams &amp; Jensen<br/>1155 21st St. NW #300<br/>Washington DC 20036</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p> | <p>Williams &amp; Jensen<br/>(owner)</p> <p>Occupation<br/>Attorney</p> <p>Aggregate Year-to-Date &gt; \$ 593.00</p>                                                         | <p>3/23/99</p>             | <p>593.00<br/>(In kind)</p>        |
| <p>D. Full Name, Mailing Address and ZIP Code</p> <p>Sue Ellen Hatters<br/>760 No Broadway<br/>Paratoga NY 12826</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>                                        | <p>Brooklyn &amp; Spawc<br/>Entertainment Inc<br/>187 Broadway SE<br/>Paratoga NY 12826</p> <p>Occupation<br/>Business Owner</p> <p>Aggregate Year-to-Date &gt; \$ 250 -</p> | <p>5/22/99</p>             | <p>250.00</p>                      |
| <p>E. Full Name, Mailing Address and ZIP Code</p> <p>Philip Clemente<br/>548 Hanson Rd<br/>Schaghticoke NY 12154</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>                                        | <p>Loaded Concrete<br/>Box 189<br/>Watervliet NY 12189</p> <p>Occupation<br/>Mach. Rep.</p> <p>Aggregate Year-to-Date &gt; \$ 500</p>                                        | <p>6/12/99</p>             | <p>500</p>                         |
| <p>F. Full Name, Mailing Address and ZIP Code</p> <p>Sally Ann Nersis<br/>15 Railroad Ave<br/>Shelton CT 06484</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>                                          | <p>Official Children's Furniture<br/>53 Washington Ave<br/>Albany NY 12244</p> <p>Occupation<br/>Govt. Employee</p> <p>Aggregate Year-to-Date &gt; \$ 450</p>                | <p>3/18/99<br/>6/30/99</p> | <p>200<br/>250</p>                 |
| <p>G. Full Name, Mailing Address and ZIP Code</p> <p>Robert L. Beer<br/>895 Park Ave<br/>NY NY 10021</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>                                                    | <p>Arthur R. Beer &amp; Co<br/>110 East 59<br/>NY NY 10022</p> <p>Occupation<br/>Broker</p> <p>Aggregate Year-to-Date &gt; \$ 500</p>                                        | <p>6.17.99</p>             | <p>500 -</p>                       |

SUBTOTAL of Receipts This Page (optional)

2773

TOTAL This Period (last page this line number only)

# SCHEDULE A

# ITEMIZED RECEIPTS

Use separate schedule(s)  
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Detailed Summary Page

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FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

|                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                     |                                                   |                                                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|-------------------------------------------------------------------------------|
| <p>A. Full Name, Mailing Address and ZIP Code<br/><i>Wm. Wayne E. Wagner</i><br/><i>7 Maple Rd</i><br/><i>Arden NY 12302</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>             | <p>Name of Employer<br/><i>2102 Century Park</i><br/><i>450 21st St. P.O. Rd</i><br/><i>Clifton Park NY 12065</i></p> <p>Occupation<br/><i>Trans.</i></p> <p>Aggregate Year-to-Date <i>&gt; \$ 250</i></p>          | <p>Date (month, day, year)<br/><i>5/13/99</i></p> | <p>Amount of Each Receipt this Period<br/><i>250.00</i></p>                   |
| <p>B. Full Name, Mailing Address and ZIP Code<br/><i>Michael Contomucci</i><br/><i>9 Cardinal Court</i><br/><i>Clifton Park NY 12065</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p> | <p>Name of Employer<br/><i>How Country Car Guy</i><br/><i>358 Broadway</i><br/><i>Paraloga NY 12866</i></p> <p>Occupation<br/><i>Mgr.</i></p> <p>Aggregate Year-to-Date <i>&gt; \$ 250</i></p>                      | <p>Date (month, day, year)<br/><i>5/13/99</i></p> | <p>Amount of Each Receipt this Period<br/><i>250-</i></p>                     |
| <p>C. Full Name, Mailing Address and ZIP Code<br/><i>Kenneth E. ENH MD</i><br/><i>9 Nallenbeck Rd</i><br/><i>Hudson NY 12534</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>         | <p>Name of Employer<br/><i>848 Columbia St</i><br/><i>Hudson NY 12534</i></p> <p>Occupation<br/><i>Physician</i></p> <p>Aggregate Year-to-Date <i>&gt; \$ 250</i></p>                                               | <p>Date (month, day, year)<br/><i>6/15/99</i></p> | <p>Amount of Each Receipt this Period<br/><i>250-</i></p>                     |
| <p>D. Full Name, Mailing Address and ZIP Code<br/><i>N. "Red" Tull</i><br/><i>45 Loughberry Rd.</i><br/><i>Paraloga NY 12866</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>         | <p>Name of Employer<br/><i>Adicommer</i><br/><i>145 Loughberry Rd</i><br/><i>Paraloga NY 12866</i></p> <p>Occupation<br/><i>Chrm. CEO</i></p> <p>Aggregate Year-to-Date <i>&gt; \$ 250</i></p>                      | <p>Date (month, day, year)<br/><i>5/13/99</i></p> | <p>Amount of Each Receipt this Period<br/><i>250 -</i></p>                    |
| <p>E. Full Name, Mailing Address and ZIP Code<br/><i>Anthony Salvo</i><br/><i>441 River Rd</i><br/><i>Spurbsgh NY 12550</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>              | <p>Name of Employer<br/><i>Health Care Assoc.</i><br/><i>1 Reader Pl. # 400</i><br/><i>Great Neck NY 11021</i></p> <p>Occupation<br/><i>CEO</i></p> <p>Aggregate Year-to-Date <i>&gt; \$ 250</i></p>                | <p>Date (month, day, year)<br/><i>5/13/99</i></p> | <p>Amount of Each Receipt this Period<br/><i>250-</i></p>                     |
| <p>F. Full Name, Mailing Address and ZIP Code<br/><i>Thomas Blucio</i><br/><i>120 Cottage Cove</i><br/><i>Albany NY 12243</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>            | <p>Name of Employer<br/><i>Goldschtein-Castello</i><br/><i>90 State St # 835</i><br/><i>Albany NY 12207</i></p> <p>Occupation<br/><i>Profes. Bail Agent</i></p> <p>Aggregate Year-to-Date <i>&gt; \$ 150 -</i></p>  | <p>Date (month, day, year)</p>                    | <p>Amount of Each Receipt this Period<br/><i>200.00</i><br/><i>250.00</i></p> |
| <p>G. Full Name, Mailing Address and ZIP Code<br/><i>Edward Drelland</i><br/><i>RR1 Box 67C</i><br/><i>Coxsack NY 12057</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>              | <p>Name of Employer<br/><i>Capitaland Animal Hosp.</i><br/><i>390 Brookside Rd</i><br/><i>Catskill NY 12010-8696</i></p> <p>Occupation<br/><i>Veterinarian</i></p> <p>Aggregate Year-to-Date <i>&gt; \$ 500</i></p> | <p>Date (month, day, year)<br/><i>4/31/99</i></p> | <p>Amount of Each Receipt this Period<br/><i>500 -</i></p>                    |

SUBTOTAL of Receipts This Page (optional)

*2200*

TOTAL This Period (last page this line number only)



**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

|                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                     |                                                           |                                                                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|----------------------------------------------------------------------|
| <p><b>A. Full Name, Mailing Address and ZIP Code</b><br/> <i>Richard L. Smith</i><br/> <i>830 So. Petersburg St</i><br/> <i>Corvatusa NY 12032</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify):</p>                  | <p><b>Name of Employer</b><br/> <i>Board of Science &amp; Technology</i><br/> <i>111 Washingtonville</i><br/> <i>Albany NY 12210-2211</i></p> <p><b>Occupation</b><br/> <i>Attorney</i></p> <p><b>Aggregate Year-to-Date</b> &gt; \$ <i>250</i></p> | <p><b>Date (month, day, year)</b><br/> <i>3/13/99</i></p> | <p><b>Amount of Each Receipt This Period</b><br/> <i>\$ 50 -</i></p> |
| <p><b>B. Full Name, Mailing Address and ZIP Code</b><br/> <i>Heel Maroy</i><br/> <i>1170 Ocean Parkway</i><br/> <i>Brooklyn NY 11230</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify):</p>                            | <p><b>Name of Employer</b><br/> <i>Obtaining info</i></p> <p><b>Occupation</b><br/> <i>Attorney</i></p> <p><b>Aggregate Year-to-Date</b> &gt; \$ <i>250</i></p>                                                                                     | <p><b>Date (month, day, year)</b><br/> <i>3/18/99</i></p> | <p><b>Amount of Each Receipt This Period</b><br/> <i>\$ 50 -</i></p> |
| <p><b>C. Full Name, Mailing Address and ZIP Code</b><br/> <i>E. James Strates</i><br/> <i>P.O. Box 174</i><br/> <i>Orlando FL 32802</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify):</p>                             | <p><b>Name of Employer</b><br/> <i>Strates Shoup, Inc.</i><br/> <i>Orlando FL 32802</i></p> <p><b>Occupation</b><br/> <i>Exec.</i></p> <p><b>Aggregate Year-to-Date</b> &gt; \$ <i>600</i></p>                                                      | <p><b>Date (month, day, year)</b><br/> <i>3/18/99</i></p> | <p><b>Amount of Each Receipt This Period</b><br/> <i>600 -</i></p>   |
| <p><b>D. Full Name, Mailing Address and ZIP Code</b><br/> <i>Board of Science &amp; Technology</i><br/> <i>111 Washingtonville</i><br/> <i>Albany NY 12210-2280</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify):</p> | <p><b>Name of Employer</b><br/> <i>Conduct for</i><br/> <i>Seamstress Contr.</i><br/> <i>Below (4)</i></p> <p><b>Occupation</b><br/> <i>Attorney</i></p> <p><b>Aggregate Year-to-Date</b> &gt; \$ <i>—</i></p>                                      | <p><b>Date (month, day, year)</b><br/> <i>3/11/99</i></p> | <p><b>Amount of Each Receipt This Period</b><br/> <i>—</i></p>       |
| <p><b>E. Full Name, Mailing Address and ZIP Code</b><br/> <i>Carl Rosenbloom</i><br/> <i>5 Shelburne Dr</i><br/> <i>Saulsville NY 12211</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify):</p>                         | <p><b>Name of Employer</b><br/> <i>Board of Science &amp; Technology</i><br/> <i>King</i></p> <p><b>Occupation</b><br/> <i>Attorney</i></p> <p><b>Aggregate Year-to-Date</b> &gt; \$ <i>100</i></p>                                                 | <p><b>Date (month, day, year)</b><br/> <i>3/11/99</i></p> | <p><b>Amount of Each Receipt This Period</b><br/> <i>100 -</i></p>   |
| <p><b>F. Full Name, Mailing Address and ZIP Code</b><br/> <i>Stephen C. Daley</i><br/> <i>4529 Watkins Circle</i><br/> <i>Mantua NY 13104</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify):</p>                       | <p><b>Name of Employer</b><br/> <i>Board of Science &amp; Technology</i></p> <p><b>Occupation</b><br/> <i>Attorney</i></p> <p><b>Aggregate Year-to-Date</b> &gt; \$ <i>100 -</i></p>                                                                | <p><b>Date (month, day, year)</b><br/> <i>3/1/99</i></p>  | <p><b>Amount of Each Receipt This Period</b><br/> <i>100 -</i></p>   |
| <p><b>G. Full Name, Mailing Address and ZIP Code</b><br/> <i>Stephen J. Holmes</i><br/> <i>4586 Huntington Circle</i><br/> <i>Syracuse NY 13215</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify):</p>                 | <p><b>Name of Employer</b><br/> <i>Board of Science &amp; Technology</i></p> <p><b>Occupation</b><br/> <i>Attorney</i></p> <p><b>Aggregate Year-to-Date</b> &gt; \$ <i>100 -</i></p>                                                                | <p><b>Date (month, day, year)</b><br/> <i>3/1/99</i></p>  | <p><b>Amount of Each Receipt This Period</b><br/> <i>100 -</i></p>   |

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

*1400*

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



# SCHEDULE A

# ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

|                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                        |                                                                    |                                                                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|---------------------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br><i>Richard D. Nale</i><br><i>4506 Maple Rd</i><br><i>Manhasset N.Y. 11044</i><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):      | <b>Name of Employer</b><br><i>Brad Schreiner</i><br><i>Long</i><br><b>Occupation</b><br>Aggregate Year-to-Date > \$ 100 -                                                              | <b>Date (month, day, year)</b><br><i>3/1/99</i>                    | <b>Amount of Each Receipt this Period</b><br><i>100 -</i>                 |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br><i>William J. Brundige</i><br><i>417 N.Y. 346</i><br><i>Petersburgh N.Y. 12138</i><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br><i>Brundige Inc.</i><br><i>8 Orange Rd</i><br><i>Tray N.Y.</i><br><b>Occupation</b><br><i>Ins. Broker</i><br>Aggregate Year-to-Date > \$ 500                | <b>Date (month, day, year)</b><br><i>3/12/99</i>                   | <b>Amount of Each Receipt this Period</b><br><i>500 -</i>                 |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br><i>Philip M. Damasceno</i><br><i>obtaining info</i><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                | <b>Name of Employer</b><br><i>233 Broadway 5th Fl</i><br><i>N.Y. N.Y. 10279</i><br><b>Occupation</b><br><i>SINUS Attorney</i><br>Aggregate Year-to-Date > \$ 500                       | <b>Date (month, day, year)</b>                                     | <b>Amount of Each Receipt this Period</b><br><i>500 -</i>                 |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br><i>Grove Mc Donald</i><br><i>P.O. Box 391</i><br><i>Chenoweth N.Y. 12823</i><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):       | <b>Name of Employer</b><br><b>Occupation</b><br><i>Retired</i><br>Aggregate Year-to-Date > \$ 300                                                                                      | <b>Date (month, day, year)</b><br><i>5/26/99</i>                   | <b>Amount of Each Receipt this Period</b><br><i>100 -</i><br><i>200 -</i> |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br><i>Clement Capuano</i><br><i>95 W. Benson St.</i><br><i>Orleans N.Y. 13015</i><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):     | <b>Name of Employer</b><br><i>Cosacki Correctional Facility</i><br><i>249 W. Cosack N.Y.</i><br><b>Occupation</b><br><i>Correctional Admin</i><br>Aggregate Year-to-Date > \$ 300      | <b>Date (month, day, year)</b><br><i>5/26/99</i>                   | <b>Amount of Each Receipt this Period</b><br><i>50 -</i><br><i>250 -</i>  |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br><i>Stuart Fursten</i><br><i>11 Tarrytown</i><br><i>Clyde Park N.Y. 12065</i><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):       | <b>Name of Employer</b><br><i>NYS Dept of Health</i><br><i>161 Delaware Ave</i><br><i>Orangetown N.Y.</i><br><b>Occupation</b><br><i>Dev.</i><br>Aggregate Year-to-Date > \$ 300       | <b>Date (month, day, year)</b><br><i>3/18/99</i><br><i>5/26/99</i> | <b>Amount of Each Receipt this Period</b><br><i>200 -</i><br><i>100 -</i> |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br><i>Henry Linnick</i><br><i>P.O. Box 510</i><br><i>Stephentown N.Y. 12168</i><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):       | <b>Name of Employer</b><br><i>Sen. County 5th Fl</i><br><i>1600 17th St</i><br><i>Tray N.Y. 12180</i><br><b>Occupation</b><br><i>Sen. Ct. Exec.</i><br>Aggregate Year-to-Date > \$ 400 | <b>Date (month, day, year)</b><br><i>4/7/99</i><br><i>5/26/99</i>  | <b>Amount of Each Receipt this Period</b><br><i>200 -</i><br><i>200 -</i> |

SUBTOTAL of Receipts This Page (optional)

2400

TOTAL This Period (last page this line number only)

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

|                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                          |                                                                               |                                                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| <p><b>A. Full Name, Mailing Address and ZIP Code</b><br/> <i>St. Thomas Manor</i><br/> <i>20 S. Liberty Rd</i><br/> <i>Tray NY 12150</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify):</p>                                | <p><b>Name of Employer</b><br/> <i>Remedial County</i></p> <p><b>Occupation</b><br/> <i>Budget Director</i></p> <p><b>Aggregate Year-to-Date</b> <i>&gt; \$ 400 -</i></p>                                                                | <p><b>Date (month, day, year)</b><br/> <i>3/18/99</i><br/> <i>5/26/99</i></p> | <p><b>Amount of Each Receipt this Period</b><br/> <i>500. -</i><br/> <i>300 -</i></p> |
| <p><b>B. Full Name, Mailing Address and ZIP Code</b><br/> <i>Edward P. Barber</i><br/> <i>Harry Mallow Rd RR1 Box 221</i><br/> <i>Easton NY</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify):</p>                         | <p><b>Name of Employer</b><br/> <i>Ed's Seasonal</i><br/> <i>RR1 Box 221</i><br/> <i>W. Co. Snake NY 12192</i></p> <p><b>Occupation</b><br/> <i>Antiques dealer</i></p> <p><b>Aggregate Year-to-Date</b> <i>&gt; \$ 300</i></p>          | <p><b>Date (month, day, year)</b><br/> <i>3/18/99</i><br/> <i>5/26/99</i></p> | <p><b>Amount of Each Receipt this Period</b><br/> <i>200 -</i><br/> <i>100 -</i></p>  |
| <p><b>C. Full Name, Mailing Address and ZIP Code</b><br/> <i>Mark Mitchell</i><br/> <i>3 Ruple Rd</i><br/> <i>Edison NY 12110</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify):</p>                                       | <p><b>Name of Employer</b><br/> <i>Obtaining Info</i></p> <p><b>Occupation</b></p> <p><b>Aggregate Year-to-Date</b> <i>&gt; \$ 400 -</i></p>                                                                                             | <p><b>Date (month, day, year)</b><br/> <i>3/18/99</i><br/> <i>5/26/99</i></p> | <p><b>Amount of Each Receipt this Period</b><br/> <i>200 -</i><br/> <i>200 -</i></p>  |
| <p><b>D. Full Name, Mailing Address and ZIP Code</b><br/> <i>Wilson, Elmer, Moskowitz, Edelman +</i><br/> <i>1 Sturges Place</i><br/> <i>Albany NY 12207</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify):</p> | <p><b>Name of Employer</b><br/> <i>Attorneys equally among</i><br/> <i>Edelman + Dickler</i></p> <p><b>Occupation</b></p> <p><b>Aggregate Year-to-Date</b> <i>&gt; \$ -</i></p>                                                          | <p><b>Date (month, day, year)</b><br/> <i>2/24/99</i></p>                     | <p><b>Amount of Each Receipt this Period</b></p>                                      |
| <p><b>E. Full Name, Mailing Address and ZIP Code</b><br/> <i>Thomas W. Dickler</i><br/> <i>obtaining info</i></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify):</p>                                                                      | <p><b>Name of Employer</b><br/> <i>Wilson, Elmer Moskowitz</i><br/> <i>Edelman + Dickler</i><br/> <i>Albany NY 12207</i></p> <p><b>Occupation</b><br/> <i>Attorney Partner</i></p> <p><b>Aggregate Year-to-Date</b> <i>&gt; \$ -</i></p> | <p><b>Date (month, day, year)</b><br/> <i>2/24/99</i></p>                     | <p><b>Amount of Each Receipt this Period</b><br/> <i>500.00</i></p>                   |
| <p><b>F. Full Name, Mailing Address and ZIP Code</b><br/> <i>John T. Elser</i><br/> <i>obtaining info</i></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify):</p>                                                                          | <p><b>Name of Employer</b><br/> <i>Wilson, Elmer Moskowitz</i><br/> <i>Edelman + Dickler</i><br/> <i>Albany NY 12207</i></p> <p><b>Occupation</b><br/> <i>Attorney Partner</i></p> <p><b>Aggregate Year-to-Date</b> <i>&gt; \$ -</i></p> | <p><b>Date (month, day, year)</b><br/> <i>2/24/99</i></p>                     | <p><b>Amount of Each Receipt this Period</b><br/> <i>500 -</i></p>                    |
| <p><b>G. Full Name, Mailing Address and ZIP Code</b><br/> <i>Harold J. Moskowitz</i><br/> <i>obtaining info</i></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify):</p>                                                                    | <p><b>Name of Employer</b><br/> <i>Wilson, Elmer Moskowitz</i><br/> <i>Edelman + Dickler</i><br/> <i>Albany NY 12207</i></p> <p><b>Occupation</b><br/> <i>Attorney Partner</i></p> <p><b>Aggregate Year-to-Date</b> <i>&gt; \$ -</i></p> | <p><b>Date (month, day, year)</b><br/> <i>2/24/99</i></p>                     | <p><b>Amount of Each Receipt this Period</b><br/> <i>500. -</i></p>                   |

SUBTOTAL of Receipts This Page (optional)

*2600*

TOTAL This Period (last page this line number only)

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

PAGE **OF**  
FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

|                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                           |                                                                       |                                                                               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|-------------------------------------------------------------------------------|
| <p><b>A. Full Name, Mailing Address and ZIP Code</b><br/> <i>Herbert Dicker</i><br/> <i>obtaining info</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify):</p>                                  | <p>Name of Employer<br/> <i>Helmut, Elmer Mackenzie</i><br/> <i>Edelman + Dicker</i><br/> <i>Albany NY 12207</i></p> <p>Occupation<br/> <i>Attorneys - Pastors</i></p> <p>Aggregate Year-to-Date <i>&gt; \$ 500 -</i></p> | <p>Date (month, day, year)<br/> <i>2/24/99</i></p>                    | <p>Amount of Each Receipt this Period<br/> <i>500. -</i></p>                  |
| <p><b>B. Full Name, Mailing Address and ZIP Code</b><br/> <i>Caryl White LLP</i><br/> <i>PO Box 22322</i><br/> <i>Albany NY 12201-2222</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify):</p>  | <p>Name of Employer<br/> <i>allegated equally</i><br/> <i>among 15 pastors etc.</i><br/> <i>See attached list</i></p> <p>Occupation <i>and amounts</i></p> <p>Aggregate Year-to-Date <i>&gt; \$ -</i></p>                 | <p>Date (month, day, year)<br/> <i>3/18/99</i></p>                    | <p>Amount of Each Receipt this Period<br/> <i>1000.00</i></p>                 |
| <p><b>C. Full Name, Mailing Address and ZIP Code</b><br/> <i>Roy Blunt</i><br/> <i>PO Box 541</i><br/> <i>Arlington VA 22205</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify):</p> | <p>Name of Employer<br/> <i>Religion for Beliefs</i></p> <p>Occupation<br/> <i>Choral, Harp, Organ</i></p> <p>Aggregate Year-to-Date <i>&gt; \$ 2000</i></p>                                                              | <p>Date (month, day, year)<br/> <i>6/30/99</i></p>                    | <p>Amount of Each Receipt this Period<br/> <i>2000. -</i></p>                 |
| <p><b>D. Full Name, Mailing Address and ZIP Code</b><br/> <i>Sara Shanci</i><br/> <i>107 Netherland Rd</i><br/> <i>Valatie NY 12184</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify):</p>     | <p>Name of Employer<br/> <i>NGS Ag + Markets</i></p> <p>Occupation<br/> <i>Investigator</i></p> <p>Aggregate Year-to-Date <i>&gt; \$ 300</i></p>                                                                          | <p>Date (month, day, year)<br/> <i>3/1/99</i><br/> <i>4/30/99</i></p> | <p>Amount of Each Receipt this Period<br/> <i>300 -</i><br/> <i>100 -</i></p> |
| <p><b>E. Full Name, Mailing Address and ZIP Code</b><br/> <i>Mel Goodweather</i><br/> <i>obtaining info</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify):</p>                                 | <p>Name of Employer<br/> <i>Am Bus</i><br/> <i>700 17th St NW #450</i><br/> <i>Wash DC 20005</i></p> <p>Occupation<br/> <i>Adm. Serv. Coord Officer</i></p> <p>Aggregate Year-to-Date <i>&gt; \$</i></p>                  | <p>Date (month, day, year)<br/> <i>4/17/99</i></p>                    | <p>Amount of Each Receipt this Period<br/> <i>250</i></p>                     |
| <p><b>F. Full Name, Mailing Address and ZIP Code</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify):</p>                                                                                                   | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date <i>&gt; \$</i></p>                                                                                                                                    | <p>Date (month, day, year)</p>                                        | <p>Amount of Each Receipt this Period</p>                                     |
| <p><b>G. Full Name, Mailing Address and ZIP Code</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify):</p>                                                                                                   | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date <i>&gt; \$</i></p>                                                                                                                                    | <p>Date (month, day, year)</p>                                        | <p>Amount of Each Receipt this Period</p>                                     |

SUBTOTAL of Receipts This Page (optional)

*5050*

TOTAL This Period (last page this line number only)

*111810.07*

**Couch White, LLP**

Leslie F. Couch — 133.33  
Algird F. White — 133.33  
Barbara S. Brenner — 133.33  
Joel M. Howard — 133.33  
Paul F. Feigenbaum — 133.33  
Robert M. Loughney — 133.33  
Harold N. Iselin — 133.38  
Leonard H. Singer — 133.33  
Keith B. Rose — 133.33  
Christopher A. Cernik — 133.33  
Michael B. Mager — 133.33  
Doreen U. Saia — 133.33  
Mark F. Glaser — 133.33  
James J. Barriere — 133.33  
Pamela A. Madeiros — 133.33

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*F. J. M. 10*

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

PAGE 1 OF 2  
FOR LINE NUMBER 11b

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**NAME OF COMMITTEE (In Full)**

*Success for Congress*

|                                                                                                                                                                                                                                                                                                                     |                                                                                                                    |                                                                    |                                                                                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br><i>Columbia County Republican Comm.</i><br><i>46 West Liberty Ave</i><br><i>26 Salem</i><br><i>Chatham NY</i><br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br><i>Political Comm.</i><br><b>Occupation</b><br><b>Aggregate Year-to-Date</b> > \$ 900-  | <b>Date (month, day, year)</b><br><i>6-17-99</i>                   | <b>Amount of Each Receipt this Period</b><br><i>900.00</i>                                   |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br><i>Perotaga County Republican Comm</i><br><i>77 Van Dam St</i><br><i>Perotaga NY 12866</i><br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):         | <b>Name of Employer</b><br><i>Political Comm.</i><br><b>Occupation</b><br><b>Aggregate Year-to-Date</b> > \$ 1100  | <b>Date (month, day, year)</b><br><i>6/24/99</i><br><i>3/18/99</i> | <b>Amount of Each Receipt this Period</b><br><i>900.00</i><br><i>200.00</i>                  |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br><i>NY State Republican Comm.</i><br><i>315 State St.</i><br><i>Albany NY</i><br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                  | <b>Name of Employer</b><br><i>Political Comm.</i><br><b>Occupation</b><br><b>Aggregate Year-to-Date</b> > \$ 5000- | <b>Date (month, day, year)</b><br><i>6-17-99</i>                   | <b>Amount of Each Receipt this Period</b><br><i>5000.00</i>                                  |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br><i>Gulton County Republican Comm.</i><br><i>342 W. Latham St</i><br><i>Greenville NY 12078</i><br><b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                           | <b>Name of Employer</b><br><i>Political Comm.</i><br><b>Occupation</b><br><b>Aggregate Year-to-Date</b> > \$ 600   | <b>Date (month, day, year)</b><br><i>3/11/99</i>                   | <b>Amount of Each Receipt this Period</b><br><i>200 -</i><br><i>4.00 -</i>                   |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br><i>National Republican Cong. Comm.</i><br><i>First St SE</i><br><i>Wash DC 20005</i><br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                          | <b>Name of Employer</b><br><i>Political Comm.</i><br><b>Occupation</b><br><b>Aggregate Year-to-Date</b> > \$       | <b>Date (month, day, year)</b><br><i>2/24/99</i>                   | <b>Amount of Each Receipt this Period</b><br><i>734.00</i><br><i>refused</i>                 |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br><i>"</i><br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                                                                                      | <b>Name of Employer</b><br><i>"</i><br><b>Occupation</b><br><b>Aggregate Year-to-Date</b> > \$                     | <b>Date (month, day, year)</b><br><i>3/9/99</i>                    | <b>Amount of Each Receipt this Period</b><br><i>98.00</i><br><i>per kind</i>                 |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br><i>"</i><br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                                                                                      | <b>Name of Employer</b><br><i>"</i><br><b>Occupation</b><br><b>Aggregate Year-to-Date</b> > \$                     | <b>Date (month, day, year)</b><br><i>1/19/99</i><br><i>1/20/99</i> | <b>Amount of Each Receipt this Period</b><br><i>23.60</i><br><i>29.25</i><br><i>per kind</i> |

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

*1984.85*

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

PAGE 2 OF 2  
FOR LINE NUMBER  
11B

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NAME OF COMMITTEE (in Full)

*Agency for Congress*

|                                                                                                                                                |                                                                      |                                                  |                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|--------------------------------------------------|--------------------------------------------------------------------------------|
| <p>A. Full Name, Mailing Address and ZIP Code<br/><i>National Republican Cong Comm.</i><br/><i>Term 1st DE</i><br/><i>Wash DC 20003</i></p>    | <p>Name of Employer<br/><i>"</i></p> <p>Occupation</p>               | <p>Date (month, day, year)<br/><i>6/9/99</i></p> | <p>Amount of Each Receipt this Period<br/><i>23.01</i><br/><i>Indebted</i></p> |
| <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p> | <p>Aggregate Year-to-Date <i>&gt; \$ 407.86</i></p>                  |                                                  |                                                                                |
| <p>B. Full Name, Mailing Address and ZIP Code<br/><i>Congressional Rep Committee</i><br/><i>200 Broadway</i><br/><i>Irving NY 10000</i></p>    | <p>Name of Employer<br/><i>Political Comm.</i></p> <p>Occupation</p> | <p>Date (month, day, year)</p>                   | <p>Amount of Each Receipt this Period<br/><i>1000.00</i></p>                   |
| <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p> | <p>Aggregate Year-to-Date <i>&gt; \$ 1000</i></p>                    |                                                  |                                                                                |
| <p>C. Full Name, Mailing Address and ZIP Code</p>                                                                                              | <p>Name of Employer</p> <p>Occupation</p>                            | <p>Date (month, day, year)</p>                   | <p>Amount of Each Receipt this Period</p>                                      |
| <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>            | <p>Aggregate Year-to-Date <i>&gt; \$</i></p>                         |                                                  |                                                                                |
| <p>D. Full Name, Mailing Address and ZIP Code</p>                                                                                              | <p>Name of Employer</p> <p>Occupation</p>                            | <p>Date (month, day, year)</p>                   | <p>Amount of Each Receipt this Period</p>                                      |
| <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>            | <p>Aggregate Year-to-Date <i>&gt; \$</i></p>                         |                                                  |                                                                                |
| <p>E. Full Name, Mailing Address and ZIP Code</p>                                                                                              | <p>Name of Employer</p> <p>Occupation</p>                            | <p>Date (month, day, year)</p>                   | <p>Amount of Each Receipt this Period</p>                                      |
| <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>            | <p>Aggregate Year-to-Date <i>&gt; \$</i></p>                         |                                                  |                                                                                |
| <p>F. Full Name, Mailing Address and ZIP Code</p>                                                                                              | <p>Name of Employer</p> <p>Occupation</p>                            | <p>Date (month, day, year)</p>                   | <p>Amount of Each Receipt this Period</p>                                      |
| <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>            | <p>Aggregate Year-to-Date <i>&gt; \$</i></p>                         |                                                  |                                                                                |
| <p>G. Full Name, Mailing Address and ZIP Code</p>                                                                                              | <p>Name of Employer</p> <p>Occupation</p>                            | <p>Date (month, day, year)</p>                   | <p>Amount of Each Receipt this Period</p>                                      |
| <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>            | <p>Aggregate Year-to-Date <i>&gt; \$</i></p>                         |                                                  |                                                                                |

SUBTOTAL of Receipts This Page (optional)

*1023.01*

TOTAL This Period (last page this line number only)

*9007.86*

## SCHEDULE A

## ITEMIZED RECEIPTS

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Detailed Summary PagePAGE 1 OF 20  
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NAME OF COMMITTEE (In Full)

Sweeney for Congress

## A. Full Name, Mailing Address and ZIP Code

UTL  
14600 Detroit Ave  
Cleveland OH 44107

## Name of Employer

AFC

Date (month,  
day, year)2/6/99  
3/18/99Amount of Each  
Receipt this Period500.00  
1000.00 PReceipt For: ☒ Primary ☐ General☒ Other (specify): 2/6/99 Debt Retirement

## Occupation

Aggregate Year-to-Date &gt; \$ 12,000

## B. Full Name, Mailing Address and ZIP Code

Citizens Vgl. Pol. Fund - FED  
1101 Penn Ave NW  
WASH DC 20004

## Name of Employer

AFC

Date (month,  
day, year)1/6/99  
6/28/99Amount of Each  
Receipt this Period1000.00 DR  
2000.00 PReceipt For: ☒ Primary ☐ General☒ Other (specify): Debt Retirement

## Occupation

Aggregate Year-to-Date &gt; \$ 3000

## C. Full Name, Mailing Address and ZIP Code

May PAC  
611 Olive St  
St. Louis MO 63101

## Name of Employer

AFC

Date (month,  
day, year)

1/15/99

Amount of Each  
Receipt this Period

1000.00

Receipt For: ☐ Primary ☒ General☒ Other (specify): Debt Retirement

## Occupation

Aggregate Year-to-Date &gt; \$ 1000

## D. Full Name, Mailing Address and ZIP Code

The Wesley Group PAC  
1317 F St. NW #600  
Wash DC 20004

## Name of Employer

PAC

Date (month,  
day, year)

2/6/99

Amount of Each  
Receipt this Period

500.00

Receipt For: ☒ Primary ☐ General☐ Other (specify):

## Occupation

Aggregate Year-to-Date &gt; \$ 500

## E. Full Name, Mailing Address and ZIP Code

NYS Electric & Gas PAC  
4500 Kestrel Parkway East  
Binghamton NY 13902

## Name of Employer

PAC

Date (month,  
day, year)11/10/99  
4/7/99Amount of Each  
Receipt this Period500.00  
500.00 PReceipt For: ☒ Primary ☐ General☒ Other (specify): 11/10/99 Debt Retire

## Occupation

Aggregate Year-to-Date &gt; \$ 1000

## F. Full Name, Mailing Address and ZIP Code

Dealers Election Action Comm of  
Nat. Auto Dealers Assn  
5400 Westpark Drive  
McLean VA 22102

## Name of Employer

PAC

Date (month,  
day, year)1/5/99  
3/2/99  
4/1/99Amount of Each  
Receipt this Period500.00  
400.00  
500.00Receipt For: ☒ Primary ☐ General☐ Other (specify):

## Occupation

Aggregate Year-to-Date &gt; \$ 1400

## G. Full Name, Mailing Address and ZIP Code

Independent Bankers PAC  
1 Thomas Circle NW #400  
Wash. DC 20005

## Name of Employer

PAC

Date (month,  
day, year)

2/25/99

Amount of Each  
Receipt this Period

500.00

Receipt For: ☒ Primary ☐ General☐ Other (specify):

## Occupation

Aggregate Year-to-Date &gt; \$ 500

SUBTOTAL of Receipts This Page (optional)

8900

TOTAL This Period (last page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
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PAGE 2 OF 20

FOR LINE NUMBER

11C

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## NAME OF COMMITTEE (in Full)

Summary for Congress

|                                                                                                                                                                                                                                                                                                  |                                                                                             |                                                                 |                                                                                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|-----------------------------------------------------------------|----------------------------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>American Bankers Assn PAC<br>1120 Connecticut Ave N.W.<br>Wash DC 20036<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify): Retiree        | <b>Name of Employer</b><br>PAC<br><b>Occupation</b><br>Aggregate Year-to-Date > \$ 2,500    | <b>Date (month, day, year)</b><br>2/13/99<br>6/30/99            | <b>Amount of Each Receipt this Period</b><br>1500.00<br>1000.00                  |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Mass Mutual PAC<br>1295 State St<br>Springfield MA 01111-0001<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                     | <b>Name of Employer</b><br>PAC<br><b>Occupation</b><br>Aggregate Year-to-Date > \$ 500.00   | <b>Date (month, day, year)</b><br>2/13/99                       | <b>Amount of Each Receipt this Period</b><br>500.00                              |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Mutual of Omaha PACE<br>Mutual of Omaha Plaza<br>Omaha NE 68175<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                   | <b>Name of Employer</b><br>PAC<br><b>Occupation</b><br>Aggregate Year-to-Date > \$ 500      | <b>Date (month, day, year)</b><br>2/15/99                       | <b>Amount of Each Receipt this Period</b><br>500.00                              |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>CS First Boston Retirement Fund<br>11 Madison Ave 7th Flr<br>NYC NY 10010<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify): Debt Retiree | <b>Name of Employer</b><br>PAC<br><b>Occupation</b><br>Aggregate Year-to-Date > \$ 1,500    | <b>Date (month, day, year)</b><br>2/18/99<br>4/14/99            | <b>Amount of Each Receipt this Period</b><br>500.00 part<br>1000.00              |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Cannon PAC<br>701 Penn Ave NW #450<br>Wash DC 20004-2608<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify): 96 Debt                       | <b>Name of Employer</b><br>PAC<br><b>Occupation</b><br>Aggregate Year-to-Date > \$ 2,038.25 | <b>Date (month, day, year)</b><br>2/23/99<br>2/10/99<br>6/24/99 | <b>Amount of Each Receipt this Period</b><br>500.00<br>538.25 (debit)<br>1000.00 |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>NY Mercantile Exchange PAC<br>1 NORTH END WORLD FINANCIAL BKT<br>NY NY 10282<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                      | <b>Name of Employer</b><br>PAC<br><b>Occupation</b><br>Aggregate Year-to-Date > \$ 500      | <b>Date (month, day, year)</b><br>2/23/99                       | <b>Amount of Each Receipt this Period</b><br>500.00                              |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Merrill Lynch & Co Inc PAC<br>1455 Penn Ave NW #450<br>Wash. DC 20004-1087<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                        | <b>Name of Employer</b><br>PAC<br><b>Occupation</b><br>Aggregate Year-to-Date > \$ 500      | <b>Date (month, day, year)</b><br>2/1/99                        | <b>Amount of Each Receipt this Period</b><br>500.00                              |

SUBTOTAL of Receipts This Page (optional)

8038.25

TOTAL This Period (last page this line number only)



**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER  
**112**

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NAME OF COMMITTEE (In Full)

*Agency for Congress*

|                                                                                                                                                                                                                                                                                                                  |                                                                                                           |                                                                                        |                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| <p>A. Full Name, Mailing Address and ZIP Code<br/><i>American Motel Motel Wash DC</i><br/><i>1201 7th Ave NW # 600</i><br/><i>Wash DC 20005-5931</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>          | <p>Name of Employer<br/><i>Ac</i></p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ <i>2000</i></p> | <p>Date (month, day, year)<br/><i>3/6/99</i><br/><i>6/17/99</i><br/><i>6/25/99</i></p> | <p>Amount of Each Receipt this Period<br/><i>500.00</i><br/><i>500.00</i><br/><i>1000.00</i></p> |
| <p>B. Full Name, Mailing Address and ZIP Code<br/><i>NALU</i><br/><i>1922 F St NW</i><br/><i>WASH DC 20006</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>                                                | <p>Name of Employer<br/><i>Ac</i></p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ <i>500</i></p>  | <p>Date (month, day, year)<br/><i>3/23/99</i></p>                                      | <p>Amount of Each Receipt this Period<br/><i>500.00</i></p>                                      |
| <p>C. Full Name, Mailing Address and ZIP Code<br/><i>Keycorp Inc</i><br/><i>127 Public Sq.</i><br/><i>Cleveland OH 44114</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>                                  | <p>Name of Employer<br/><i>Ac</i></p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ <i>1000</i></p> | <p>Date (month, day, year)<br/><i>3/15/99</i></p>                                      | <p>Amount of Each Receipt this Period<br/><i>1000.00</i></p>                                     |
| <p>D. Full Name, Mailing Address and ZIP Code<br/><i>Comm. Parkers Green NYS - Ac</i><br/><i>PO Box 525</i><br/><i>RED CENTRAL STA</i><br/><i>NY NY 10163</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p> | <p>Name of Employer<br/><i>Ac</i></p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ <i>1500</i></p> | <p>Date (month, day, year)<br/><i>3/15/99</i><br/><i>6/17/99</i></p>                   | <p>Amount of Each Receipt this Period<br/><i>1000.00</i><br/><i>500.00</i></p>                   |
| <p>E. Full Name, Mailing Address and ZIP Code<br/><i>CREDIT UNION LEADS Action Council</i><br/><i>505 15th St NW # 300</i><br/><i>WASH DC 20005-2207</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>      | <p>Name of Employer<br/><i>Ac</i></p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ <i>1500</i></p> | <p>Date (month, day, year)<br/><i>3/1/99</i></p>                                       | <p>Amount of Each Receipt this Period<br/><i>1500.00</i></p>                                     |
| <p>F. Full Name, Mailing Address and ZIP Code<br/><i>America's Comm. Bankers</i><br/><i>900 15th St NW # 600</i><br/><i>Wash DC 20006</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>                     | <p>Name of Employer<br/><i>Ac</i></p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ <i>1000</i></p> | <p>Date (month, day, year)<br/><i>3/18/99</i><br/><i>6/25/99</i></p>                   | <p>Amount of Each Receipt this Period<br/><i>500.00</i><br/><i>500.00</i></p>                    |
| <p>G. Full Name, Mailing Address and ZIP Code<br/><i>National Milk Producers Federation</i><br/><i>2101 Wilson Blvd. # 400</i><br/><i>Arlington Va 22201</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>  | <p>Name of Employer<br/><i>Ac</i></p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ <i>500</i></p>  | <p>Date (month, day, year)<br/><i>3/28/99</i></p>                                      | <p>Amount of Each Receipt this Period<br/><i>500.00</i></p>                                      |

SUBTOTAL of Receipts This Page (optional)

*8000*

TOTAL This Period (last page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
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Detailed Summary PagePAGE 4 OF  
FOR LINE NUMBER 11C

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## NAME OF COMMITTEE (in Full)

Summary for Congress

|                                                                                                                                                                                                                                                                                      |                                                                                         |                                                                |                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|----------------------------------------------------------------|--------------------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Holman Inc Pac<br>Pox 122<br>Danver MI 48131<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                          | <b>Name of Employer</b><br>Pac<br><b>Occupation</b><br>Aggregate Year-to-Date > \$ 500  | <b>Date (month, day, year)</b><br>3/22/99                      | <b>Amount of Each Receipt this Period</b><br>500.00                      |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>DE PAC<br>3253 E. Chestnut Expressway<br>Springfield MO 65802<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                         | <b>Name of Employer</b><br>Pac<br><b>Occupation</b><br>Aggregate Year-to-Date > \$ 1000 | <b>Date (month, day, year)</b><br>3/22/99<br>6/24/99           | <b>Amount of Each Receipt this Period</b><br>500.00<br>500.00            |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Kemper Nat. Campaign Fund<br>#1350, 325 7th St. NW<br>Wash. D.C. 20004-2801<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify): Debt Ret. | <b>Name of Employer</b><br>Pac<br><b>Occupation</b><br>Aggregate Year-to-Date > \$ 500  | <b>Date (month, day, year)</b><br>3/25/99                      | <b>Amount of Each Receipt this Period</b><br>500.00                      |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>My Life Pac<br>51 Madison Ave<br>NY NY 10010<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify): Debt Ret.                                | <b>Name of Employer</b><br>Pac<br><b>Occupation</b><br>Aggregate Year-to-Date > \$ 1000 | <b>Date (month, day, year)</b><br>3/13/99                      | <b>Amount of Each Receipt this Period</b><br>1000.00                     |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Harrah's Entertainment Inc Pac<br>1023 Cherry Rd<br>Memphis TN 38117<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify): Debt Ret.        | <b>Name of Employer</b><br>Pac<br><b>Occupation</b><br>Aggregate Year-to-Date > \$ 500  | <b>Date (month, day, year)</b><br>3/25/99                      | <b>Amount of Each Receipt this Period</b><br>500.00                      |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Amer. Hospitalization Ass'n Pac<br>325 7th St<br>Wash DC 20004<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                        | <b>Name of Employer</b><br>Pac<br><b>Occupation</b><br>Aggregate Year-to-Date > \$ 500  | <b>Date (month, day, year)</b><br>4/1/99                       | <b>Amount of Each Receipt this Period</b><br>500.00                      |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>NRA Political Victory Fund<br>11250 Waples Mill Rd<br>Fairfax VA 22030-7400<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):           | <b>Name of Employer</b><br>Pac<br><b>Occupation</b><br>Aggregate Year-to-Date > \$ 2500 | <b>Date (month, day, year)</b><br>4/7/99<br>6/24/99<br>6/29/99 | <b>Amount of Each Receipt this Period</b><br>500.00<br>500.00<br>1500.00 |

SUBTOTAL of Receipts This Page (optional)

6500

TOTAL This Period (last page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
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## NAME OF COMMITTEE (in Full)

Agency for Congress

## A. Full Name, Mailing Address and ZIP Code

ALPA-PAC  
1625 Mass. Ave NW  
Wash DC 20036

## Name of Employer

PAC

Date (month,  
day, year)

4/7/99

Amount of Each  
Receipt this Period

1000.00

## Receipt For:

☒ Primary☐ General☐ Other (specify):

## Occupation

Aggregate Year-to-Date &gt; \$ 1000

## B. Full Name, Mailing Address and ZIP Code

Hause PAC  
2700 Sanders Rd  
Prospect Heights IL 60070

## Name of Employer

PAC

Date (month,  
day, year)

4/7/99

Amount of Each  
Receipt this Period

500.00

## Receipt For:

☒ Primary☐ General☐ Other (specify):

## Occupation

Aggregate Year-to-Date &gt; \$ 500

## C. Full Name, Mailing Address and ZIP Code

JP PAC  
1101 Penn Ave NW #200  
Wash DC 20004

## Name of Employer

PAC

Date (month,  
day, year)

4/7/99

Amount of Each  
Receipt this Period

500.00 - D.R.

## Receipt For:

☒ Primary☐ General☒ Other (specify): Debt Lit.

## Occupation

Aggregate Year-to-Date &gt; \$ 2000

## D. Full Name, Mailing Address and ZIP Code

MetLife  
1670 L St. NW #800  
Wash DC 20036

## Name of Employer

PAC

Date (month,  
day, year)

3/17/99

Amount of Each  
Receipt this Period

500.00

## Receipt For:

☐ Primary☐ General☒ Other (specify): Debt Lit.

## Occupation

Aggregate Year-to-Date &gt; \$ 500

## E. Full Name, Mailing Address and ZIP Code

Chase Manhattan Corp Fund / Good Foot  
270 Park Ave  
NY NY 10017

## Name of Employer

PAC

Date (month,  
day, year)

3/17/99

Amount of Each  
Receipt this Period

500.00

## Receipt For:

☒ Primary☐ General☐ Other (specify):

## Occupation

Aggregate Year-to-Date &gt; \$ 1500

## F. Full Name, Mailing Address and ZIP Code

Heldman Sachs PAC  
1101 Penn Ave NW #900  
Wash DC 20004

## Name of Employer

PAC

Date (month,  
day, year)

3/2/99

Amount of Each  
Receipt this Period

500.00

## Receipt For:

☒ Primary☐ General☐ Other (specify):

## Occupation

Aggregate Year-to-Date &gt; \$ 500

## G. Full Name, Mailing Address and ZIP Code

PAC  
130 Penn. Ave NW #900  
Wash DC 20004

## Name of Employer

PAC

Date (month,  
day, year)

3/17/99

Amount of Each  
Receipt this Period

500.00

## Receipt For:

☐ Primary☐ General☒ Other (specify): Debt Lit.

## Occupation

Aggregate Year-to-Date &gt; \$ 500

SUBTOTAL of Receipts This Page (optional)

6000

TOTAL This Period (last page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
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Detailed Summary PagePAGE 6 OF 20  
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## NAME OF COMMITTEE (In Full)

Secretary for Congress

|                                                                                                                                                                                                                                                                                     |                                                                                         |                                                     |                                                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|-----------------------------------------------------|-----------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Amer. International Group Inc<br>1455 Tenn Ave NW #900 Pac<br>Wash DC 20004<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify): Dent At. | <b>Name of Employer</b><br>Pac<br><b>Occupation</b><br>Aggregate Year-to-Date > \$ 500  | <b>Date (month, day, year)</b><br>3/12/99           | <b>Amount of Each Receipt this Period</b><br>500.00             |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>AT&T Inc<br>52 Ave of the Americas<br>NYC NY 10013<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                   | <b>Name of Employer</b><br>Pac<br><b>Occupation</b><br>Aggregate Year-to-Date > \$ 500  | <b>Date (month, day, year)</b><br>4/7/99            | <b>Amount of Each Receipt this Period</b><br>500.00             |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>N71B Safe Inc<br>600 Maryland Ave SW #700<br>Wash DC 20024<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                           | <b>Name of Employer</b><br>Pac<br><b>Occupation</b><br>Aggregate Year-to-Date > \$ 500  | <b>Date (month, day, year)</b><br>4/7/99            | <b>Amount of Each Receipt this Period</b><br>500.00             |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Nat Comm, Resour, Socia, Medicine<br>1015 St NE #600<br>Wash DC 20002-4215<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):           | <b>Name of Employer</b><br>Pac<br><b>Occupation</b><br>Aggregate Year-to-Date > \$ 1000 | <b>Date (month, day, year)</b><br>4/7/99<br>6/28/99 | <b>Amount of Each Receipt this Period</b><br>500.00<br>500.00   |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Thrashern Corp. Good Govt Fund<br>361 So College St.<br>Charlotte NC 28208<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):           | <b>Name of Employer</b><br>Pac<br><b>Occupation</b><br>Aggregate Year-to-Date > \$ 2000 | <b>Date (month, day, year)</b><br>4/2/99            | <b>Amount of Each Receipt this Period</b><br>2000.00            |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Pfizer Inc<br>235 East 42nd St.<br>NYC NY 10017<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                                 | <b>Name of Employer</b><br>Pac<br><b>Occupation</b><br>Aggregate Year-to-Date > \$ 1000 | <b>Date (month, day, year)</b><br>4/1/99            | <b>Amount of Each Receipt this Period</b><br>1000.00            |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>American Medical Assoc Inc<br>1101 Vermont Ave NW<br>Wash DC 20006<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                   | <b>Name of Employer</b><br>Pac<br><b>Occupation</b><br>Aggregate Year-to-Date > \$ 4000 | <b>Date (month, day, year)</b><br>4/1/99<br>6/28/99 | <b>Amount of Each Receipt this Period</b><br>1000.00<br>3000.00 |

SUBTOTAL of Receipts This Page (optional)

9500

TOTAL This Period (last page this line number only)

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER  
112

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NAME OF COMMITTEE (In Full)

*Seneca for Congress*

|                                                                                                                                                                                                                                                                                                    |                                                                                                                                         |                                                                                        |                                                                                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| <p>A. Full Name, Mailing Address and ZIP Code<br/><i>Clough Harbour Assoc LLP</i><br/><i>Box 5269</i><br/><i>Albany NY 12205-0269</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>           | <p>Name of Employer<br/><i>Committee Feasibility Partnership</i></p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ <i>400</i></p> | <p>Date (month, day, year)<br/><i>5/1/99</i></p>                                       | <p>Amount of Each Receipt this Period<br/><i>400.00</i></p>                                      |
| <p>B. Full Name, Mailing Address and ZIP Code<br/><i>Leathair P&amp;C</i><br/><i>430 N Michigan Ave</i><br/><i>Chicago IL 60611</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>             | <p>Name of Employer<br/><i>P&amp;C</i></p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ <i>2000</i></p>                          | <p>Date (month, day, year)<br/><i>4/1/99</i><br/><i>6/24/99</i><br/><i>6/28/99</i></p> | <p>Amount of Each Receipt this Period<br/><i>400.00</i><br/><i>1000.00</i><br/><i>600.00</i></p> |
| <p>C. Full Name, Mailing Address and ZIP Code<br/><i>Charter One Bank F.A.B. Inc</i><br/><i>1215 Superior Ave</i><br/><i>Cleveland OH 44114</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p> | <p>Name of Employer<br/><i>P&amp;C</i></p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ <i>300</i></p>                           | <p>Date (month, day, year)<br/><i>4/7/99</i></p>                                       | <p>Amount of Each Receipt this Period<br/><i>500.00</i></p>                                      |
| <p>D. Full Name, Mailing Address and ZIP Code<br/><i>Bank One Corp P&amp;C</i><br/><i>One First Natl Plaza</i><br/><i>Chicago IL 60670</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>      | <p>Name of Employer<br/><i>P&amp;C</i></p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ <i>1000 -</i></p>                        | <p>Date (month, day, year)<br/><i>4/7/99</i></p>                                       | <p>Amount of Each Receipt this Period<br/><i>1000.00</i></p>                                     |
| <p>E. Full Name, Mailing Address and ZIP Code<br/><i>Lurial Group</i><br/><i>3250 7th St NW #1225</i><br/><i>Wash DC 20004-2801</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>             | <p>Name of Employer<br/><i>P&amp;C</i></p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ <i>500 -</i></p>                         | <p>Date (month, day, year)<br/><i>4/7/99</i></p>                                       | <p>Amount of Each Receipt this Period<br/><i>500.00</i></p>                                      |
| <p>F. Full Name, Mailing Address and ZIP Code<br/><i>FMR Fed P&amp;C</i><br/><i>82 Devonshire St</i><br/><i>Boston MA 02109-3614</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>            | <p>Name of Employer<br/><i>P&amp;C</i></p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ <i>500 -</i></p>                         | <p>Date (month, day, year)<br/><i>4/1/99</i></p>                                       | <p>Amount of Each Receipt this Period<br/><i>500.00</i></p>                                      |
| <p>G. Full Name, Mailing Address and ZIP Code<br/><i>Nations Bank P&amp;C</i><br/><i>1401 14th Ave NW #1110</i><br/><i>Wash DC 20005</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>        | <p>Name of Employer<br/><i>P&amp;C</i></p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ <i>1000</i></p>                          | <p>Date (month, day, year)<br/><i>4/1/99</i><br/><i>3/17/99</i></p>                    | <p>Amount of Each Receipt this Period<br/><i>500.00</i><br/><i>500.00</i></p>                    |

SUBTOTAL of Receipts This Page (optional)

*5900*

TOTAL This Period (last page this line number only)

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER

11C

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**NAME OF COMMITTEE (in Full)**

Amnesty for Congress

|                                                                                                                                                                                                                                                                                                                |                                                                                                                                    |                                                                                                                       |                                                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| <p><b>A. Full Name, Mailing Address and ZIP Code</b><br/> <u>Agri Mark Legist Ed. Comm.</u><br/> <u>PO Box 5800</u><br/> <u>Lawrence MA 01842</u></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify):</p>                     | <p><b>Name of Employer</b><br/> <u>PAC</u></p> <p><b>Occupation</b></p> <p><b>Aggregate Year-to-Date</b> &gt; \$ <u>500</u></p>    | <p><b>Date (month, day, year)</b><br/> <u>3/17/99</u></p>                                                             | <p><b>Amount of Each Receipt this Period</b><br/> <u>500.00</u></p>                                                            |
| <p><b>B. Full Name, Mailing Address and ZIP Code</b><br/> <u>Amor Portland Cement (Alliance)</u><br/> <u>1225 Eye St NW #300</u><br/> <u>Wash DC 20005</u></p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify):</p> | <p><b>Name of Employer</b><br/> <u>PAC</u></p> <p><b>Occupation</b></p> <p><b>Aggregate Year-to-Date</b> &gt; \$ <u>500</u></p>    | <p><b>Date (month, day, year)</b><br/> <u>3/17/99</u></p>                                                             | <p><b>Amount of Each Receipt this Period</b><br/> <u>500.00</u></p>                                                            |
| <p><b>C. Full Name, Mailing Address and ZIP Code</b><br/> <u>Leont E. Schriener PAC</u><br/> <u>PO Box 230</u><br/> <u>Arlington VA 22202</u></p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify):</p>              | <p><b>Name of Employer</b><br/> <u>PAC</u></p> <p><b>Occupation</b></p> <p><b>Aggregate Year-to-Date</b> &gt; \$ <u>500</u></p>    | <p><b>Date (month, day, year)</b><br/> <u>3/17/99</u></p>                                                             | <p><b>Amount of Each Receipt this Period</b><br/> <u>500.00</u></p>                                                            |
| <p><b>D. Full Name, Mailing Address and ZIP Code</b><br/> <u>Security Industry Union PAC</u><br/> <u>1401 Eye St NW #1000</u><br/> <u>Wash DC 20005-2225</u></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify):</p>          | <p><b>Name of Employer</b><br/> <u>PAC</u></p> <p><b>Occupation</b></p> <p><b>Aggregate Year-to-Date</b> &gt; \$ <u>500 -</u></p>  | <p><b>Date (month, day, year)</b><br/> <u>3/19/99</u></p>                                                             | <p><b>Amount of Each Receipt this Period</b><br/> <u>500.00</u></p>                                                            |
| <p><b>E. Full Name, Mailing Address and ZIP Code</b><br/> <u>Reform Energy</u><br/> <u>PO Box 4567</u><br/> <u>Houston TX 77210-4567</u></p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify):</p>                   | <p><b>Name of Employer</b><br/> <u>PAC</u></p> <p><b>Occupation</b></p> <p><b>Aggregate Year-to-Date</b> &gt; \$ <u>1500 -</u></p> | <p><b>Date (month, day, year)</b><br/> <u>3/26/99</u><br/> <u>5/26/99</u></p>                                         | <p><b>Amount of Each Receipt this Period</b><br/> <u>500.00</u><br/> <u>1000.00</u></p>                                        |
| <p><b>F. Full Name, Mailing Address and ZIP Code</b><br/> <u>Reliant PAC</u><br/> <u>325 7th St NW #1000</u><br/> <u>Wash DC 20004</u></p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify):</p>                     | <p><b>Name of Employer</b><br/> <u>PAC</u></p> <p><b>Occupation</b></p> <p><b>Aggregate Year-to-Date</b> &gt; \$ <u>1000 -</u></p> | <p><b>Date (month, day, year)</b><br/> <u>3/21/99</u></p>                                                             | <p><b>Amount of Each Receipt this Period</b><br/> <u>1000.00</u></p>                                                           |
| <p><b>G. Full Name, Mailing Address and ZIP Code</b><br/> <u>General Electric Co PAC</u><br/> <u>1299 Penn Ave NW #1100</u><br/> <u>Wash DC 20004-2407</u></p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify):</p> | <p><b>Name of Employer</b><br/> <u>PAC</u></p> <p><b>Occupation</b></p> <p><b>Aggregate Year-to-Date</b> &gt; \$ <u>3500 -</u></p> | <p><b>Date (month, day, year)</b><br/> <u>3/21/99</u><br/> <u>5/25/99</u><br/> <u>6/17/99</u><br/> <u>6/22/99</u></p> | <p><b>Amount of Each Receipt this Period</b><br/> <u>1000.00</u><br/> <u>500.00</u><br/> <u>500.00</u><br/> <u>1000.00</u></p> |

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

7500

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

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
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FOR LINE NUMBER 11 C

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## NAME OF COMMITTEE (In Full)

Sweeney for Congress

|                                                                                                                                                                                                                                                                                       |                                                                                         |                                                      |                                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|------------------------------------------------------|----------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Norfolk Southern Corp. PAC<br>1500 K St NW # 315<br>Wash DC 20005<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                      | <b>Name of Employer</b><br>PAC<br><b>Occupation</b><br>Aggregate Year-to-Date > \$ 500  | <b>Date (month, day, year)</b><br>4/14/99            | <b>Amount of Each Receipt this Period</b><br>500.00            |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>American Trucking PAC<br>430 First St SE<br>Wash DC 20003<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                              | <b>Name of Employer</b><br>PAC<br><b>Occupation</b><br>Aggregate Year-to-Date > \$ 1500 | <b>Date (month, day, year)</b><br>4/14/99<br>6/30/99 | <b>Amount of Each Receipt this Period</b><br>500.00<br>1000.00 |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>USSA Group PAC<br>4500 Bldg 7-3-E<br>San Antonio TX 78288<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                              | <b>Name of Employer</b><br>PAC<br><b>Occupation</b><br>Aggregate Year-to-Date > \$ 500  | <b>Date (month, day, year)</b><br>4/14/99            | <b>Amount of Each Receipt this Period</b><br>500.00            |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Professionals PAC Act Comm<br>H2K, Inc. ETAL<br>8404 Indian Hills Dr<br>Omaha NE 68114<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br>PAC<br><b>Occupation</b><br>Aggregate Year-to-Date > \$ 140  | <b>Date (month, day, year)</b><br>3/31/99            | <b>Amount of Each Receipt this Period</b><br>140.00            |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Assoc General Contractors PAC<br>1957 E St NW<br>Wash DC 20006<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                         | <b>Name of Employer</b><br>PAC<br><b>Occupation</b><br>Aggregate Year-to-Date > \$ 1000 | <b>Date (month, day, year)</b><br>4/14/99<br>6/30/99 | <b>Amount of Each Receipt this Period</b><br>500.00<br>500.00  |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>ATSA PAC<br>919 18th St NW<br>Wash DC 20006<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                                       | <b>Name of Employer</b><br>PAC<br><b>Occupation</b><br>Aggregate Year-to-Date > \$ 500  | <b>Date (month, day, year)</b><br>4/30/99            | <b>Amount of Each Receipt this Period</b><br>500.00            |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Hepner Mohawk Senior Management<br>Voluntary Fed PAC<br>P.O. Box 7102<br>Syracuse NY 13261<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):        | <b>Name of Employer</b><br>PAC<br><b>Occupation</b><br>Aggregate Year-to-Date > \$ 2500 | <b>Date (month, day, year)</b><br>4/14/99<br>6/17/99 | <b>Amount of Each Receipt this Period</b><br>200.00<br>500.00  |

SUBTOTAL of Receipts This Page (optional)

4840

TOTAL This Period (last page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

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

Severinghaus Congress

|                                                                                                                                                                                                                                                                                             |                                                                                                |                                                      |                                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|------------------------------------------------------|---------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Anthony La Roche Good Gov't Comm.<br>1300 1st. NW #520 W.<br>Wash DC 20005-3314<br>Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General                 | <b>Name of Employer</b><br>PRC<br><b>Occupation</b><br>Aggregate Year-to-Date > \$ 500         | <b>Date (month, day, year)</b><br>4/30/99            | <b>Amount of Each Receipt this Period</b><br>500.00           |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Bristol Myers Squibb Co Employees PRC<br>345 Park Ave<br>NY NY 10154<br>Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General                            | <b>Name of Employer</b><br>PRC<br><b>Occupation</b><br>Aggregate Year-to-Date > \$ 500         | <b>Date (month, day, year)</b><br>4/30/99            | <b>Amount of Each Receipt this Period</b><br>500.00           |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>International Union Operating Engineers<br>Local 106 (UPAF)<br>1284 Central Ave Albany NY 12205<br>Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General | <b>Name of Employer</b><br>PRC<br><b>Occupation</b><br>Aggregate Year-to-Date > \$ 700         | <b>Date (month, day, year)</b><br>4/30/99<br>5/26/99 | <b>Amount of Each Receipt this Period</b><br>500.00<br>200.00 |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Glaxo Wellcome PRC<br>5 Moore Dr.<br>Research Triangle Park NC 27709<br>Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General                            | <b>Name of Employer</b><br>PRC<br><b>Occupation</b><br>Aggregate Year-to-Date > \$ 200         | <b>Date (month, day, year)</b><br>4/3/99             | <b>Amount of Each Receipt this Period</b><br>200.00           |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>American Collectors Club<br>4040 W 70th St.<br>Minneapolis MN 55435<br>Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General                             | <b>Name of Employer</b><br>PRC<br><b>Occupation</b><br>Aggregate Year-to-Date > \$ 1000        | <b>Date (month, day, year)</b><br>4/30/99            | <b>Amount of Each Receipt this Period</b><br>1000.00          |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Amer Dental PRC<br>111-14th St NW #1100<br>Wash DC 20005<br>Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General                                        | <b>Name of Employer</b><br>PRC<br><b>Occupation</b><br>Aggregate Year-to-Date > \$ 1000        | <b>Date (month, day, year)</b><br>4/30/99            | <b>Amount of Each Receipt this Period</b><br>1000.00          |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>UPS PRC<br>55 Monlike Parkway N.E.<br>Atlanta GA 30328<br>Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input type="checkbox"/> General                                                     | <b>Name of Employer</b><br>PRC<br><b>Occupation</b><br>Aggregate Year-to-Date > \$ per page 19 | <b>Date (month, day, year)</b><br>5/26/99<br>5/21/99 | <b>Amount of Each Receipt this Period</b><br>800.00<br>500.00 |

SUBTOTAL of Receipts This Page (optional)

5200

TOTAL This Period (last page this line number only)



## SCHEDULE A

## ITEMIZED RECEIPTS

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## NAME OF COMMITTEE (in full)

Sweeney for Congress

|                                                                                                                                                                                                                                                                     |                                                                                              |                                                      |                                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|------------------------------------------------------|----------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Bond PAC<br>1445 14th Ave NW<br>Wash DC 20005<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                        | <b>Name of Employer</b><br>PAC<br><b>Occupation</b><br>Aggregate Year-to-Date > \$ 570       | <b>Date (month, day, year)</b><br>5/25/99            | <b>Amount of Each Receipt this Period</b><br>500.00            |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Q7BE PAC<br>807 St. NW<br>Wash DC 20001<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                              | <b>Name of Employer</b><br>PAC<br><b>Occupation</b><br>Aggregate Year-to-Date > \$ 570       | <b>Date (month, day, year)</b><br>5/26/99            | <b>Amount of Each Receipt this Period</b><br>500.00            |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>United Airlines, Inc.<br>PO BOX 66423<br>Chicago IL 60666<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):            | <b>Name of Employer</b><br>PAC<br><b>Occupation</b><br>Aggregate Year-to-Date > \$ 570       | <b>Date (month, day, year)</b><br>5/21/99            | <b>Amount of Each Receipt this Period</b><br>500.00            |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Becktel Inc.<br>PO Box 193965<br>San Francisco CA 94119<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):              | <b>Name of Employer</b><br>PAC<br><b>Occupation</b><br>Aggregate Year-to-Date > \$ 570       | <b>Date (month, day, year)</b><br>5/26/99            | <b>Amount of Each Receipt this Period</b><br>500.00            |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Northeast Utilities System<br>701 Penn Ave NW # 500<br>Wash DC 20004<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br>PAC<br><b>Occupation</b><br>Aggregate Year-to-Date > \$ 1570      | <b>Date (month, day, year)</b><br>5/26/99<br>6/30/99 | <b>Amount of Each Receipt this Period</b><br>500.00<br>1000.00 |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>MFG Fed PAC<br>18 Lafayette Sq.<br>Buffalo NY 14203<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                  | <b>Name of Employer</b><br>PAC<br><b>Occupation</b><br>Aggregate Year-to-Date > \$ 570 -     | <b>Date (month, day, year)</b><br>5/26/99            | <b>Amount of Each Receipt this Period</b><br>500.00            |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Geo PAC<br>400 W Capitol St NW<br>Wash DC 20001<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                      | <b>Name of Employer</b><br>PAC<br><b>Occupation</b><br>\$<br>Aggregate Year-to-Date > \$ 571 | <b>Date (month, day, year)</b><br>5/26/99            | <b>Amount of Each Receipt this Period</b><br>500.00            |

SUBTOTAL of Receipts This Page (optional)

4500

TOTAL This Period (last page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

Sweeney for Congress

|                                                                                                                                                                                                                                                                             |                                                                                         |                                           |                                                      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|-------------------------------------------|------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Eastman Kodak PAC<br>343 State St.<br>Providence, RI 02906-0516<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):              | <b>Name of Employer</b><br>PAC<br><b>Occupation</b><br>Aggregate Year-to-Date > \$ 570  | <b>Date (month, day, year)</b><br>5/13/99 | <b>Amount of Each Receipt this Period</b><br>500.00  |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Farm Credit PAC<br>507 St NW # 900<br>Wash DC 20001<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                          | <b>Name of Employer</b><br>PAC<br><b>Occupation</b><br>Aggregate Year-to-Date > \$ 570  | <b>Date (month, day, year)</b><br>6/17/99 | <b>Amount of Each Receipt this Period</b><br>500.00  |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Public Service Elec & Gas Co (PSE&G)<br>50 Park Plaza #4A<br>Newark NJ 07102<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br>PAC<br><b>Occupation</b><br>Aggregate Year-to-Date > \$ 570  | <b>Date (month, day, year)</b><br>6/17/99 | <b>Amount of Each Receipt this Period</b><br>500.00  |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>The J. P. Morgan & Co. PAC<br>60 Wall St.<br>NY NY 10260<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                     | <b>Name of Employer</b><br>PAC<br><b>Occupation</b><br>Aggregate Year-to-Date > \$ 1040 | <b>Date (month, day, year)</b><br>6/17/99 | <b>Amount of Each Receipt this Period</b><br>1000.00 |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Engineers Vol. PAC (Ed) Local 545<br>107 E Glen Ave<br>Syracuse NY 13205<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):     | <b>Name of Employer</b><br>PAC<br><b>Occupation</b><br>Aggregate Year-to-Date > \$ 570  | <b>Date (month, day, year)</b><br>6/17/99 | <b>Amount of Each Receipt this Period</b><br>500.00  |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>PLE PAC<br>400 N Washington St.<br>Alexandria VA 22314<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                       | <b>Name of Employer</b><br>PAC<br><b>Occupation</b><br>Aggregate Year-to-Date > \$ 570  | <b>Date (month, day, year)</b><br>6/17/99 | <b>Amount of Each Receipt this Period</b><br>500.00  |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Dime PAC<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                                                                | <b>Name of Employer</b><br>PAC<br><b>Occupation</b><br>Aggregate Year-to-Date > \$ 570  | <b>Date (month, day, year)</b><br>6/17/99 | <b>Amount of Each Receipt this Period</b><br>500.00  |

SUBTOTAL of Receipts This Page (optional)

4000

TOTAL This Period (last page this line number only)

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER  
**11C**

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**NAME OF COMMITTEE (In Full)**

*Secrecy for Congress*

|                                                                                                                                                                                                                                                                                                                     |                                                                                                        |                                                  |                                                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|--------------------------------------------------|-------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br><i>Luerto Luis Alot Millennium PAC (NY)</i><br><i>909 3rd Ave 16<sup>th</sup> Floor</i><br><i>NY NY 10022</i><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):        | <b>Name of Employer</b><br><i>PAC</i><br><b>Occupation</b><br>Aggregate Year-to-Date > \$ <i>1100</i>  | <b>Date (month, day, year)</b><br><i>6/17/99</i> | <b>Amount of Each Receipt this Period</b><br><i>1000.00</i> |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br><i>CMA Energy Employees/Pittsburgh</i><br><i>212 W. McKersie Ave</i><br><i>Jackson MI 49201</i><br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                 | <b>Name of Employer</b><br><i>PAC</i><br><b>Occupation</b><br>Aggregate Year-to-Date > \$ <i>570</i>   | <b>Date (month, day, year)</b><br><i>6/13/99</i> | <b>Amount of Each Receipt this Period</b><br><i>500.00</i>  |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br><i>Times Electric Power Company</i><br><i>Responsible for</i><br><i>801 Penn Ave NW 214</i><br><i>Frank DC 20004</i><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br><i>PAC</i><br><b>Occupation</b><br>Aggregate Year-to-Date > \$ <i>570</i>   | <b>Date (month, day, year)</b><br><i>6/17/99</i> | <b>Amount of Each Receipt this Period</b><br><i>500.00</i>  |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br><i>Bell Atlantic PAC</i><br><i>1717 Arch St. 47-5</i><br><i>Philadelphia PA 19103</i><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                | <b>Name of Employer</b><br><i>PAC</i><br><b>Occupation</b><br>Aggregate Year-to-Date > \$ <i>1100</i>  | <b>Date (month, day, year)</b><br><i>6/17/99</i> | <b>Amount of Each Receipt this Period</b><br><i>1000.00</i> |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br><i>Blue PAC</i><br><i>1310 9th St. NW, 12<sup>th</sup> Fl</i><br><i>Wash DC 20005</i><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                | <b>Name of Employer</b><br><i>PAC</i><br><b>Occupation</b><br>Aggregate Year-to-Date > \$ <i>370</i>   | <b>Date (month, day, year)</b><br><i>6/17/99</i> | <b>Amount of Each Receipt this Period</b><br><i>500.00</i>  |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br><i>NRLCA PAC</i><br><i>1636 Duke St. 4<sup>th</sup> Fl</i><br><i>Alexandria VA 22314-3465</i><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                        | <b>Name of Employer</b><br><i>PAC</i><br><b>Occupation</b><br>Aggregate Year-to-Date > \$ <i>2500-</i> | <b>Date (month, day, year)</b><br><i>6/17/99</i> | <b>Amount of Each Receipt this Period</b><br><i>2500.00</i> |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br><i>NY Stock Exchange Inc. PAC</i><br><i>501 Ann Ave NW #630</i><br><i>Wash DC 20004</i><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                              | <b>Name of Employer</b><br><i>PAC</i><br><b>Occupation</b><br>Aggregate Year-to-Date > \$ <i>500</i>   | <b>Date (month, day, year)</b><br><i>6/17/99</i> | <b>Amount of Each Receipt this Period</b><br><i>500.-</i>   |

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

*6500*

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

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
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## NAME OF COMMITTEE (In Full)

Swanney for Congress

|                                                                                                                                                                                                                                                                                        |                                                                                         |                                                      |                                                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|------------------------------------------------------|---------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Energy Co PAC (Ed PAC)<br>2000 Second Ave<br>Detroit MI 48226<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                           | <b>Name of Employer</b><br>PAC<br><b>Occupation</b><br>Aggregate Year-to-Date > \$ 500  | <b>Date (month, day, year)</b><br>6/17/99            | <b>Amount of Each Receipt this Period</b><br>500.00           |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Power PAC of the Edison Electric Inst<br>701 Penn Ave NW<br>Wash DC 20004<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):               | <b>Name of Employer</b><br>PAC<br><b>Occupation</b><br>Aggregate Year-to-Date > \$ 500  | <b>Date (month, day, year)</b><br>6/17/99            | <b>Amount of Each Receipt this Period</b><br>500.00           |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>CISTA PAC<br>1101 King St #200<br>Alexandria VA 22314<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                   | <b>Name of Employer</b><br>PAC<br><b>Occupation</b><br>Aggregate Year-to-Date > \$ 1000 | <b>Date (month, day, year)</b><br>6/17/99            | <b>Amount of Each Receipt this Period</b><br>1000.00          |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Consolidated Nat Gas Service Co PAC<br>CNG Tower 625 Liberty Ave<br>Pittsburgh PA 15222<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br>PAC<br><b>Occupation</b><br>Aggregate Year-to-Date > \$ 500  | <b>Date (month, day, year)</b><br>6/17/99            | <b>Amount of Each Receipt this Period</b><br>500.00           |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>MCN Energy Group Fed PAC<br>500 Greenbush Dr<br>Detroit MI 48226-3701<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                   | <b>Name of Employer</b><br>PAC<br><b>Occupation</b><br>Aggregate Year-to-Date > \$ 500  | <b>Date (month, day, year)</b><br>6/17/99            | <b>Amount of Each Receipt this Period</b><br>500.00           |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>3M PAC<br>3M Center<br>St Paul MN 55144<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                                 | <b>Name of Employer</b><br>PAC<br><b>Occupation</b><br>Aggregate Year-to-Date > \$ 500  | <b>Date (month, day, year)</b><br>6/17/99            | <b>Amount of Each Receipt this Period</b><br>500.00           |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>CSL Corp PAC<br>#560, Met Place; 1301 Penn Ave NW<br>Wash DC 20004<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                      | <b>Name of Employer</b><br>PAC<br><b>Occupation</b><br>Aggregate Year-to-Date > \$ 1000 | <b>Date (month, day, year)</b><br>6/24/99<br>6/28/99 | <b>Amount of Each Receipt this Period</b><br>500.00<br>500.00 |

SUBTOTAL of Receipts This Page (optional)

4500

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**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

*Servaney for Congress*

|                                                                                                                                                                                                                                                                                                          |                                                                                                                  |                                                                         |                                                                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| <p>A. Full Name, Mailing Address and ZIP Code</p> <p><i>Freedom Project</i><br/><i>1110 SE. SE</i><br/><i>Wash DC 20023</i></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>                                      | <p>Name of Employer</p> <p><i>PAC</i></p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ <i>5000.00</i></p> | <p>Date (month, day, year)</p> <p><i>6/24/99</i></p>                    | <p>Amount of Each Receipt this Period</p> <p><i>5000.00</i></p>                    |
| <p>B. Full Name, Mailing Address and ZIP Code</p> <p><i>National Math Learning Council PAC</i><br/><i>1850 M St NW # 540</i><br/><i>Wash DC 20036</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p> | <p>Name of Employer</p> <p><i>PAC</i></p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ <i>500</i></p>     | <p>Date (month, day, year)</p> <p><i>6/21/99</i></p>                    | <p>Amount of Each Receipt this Period</p> <p><i>500.00</i></p>                     |
| <p>C. Full Name, Mailing Address and ZIP Code</p> <p><i>The Appraisal Institute</i><br/><i>2500 Virginia Ave NW # 123</i><br/><i>Wash DC 20037</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>    | <p>Name of Employer</p> <p><i>PAC</i></p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ <i>500</i></p>     | <p>Date (month, day, year)</p> <p><i>6/18/99</i></p>                    | <p>Amount of Each Receipt this Period</p> <p><i>500.00</i></p>                     |
| <p>D. Full Name, Mailing Address and ZIP Code</p> <p><i>Franklin Martin</i><br/><i>1725 4th Davis Hwy, Apt 2</i><br/><i>Arlington VA 22202</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>        | <p>Name of Employer</p> <p><i>PAC</i></p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ <i>1000</i></p>    | <p>Date (month, day, year)</p> <p><i>6/24/99</i></p>                    | <p>Amount of Each Receipt this Period</p> <p><i>1000.00</i></p>                    |
| <p>E. Full Name, Mailing Address and ZIP Code</p> <p><i>Mabel Oil Corp. PAC</i><br/><i>3225 Gallows Rd</i><br/><i>Fairfax VA 22037-0001</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>           | <p>Name of Employer</p> <p><i>PAC</i></p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ <i>500</i></p>     | <p>Date (month, day, year)</p> <p><i>6/15/99</i></p>                    | <p>Amount of Each Receipt this Period</p> <p><i>500.00</i></p>                     |
| <p>F. Full Name, Mailing Address and ZIP Code</p> <p><i>Brooklyn Union Gas Co Inc PAC</i><br/><i>145 Montague St</i><br/><i>Brooklyn NY 11201</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>     | <p>Name of Employer</p> <p><i>PAC</i></p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ <i>500</i></p>     | <p>Date (month, day, year)</p> <p><i>6/15/99</i></p>                    | <p>Amount of Each Receipt this Period</p> <p><i>500.00</i></p>                     |
| <p>G. Full Name, Mailing Address and ZIP Code</p> <p><i>ATSC ME - OPA-CIO</i><br/><i>1625 R St NW</i><br/><i>Wash DC 20036</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>                        | <p>Name of Employer</p> <p><i>PAC</i></p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ <i>5100.00</i></p> | <p>Date (month, day, year)</p> <p><i>6/28/99</i><br/><i>6/29/99</i></p> | <p>Amount of Each Receipt this Period</p> <p><i>2000.00</i><br/><i>1000.00</i></p> |

SUBTOTAL of Receipts This Page (optional)

*11,000.00*

TOTAL This Period (last page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

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## NAME OF COMMITTEE (in Full)

Journey for Congress

|                                                                                                                                                                                                                                                                                                        |                                                                                                |                                                  |                                                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|--------------------------------------------------|-------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br><i>Union Pacific Corp Fund for Effective Govt</i><br><i>600 13th St NW #340</i><br><i>Wash DC 20005</i><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br><i>PAC</i><br><b>Occupation</b><br>Aggregate Year-to-Date > \$ 500  | <b>Date (month, day, year)</b><br><i>6/28/99</i> | <b>Amount of Each Receipt this Period</b><br><i>500.00</i>  |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br><i>Inner Maritime Officers Val. Pol Fund</i><br><i>150 Fourth Ave</i><br><i>Brooklyn NY 11232</i><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):       | <b>Name of Employer</b><br><i>PAC</i><br><b>Occupation</b><br>Aggregate Year-to-Date > \$ 1000 | <b>Date (month, day, year)</b><br><i>6/28/99</i> | <b>Amount of Each Receipt this Period</b><br><i>1000.00</i> |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br><i>Che Computers Regia Improvement Comm</i><br><i>101 Constitution Ave NW</i><br><i>Wash DC 20001</i><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):   | <b>Name of Employer</b><br><i>PAC</i><br><b>Occupation</b><br>Aggregate Year-to-Date > \$ 3000 | <b>Date (month, day, year)</b><br><i>6/28/99</i> | <b>Amount of Each Receipt this Period</b><br><i>3000.00</i> |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br><i>Power PAC - Florida Power Employees</i><br><i>PO Box 14042</i><br><i>St Petersburg FL 33733</i><br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                 | <b>Name of Employer</b><br><i>PAC</i><br><b>Occupation</b><br>Aggregate Year-to-Date > \$ 500  | <b>Date (month, day, year)</b><br><i>6/28/99</i> | <b>Amount of Each Receipt this Period</b><br><i>500.00</i>  |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br><i>PECO Energy Co. Fed PAC</i><br><i>2301 Market St. 5-13-1</i><br><i>Philadelphia PA 19103-1338</i><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):    | <b>Name of Employer</b><br><i>PAC</i><br><b>Occupation</b><br>Aggregate Year-to-Date > \$ 500  | <b>Date (month, day, year)</b><br><i>6/28/99</i> | <b>Amount of Each Receipt this Period</b><br><i>500.00</i>  |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br><i>Mutual Insurance PAC</i><br><i>124-15th St NW, 12th Fl</i><br><i>Wash DC 20005</i><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                   | <b>Name of Employer</b><br><i>PAC</i><br><b>Occupation</b><br>Aggregate Year-to-Date > \$ 500  | <b>Date (month, day, year)</b><br><i>6/28/99</i> | <b>Amount of Each Receipt this Period</b><br><i>500.00</i>  |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br><i>Transport Workers Union PAC</i><br><i>80 West End Ave</i><br><i>NY NY 10023</i><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                      | <b>Name of Employer</b><br><i>PAC</i><br><b>Occupation</b><br>Aggregate Year-to-Date > \$ 500  | <b>Date (month, day, year)</b><br><i>6/28/99</i> | <b>Amount of Each Receipt this Period</b><br><i>500.00</i>  |

SUBTOTAL of Receipts This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

*Surety for Congress*

|                                                                                                                                                                                                                                                                                                               |                                                                                                               |                                                                         |                                                                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| <p>A. Full Name, Mailing Address and ZIP Code</p> <p><i>Amor Optometric Assn PAC</i><br/><i>1505 Prince St. #300</i><br/><i>Alexandria VA 22314</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>        | <p>Name of Employer</p> <p><i>PAC</i></p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ <i>500</i></p>  | <p>Date (month, day, year)</p> <p><i>6/28/99</i></p>                    | <p>Amount of Each Receipt This Period</p> <p><i>500.00</i></p>                     |
| <p>B. Full Name, Mailing Address and ZIP Code</p> <p><i>Philips Electronic Holder Corp PAC</i><br/><i>1300 I St NW #1070 East</i><br/><i>Wash DC 20005</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p> | <p>Name of Employer</p> <p><i>PAC</i></p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ <i>500</i></p>  | <p>Date (month, day, year)</p> <p><i>6/28/99</i></p>                    | <p>Amount of Each Receipt This Period</p> <p><i>500.00</i></p>                     |
| <p>C. Full Name, Mailing Address and ZIP Code</p> <p><i>Cellular Telecommunications Assn PAC</i><br/><i>1250 Conn Ave NW #200</i><br/><i>Wash DC 20036</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p> | <p>Name of Employer</p> <p><i>PAC</i></p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ <i>500</i></p>  | <p>Date (month, day, year)</p> <p><i>6/28/99</i></p>                    | <p>Amount of Each Receipt This Period</p> <p><i>500.00</i></p>                     |
| <p>D. Full Name, Mailing Address and ZIP Code</p> <p><i>Amor Dental Assn PAC</i><br/><i>1111 19th St NW #1100</i><br/><i>Wash DC 20005</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>                 | <p>Name of Employer</p> <p><i>PAC</i></p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ <i>2000</i></p> | <p>Date (month, day, year)</p> <p><i>6/25/99</i><br/><i>4/16/99</i></p> | <p>Amount of Each Receipt This Period</p> <p><i>1000.00</i><br/><i>1000.00</i></p> |
| <p>E. Full Name, Mailing Address and ZIP Code</p> <p><i>Ironworkers Alliance League</i><br/><i>1750 N Y Ave NW</i><br/><i>Wash DC 20006</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>                | <p>Name of Employer</p> <p><i>PAC</i></p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ <i>2000</i></p> | <p>Date (month, day, year)</p> <p><i>6/26/99</i></p>                    | <p>Amount of Each Receipt This Period</p> <p><i>2000.00</i></p>                    |
| <p>F. Full Name, Mailing Address and ZIP Code</p> <p><i>MCI PAC</i><br/><i>1801 Conn Ave NW</i><br/><i>Wash DC 20008</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>                                   | <p>Name of Employer</p> <p><i>PAC</i></p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ <i>500</i></p>  | <p>Date (month, day, year)</p> <p><i>6/26/99</i></p>                    | <p>Amount of Each Receipt This Period</p> <p><i>500.00</i></p>                     |
| <p>G. Full Name, Mailing Address and ZIP Code</p> <p><i>BNSF Rail PAC</i><br/><i>PO Box 961039</i><br/><i>St. Louis TX 76161-0039</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>                      | <p>Name of Employer</p> <p><i>PAC</i></p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ <i>500</i></p>  | <p>Date (month, day, year)</p> <p><i>6/28/99</i></p>                    | <p>Amount of Each Receipt This Period</p> <p><i>500.00</i></p>                     |

SUBTOTAL of Receipts This Page (optional)

*5500.00*

TOTAL This Period (last page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
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FOR LINE NUMBER 11C

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## NAME OF COMMITTEE (In Full)

Sweeney for Congress

|                                                                                                                                                                                                                                                                               |                                                                                            |                                           |                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Petroleum Marketing Assoc<br>1901 N. West Myer Dr. #9200<br>Arlington VA 22209<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br>PAC<br><b>Occupation</b><br>Aggregate Year-to-Date > \$ 1400    | <b>Date (month, day, year)</b><br>3/11/99 | <b>Amount of Each Receipt this Period</b><br>1000.00  |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>MAGE Stone PAC<br>1415 Elliott St. NW<br>Wash DC 20007<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                         | <b>Name of Employer</b><br>PAC<br><b>Occupation</b><br>Aggregate Year-to-Date > \$ 500     | <b>Date (month, day, year)</b><br>6/30/99 | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>MIM PAC<br>1295 State St.<br>Springfield MA 01111-0001<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                         | <b>Name of Employer</b><br>PAC<br><b>Occupation</b><br>Aggregate Year-to-Date > \$ 1000.00 | <b>Date (month, day, year)</b><br>6/30/99 | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>NOLC - C.O.C.P.E.<br>100 Indiana Ave NW<br>Wash DC 20001<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                       | <b>Name of Employer</b><br>PAC<br><b>Occupation</b><br>Aggregate Year-to-Date > \$ 2000    | <b>Date (month, day, year)</b><br>6/30/99 | <b>Amount of Each Receipt this Period</b><br>2000 -   |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>DRIVE<br>25 Louisiana Ave NW<br>Washington DC 20001<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                            | <b>Name of Employer</b><br>PAC<br><b>Occupation</b><br>Aggregate Year-to-Date > \$ 400     | <b>Date (month, day, year)</b><br>6/30/99 | <b>Amount of Each Receipt this Period</b><br>\$ 400 - |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Build PAC<br>1801 15th St. N.W.<br>Washington DC 20005-3800<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                    | <b>Name of Employer</b><br>PAC<br><b>Occupation</b><br>Aggregate Year-to-Date > \$ 1000    | <b>Date (month, day, year)</b><br>6/30/99 | <b>Amount of Each Receipt this Period</b><br>1000.00  |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Republic Concerned Citizens Fund<br>Purchase NY 10577<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                          | <b>Name of Employer</b><br>PAC<br><b>Occupation</b><br>Aggregate Year-to-Date > \$ 1000    | <b>Date (month, day, year)</b><br>6/30/99 | <b>Amount of Each Receipt this Period</b><br>1000.00  |

SUBTOTAL of Receipts This Page (optional)

6400 -

TOTAL This Period (last page this line number only)



**SCHEDULE A**

**ITEMIZED RECEIPTS**

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**NAME OF COMMITTEE (In Full)**

*Swearing for Congress*

|                                                                                                                                                                                                                                                                                                      |                                                                                                                                     |                                                                                                   |                                                                                                            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| <p><b>A. Full Name, Mailing Address and ZIP Code</b><br/> <i>U. S. Airways</i><br/> <i>334 Capital Dr.</i><br/> <i>Arlington VA 22227</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify):</p>        | <p><b>Name of Employer</b><br/> <i>PAC</i></p> <p><b>Occupation</b></p> <p><b>Aggregate Year-to-Date</b> &gt; \$ <i>500</i></p>     | <p><b>Date (month, day, year)</b><br/> <i>6/30/99</i></p>                                         | <p><b>Amount of Each Receipt this Period</b><br/> <i>500.00</i></p>                                        |
| <p><b>B. Full Name, Mailing Address and ZIP Code</b><br/> <i>APRO-PAC</i><br/> <i>9015 Mountain Ridge Dr. #220</i><br/> <i>Austin TX 78759</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify):</p>   | <p><b>Name of Employer</b><br/> <i>PAC</i></p> <p><b>Occupation</b></p> <p><b>Aggregate Year-to-Date</b> &gt; \$ <i>500</i></p>     | <p><b>Date (month, day, year)</b><br/> <i>6/30/99</i></p>                                         | <p><b>Amount of Each Receipt this Period</b><br/> <i>500.00</i></p>                                        |
| <p><b>C. Full Name, Mailing Address and ZIP Code</b><br/> <i>UAS PAC</i><br/> <i>55 Atlanta Parkway N.E.</i><br/> <i>Atlanta GA 30328</i></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify):</p>                   | <p><b>Name of Employer</b><br/> <i>PAC</i></p> <p><b>Occupation</b></p> <p><b>Aggregate Year-to-Date</b> &gt; \$ <i>3800</i></p>    | <p><b>Date (month, day, year)</b><br/> <i>6/30/99</i><br/> <i>5/21/99</i><br/> <i>5/21/99</i></p> | <p><b>Amount of Each Receipt this Period</b><br/> <i>2500.00</i><br/> <i>800.00</i><br/> <i>500.00</i></p> |
| <p><b>D. Full Name, Mailing Address and ZIP Code</b><br/> <i>Bank of America</i><br/> <i>1401 Mylan NW #1110</i><br/> <i>Washington DC 20005</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify):</p> | <p><b>Name of Employer</b><br/> <i>PAC</i></p> <p><b>Occupation</b></p> <p><b>Aggregate Year-to-Date</b> &gt; \$ <i>1000</i></p>    | <p><b>Date (month, day, year)</b><br/> <i>6/30/99</i></p>                                         | <p><b>Amount of Each Receipt this Period</b><br/> <i>1000.00</i></p>                                       |
| <p><b>E. Full Name, Mailing Address and ZIP Code</b><br/> <i>Federal Express</i><br/> <i>1980 McConnell Blvd.</i><br/> <i>Memphis TN 38132</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify):</p>   | <p><b>Name of Employer</b><br/> <i>PAC</i></p> <p><b>Occupation</b></p> <p><b>Aggregate Year-to-Date</b> &gt; \$ <i>3000.00</i></p> | <p><b>Date (month, day, year)</b><br/> <i>6/30/99</i></p>                                         | <p><b>Amount of Each Receipt this Period</b><br/> <i>3000.00</i></p>                                       |
| <p><b>F. Full Name, Mailing Address and ZIP Code</b><br/> <i>Paul Marwick PAC</i><br/> <i>PO Box 18254</i><br/> <i>Washington DC 20036-9998</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify):</p>  | <p><b>Name of Employer</b><br/> <i>PAC</i></p> <p><b>Occupation</b></p> <p><b>Aggregate Year-to-Date</b> &gt; \$ <i>1000</i></p>    | <p><b>Date (month, day, year)</b><br/> <i>6/30/99</i></p>                                         | <p><b>Amount of Each Receipt this Period</b><br/> <i>1000.00</i></p>                                       |
| <p><b>G. Full Name, Mailing Address and ZIP Code</b><br/> <i>QETER - PAC</i><br/> <i>501 School St. SW #80</i><br/> <i>Asheville NC 28824</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify):</p>    | <p><b>Name of Employer</b><br/> <i>PAC</i></p> <p><b>Occupation</b></p> <p><b>Aggregate Year-to-Date</b> &gt; \$ <i>500</i></p>     | <p><b>Date (month, day, year)</b><br/> <i>6/30/99</i></p>                                         | <p><b>Amount of Each Receipt this Period</b><br/> <i>500.00</i></p>                                        |

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

*9000*

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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FOR LINE NUMBER 112

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NAME OF COMMITTEE (In Full)

*Senate for Congress*

| A. Full Name, Mailing Address and ZIP Code                                                                                             | Name of Employer                         | Date (month, day, year)                      | Amount of Each Receipt this Period                 |
|----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|----------------------------------------------|----------------------------------------------------|
| <i>Comsat, Inc.<br/>6560 Rock Spring Dr.<br/>Bethesda MD 20817</i>                                                                     | <i>Inc</i>                               | <i>6/30/99</i>                               | <i>500.00</i>                                      |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation                               | Aggregate Year-to-Date <i>&gt; \$ 570</i>    |                                                    |
| <i>MEIRAL PAF<br/>444 N. Capitol St. NW #502<br/>Wash DC 20001</i>                                                                     | <i>Inc</i>                               | <i>6/30/99</i>                               | <i>1000.00</i>                                     |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation                               | Aggregate Year-to-Date <i>&gt; \$ 1000</i>   |                                                    |
| <i>Williams &amp; Jensen PC Inc<br/>1155 21st St. NW<br/>Wash DC 20036-3308</i>                                                        | <i>Inc</i><br><i>Fundraiser Catering</i> | <i>3/17/99</i>                               | <i>500.00</i><br><i>(for kind)</i>                 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation                               | Aggregate Year-to-Date <i>&gt; \$ 500.00</i> |                                                    |
| <i>Journals &amp; Publications, LLC<br/>1155 21st St. NW #300<br/>Wash. DC 20036</i>                                                   |                                          | <i>2/23/99</i><br><i>3/17/99</i>             | <i>50.00</i><br><i>270.00</i><br><i>(for kind)</i> |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation                               | Aggregate Year-to-Date <i>&gt; \$ 270.00</i> |                                                    |
| <i>Burck MacKenzie &amp; Murphy LLP<br/>Thurgood Park Blvd<br/>Latham NY 12110-0140</i>                                                | <i>Legal Firm - same</i>                 | <i>5/21/99</i>                               | <i>600.00</i>                                      |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation                               | Aggregate Year-to-Date <i>&gt; \$ 600-</i>   |                                                    |
| <i>Local 106, IMAE<br/>1284 Central Ave<br/>Albany NY 12205</i>                                                                        |                                          | <i>5/23/99</i><br><i>4/30/99</i>             | <i>200</i><br><i>500</i>                           |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation                               | Aggregate Year-to-Date <i>&gt; \$ 700</i>    |                                                    |
| 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<br><input type="checkbox"/> Other (specify):            | Occupation                               | Aggregate Year-to-Date <i>&gt; \$</i>        |                                                    |

SUBTOTAL of Receipts This Page (optional)

*3070-*

TOTAL This Period (last page this line number only)

*13034825*

## SCHEDULE A

## ITEMIZED RECEIPTS

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FOR LINE NUMBER 14

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## NAME OF COMMITTEE (in full)

Sweeney / Congress

|                                                                                                                                                                                                                                                                 |                                                                                                         |                                           |                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|-------------------------------------------|---------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>TIME WARNER<br>Albany Hwy / NY<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                              | <b>Name of Employer</b><br>Refund<br><b>Occupation</b><br>Aggregate Year-to-Date > \$                   | <b>Date (month, day, year)</b><br>2/3/99  | <b>Amount of Each Receipt this Period</b><br>17.72            |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Stratton Assoc. Advertising Services<br>P.O. Box 626<br>Round Lake NY 12151<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br>Refund<br><b>Occupation</b><br>Aggregate Year-to-Date > \$                   | <b>Date (month, day, year)</b><br>3/17/99 | <b>Amount of Each Receipt this Period</b><br>216.62           |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Adelphi Comm. Cops<br>P.O. Box 472<br>Coudersport PA 16815<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                  | <b>Name of Employer</b><br>Refund<br><b>Occupation</b><br>Aggregate Year-to-Date > \$                   | <b>Date (month, day, year)</b><br>3/17/99 | <b>Amount of Each Receipt this Period</b><br>372.84           |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Press Republican<br>P.O. Box 1457<br>Plattsburgh NY 12901-0457<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):              | <b>Name of Employer</b><br>Refund<br><b>Occupation</b><br>Aggregate Year-to-Date > \$                   | <b>Date (month, day, year)</b><br>5/26/99 | <b>Amount of Each Receipt this Period</b><br>10.43            |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Bell Atlantic<br>1045 Ave of the Americas Rm 3046<br>NY NY 10036<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):            | <b>Name of Employer</b><br>Refund<br><b>Occupation</b><br>Aggregate Year-to-Date > \$                   | <b>Date (month, day, year)</b><br>5/13/99 | <b>Amount of Each Receipt this Period</b><br>12.53<br>2419.28 |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>U.S. Postmaster<br>Chatham Park NY 12065<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                         | <b>Name of Employer</b><br>Refund<br>P.O. Box Kings<br><b>Occupation</b><br>Aggregate Year-to-Date > \$ | <b>Date (month, day, year)</b><br>2/6/99  | <b>Amount of Each Receipt this Period</b><br>3.00             |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br><br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                                                            | <b>Name of Employer</b><br><br><b>Occupation</b><br>Aggregate Year-to-Date > \$                         | <b>Date (month, day, year)</b>            | <b>Amount of Each Receipt this Period</b>                     |

SUBTOTAL of Receipts This Page (optional)

3052.42

TOTAL This Period (last page this line number only)

3052.42

## SCHEDULE B

## ITEMIZED DISBURSEMENTS

 Use separate schedule(s)  
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FOR LINE NUMBER 17

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## NAME OF COMMITTEE (in Full)

*Assembly for Congress*

|                                                                                                                                                   |                                                                                                                                                                                                                |                                                                  |                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|---------------------------------------------------------------------------------|
| A. Full Name, Mailing Address and ZIP Code<br><i>Cynthia Lippard<br/>Bevers Rd.<br/>Schaghticoke, NY</i>                                          | Purpose of Disbursement<br><i>Reimbursement<br/>R.D. charges</i><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month, day, year)<br><i>1/29/99</i>                        | Amount of Each Disbursement This Period<br><i>100.01</i>                        |
| B. Full Name, Mailing Address and ZIP Code<br><i>First Impressions<br/>25 Adams Court<br/>Plainville NY 11803</i>                                 | Purpose of Disbursement<br><i>Printing Invitations</i><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)           | Date (month, day, year)<br><i>3/12/99</i>                        | Amount of Each Disbursement This Period<br><i>643.50</i>                        |
| C. Full Name, Mailing Address and ZIP Code<br><i>Allstate Insurance<br/>40 Di Lesore Drive<br/>650 Saratoga Rd<br/>Rams Neck NY 12027</i>         | Purpose of Disbursement<br><i>Campaign for Howard</i><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                       | Date (month, day, year)<br><i>2/15/99<br/>4/6/99<br/>5/10/99</i> | Amount of Each Disbursement This Period<br><i>243.88<br/>215.86<br/>185.41</i>  |
| D. Full Name, Mailing Address and ZIP Code<br><i>" "</i>                                                                                          | Purpose of Disbursement<br><i>" "</i><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                       | Date (month, day, year)<br><i>4/6/99</i>                         | Amount of Each Disbursement This Period<br><i>177.67</i>                        |
| E. Full Name, Mailing Address and ZIP Code<br><i>David S. Andruskiw Inc.<br/>50 E. St. SE<br/>Fack DC 20003</i>                                   | Purpose of Disbursement<br><i>Printing</i><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                  | Date (month, day, year)<br><i>3/28/99</i>                        | Amount of Each Disbursement This Period<br><i>790.25</i>                        |
| F. Full Name, Mailing Address and ZIP Code<br><i>Office Max<br/>54 The Crossing Blvd.<br/>Clifton Park NY -</i>                                   | Purpose of Disbursement<br><i>2 Toner Cartridges</i><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)             | Date (month, day, year)<br><i>3/18/99</i>                        | Amount of Each Disbursement This Period<br><i>74.88</i>                         |
| G. Full Name, Mailing Address and ZIP Code<br><i>Sherton Hotel NY<br/>150 Seventh Ave<br/>NY NY 10019</i>                                         | Purpose of Disbursement<br><i>Form - 827.98</i><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify) <i>98 Debt</i>   | Date (month, day, year)<br><i>3/18/99</i>                        | Amount of Each Disbursement This Period<br><i>541.08</i>                        |
| H. Full Name, Mailing Address and ZIP Code<br><i>Signature Services<br/>P.O. Box 14690<br/>Albany NY 12212-4690</i>                               | Purpose of Disbursement<br><i>Printing</i><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                       | Date (month, day, year)<br><i>3/12/99<br/>4/6/99<br/>4/19/99</i> | Amount of Each Disbursement This Period<br><i>212.43<br/>179.42<br/>1121.85</i> |
| I. Full Name, Mailing Address and ZIP Code<br><i>Saratoga County Women's Lg Club<br/>40 Beacon Hill<br/>24 White St<br/>Ballston Spa NY 12020</i> | Purpose of Disbursement<br><i>Ad Journal</i><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                | Date (month, day, year)<br><i>3/18/99</i>                        | Amount of Each Disbursement This Period<br><i>125-</i>                          |

SUBTOTAL of Disbursements This Page (optional)

10403.20

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)

Sweeney for Congress

| A. Full Name, Mailing Address and ZIP Code                                                                  | Purpose of Disbursement                                                                                                                                                                                    | Date (month, day, year) | Amount of Each Disbursement This Period |
|-------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------|
| University Club<br>141 Washington Ave<br>Albany NY 12210                                                    | Fundraiser<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                                   | 3/31/99                 | 5510.56                                 |
| B. Full Name, Mailing Address and ZIP Code<br>Robert M. Caville<br>273 E 85th Apt 22<br>NY NY 11078         | Purpose of Disbursement<br>Reimbursement<br>Hotel Bill - GES<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | 3/25/99                 | 296.13                                  |
| C. Full Name, Mailing Address and ZIP Code<br>Keith Cavayaro<br>Rollingbrook Dr.<br>Parsons NY 12846        | Purpose of Disbursement<br>Rent & Compaign Office<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                       | 4/14/99<br>6/1/99       | 1400.00<br>380.00                       |
| D. Full Name, Mailing Address and ZIP Code<br>MARRA<br>Box 1701 87<br>Jamaica NY 11417                      | Purpose of Disbursement<br>Tx 8/13/99 event<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                             | 4/19/99                 | 1762.50                                 |
| E. Full Name, Mailing Address and ZIP Code<br>Business Products<br>1763 Rte 9<br>Clyton Park NY 12065       | Purpose of Disbursement<br>Purchase Office<br>Equipment & Supplies<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)      | 5/8/99                  | 246.50                                  |
| F. Full Name, Mailing Address and ZIP Code<br>America Express<br>c/o 355 Lexington Ave #1001<br>NY NY 10017 | Purpose of Disbursement<br>F. Pat Delmonico's<br>NY NY<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                  | 4/25/99                 | 443.70                                  |
| G. Full Name, Mailing Address and ZIP Code<br>Center for the Disabled                                       | Purpose of Disbursement<br>Donation/Ad<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                  | 5/10/99                 | 275.00                                  |
| H. Full Name, Mailing Address and ZIP Code<br>Parsons Cigar Shop<br>20 Broadway<br>Parsons NY 12846         | Purpose of Disbursement<br>Cigars - Donations -<br>Fundraising<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)          | 5/20/99                 | 351.50                                  |
| I. Full Name, Mailing Address and ZIP Code<br>Furnace, Benquet House<br>873 5th Ave<br>Manhatten NY 10187   | Purpose of Disbursement<br>Fundraiser<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                   | 5/25/99                 | 1080.00                                 |

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10665.59

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## SCHEDULE B

## ITEMIZED DISBURSEMENTS

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## NAME OF COMMITTEE (In Full)

Assembly / Congress

| A. Full Name, Mailing Address and ZIP Code                                                                                             | Purpose of Disbursement                                                                                                                                                                                            | Date (month, day, year)                                  | Amount of Each Disbursement This Period                                  |
|----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|--------------------------------------------------------------------------|
| John McLaughlin & Associates<br>919 Prince St.<br>Edgewater, VA 22314                                                                  | Consulting<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify) 95 Debt                                                   | 1/28/99<br>3/15/99                                       | 10,000. —<br>3880. —                                                     |
| B. Full Name, Mailing Address and ZIP Code<br>Chrysler Financial<br>8711 Sawpath Rd<br>Syosset, NY 11057                               | Purpose of Disbursement<br>Hypnotic Lease Campaign<br>Per<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                       | Date (month, day, year)<br>1/29/99<br>2/12/99<br>3/12/99 | Amount of Each Disbursement This Period<br>573.67<br>573.67<br>373.67    |
| C. Full Name, Mailing Address and ZIP Code<br>Chrysler Financial                                                                       | Purpose of Disbursement<br>Campaign for Lease<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                   | Date (month, day, year)<br>4/12/99<br>5/12/99<br>6/19/99 | Amount of Each Disbursement This Period<br>573.67<br>373.67<br>373.67    |
| D. Full Name, Mailing Address and ZIP Code<br>Carol White<br>PO Box 22222<br>Albany, NY 12207                                          | Purpose of Disbursement<br>Reimbursement<br>for Line TX5-JE5<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify) 95 Debt | Date (month, day, year)<br>1/29/99<br>3/12/99            | Amount of Each Disbursement This Period<br>1254. —<br>1254.16            |
| E. Full Name, Mailing Address and ZIP Code<br>Frank Perdomo Printing<br>2002 Tenwick St NE<br>Waco, DC 20002                           | Purpose of Disbursement<br>Printing & Reproducting<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify) 95 Debt           | Date (month, day, year)<br>1/29/99                       | Amount of Each Disbursement This Period<br>79.31                         |
| F. Full Name, Mailing Address and ZIP Code<br>X Press News<br>75 Chapman St.<br>Albany, NY 12204                                       | Purpose of Disbursement<br>Printing<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify) 95 Debt                          | Date (month, day, year)<br>1/27/99<br>3/15/99            | Amount of Each Disbursement This Period<br>10,000.00<br>11,623.74        |
| G. Full Name, Mailing Address and ZIP Code<br>Alfred Printing<br>607 Fowler Ave<br>Troy, NY 12180                                      | Purpose of Disbursement<br>Printing<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify) 95 Debt                          | Date (month, day, year)<br>1/25/99<br>3/15/99<br>6/16/99 | Amount of Each Disbursement This Period<br>2000.00<br>5806.58<br>1095.12 |
| H. Full Name, Mailing Address and ZIP Code<br>Townhouse Facilities LLC<br>46 Williams & Green<br>1155 21st St NW #300<br>Bost DC 20006 | Purpose of Disbursement<br>Increasing in event.<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify) 95 Debt              | Date (month, day, year)<br>1/29/99                       | Amount of Each Disbursement This Period<br>45. —                         |
| I. Full Name, Mailing Address and ZIP Code<br>M&J Press<br>800 N. Pearl St<br>Albany, NY 12204                                         | Purpose of Disbursement<br>Scanning & placing<br>on disk<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify) 95 Debt     | Date (month, day, year)<br>1/25/99                       | Amount of Each Disbursement This Period<br>50. —                         |

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49367.93

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## SCHEDULE B

## ITEMIZED DISBURSEMENTS

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## NAME OF COMMITTEE (in Full)

Smearney / Congress

|                                                                                                                                               |                                                                                                                                                                                                                         |                                                                                                       |                                                                                                                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br><i>Spectrum Products</i><br><i>17 Dave St.</i><br><i>Albany NY 12210-2315</i>            | <b>Purpose of Disbursement</b><br><i>Printing</i><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify) <i>95 Debt</i>          | <b>Date (month, day, year)</b><br><i>1/25/99</i><br><i>2/20/99</i>                                    | <b>Amount of Each Disbursement This Period</b><br><br><i>85.02</i><br><i>21.14</i>                                     |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br><i>Business Products</i><br><i>1763 Etc 9</i><br><i>Clepton Park NY 12065</i>            | <b>Purpose of Disbursement</b><br><i>Equipment Rental</i><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                 | <b>Date (month, day, year)</b><br><i>1/25/99</i><br><i>3/16/99</i><br><i>6/16/99</i>                  | <b>Amount of Each Disbursement This Period</b><br><br><i>80.25</i><br><i>240.75</i><br><i>225.-</i>                    |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br><i>Arch Taging</i><br><i>1770 Central Ave</i><br><i>Albany NY 12205</i>                  | <b>Purpose of Disbursement</b><br><i>Paper Rental</i><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                     | <b>Date (month, day, year)</b><br><i>1/25/99</i><br><i>2/16/99</i><br><i>4/14/99</i>                  | <b>Amount of Each Disbursement This Period</b><br><br><i>53.39</i><br><i>106.78</i><br><i>52.31</i>                    |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br><i>Arch Taging</i><br><i>310 State St.</i><br><i>Albany NY 12210-2097</i>                | <b>Purpose of Disbursement</b><br><i>Paper Rental</i><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                     | <b>Date (month, day, year)</b><br><i>1/28/99</i><br><i>2/20/99</i><br><i>3/21/99</i>                  | <b>Amount of Each Disbursement This Period</b><br><br><i>118.16</i><br><i>119.93</i><br><i>118.16</i>                  |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>" "                                                                                      | <b>Purpose of Disbursement</b><br><i>Paper Rental</i><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                | <b>Date (month, day, year)</b><br><i>4/6/99</i><br><i>5/18/99</i><br><i>6/11/99</i><br><i>6/16/99</i> | <b>Amount of Each Disbursement This Period</b><br><br><i>118.16</i><br><i>118.16</i><br><i>109.01</i><br><i>126.67</i> |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br><i>Arch Taging</i><br><i>1770 Central Ave</i><br><i>Albany NY 12205</i>                  | <b>Purpose of Disbursement</b><br><i>Paper Rental</i><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                | <b>Date (month, day, year)</b><br><i>5/17/99</i><br><i>6/16/99</i>                                    | <b>Amount of Each Disbursement This Period</b><br><br><i>7.50</i><br><i>30.10</i>                                      |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br><i>Spencer's Book Catering</i><br><i>1310 Broadback Pl</i><br><i>Alexandria VA 22314</i> | <b>Purpose of Disbursement</b><br><i>Catering</i><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify) <i>95 Debt</i>          | <b>Date (month, day, year)</b><br><i>1/29/99</i><br><i>3/18/99</i>                                    | <b>Amount of Each Disbursement This Period</b><br><br><i>500.00</i><br><i>1206.39</i>                                  |
| <b>H. Full Name, Mailing Address and ZIP Code</b><br><i>Kevin Mahoney &amp; Associates</i><br><i>Livingston NY 10533</i>                      | <b>Purpose of Disbursement</b><br><i>Consultant</i><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify) <i>95 Debt</i>        | <b>Date (month, day, year)</b><br><i>1/29/99</i><br><i>3/15/99</i>                                    | <b>Amount of Each Disbursement This Period</b><br><br><i>10,000.-</i><br><i>5,000.-</i>                                |
| <b>I. Full Name, Mailing Address and ZIP Code</b><br><i>Matt Masterson</i><br><i>4 Oxford Circle</i><br><i>Long NY</i>                        | <b>Purpose of Disbursement</b><br><i>Reimbursement</i><br><i>Software</i><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Date (month, day, year)</b><br><i>1/28/99</i>                                                      | <b>Amount of Each Disbursement This Period</b><br><br><i>107.99</i>                                                    |

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18534.77

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## SCHEDULE B

## ITEMIZED DISBURSEMENTS

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## NAME OF COMMITTEE (In Full)

Assembly / Congress

| A. Full Name, Mailing Address and ZIP Code                                                                          | Purpose of Disbursement                                                                                                                                                                    | Date (month, day, year)       | Amount of Each Disbursement This Period |
|---------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------------|
| LCA Dinner<br>PO Box 7340<br>3rd Fl. State Capitol<br>Albany NY 12224                                               | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                                            | 6/4/99                        | 1752.00                                 |
| B. Full Name, Mailing Address and ZIP Code<br>Angela Sparker<br>801 Ross Ave NW, #250<br>Wash DC 20004<br>(NYSEF)   | Purpose of Disbursement<br>Reimbursement<br>Expenditure<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | 6/16/99                       | 1200.09                                 |
| C. Full Name, Mailing Address and ZIP Code<br>Capital Hill Club<br>300 First St SE<br>Washington DC 20003           | Purpose of Disbursement<br>June 15 Event<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                | 6/23/99                       | 394.35                                  |
| D. Full Name, Mailing Address and ZIP Code<br>Conservative Party of State<br>325 Parkview Rd<br>Schuylkill PA 19305 | Purpose of Disbursement<br>Ad / Journal<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                 | 6/23/99                       | 300.00                                  |
| E. Full Name, Mailing Address and ZIP Code<br>Spencer Peter Harnett<br>PO Box 432<br>Clifton Park NY 12065          | Purpose of Disbursement<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                 | 4/6/99                        | 52.38                                   |
| F. Full Name, Mailing Address and ZIP Code<br>Bardino's<br>Exec<br>Parsons NY 12566                                 | Purpose of Disbursement<br>Detailing, Del Charge<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)        | 1/27/99<br>5/17/99<br>4/6/99  | 64.10<br>104.61<br>61.57                |
| G. Full Name, Mailing Address and ZIP Code<br>Cottler & Co<br>2875 Union Rd #350<br>Cheektowaga NY 14227-146        | Purpose of Disbursement<br>Charges -<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                    | 1/28/99<br>2/28/99<br>3/16/99 | 402.08<br>714.50<br>514.06              |
| H. Full Name, Mailing Address and ZIP Code<br>" "                                                                   | Purpose of Disbursement<br>Charges -<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                    | 4/5/99<br>5/7/99<br>6/16/99   | 1108.63<br>526.36<br>540.96             |
| I. Full Name, Mailing Address and ZIP Code<br>Bell Atlantic<br>PO Box 15124<br>Albany NY 12212-5124                 | Purpose of Disbursement<br>Telephone Service<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)            | 1/28/99<br>2/28/99<br>3/16/99 | 618.82<br>845.00<br>245.76              |

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9417.27

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## SCHEDULE B

## ITEMIZED DISBURSEMENTS

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## NAME OF COMMITTEE (in full)

*Democracy / Congress*

| A. Full Name, Mailing Address and ZIP Code                                                                                     | Purpose of Disbursement                                                                                                                                                                                                                            | Date (month, day, year)                            | Amount of Each Disbursement This Period                                                                  |
|--------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <i>Roll Atlantic</i><br><i>P.O. Box 15124</i><br><i>Atlanta Ga 30312 - 5124</i>                                                | <i>Telephone Service</i><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                                                                        | <i>4/8/99</i><br><i>5/8/99</i><br><i>6/14/99</i>   | <i>236.42</i><br><i>153.40</i><br><i>261.32</i>                                                          |
| <i>AT&amp;T</i><br><i>P.O. Box 9001310</i><br><i>Kennelville KY 40790-1310</i>                                                 | <i>P. D. Service</i><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                                                                            | <i>2/20/99</i><br><i>3/18/99</i><br><i>4/14/99</i> | <i>59.69</i><br><i>55.80</i><br><i>33.64</i>                                                             |
| <i>" "</i>                                                                                                                     | <i>L. D. Service</i><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                                                                            | <i>2/20/99</i><br><i>6/16/99</i>                   | <i>335.23</i><br><i>40.14</i>                                                                            |
| <i>Cellular Inc</i><br><i>P.O. Box 4595</i><br><i>Buffalo NY 14240-4595</i>                                                    | <i>Telephone Service</i><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                                                                        | <i>1/29/99</i><br><i>2/28/99</i><br><i>4/6/99</i>  | <i>402.08</i><br><i>77.84</i><br><i>184.73</i>                                                           |
| <i>" "</i>                                                                                                                     | <i>" "</i><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                                                                                      | <i>6/1/99</i><br><i>6/14/99</i>                    | <i>390.71</i><br><i>478.52</i>                                                                           |
| <i>F. Full Name, Mailing Address and ZIP Code</i><br><i>Martin Jaray</i><br><i>Box 13</i><br><i>E. Chatham NY 12060</i>        | <i>Purpose of Disbursement</i><br><i>Remko Telephone @</i><br><i>Consulting @</i><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                               | <i>3/26/99</i><br><i>" "</i><br><i>4/15/99</i>     | <i>Amount of Each Disbursement This Period</i><br><i>26.00 @</i><br><i>1000.00 @</i><br><i>1000.00 @</i> |
| <i>G. Full Name, Mailing Address and ZIP Code</i><br><i>" "</i>                                                                | <i>Purpose of Disbursement</i><br><i>L.D. Charges</i><br><i>@ Consulting</i><br><i>@ Remko JTKS - Event</i><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)     | <i>5/8/99</i><br><i>6/4/99</i><br><i>5/8/99</i>    | <i>Amount of Each Disbursement This Period</i><br><i>1000 - @</i><br><i>110 - @</i><br><i>55.03 @</i>    |
| <i>H. Full Name, Mailing Address and ZIP Code</i><br><i>" "</i>                                                                | <i>Purpose of Disbursement</i><br><i>Consulting</i><br><i>Remko Harris 106 @</i><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                | <i>6/6/99</i><br><i>5/1/99</i>                     | <i>Amount of Each Disbursement This Period</i><br><i>1000 -</i><br><i>16.20</i>                          |
| <i>I. Full Name, Mailing Address and ZIP Code</i><br><i>Catrina Kauci</i><br><i>30 Mitchell St</i><br><i>Saratoga NY 12856</i> | <i>Purpose of Disbursement</i><br><i>@ L.D. Charges</i><br><i>Postage, Box Rental</i><br><i>Office Supplies</i><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <i>2/19/99</i><br><i>2/18/99</i>                   | <i>Amount of Each Disbursement This Period</i><br><i>50.52</i><br><i>80.56</i>                           |

SUBTOTAL of Disbursements This Page (optional)

7078.43

TOTAL This Period (last page this line number only)

## SCHEDULE B

## ITEMIZED DISBURSEMENTS

 Use separate schedule(s)  
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Detailed Summary Page

PAGE 7 OF 10

FOR LINE NUMBER 17

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## NAME OF COMMITTEE (In Full)

Sweeney / Congress

|                                                                                                     |                                                                                                                                                                                                                         |                                                          |                                                                     |
|-----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|---------------------------------------------------------------------|
| A. Full Name, Mailing Address and ZIP Code<br>Patricia Rancu<br>30 Mitchell St<br>Saratoga NY 12806 | Purpose of Disbursement<br>Reimburse / Reimbursed<br>*Gasoline, office supplies<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)      | Date (month, day, year)<br>3/3/99<br>3/18/99             | Amount of Each Disbursement This Period<br>48.29<br>18.00           |
| B. Full Name, Mailing Address and ZIP Code<br>" "                                                   | Purpose of Disbursement<br>Campaign Car - Wash & Gas<br>Volunteer Lunch<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)              | Date (month, day, year)<br>4/16/99<br>4/19/99            | Amount of Each Disbursement This Period<br>22.60<br>15.00           |
| C. Full Name, Mailing Address and ZIP Code<br>" "                                                   | Purpose of Disbursement<br>Reimburse<br>@ Phone, Carrying, &<br>Printing @ TRS & Gas<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month, day, year)<br>4/18/99<br>5/18/99            | Amount of Each Disbursement This Period<br>84.80 @<br>29.51         |
| D. Full Name, Mailing Address and ZIP Code<br>" "                                                   | Purpose of Disbursement<br>Reimburse<br>Cellphone - Airtel Card<br>Postage (Stamps)<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)  | Date (month, day, year)<br>5/28/99<br>6/16/99            | Amount of Each Disbursement This Period<br>36.74<br>53.08           |
| E. Full Name, Mailing Address and ZIP Code<br>" "                                                   | Purpose of Disbursement<br>Reimburse<br>Phone - cell phone charges<br>Consulting<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)     | Date (month, day, year)<br>5/18/99<br>4/15/99            | Amount of Each Disbursement This Period<br>30.00<br>333.00          |
| F. Full Name, Mailing Address and ZIP Code<br>" "                                                   | Purpose of Disbursement<br>Consulting<br>Reimburse - office supplies<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                 | Date (month, day, year)<br>5/8/99<br>6/29/99             | Amount of Each Disbursement This Period<br>333.00 @<br>36.15        |
| G. Full Name, Mailing Address and ZIP Code<br>U.S. Postmaster<br>Post Office<br>Saratoga NY 12806   | Purpose of Disbursement<br>Postage<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                                   | Date (month, day, year)<br>1/2/99<br>1/14/99<br>2/8/99   | Amount of Each Disbursement This Period<br>10.75<br>22.50<br>231.00 |
| H. Full Name, Mailing Address and ZIP Code<br>" "                                                   | Purpose of Disbursement<br>" "<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                                       | Date (month, day, year)<br>2/22/99<br>2/22/99<br>2/22/99 | Amount of Each Disbursement This Period<br>66.00<br>5.96<br>2.98    |
| I. Full Name, Mailing Address and ZIP Code<br>" "                                                   | Purpose of Disbursement<br>Postage<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                                   | Date (month, day, year)<br>3/12/99<br>3/16/99<br>3/12/99 | Amount of Each Disbursement This Period<br>17.71<br>11.57<br>2.98   |

SUBTOTAL of Disbursements This Page (optional)

1387.54

TOTAL This Period (last page this line number only)

## SCHEDULE B

## ITEMIZED DISBURSEMENTS

 Use separate schedule(s)  
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Detailed Summary Page

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FOR LINE NUMBER 17

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## NAME OF COMMITTEE (In Full)

*Swearing / Congress*

| A. Full Name, Mailing Address and ZIP Code                                       | Purpose of Disbursement                                                                                                                                                                                                           | Date (month, day, year)                            | Amount of Each Disbursement This Period                |
|----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|--------------------------------------------------------|
| <i>Brown Coach</i><br><i>PO Box 653</i><br><i>Kenilworth NY 12068</i>            | <i>Charter Bus</i><br><i>Inauguration DC</i><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                                   | <i>1/2/99</i>                                      | <i>1925.00</i>                                         |
| <i>Hyatt Hotel</i><br><i>Washington DC</i>                                       | <i>Room &amp; Inauguration</i><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                                                 | <i>1/7/99</i>                                      | <i>3370 -</i>                                          |
| <i>U.S. Airways</i><br><i>234 Capital Dr.</i><br><i>Arlington VA 22227</i>       | <i>Jet Air Fare</i><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                                                            | <i>1/7/99</i><br><i>3/09</i>                       | <i>366.00</i><br><i>90.</i>                            |
| <i>Independence Party NY</i><br><i>PO Box 337</i><br><i>Albany NY 12201-0337</i> | <i>Fundraiser</i><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                                                              | <i>1/25/99</i>                                     | <i>250 -</i>                                           |
| <i>Carol Goetz</i><br><i>603 Chesapeake St #4</i><br><i>Alexandria VA 22314</i>  | <i>Contract</i><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify) <i>98 Debt</i>                                                      | <i>1/26/99</i>                                     | <i>16,000 -</i>                                        |
| <i>Geoff Allison</i><br><i>6156 11th St. No</i><br><i>Arlington VA 22205</i>     | <i>Reimbursement printing</i><br><i>Consulting</i><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                             | <i>4/1/99</i><br><i>4/14/99</i>                    | <i>140. - @</i><br><i>1000 - @</i>                     |
| <i>Andrew Tomblige</i><br><i>Secunderburg NY 12155</i>                           | <i>Consulting</i><br><i>Reimb. Gas &amp; Toll</i><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                              | <i>1/7/99</i><br><i>1/14/99</i><br><i>1/28/99</i>  | <i>1586.00 @</i><br><i>350.00 @</i><br><i>416.51 @</i> |
| <i>" "</i>                                                                       | <i>Reimb - Gas &amp; Toll</i><br><i>Gas, Toll, Lunch, Coal, Paper</i><br><i>for cell phone</i><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <i>2/25/99</i><br><i>4/9/99</i><br><i>4/20/99</i>  | <i>10.01 @</i><br><i>18.00 @</i><br><i>85.41</i>       |
| <i>Deborah Gate Harriet</i><br><i>PO Box 432</i><br><i>Clifton Park NY 12065</i> | <i>Constant service</i><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                                             | <i>1/28/99</i><br><i>4/14/99</i><br><i>5/12/99</i> | <i>84.25</i><br><i>73.78</i><br><i>125 -</i>           |

SUBTOTAL of Disbursements This Page (optional)

*25,430.96*

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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| NAME OF COMMITTEE (in Full)                                                                                      |                                                                                                                                                                                                                          |                                               |                                                                    |
|------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--------------------------------------------------------------------|
| Sweeney for Congress                                                                                             |                                                                                                                                                                                                                          |                                               |                                                                    |
| A. Full Name, Mailing Address and ZIP Code<br>Williams & Spenser LLC<br>1155 21st St. NW #300<br>Wash DC - 20036 | Purpose of Disbursement<br>In-kind Catering<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                | Date (month, day, year)<br>3/17/99            | Amount of Each Disbursement This Period<br>500.00                  |
| B. Full Name, Mailing Address and ZIP Code<br>Jeffrey Walter<br>925 Ralfe Pl.<br>Alexandria VA 22314-1385        | Purpose of Disbursement<br>In-kind Catering<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                           | Date (month, day, year)<br>2/23/99            | Amount of Each Disbursement This Period<br>387.67                  |
| C. Full Name, Mailing Address and ZIP Code<br>Lawrence Associates, LLC<br>1155 21st St. NW #300<br>Wash DC 20036 | Purpose of Disbursement<br>In-kind Rental<br>(B) Rental + Beverage Service<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month, day, year)<br>2/23/99<br>3/17/99 | Amount of Each Disbursement This Period<br>50.00 (A)<br>220.00 (B) |
| D. Full Name, Mailing Address and ZIP Code<br>Council PAC<br>701 Penn Ave NW #750<br>Wash DC 20004-2608          | Purpose of Disbursement<br>In-kind Catering<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                | Date (month, day, year)<br>2/16/99            | Amount of Each Disbursement This Period<br>538.25                  |
| E. Full Name, Mailing Address and ZIP Code<br>National Republican Cong Comm.<br>First St LE<br>Washington DC     | Purpose of Disbursement<br>In-kind Satellite Feed<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                     | Date (month, day, year)<br>1-19-99            | Amount of Each Disbursement This Period<br>25.60                   |
| F. Full Name, Mailing Address and ZIP Code<br>" "                                                                | Purpose of Disbursement<br>In-kind Satellite Feed<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                     | Date (month, day, year)<br>1-20-99            | Amount of Each Disbursement This Period<br>29.25                   |
| G. Full Name, Mailing Address and ZIP Code<br>" "                                                                | Purpose of Disbursement<br>In-kind Satellite Feed<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                     | Date (month, day, year)<br>2-24-99            | Amount of Each Disbursement This Period<br>234.00                  |
| H. Full Name, Mailing Address and ZIP Code<br>" "                                                                | Purpose of Disbursement<br>In-kind Satellite Feed<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                     | Date (month, day, year)<br>3-9-99             | Amount of Each Disbursement This Period<br>98.00                   |
| I. Full Name, Mailing Address and ZIP Code<br>" "                                                                | Purpose of Disbursement<br>In-kind Satellite Feed<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                     | Date (month, day, year)<br>6-9-99             | Amount of Each Disbursement This Period<br>23.01                   |

|                                                     |         |
|-----------------------------------------------------|---------|
| SUBTOTAL of Disbursements This Page (optional)      | 2103.18 |
| 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)

*Smearney / Congress*

|                                                                                                                                                                         |                                                                                                                                                                                                                                              |                                                                                            |                                                                                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <p>A. Full Name, Mailing Address and ZIP Code</p> <p><i>U. S Post Master</i><br/><i>Street Ave</i><br/><i>Saratoga NY 12806</i></p>                                     | <p>Purpose of Disbursement</p> <p><i>Postage</i></p> <p>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify)</p>                                              | <p>Date (month, day, year)</p> <p><i>5/16/99</i><br/><i>4/17/99</i><br/><i>4/14/99</i></p> | <p>Amount of Each Disbursement This Period</p> <p><i>33. -</i><br/><i>330. -</i><br/><i>5.96</i></p>     |
| <p>B. Full Name, Mailing Address and ZIP Code</p> <p>" "</p>                                                                                                            | <p>Purpose of Disbursement</p> <p><i>Postage</i></p> <p>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify)</p>                                              | <p>Date (month, day, year)</p> <p><i>4/20/99</i><br/><i>4/29/99</i><br/><i>5/12/99</i></p> | <p>Amount of Each Disbursement This Period</p> <p><i>165. -</i><br/><i>11.75</i><br/><i>14.82</i></p>    |
| <p>C. Full Name, Mailing Address and ZIP Code</p> <p>" "</p>                                                                                                            | <p>Purpose of Disbursement</p> <p><i>Postage</i></p> <p>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify)</p>                                              | <p>Date (month, day, year)</p> <p><i>5/20/99</i><br/><i>5/29/99</i><br/><i>6/3/99</i></p>  | <p>Amount of Each Disbursement This Period</p> <p><i>11.75</i><br/><i>53.23</i><br/><i>69.20</i></p>     |
| <p>D. Full Name, Mailing Address and ZIP Code</p> <p>" "</p>                                                                                                            | <p>Purpose of Disbursement</p> <p><i>Postage</i></p> <p>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify)</p>                                              | <p>Date (month, day, year)</p> <p><i>6/15/99</i><br/><i>6/21/99</i><br/><i>6/23/99</i></p> | <p>Amount of Each Disbursement This Period</p> <p><i>66. -</i><br/><i>11.75</i><br/><i>12.65</i></p>     |
| <p>E. Full Name, Mailing Address and ZIP Code</p> <p><i>Staples</i><br/><i>P.O. 50</i><br/><i>Saratoga NY 12806</i></p>                                                 | <p>Purpose of Disbursement</p> <p><i>Office Supplies</i></p> <p>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify)</p>                                      | <p>Date (month, day, year)</p> <p><i>3/25/99</i><br/><i>4/13/99</i><br/><i>3/30/99</i></p> | <p>Amount of Each Disbursement This Period</p> <p><i>44.93</i><br/><i>53.14</i><br/><i>70.60</i></p>     |
| <p>F. Full Name, Mailing Address and ZIP Code</p> <p>" "</p>                                                                                                            | <p>Purpose of Disbursement</p> <p><i>Supplies</i><br/><i>Printer</i><br/><i>Safe Recorder</i></p> <p>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify)</p> | <p>Date (month, day, year)</p> <p><i>5/20/99</i><br/><i>6/2/99</i><br/><i>6/16/99</i></p>  | <p>Amount of Each Disbursement This Period</p> <p><i>11.95</i><br/><i>\$718.93</i><br/><i>113.37</i></p> |
| <p>G. Full Name, Mailing Address and ZIP Code</p> <p><i>Konko's</i><br/><i>Broadway</i><br/><i>Saratoga NY 12806</i></p>                                                | <p>Purpose of Disbursement</p> <p><i>Copying</i></p> <p>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify)</p>                                              | <p>Date (month, day, year)</p> <p><i>4/1/99</i><br/><i>4/15/99</i></p>                     | <p>Amount of Each Disbursement This Period</p> <p><i>68.48</i><br/><i>149.80</i></p>                     |
| <p>H. Full Name, Mailing Address and ZIP Code</p> <p><i>Philip E Keckler</i><br/><i>40 Williams Avenue</i><br/><i>1155 24th St NW #300</i><br/><i>Wash DC 20036</i></p> | <p>Purpose of Disbursement</p> <p><i>Printed Out</i><br/><i>Coloring Cars to</i></p> <p>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify)</p>              | <p>Date (month, day, year)</p> <p><i>3/23/99</i></p>                                       | <p>Amount of Each Disbursement This Period</p> <p><i>\$323.00</i></p>                                    |
| <p>I. Full Name, Mailing Address and ZIP Code</p>                                                                                                                       | <p>Purpose of Disbursement</p> <p>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify)</p>                                                                    | <p>Date (month, day, year)</p>                                                             | <p>Amount of Each Disbursement This Period</p>                                                           |

SUBTOTAL of Disbursements This Page (optional)

*2319.31*

TOTAL This Period (last page this line number only)

*137135.48*

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (in Full)

*Surveyor for Congress*

|                                                                                                                    |                                                                                                                                                                                          |                                           |                                                          |
|--------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|----------------------------------------------------------|
| A. Full Name, Mailing Address and ZIP Code<br><i>Anthony Godfrey-Eyre<br/>8 Charles St<br/>Rhinebeck NY 12572</i>  | Purpose of Disbursement<br><i>overhaul (11/23/98)</i><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month, day, year)<br><i>2/22/99</i> | Amount of Each Disbursement This Period<br><i>200 --</i> |
| B. Full Name, Mailing Address and ZIP Code<br><i>John Hara<br/>17 Cobble Hill Rd<br/>Landonville NY 17211</i>      | Purpose of Disbursement<br><i>overhaul (11/23/98)</i><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month, day, year)<br><i>2/22/99</i> | Amount of Each Disbursement This Period<br><i>50 --</i>  |
| C. Full Name, Mailing Address and ZIP Code<br><i>Jerry Bakuoski<br/>Rte 203<br/>No Chatham NY</i>                  | Purpose of Disbursement<br><i>overhaul 11/23/98</i><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   | Date (month, day, year)<br><i>2/22/99</i> | Amount of Each Disbursement This Period<br><i>250</i>    |
| D. Full Name, Mailing Address and ZIP Code<br><i>Cathryn Doyle<br/>70 Carstead Dr<br/>Stangerlands NY</i>          | Purpose of Disbursement<br><i>overhaul 12/31/98</i><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   | Date (month, day, year)<br><i>2/22/99</i> | Amount of Each Disbursement This Period<br><i>200</i>    |
| E. Full Name, Mailing Address and ZIP Code<br><i>Carmen D'Arcangelo<br/>211 N. Main<br/>Mechanicville NY 12118</i> | Purpose of Disbursement<br><i>overhaul 12/31/98</i><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   | Date (month, day, year)<br><i>2/22/99</i> | Amount of Each Disbursement This Period<br><i>250 --</i> |
| F. Full Name, Mailing Address and ZIP Code                                                                         | Purpose of Disbursement<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><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<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><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<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><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<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                               | Date (month, day, year)                   | Amount of Each Disbursement This Period                  |

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

*950 --*

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER  
21

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**NAME OF COMMITTEE (in Full)**

*Democratic Congress*

|                                                                                                                                                             |                                                                                                                                                                                                                                                                     |                                                                     |                                                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br><i>Hobbs for Congress Inc '93</i><br><i>4451 Brookfield Corp Dr. # 200</i><br><i>Chenault VA 20151</i> | <b>Purpose of Disbursement</b> <i>TX</i><br><i>Debt Retirement</i><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                                               | <b>Date (month, day, year)</b><br><i>4/6/99</i>                     | <b>Amount of Each Disbursement This Period</b><br><i>500 --</i> |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br><i>Trustco Bank</i><br><i>Custom Hall</i><br><i>Weston NY</i>                                          | <b>Purpose of Disbursement</b> <i>Check Book</i><br><i>Service charges, ATM charges</i><br><i>Returned checks &amp; Research</i><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Date (month, day, year)</b><br><i>1-1-99 -</i><br><i>4/30/99</i> | <b>Amount of Each Disbursement This Period</b><br><i>760.40</i> |
| <b>C. Full Name, Mailing Address and ZIP Code</b>                                                                                                           | <b>Purpose of Disbursement</b><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                                                                                   | <b>Date (month, day, year)</b>                                      | <b>Amount of Each Disbursement This Period</b>                  |
| <b>D. Full Name, Mailing Address and ZIP Code</b>                                                                                                           | <b>Purpose of Disbursement</b><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                                                                                   | <b>Date (month, day, year)</b>                                      | <b>Amount of Each Disbursement This Period</b>                  |
| <b>E. Full Name, Mailing Address and ZIP Code</b>                                                                                                           | <b>Purpose of Disbursement</b><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                                                                                   | <b>Date (month, day, year)</b>                                      | <b>Amount of Each Disbursement This Period</b>                  |
| <b>F. Full Name, Mailing Address and ZIP Code</b>                                                                                                           | <b>Purpose of Disbursement</b><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                                                                                   | <b>Date (month, day, year)</b>                                      | <b>Amount of Each Disbursement This Period</b>                  |
| <b>G. Full Name, Mailing Address and ZIP Code</b>                                                                                                           | <b>Purpose of Disbursement</b><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                                                                                   | <b>Date (month, day, year)</b>                                      | <b>Amount of Each Disbursement This Period</b>                  |
| <b>H. Full Name, Mailing Address and ZIP Code</b>                                                                                                           | <b>Purpose of Disbursement</b><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                                                                                   | <b>Date (month, day, year)</b>                                      | <b>Amount of Each Disbursement This Period</b>                  |
| <b>I. Full Name, Mailing Address and ZIP Code</b>                                                                                                           | <b>Purpose of Disbursement</b><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                                                                                   | <b>Date (month, day, year)</b>                                      | <b>Amount of Each Disbursement This Period</b>                  |

**SUBTOTAL** of Disbursements This Page (optional) .....

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

*1700.40*

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

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

|                                                                                     |                                                         |
|-------------------------------------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Hand Delivered                                             | Date of Receipt                                         |
| <input type="checkbox"/> First Class Mail                                           | POSTMARKED                                              |
| <input type="checkbox"/> Registered/Certified Mail                                  | POSTMARKED                                              |
| <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 checked="" type="checkbox"/> Other (Specify): <u>EXPRESS MAIL</u>            | Postmarked<br><u>07/31/99</u><br>and/or Date of Receipt |
| <input type="checkbox"/> Electronic Filing                                          |                                                         |
| <u>SN</u><br>PREPARER                                                               | <u>8/2/99</u><br>DATE PREPARED                          |