

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee  
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

REC'D  
FEDERAL ELECTION  
COMMISSION

1. NAME OF COMMITTEE (in full) <b>LoBiondo for Congress</b>		2. FEC IDENTIFICATION NUMBER <b>C00269340</b>
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported. <b>P. O. Box 775</b>		
CITY, STATE and ZIP CODE <b>Marmora, New Jersey 08223-0775</b>	STATE/DISTRICT <b>NJ/02</b>	3. IS THIS REPORT AN AMENDMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

### 4. TYPE OF REPORT

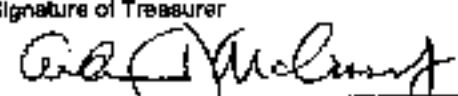
<input type="checkbox"/> April 15 Quarterly Report	<input type="checkbox"/> 12-Day Pre-Election Report for the _____ (Type of Election)
<input type="checkbox"/> July 15 Quarterly Report	election on _____ in the State of _____
<input type="checkbox"/> October 15 Quarterly Report	<input checked="" type="checkbox"/> 30-Day Post-Election Report following the General Election
<input type="checkbox"/> January 31 Year End Report	on <u>11/03/98</u> in the State of <u>New Jersey</u>
<input type="checkbox"/> July 31 Mid-Year Report (Non-election Year Only)	<input type="checkbox"/> Termination Report

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

### SUMMARY

5. Covering Period <u>10/15/98</u> through <u>11/23/98</u>	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(a))	63,490.21	542,547.05
(b) Total Contribution Refunds (from Line 20(d))	280.00	780.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	63,210.21	541,767.05
7. Net Operating Expenditures	46,014.82	203,861.19
(a) Total Operating Expenditures (from Line 17)	-0-	-0-
(b) Total Offsets to Operating Expenditures (from Line 14)	46,014.82	203,861.19
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	700,507.28	700,507.28
8. Cash on Hand at Close of Reporting Period (from Line 27)	-0-	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	7,258.18	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		

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 <b>Andrew J. McCrosson, Jr.</b>	
Signature of Treasurer 	Date <b>11.30.98</b>

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5437g.

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**FEC FORM 3**  
(revised 4/87)

# DETAILED SUMMARY PAGE

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

Name of Committee (in full) <b>LoBiondo for Congress</b>	Report Covering the Period	
	From: <b>10/15/98</b>	To: <b>11/23/98</b>
I. RECEIPTS	COLUMN A Total This Period	COLUMN B Calendar Year-To-Date
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) -----	22,400.00	
(ii) Unitemized -----	6,109.04	
(iii) Total of contributions from Individuals -----	28,509.04	358,817.04
(b) Political Party Committees -----		
(c) Other Political Committees (such as PACs) -----	34,981.17	183,730.01
(d) The Candidate -----		
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(ii), (b), (c) and (d)) -----	63,490.21	542,547.05
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES</b> -----		
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate -----		
(b) All Other Loans -----		
(c) TOTAL LOANS (add 13(a) and (b)) -----		
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)</b> -----		
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.)</b> -----	3,386.42	16,275.51
<b>16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)</b> -----	66,876.63	558,822.56
II. DISBURSEMENTS		
<b>17. OPERATING EXPENDITURES</b> -----	46,014.82	203,861.19
<b>18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES</b> -----		
<b>19. LOAN REPAYMENTS:</b>		
(a) Of Loans Made or Guaranteed by the Candidate -----		
(b) Of All Other Loans -----		
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b)) -----		
<b>20. REFUNDS OF CONTRIBUTIONS TO:</b>		
(a) Individuals/Persons Other Than Political Committees -----	280.00	780.00
(b) Political Party Committees -----		
(c) Other Political Committees (such as PACs) -----		
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c)) -----	280.00	780.00
<b>21. OTHER DISBURSEMENTS</b> -----	1,000.00	25,500.00
<b>22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)</b> -----	47,294.82	230,141.19

### III. CASH SUMMARY

<b>23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD</b> -----	\$ 680,925.47
<b>24. TOTAL RECEIPTS THIS PERIOD (from Line 16)</b> -----	\$ 66,876.63
<b>25. SUBTOTAL (add Line 23 and Line 24)</b> -----	\$ 747,802.10
<b>26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)</b> -----	\$ 47,294.82
<b>27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)</b> -----	\$ 700,507.28

SCHEDULE A

ITEMIZED RECEIPTS

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

FOR LINE NUMBER 11 (a) (i)

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

NAME OF COMMITTEE (in Full) **LoBiondo for Congress**

<p>A. Full Name, Mailing Address and ZIP Code Nancy Borelli 109 Broad Street Malaga, NJ 08328</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer N/A</p> <p>Occupation Housewife</p> <p>Aggregate Year-to-Date &gt; \$ 1,000.00</p>	<p>Date (month, day, year) Oct 15, 1998</p>	<p>Amount of Each Receipt this Period \$1,000.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Zelie Lee Borelli 125 Broad Street Malaga, NJ 08328</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer N/A</p> <p>Occupation Homemaker</p> <p>Aggregate Year-to-Date &gt; \$ 1,000.00</p>	<p>Date (month, day, year) Oct 15, 1998</p>	<p>Amount of Each Receipt this Period \$1,000.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Janet Marwin Miller 40 Broadway Somers Point, NJ 08244</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer First Resort Corp</p> <p>Occupation t/a "410 Bank Street Restaurant"</p> <p>Aggregate Year-to-Date &gt; \$ 250.00</p>	<p>Date (month, day, year) Oct 14, 1998</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Stephen Miller 40 Broadway Somers Point, NJ 08244</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer First Resort Corp.</p> <p>Occupation t/a 410 Bank St. Restaurant</p> <p>Aggregate Year-to-Date &gt; \$ 250.00</p>	<p>Date (month, day, year) Oct 15, 1998</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>E. Full Name, Mailing Address and ZIP Code John W. Partridge 2991 E. Chestnut Avenue, Apt D-37 Vineland, NJ 08261</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer S P Industries, Inc.</p> <p>Occupation President - CEO</p> <p>Aggregate Year-to-Date &gt; \$ 500.00</p>	<p>Date (month, day, year) Oct 15, 1998</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>F. Full Name, Mailing Address and ZIP Code Peter J. Trofa 6 West Aberdeen Road Ocean City, NJ 08226</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Cuggins Waste Management, Inc.</p> <p>Occupation Executive</p> <p>Aggregate Year-to-Date &gt; \$ 1,000.00</p>	<p>Date (month, day, year) Oct 19, 1998</p>	<p>Amount of Each Receipt this Period \$1,000.00</p>
<p>G. Full Name, Mailing Address and ZIP Code Charles Biscieglia 1104 Seaside Avenue Abecon, NJ 08201</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer South Jersey Gas Company</p> <p>Occupation President &amp; CEO</p> <p>Aggregate Year-to-Date &gt; \$ 300.00</p>	<p>Date (month, day, year) Oct 20, 1998</p>	<p>Amount of Each Receipt this Period \$300.00</p>

SUBTOTAL of Receipts This Page (optional) ..... \$4,300.00

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

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 9

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full) **LoBiondo for Congress**

<p><b>A. Full Name, Mailing Address and ZIP Code</b> Carmine C. Catalana P. O. Box 308 Roseland, NJ 08352</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Cumberland Dairy</p> <p>Occupation Chairman of the Board</p> <p>Aggregate Year-to-Date &gt; \$ 500.00</p>	<p>Date (month, day, year) Oct 20, 1998</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p><b>B. Full Name, Mailing Address and ZIP Code</b> Richard L. Dunham Box 103 Malden Bridge, NY 12115</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer South Jersey Industries, Inc.</p> <p>Occupation Chairman of the Board</p> <p>Aggregate Year-to-Date &gt; \$ 300.00</p>	<p>Date (month, day, year) Oct 20, 1998</p>	<p>Amount of Each Receipt this Period \$300.00</p>
<p><b>C. Full Name, Mailing Address and ZIP Code</b> Fred Harz, Jr. Mill Street, P. O. Box 1030 Elmer, NJ 08318</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Fred Harz &amp; Son, Inc.</p> <p>Occupation Fuel &amp; Tire Dealer</p> <p>Aggregate Year-to-Date &gt; \$ 352.00</p>	<p>Date (month, day, year) Oct 20, 1998</p>	<p>Amount of Each Receipt this Period \$200.00</p>
<p><b>D. Full Name, Mailing Address and ZIP Code</b> Jim McAllister James E. McAllister 113 S. 22nd Avenue Longport, NJ 08403 30 Mays Landing Road Somers Point, NJ 08244</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Point Associates</p> <p>Occupation Heating &amp; Cooling Systems</p> <p>Aggregate Year-to-Date &gt; \$ 350.00</p>	<p>Date (month, day, year) Oct 20, 1998</p>	<p>Amount of Each Receipt this Period \$100.00</p>
<p><b>E. Full Name, Mailing Address and ZIP Code</b> Albert V. Ruggiero 555 Barr Avenue Linwood, NJ 08221</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer South Jersey Gas Company</p> <p>Occupation Sr. Vice Pres., Corp. Development</p> <p>Aggregate Year-to-Date &gt; \$ 250.00</p>	<p>Date (month, day, year) Oct 20, 1998</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p><b>F. Full Name, Mailing Address and ZIP Code</b> Fred Sacco 19 Evans Avenue Trenton, NJ 08610</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Fuel Merchants of New Jersey</p> <p>Occupation Executive</p> <p>Aggregate Year-to-Date &gt; \$ 500.00</p>	<p>Date (month, day, year) Oct 20, 1998</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p><b>G. Full Name, Mailing Address and ZIP Code</b> Noreen C. Tkacz 707 N. Derby Avenue Vinneton City, NJ 08406-4316</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer King Pin Lanes</p> <p>Occupation Secretary/Treasurer</p> <p>Aggregate Year-to-Date &gt; \$ 325.00</p>	<p>Date (month, day, year) Oct 20, 1998</p>	<p>Amount of Each Receipt this Period \$200.00</p>

SUBTOTAL of Receipts This Page (optional) ..... \$2,050.00

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

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 9

FOR LINE NUMBER 11 (a) (i)

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NAME OF COMMITTEE (in Full) **LoBiondo for Congress**

<p><b>A. Full Name, Mailing Address and ZIP Code</b> George C. Bonas 21 Kaylas Way Mullica Hill, NJ 08062</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Self (Owner Harmon House)</p> <p>Occupation Restaurateur</p> <p>Aggregate Year-to-Date &gt; \$ 500.00</p>	<p>Date (month, day, year) Oct 21, 1998</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p><b>B. Full Name, Mailing Address and ZIP Code</b> Evangelos Lefakis 18 Lisa Court Sewell, NJ 08080</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Self</p> <p>Occupation Restaurant Owner</p> <p>Aggregate Year-to-Date &gt; \$ 750.00</p>	<p>Date (month, day, year) Oct 21, 1998</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p><b>C. Full Name, Mailing Address and ZIP Code</b> Helen Lefakis 18 Lisa Court Sewell, NJ 08080</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer N/A</p> <p>Occupation Housewife</p> <p>Aggregate Year-to-Date &gt; \$ 750.00</p>	<p>Date (month, day, year) Oct 21, 1998</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p><b>D. Full Name, Mailing Address and ZIP Code</b> Dorothy R. Berenato P. O. Box 564 Hammonon, NJ 08037</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Kessler Memorial Hospital</p> <p>Occupation Board of Trustees</p> <p>Aggregate Year-to-Date &gt; \$ 625.00</p>	<p>Date (month, day, year) Oct 26, 1998</p>	<p>Amount of Each Receipt this Period \$125.00</p>
<p><b>E. Full Name, Mailing Address and ZIP Code</b> Robert Capolera P. O. Box 500 Hammonon, NJ 08037</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Shore Slurry Seal</p> <p>Occupation Owner</p> <p>Aggregate Year-to-Date &gt; \$ 250.00</p>	<p>Date (month, day, year) Oct 26, 1998</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p><b>F. Full Name, Mailing Address and ZIP Code</b> Leonidas Exadaktilos 12 Francon Road Monroeville, NJ 08343</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer RL 40 Diner</p> <p>Occupation Restaurateur</p> <p>Aggregate Year-to-Date &gt; \$ 750.00</p>	<p>Date (month, day, year) Oct 26, 1998</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p><b>G. Full Name, Mailing Address and ZIP Code</b> Nick Exadaktilos 1900 Franklin Blvd. Linwood, NJ 08221</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Self (Owner Point Diner)</p> <p>Occupation Restaurateur</p> <p>Aggregate Year-to-Date &gt; \$ 750.00</p>	<p>Date (month, day, year) Oct 26, 1998</p>	<p>Amount of Each Receipt this Period \$250.00</p>

SUBTOTAL of Receipts This Page (optional) ..... \$1,875.00

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

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 4 OF 9

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full) LaBiondo for Congress

<p><b>A. Full Name, Mailing Address and ZIP Code</b> Orsula C. Exadaktylos 1910 Franklin Blvd. Linwood, NJ 08221</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b> N/A</p> <p><b>Occupation</b> Housewife</p> <p><b>Aggregate Year-to-Date</b> \$ 3350.00</p>	<p><b>Date (month, day, year)</b> Oct 26, 1998</p>	<p><b>Amount of Each Receipt this Period</b> \$250.00</p>
<p><b>B. Full Name, Mailing Address and ZIP Code</b> Reza Franzen Exadaktylos 12 Franzen Road Monroeville, NJ 08343</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b> N/A</p> <p><b>Occupation</b> Housewife</p> <p><b>Aggregate Year-to-Date</b> \$ 750.00</p>	<p><b>Date (month, day, year)</b> Oct 26, 1998</p>	<p><b>Amount of Each Receipt this Period</b> \$250.00</p>
<p><b>C. Full Name, Mailing Address and ZIP Code</b> James J. Guccio P. O. Box CN 1501 Violaand, NJ 08360</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b> Guccio, Pepper, Giovinazzi, DeSanto, et al.</p> <p><b>Occupation</b> Attorney</p> <p><b>Aggregate Year-to-Date</b> \$ 51,000.00</p>	<p><b>Date (month, day, year)</b> Oct 26, 1998</p>	<p><b>Amount of Each Receipt this Period</b> \$500.00</p>
<p><b>D. Full Name, Mailing Address and ZIP Code</b> Frank R. Ingouzi 562 N. Egg Harbor Road Hammonton, NJ 08037</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b> Town of Hammonton</p> <p><b>Occupation</b> Police Chief</p> <p><b>Aggregate Year-to-Date</b> \$ 3350.00</p>	<p><b>Date (month, day, year)</b> Oct 26, 1998</p>	<p><b>Amount of Each Receipt this Period</b> \$250.00</p>
<p><b>E. Full Name, Mailing Address and ZIP Code</b> Anthony Martin 60 Laurel Drive Somers Point, NJ 08244</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b> Atlantic Chrysler</p> <p><b>Occupation</b> Operations Manager</p> <p><b>Aggregate Year-to-Date</b> \$ 250.00</p>	<p><b>Date (month, day, year)</b> Oct 26, 1998</p>	<p><b>Amount of Each Receipt this Period</b> \$250.00</p>
<p><b>F. Full Name, Mailing Address and ZIP Code</b> Peter Mitoulis 7016 Black Horse Pike West Atlantic City, NJ 08232-2802</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b> Peter's Imports</p> <p><b>Occupation</b> Auto Dealer</p> <p><b>Aggregate Year-to-Date</b> \$ 750.00</p>	<p><b>Date (month, day, year)</b> Oct 26, 1998</p>	<p><b>Amount of Each Receipt this Period</b> \$500.00</p>
<p><b>G. Full Name, Mailing Address and ZIP Code</b> A. G. Papanicolaou, D.O. 2106 New Road, Suite F1 Linwood, NJ 08221</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b> Self</p> <p><b>Occupation</b> Physician</p> <p><b>Aggregate Year-to-Date</b> \$ 400.00</p>	<p><b>Date (month, day, year)</b> Oct 26, 1998</p>	<p><b>Amount of Each Receipt this Period</b> \$250.00</p>

<p>SUBTOTAL of Receipts This Page (optional) .....</p>	<p>\$2,250.00</p>
<p>TOTAL This Period (last page this line number only) .....</p>	<p></p>

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) **LoBiondo for Congress**

<p><b>A. Full Name, Mailing Address and ZIP Code</b> George Patras 807 W. New York Avenue Somers Point, NJ 08244</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b> Self</p> <p><b>Occupation</b> Motel Owner (Owl Motel)</p> <p><b>Aggregate Year-to-Date</b> &gt; \$ 750.00</p>	<p><b>Date (month, day, year)</b> Oct 26, 1998</p>	<p><b>Amount of Each Receipt this Period</b> \$250.00</p>
<p><b>B. Full Name, Mailing Address and ZIP Code</b> Georgia Patras 807 W. New York Avenue Somers Point, NJ 08244</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b> Self</p> <p><b>Occupation</b> Motel Owner (Owl Motel)</p> <p><b>Aggregate Year-to-Date</b> &gt; \$ 750.00</p>	<p><b>Date (month, day, year)</b> Oct 26, 1998</p>	<p><b>Amount of Each Receipt this Period</b> \$250.00</p>
<p><b>C. Full Name, Mailing Address and ZIP Code</b> Olivia Patras 901 W. New York Avenue Somers Point, NJ 08244</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b> CVS Pharmacy</p> <p><b>Occupation</b> Pharmacist</p> <p><b>Aggregate Year-to-Date</b> &gt; \$ 250.00</p>	<p><b>Date (month, day, year)</b> Oct 26, 1998</p>	<p><b>Amount of Each Receipt this Period</b> \$250.00</p>
<p><b>D. Full Name, Mailing Address and ZIP Code</b> Charles J. Sandilli 27 4th Street Hammonon, NJ 08037</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b> Self</p> <p><b>Occupation</b> Sandilli Financial Services</p> <p><b>Aggregate Year-to-Date</b> &gt; \$ 250.00</p>	<p><b>Date (month, day, year)</b> Oct 26, 1998</p>	<p><b>Amount of Each Receipt this Period</b> \$250.00</p>
<p><b>E. Full Name, Mailing Address and ZIP Code</b> Patricia Sigano 1403 Atlantic Ave Longport, NJ 08403-1005</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b> N/A</p> <p><b>Occupation</b> Housewife</p> <p><b>Aggregate Year-to-Date</b> &gt; \$ 2,000.00</p>	<p><b>Date (month, day, year)</b> Oct 26, 1998</p>	<p><b>Amount of Each Receipt this Period</b> \$1,000.00</p>
<p><b>F. Full Name, Mailing Address and ZIP Code</b> George Tzafros RL 30 and 206 Hammonon, NJ 08037</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b> Silver Chin Diner</p> <p><b>Occupation</b> Owner</p> <p><b>Aggregate Year-to-Date</b> &gt; \$ 1,000.00</p>	<p><b>Date (month, day, year)</b> Oct 26, 1998</p>	<p><b>Amount of Each Receipt this Period</b> \$500.00</p>
<p><b>G. Full Name, Mailing Address and ZIP Code</b> Gus Tzafros 223 Pratt Street P. O. Box 1201 Hammonon, NJ 08037</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b> Kalina Sportswear</p> <p><b>Occupation</b> Owner</p> <p><b>Aggregate Year-to-Date</b> &gt; \$ 750.00</p>	<p><b>Date (month, day, year)</b> Oct 26, 1998</p>	<p><b>Amount of Each Receipt this Period</b> \$250.00</p>

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

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

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full) **LoBiondo for Congress**

<p>A. Full Name, Mailing Address and ZIP Code Rita Tzafenos 223 Pratt Street, P. O. Box 1201 Hammonton, NJ 08037</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Zeneca Pharm</p> <p>Occupation Lab Tech</p> <p>Aggregate Year-to-Date <math>\rightarrow</math> 5 \$350.00</p>	<p>Date (month, day, year) Oct 26, 1998</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Nicholas Vargo 32 Fourth Street Hammonton, NJ 08037</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Bellevue Drugs</p> <p>Occupation Owner</p> <p>Aggregate Year-to-Date <math>\rightarrow</math> 8 \$250.00</p>	<p>Date (month, day, year) Oct 26, 1998</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Anthony J. Vrsacci 1027 13th Street Hammonton, NJ 08037</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Self</p> <p>Occupation Mfg. Produce Containers</p> <p>Aggregate Year-to-Date <math>\rightarrow</math> 8 \$500.00</p>	<p>Date (month, day, year) Oct 26, 1998</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Richard Weber 1340 Cape May Avenue Cape May, NJ 08204-2602</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer South Jersey Marine</p> <p>Occupation CEO</p> <p>Aggregate Year-to-Date <math>\rightarrow</math> 8 \$500.00</p>	<p>Date (month, day, year) Oct 27, 1998</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>E. Full Name, Mailing Address and ZIP Code David M. DeClement, Esq. P. O. Box 217 Pitman, NJ 08071-0217</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Self</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date <math>\rightarrow</math> 8 \$700.00</p>	<p>Date (month, day, year) Oct 28, 1998</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>F. Full Name, Mailing Address and ZIP Code Dennis M. Donio 366 Old Furks Road Hammonton, NJ 08037</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Dunio Farms, Inc.</p> <p>Occupation Farmer (President)</p> <p>Aggregate Year-to-Date <math>\rightarrow</math> 8 \$1,700.00</p>	<p>Date (month, day, year) Oct 28, 1998</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>G. Full Name, Mailing Address and ZIP Code Nick Exadaktilos 3900 Franklin Blvd. Linwood, NJ 08221</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Self (Owner Polat Diner)</p> <p>Occupation Restaurateur</p> <p>Aggregate Year-to-Date <math>\rightarrow</math> 5 \$1,000.00</p>	<p>Date (month, day, year) Oct 28, 1998</p>	<p>Amount of Each Receipt this Period \$250.00</p>

<p>SUBTOTAL of Receipts This Page (optional) .....</p>	<p>\$2,750.00</p>
<p>TOTAL This Period (last page this line number only) .....</p>	<p></p>



SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full) **LoBiondo for Congress**

<b>A. Full Name, Mailing Address and ZIP Code</b> Paul E. Gillette 73 Lakeshore Drive Hammonden, NJ 08037		Name of Employer Self - Atlantic Blueberry Co.	Date (month, day, year) Oct 28, 1998	Amount of Each Receipt this Period \$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Farming	Aggregate Year-to-Date \$ 250.00	
<b>B. Full Name, Mailing Address and ZIP Code</b> Stephen J. Rodgers, M.D., J.D. Box 54 Alloway, NJ 08001-0054		Name of Employer Self	Date (month, day, year) Oct 28, 1998	Amount of Each Receipt this Period \$100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Medico-Legal Consultant	Aggregate Year-to-Date \$ 300.00	
<b>C. Full Name, Mailing Address and ZIP Code</b> Benjamin T. Griffith 3 Angel Hill Court Turnersville, NJ 08012		Name of Employer Requested	Date (month, day, year) Oct 29, 1998	Amount of Each Receipt this Period \$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-to-Date \$ 250.00	
<b>D. Full Name, Mailing Address and ZIP Code</b> Carolyn A. MacElrevey 8801 Atlantic Ave Wildwood Crest, NJ 08260		Name of Employer Self	Date (month, day, year) Oct 30, 1998	Amount of Each Receipt this Period \$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Owner Granada Motel	Aggregate Year-to-Date \$ 250.00	
<b>E. Full Name, Mailing Address and ZIP Code</b> Keith S. Campbell 270 Woodstown Road Salem, NJ 08079		Name of Employer Mannington Mills, Inc.	Date (month, day, year) Nov 2, 1998	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Chairman of the Board	Aggregate Year-to-Date \$ 1,000.00	
<b>F. Full Name, Mailing Address and ZIP Code</b> Shirley B. Campbell 270 Woodstown Road Salem, NJ 08079		Name of Employer N/A	Date (month, day, year) Nov 2, 1998	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Housewife	Aggregate Year-to-Date \$ 1,000.00	
<b>G. Full Name, Mailing Address and ZIP Code</b> Roberto R. Diaz, M.D. #4 By Pass Road, Suite 203 Salem, NJ 08079-2053		Name of Employer Self	Date (month, day, year) Nov 2, 1998	Amount of Each Receipt this Period \$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Physician	Aggregate Year-to-Date \$ 250.00	

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

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

SCHEDULE A

ITEMIZED RECEIPTS

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

FOR LINE NUMBER

11(a)(i)

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NAME OF COMMITTEE (in Full) **LoBiondo for Congress**

<p><b>A. Full Name, Mailing Address and ZIP Code</b> Devendra M. Jani, M.D. 245 North River Drive Monasville, NJ 08070</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Self</p> <p>Occupation Physician</p> <p>Aggregate Year-to-Date <math>\\$</math> \$250.00</p>	<p>Date (month, day, year) Nov 2, 1998</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p><b>B. Full Name, Mailing Address and ZIP Code</b> Marianna Karayiannis 19 Peach Orchard Road Ocean View, NJ 08230</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Nino's Diner</p> <p>Occupation Manager</p> <p>Aggregate Year-to-Date <math>\\$</math> \$500.00</p>	<p>Date (month, day, year) Nov 2, 1998</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p><b>C. Full Name, Mailing Address and ZIP Code</b> Joanna C. Paulsan 835 S. Spring Road Vineland, NJ 08360</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Self</p> <p>Occupation Aqua Marine Products</p> <p>Aggregate Year-to-Date <math>\\$</math> \$250.00</p>	<p>Date (month, day, year) Nov 2, 1998</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p><b>D. Full Name, Mailing Address and ZIP Code</b> Loren E. Pellisani 835 S. Spring Road Vineland, NJ 08360</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Self</p> <p>Occupation Aqua Marine Products</p> <p>Aggregate Year-to-Date <math>\\$</math> \$250.00</p>	<p>Date (month, day, year) Nov 2, 1998</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p><b>E. Full Name, Mailing Address and ZIP Code</b> Agalona B. Salita, M.D. 1 North Valley Ave. Vineland, NJ 08360</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Bacharach Inst. of Rehabilitation</p> <p>Occupation Physician</p> <p>Aggregate Year-to-Date <math>\\$</math> \$250.00</p>	<p>Date (month, day, year) Nov 2, 1998</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p><b>F. Full Name, Mailing Address and ZIP Code</b> Conrad C. Salita, M.D. 1 North Valley Ave. Vineland, NJ 08360</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer N.J. Memorial Home</p> <p>Occupation Physician</p> <p>Aggregate Year-to-Date <math>\\$</math> \$250.00</p>	<p>Date (month, day, year) Nov 2, 1998</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p><b>G. Full Name, Mailing Address and ZIP Code</b> Umberto Bilulco, Jr. 580 Almond Road Pinegrove, NJ 08318</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer U. Bilulco &amp; Sons Farms, Inc.</p> <p>Occupation Farmer</p> <p>Aggregate Year-to-Date <math>\\$</math> \$252.00</p>	<p>Date (month, day, year) Nov 3, 1998</p>	<p>Amount of Each Receipt this Period \$100.00</p>

<p>SUBTOTAL of Receipts This Page (optional) .....</p>	<p>\$1,850.00</p>
<p>TOTAL This Period (last page this line number only) .....</p>	<p></p>

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) **LoBiondo for Congress**

<p>A. Full Name, Mailing Address and ZIP Code Diann R. Gentile Preci Advertising &amp; Design 813 S. First Road Hammonton, NJ 08037</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Self</p> <p>Occupation Political Consultant</p> <p>Aggregate Year-to-Date &gt; \$ 850.00</p>	<p>Date (month, day, year) Nov 3, 1998</p>	<p>Amount of Each Receipt this Period \$150.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Sol G. Joffe 11 N. State Street Vineland, NJ 08360</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Self (Joffe Lumber)</p> <p>Occupation Millwork Business</p> <p>Aggregate Year-to-Date &gt; \$ 250.00</p>	<p>Date (month, day, year) Nov 5, 1998</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Ella H. Pearce 75 West Ninth Street Avalon, NJ 08202</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer N/A</p> <p>Occupation Retired</p> <p>Aggregate Year-to-Date &gt; \$ 225.00</p>	<p>Date (month, day, year) Nov 6, 1998</p>	<p>Amount of Each Receipt this Period \$75.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Pete Mincie 55 N. Packard Street Hammonton, NJ 08037</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Self</p> <p>Occupation Produce Broker</p> <p>Aggregate Year-to-Date &gt; \$ 500.00</p>	<p>Date (month, day, year) Nov 12, 1998</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Andrea F. Martelli 1905 North Mill Road Vineland, NJ 08360</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Self-Employed</p> <p>Occupation Owner Martex Packaging Co.</p> <p>Aggregate Year-to-Date &gt; \$ 250.00</p>	<p>Date (month, day, year) Nov 18, 1998</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>F. Full Name, Mailing Address and ZIP Code Donald C. Martelli 1905 North Mill Road Vineland, NJ 08360</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Self-Employed</p> <p>Occupation Owner Martex Packaging Co.</p> <p>Aggregate Year-to-Date &gt; \$ 250.00</p>	<p>Date (month, day, year) Nov 18, 1998</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>G. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>

<p>SUBTOTAL of Receipts This Page (optional) .....</p>	<p>\$1,475.00</p>
<p>TOTAL This Period (last page this line number only) .....</p>	<p>\$22,400.00</p>

SCHEDULE A

ITEMIZED RECEIPTS

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

FOR LINE NUMBER

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Other Political Committees

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NAME OF COMMITTEE (In Full) LoBiondo For Congress

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mirage Resorts, Incorporated Political Action Committee 3400 Las Vegas Blvd, South Las Vegas, NV 89109	N/A	Oct 15, 1998	\$2,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: N/A	Aggregate Year-to-Date: \$ 2,000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Union League of Cape May County 240 W. Shellbay Avenue Cape May Court House, NJ 08210	N/A	Oct 15, 1998	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: N/A	Aggregate Year-to-Date: \$ 1,000.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kelly for Congress P. O. Box 599 Katonah, NY 10536-0599	N/A	Oct 16, 1998	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: N/A	Aggregate Year-to-Date: \$ 500.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Committee On Letter Carriers Political Education (NALC - COLCPE) 100 Indiana Avenue, N.W. Washington, DC 20001-2144	N/A	Oct 19, 1998	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: N/A	Aggregate Year-to-Date: \$ 4,000.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
American Road & Transportation Builders Association (ARTBA-PA) 501 School Street, S.W. Room 300 Washington, DC 20024	N/A	Oct 20, 1998	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: N/A	Aggregate Year-to-Date: \$ 500.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Petroleum Marketers Association of America's Small Businessmen's 1901 N. Fort Myer Dr. Suite 1200 Arlington, VA 22209	N/A	Oct 20, 1998	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: N/A	Aggregate Year-to-Date: \$ 500.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
College of American Pathologists PAC (PathPAC) 1350 I Street, N.W. Suite 590 Washington, DC 20005-3305	N/A	Oct 20, 1998	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: N/A	Aggregate Year-to-Date: \$ 500.00	

SUBTOTAL of Receipts This Page (optional) ..... \$6,000.00

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

Other Political Committees

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NAME OF COMMITTEE (in Full) LoBiondo For Congress

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Boyd Gaming Political Action Committee 2950 S. Industrial Road Las Vegas, NV 89109 <i>* AB Hour Report typo error reported as \$1,000.00</i>	N/A	Oct 22, 1998	\$2,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: N/A	Aggregate Year-to-Date > \$ 2,000.00	
B. Full Name, Mailing Address and ZIP Code Sea-Land Associates Good Government Fund 1331 Pennsylvania Avenue Suite 560 Washington, DC 20004-1703	N/A	Oct 22, 1998	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: N/A	Aggregate Year-to-Date > \$ 500.00	
C. Full Name, Mailing Address and ZIP Code Election Fund of Alex DeCenzo (Federal Account) 101 Gibraltar Drive, Suite 2G Morris Plains, NJ 07950	N/A	Oct 23, 1998	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: N/A	Aggregate Year-to-Date > \$ 1,000.00	
D. Full Name, Mailing Address and ZIP Code Continental Airlines, Inc. Employee Fund for a Better America PAC 1350 1 Street, N.W. Suite 1250 Washington, DC 20005	N/A	Oct 26, 1998	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: N/A	Aggregate Year-to-Date > \$ 500.00	
E. Full Name, Mailing Address and ZIP Code UPSPAC 55 Glenlake Parkway, N.E. Atlanta, GA 30328	N/A	Oct 26, 1998	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: N/A	Aggregate Year-to-Date > \$ 1,420.00	
F. Full Name, Mailing Address and ZIP Code American Bankers Association - BankPAC 1120 Connecticut Ave., N.W. Washington, DC 20036	N/A	Oct 26, 1998	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: N/A	Aggregate Year-to-Date > \$ 1,000.00	
G. Full Name, Mailing Address and ZIP Code Public Service Electric & Gas, Co. (PSE&G PAC) 80 Park Plaza, T-4A P. O. Box 570 Newark, NJ 07101-0570	N/A	Oct 26, 1998	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: N/A	Aggregate Year-to-Date > \$ 2,500.00	

SUBTOTAL of Receipts This Page (optional)	\$5,500.00
TOTAL This Period (last page this line number only)	

Other Political Committees

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) **LoBiondo For Congress**

<p><b>A. Full Name, Mailing Address and ZIP Code</b> Operating Engineers Local 825 Political Action &amp; Education Committ 535 Route 16 East Little Falls, NJ 07424</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer N/A</p> <p>Occupation N/A</p> <p>Aggregate Year-to-Date &gt; \$ \$2,500.00</p>	<p>Date (month, day, year) Oct 27, 1998</p>	<p>Amount of Each Receipt this Period \$2,000.00</p>
<p><b>B. Full Name, Mailing Address and ZIP Code</b> Ironworkers Political Action League (IPAL) 1750 New York Avenue, N.W. Washington, DC 20006</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer N/A</p> <p>Occupation N/A</p> <p>Aggregate Year-to-Date &gt; \$ \$3,000.00</p>	<p>Date (month, day, year) Oct 27, 1998</p>	<p>Amount of Each Receipt this Period \$1,000.00</p>
<p><b>C. Full Name, Mailing Address and ZIP Code</b> CLIC, Carpenter's Legislative Improvement Committee 101 Constitution Ave., N.W. Washington, DC 20001</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer N/A</p> <p>Occupation N/A</p> <p>Aggregate Year-to-Date &gt; \$ \$1,681.17</p>	<p>Date (month, day, year) Oct 27, 1998</p>	<p>Amount of Each Receipt this Period \$1,681.17</p>
<p><b>D. Full Name, Mailing Address and ZIP Code</b> New Jersey Dental Federal PAC One Dental Plaza P. O. Box 6020 North Brunswick, NJ 08902-6020</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer N/A</p> <p>Occupation N/A</p> <p>Aggregate Year-to-Date &gt; \$ \$1,500.00</p>	<p>Date (month, day, year) Oct 27, 1998</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p><b>E. Full Name, Mailing Address and ZIP Code</b> UNITE Campaign Committee 1710 Broadway New York, NY 10019</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer N/A</p> <p>Occupation N/A</p> <p>Aggregate Year-to-Date &gt; \$ \$2,000.00</p>	<p>Date (month, day, year) Oct 28, 1998</p>	<p>Amount of Each Receipt this Period \$1,000.00</p>
<p><b>F. Full Name, Mailing Address and ZIP Code</b> Ernst &amp; Young Political Action Committee 1225 Connecticut Avenue, N.W. Suite 600 Washington, DC 20036</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer N/A</p> <p>Occupation N/A</p> <p>Aggregate Year-to-Date &gt; \$ \$1,000.00</p>	<p>Date (month, day, year) Oct 28, 1998</p>	<p>Amount of Each Receipt this Period \$1,000.00</p>
<p><b>G. Full Name, Mailing Address and ZIP Code</b> Realtors Political Action Committee - RPAC 430 N. Michigan Avenue Chicago, IL 60611</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer N/A</p> <p>Occupation N/A</p> <p>Aggregate Year-to-Date &gt; \$ \$3,500.00</p>	<p>Date (month, day, year) Oct 28, 1998</p>	<p>Amount of Each Receipt this Period \$1,500.00</p>

<p>SUBTOTAL of Receipts This Page (optional) .....</p>	<p>\$8,681.17</p>
<p>TOTAL This Period (last page this line number only) .....</p>	<p></p>

Other Political Committees

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NAME OF COMMITTEE (in Full) **LoBiondo For Congress**

<p><b>A. Full Name, Mailing Address and ZIP Code</b>                      Credit Union Legislative Action Council (CULAC)                      805 Fifteenth Street, N.W.                      Suite 300                      Washington, DC 20005-2207</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer N/A</p> <p>Occupation N/A</p> <p>Aggregate Year-to-Date &gt; \$ <b>\$1,000.00</b></p>	<p>Date (month, day, year) Oct 28, 1998</p>	<p>Amount of Each Receipt this Period \$1,000.00</p>
<p><b>B. Full Name, Mailing Address and ZIP Code</b>                      BUILD Political Action Committee (BUILD-PAC)                      1201 Fifteenth Street, N.W.                      Washington, DC 20005-2800</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer N/A</p> <p>Occupation N/A</p> <p>Aggregate Year-to-Date &gt; \$ <b>\$2,500.00</b></p>	<p>Date (month, day, year) Oct 29, 1998</p>	<p>Amount of Each Receipt this Period \$1,000.00</p>
<p><b>C. Full Name, Mailing Address and ZIP Code</b>                      BUILD Political Action Committee (BUILD-PAC)                      1201 Fifteenth Street, N.W.                      Washington, DC 20005-2800</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer N/A</p> <p>Occupation N/A</p> <p>Aggregate Year-to-Date &gt; \$ <b>\$3,500.00</b></p>	<p>Date (month, day, year) Oct 29, 1998</p>	<p>Amount of Each Receipt this Period \$1,000.00</p>
<p><b>D. Full Name, Mailing Address and ZIP Code</b>                      Sheet Metal Worker's International Assoc. Political Action League                      1750 New York Avenue, N.W.                      Washington, DC 20006</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer N/A</p> <p>Occupation N/A</p> <p>Aggregate Year-to-Date &gt; \$ <b>\$1,500.00</b></p>	<p>Date (month, day, year) Oct 29, 1998</p>	<p>Amount of Each Receipt this Period \$1,500.00</p>
<p><b>E. Full Name, Mailing Address and ZIP Code</b>                      Electrical Construction PAC                      3 Bethesda Metro Center                      Bethesda, MD 20814-5372</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer N/A</p> <p>Occupation N/A</p> <p>Aggregate Year-to-Date &gt; \$ <b>\$2,000.00</b></p>	<p>Date (month, day, year) Oct 28, 1998</p>	<p>Amount of Each Receipt this Period \$1,000.00</p>
<p><b>F. Full Name, Mailing Address and ZIP Code</b>                      Seafarers Political Activity Donation                      5201 Auth Way                      Camp Springs, MD 20746</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer N/A</p> <p>Occupation N/A</p> <p>Aggregate Year-to-Date &gt; \$ <b>\$500.00</b></p>	<p>Date (month, day, year) Oct 30, 1998</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p><b>G. Full Name, Mailing Address and ZIP Code</b>                      Dyer, Ellis &amp; Joseph, P.C. Political Action Committee                      600 New Hampshire Avenue                      Washington, DC 20037</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer N/A</p> <p>Occupation N/A</p> <p>Aggregate Year-to-Date &gt; \$ <b>\$200.00</b></p>	<p>Date (month, day, year) Oct 30, 1998</p>	<p>Amount of Each Receipt this Period \$200.00</p>

SUBTOTAL of Receipts This Page (optional) ..... **\$6,200.00**

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

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 5 OF 6

FOR LINE NUMBER 11 (c)

Other Political Committees

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NAME OF COMMITTEE (in Full) LoBiondo For Congress

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
The GEON Company Political Action Committee c/o The Jefferson Group, Inc. 1343 G Street, N.W., Suite 1100 Washington, DC 20005	N/A	Nov 2, 1998	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: N/A	Aggregate Year-to-Date > \$ 500.00	
B. Full Name, Mailing Address and ZIP Code National Utility Contractors Association Information & Action Com 4301 Fairfax Drive Suite 360 Arlington, VA 22203-1627	N/A	Nov 2, 1998	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: N/A	Aggregate Year-to-Date > \$ 1,000.00	
C. Full Name, Mailing Address and ZIP Code Highland Anglers Fishing Club 7 Schooner Drive Millville, NJ 08332	N/A	Nov 2, 1998	\$100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: N/A	Aggregate Year-to-Date > \$ 100.00	
D. Full Name, Mailing Address and ZIP Code Dealers Election Action Committee - NADA (DEAC) 8400 Westpark Drive McLean, VA 22102	N/A	Oct 21, 1998	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: N/A	Aggregate Year-to-Date > \$ 5,000.00	
E. Full Name, Mailing Address and ZIP Code Realtors Political Action Committee - RPAC 430 N. Michigan Avenue Chicago, IL 60611	N/A	Nov 2, 1998	\$3,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: N/A	Aggregate Year-to-Date > \$ 8,500.00	
F. Full Name, Mailing Address and ZIP Code American Maritime Officers Voluntary Political Action Fund 650 4th Avenue Brooklyn, NY 11232	N/A	Nov 3, 1998	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: N/A	Aggregate Year-to-Date > \$ 3,000.00	
G. Full Name, Mailing Address and ZIP Code Italian American Republican Coalition 211 N. Union Street Suite 220 Alexandria, VA 22314	N/A	Nov 3, 1998	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: N/A	Aggregate Year-to-Date > \$ 1,000.00	

SUBTOTAL of Receipts This Page (optional) ..... \$7,600.00

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



Other Political Committees

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NAME OF COMMITTEE (in Full) LoBiondo For Congress

A. Full Name, Mailing Address and ZIP Code Public Service Electric & Gas, Co. (PEGPAC) 80 Park Plaza, T-4A P. O. Box 570 Newark, NJ 07101-0570  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  N/A  Occupation  N/A  Aggregate Year-to-Date > \$ 3,500.00	Date (month, day, year)  Nov 3, 1998	Amount of Each Receipt this Period  \$1,000.00
B. Full Name, Mailing Address and ZIP Code     Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer     Occupation     Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code     Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer     Occupation     Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code     Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer     Occupation     Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code     Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer     Occupation     Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code     Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer     Occupation     Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code     Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer     Occupation     Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) .....	\$1,000.00
TOTAL This Period (last page this line number only) .....	\$34,981.17

**SCHEDULE A**

**ITEMIZED RECEIPTS  
OTHER RECEIPTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER  
15

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

<b>A. Full Name, Mailing Address and ZIP Code</b> Farmers & Merchants National Bank P. O. Box 676 Bridgeton, NJ 08302	Name of Employer N/A	Date (month, day, year) 23-Oct-98	Amount of Each Receipt this Period 1,797.00
	Occupation N/A	Aggregate Year-to-Date \$ 14,626.09	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Interest <input checked="" type="checkbox"/> Other (specify):			
<b>B. Full Name, Mailing Address and ZIP Code</b> Farmers & Merchants National Bank P. O. Box 676 Bridgeton, NJ 08302	Name of Employer N/A	Date (month, day, year) 16-Nov-98	Amount of Each Receipt this Period 1,589.42
	Occupation N/A	Aggregate Year-to-Date \$ 16,275.51	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Interest <input checked="" type="checkbox"/> Other (specify):			
<b>C. Full Name, Mailing Address and ZIP Code</b>	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
<b>D. Full Name, Mailing Address and ZIP Code</b>	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
<b>E. Full Name, Mailing Address and ZIP Code</b>	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
<b>F. Full Name, Mailing Address and ZIP Code</b>	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
<b>G. Full Name, Mailing Address and ZIP Code</b>	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	3,386.42
<b>TOTAL</b> This Period (last page this line number only) .....	3,386.42

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 7  
FOR LINE NUMBER 17

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)

**LoBIONDO FOR CONGRESS**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Postmaster-Brigantine 4326 Harbour Beach Blvd. Brigantine, NJ 08203	Postage Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	15-Oct-98	62.00
B. Full Name, Mailing Address and ZIP Code Farmers & Merchants National Bank P. O. Box 676 Bridgeton, NJ 08302	Bank charges Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	15-Oct-98	5.00
C. Full Name, Mailing Address and ZIP Code Joan E. Harper 160 Silver Lake Road Bridgeton, NJ 08302	Consultant Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	16-Oct-98	600.00
D. Full Name, Mailing Address and ZIP Code Cape May County Regular Republican Org. 11 Hummingbird Avenue Petersburg, NJ 08270	Voter contact shared cost Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	16-Oct-98	3,000.00
E. Full Name, Mailing Address and ZIP Code Postmaster-Marmora 43 S. Shore Road Marmora, NJ 08223	Postage Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	20-Oct-98	21.50
F. Full Name, Mailing Address and ZIP Code A T & T P. O. Box 371430 Pittsburgh, PA 15250-7430	Telephone Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	20-Oct-98	380.67
G. Full Name, Mailing Address and ZIP Code Joan Antorelli 232 Tuckahoe Road Vineland, NJ 08360	Campaign office electric Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	20-Oct-98	75.00
H. Full Name, Mailing Address and ZIP Code Bell Atlantic Mobile P.O. Box 41556 Philadelphia, PA 19101-1556	Mobile telephone Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	20-Oct-98	23.26
I. Full Name, Mailing Address and ZIP Code Bell Atlantic Mobile P.O. Box 41556 Philadelphia, PA 19101-1556	Mobile telephone Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	20-Oct-98	189.43

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

4,356.86

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 2 OF 7  
FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

**LoBIONDO FOR CONGRESS**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bell Atlantic - NJ P.O. Box 4833 Trenton, NJ 08650-4833	Telephone Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	20-Oct-98	89.69
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Local 54 Pioneer Club 203-205 N. Sovereign Avenue Atlantic City, NJ 08401	Hole sponsor Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	20-Oct-98	50.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Postmaster-Bellmawr P. O. Box 9001 Bellmawr, NJ 08099-9651	Bulk postage Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	20-Oct-98	2,000.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
John Scofield 220 Second St., S.E., #103 Washington, DC 20003	Consultant Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	28-Oct-98	2,200.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Ruritan Associates, Inc. 16 Woodcrest Drive Morristown, NJ 07960	Consultant-poling Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	28-Oct-98	12,000.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Joan E. Harper 807 Landis Avenue Vineland, NJ 08360	Petty cash Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	28-Oct-98	100.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Apple Printing Company, Inc. 5 Weymouth Road, PO Box 574 Hamorton, NJ 08037-0574	Printing Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	28-Oct-98	259.11
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Weymouth Township Republican Club 1403 Boulevard, Route 50 Belleville, NJ 08330	Yard signs shared costs Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	28-Oct-98	212.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
National Republican Congressional Committee 320 First Street, S.E. Washington, DC 20003	Video production Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	28-Oct-98	142.76

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

17,053.56

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 3 OF 7  
FOR LINE NUMBER 17

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**NAME OF COMMITTEE (In Full)**

**LoBIONDO FOR CONGRESS**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
VISA P.O. Box 30131 Tampa, FL 33630-3131	Travel, FedEx, repairs Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	28-Oct-98	114.85
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bell Atlantic - NJ P.O. Box 4833 Trenton, NJ 08650-4833	Telephone Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	28-Oct-98	170.79
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
AT & T P. O. Box 371430 Pittsburgh, PA 15250-7430	Telephone Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	28-Oct-98	13.70
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
MCI P. O. Box 85053 Louisville, KY 40285-5053	Telephone Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	28-Oct-98	36.62
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Gwen Blake 521 W. Main Street, #33 Millville, NJ 08332	GOTV voter contact Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	03-Nov-98	75.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Gordon Lewis 511 S. Aultwerp Avenue Egg Harbor, NJ 08215	GOTV voter contact Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	03-Nov-98	75.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Jennifer VanNoord 2905 Maple Avenue Vineland, NJ 08361	GOTV voter contact Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	03-Nov-98	75.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Jeanette VanNoord 5558 Lodge Place Millville, NJ 08332	GOTV voter contact Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	03-Nov-98	75.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Walter P. Robinson 328 Wood Street Vineland, NJ 08360	GOTV voter contact Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	03-Nov-98	75.00

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

710.96

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 4 OF 7  
FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

**LOBIONDO FOR CONGRESS**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Delores Richter 1402 Bracco Drive Vineland, NJ 08360	GOTV voter contact Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	03-Nov-98	75.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Kevin Phillips 1205 E. Main Street Millville, NJ 08332	GOTV voter contact Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	03-Nov-98	75.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Patricia Steelman 10 Rita Drive Cape May Court House, NJ 08210	GOTV voter contact Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	03-Nov-98	75.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Marlene VanNond 2311 Buttonwood Lane Millville, NJ 08332	GOTV voter contact Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	03-Nov-98	75.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Aunette Sweeney 1316 Nelson Avenue Vineland, NJ 08360	GOTV voter contact Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	03-Nov-98	75.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Janet Sweiderk 335 S. Fourth Street Millville, NJ 08332	GOTV voter contact Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	03-Nov-98	75.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Carnell Logan, Sr. 1123 E. Chestnut Avenue Vineland, NJ 08360	GOTV voter contact Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	03-Nov-98	75.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
George Erickson 2110 Mays Landing Road, Lot 1 Millville, NJ 08332	GOTV voter contact Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	03-Nov-98	75.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Todd A. Noon 301 E. Arbutus Avenue Absecon, NJ 08201	GOTV voter contact Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	03-Nov-98	75.00

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

675.00

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 5 OF 7  
FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

**LoBIONDO FOR CONGRESS**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A T & T Wireless Services P. O. Box 8220 Aurora, IL 60572-8220	Mobile telephone Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	03-Nov-98	48.50
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Richard VanNoord 312-1/2 N. Second Street Millville, NJ 08332	GOTV coordinator Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	03-Nov-98	250.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Shalom House Tenants' Council 610 N. Frederickshurg Avenue Margate, NJ 08402	Reception Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	03-Nov-98	135.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Ruffa Ford 901 N. Albany Ave., P. O. Box 958 Atlantic City, NJ 08404	Vehicle rental Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	05-Nov-98	1,036.40
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
John Scofield 220 Second St., S.E., #103 Washington, DC 20003	Consultant Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	05-Nov-98	450.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Joan E. Harper 160 Silver Lake Road Bridgeton, NJ 08302	Consultant Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	05-Nov-98	900.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Dwyer Hospitality Group 11th St. & Boardwalk, PO Box 29 Ocean City, NJ 08226	Lodging Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	05-Nov-98	1,688.58
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
The Incredible Bulk 101 N. High Street Millville, NJ 08332	Decorations Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	05-Nov-98	185.50
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Two Tone Printing 175 N. Main Street Pleasantville, NJ 08232	Yard signs Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	05-Nov-98	849.74

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

5,543.72

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 6 OF 7  
FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

**LeBIONDO FOR CONGRESS**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bell Atlantic - NJ P.O. Box 4833 Trenton, NJ 08650-4833	Telephone Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	05-Nov-98	58.89
B. Full Name, Mailing Address and ZIP Code Preci Advertising & Design 813 S. First Road Hammonton, NJ 08037	Consultant Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	08-Nov-98	11,826.38
C. Full Name, Mailing Address and ZIP Code The Press 1000 W. Washington Avenue Pleasantville, NJ 08232	Subscription Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	08-Nov-98	200.00
D. Full Name, Mailing Address and ZIP Code Bell Atlantic Mobile P.O. Box 41556 Philadelphia, PA 19101-1556	Mobile telephone Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	08-Nov-98	87.22
E. Full Name, Mailing Address and ZIP Code Keelen Communications P.O. Box 2776 Arlington, VA 22202	Consultant Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	08-Nov-98	4,284.00
F. Full Name, Mailing Address and ZIP Code Vineland Municipal Electric Utility 640 E. Wood St., PO Box 1508 Vineland, NJ 08362-1508	Campaign office electric Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	12-Nov-98	126.31
G. Full Name, Mailing Address and ZIP Code Joan E. Harper 160 Silver Lake Road Bridgeton, NJ 08302	Consultant Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) X	13-Nov-98	900.00
H. Full Name, Mailing Address and ZIP Code National Republican Congressional Committee 320 First Street, S.E. Washington, DC 20003	Audio/video production Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	13-Nov-98	52.88
I. Full Name, Mailing Address and ZIP Code Farmers & Merchants National Bank P. O. Box 676 Bridgeton, NJ 08302	Bank charges Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	15-Nov-98	5.00

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

17,540.68

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



**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 7 OF 7  
FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

**LABIONDO FOR CONGRESS**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
James A. Donofrio P. O. Box 308 New Gretna, NJ 08224	In-kind postage Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	18-Nov-98	134.04
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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

134.04

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

46,014.82

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER Memo

**Memo Information Credit Card Payments**

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**NAME OF COMMITTEE (in Full)**

**LoBIONDO FOR CONGRESS**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Amtrak Union Station Washington, D.C.	Travel Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	28-Oct-98	34.00
Federal Express Corp. 3965 Airways, Module G3 Memphis, TN 38116	Delivery charge Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	28-Oct-98	17.25
Xpress Electronic Services Inc. 3419 S. Delsea Drive Vineland, NJ 08360	Printer repair Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	28-Oct-98	63.60
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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

114.85

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

114.85

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

**REFUNDS OF CONTRIBUTIONS**

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

PAGE 1 OF 1  
FOR LINE NUMBER  
20 (a)

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NAME OF COMMITTEE (In Full)

LoBIONDO FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Keith S. Campbell 270 Woodstown Road Salem, NJ 08079	Refund excess contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	03-Nov-98	30.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Devendra M. Jari, M.D., P.A. 245 N. River Drive Pennsville, NJ 08070	Refund corporate contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	03-Nov-98	250.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

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

280.00

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

280.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

**OTHER 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)

**LoBIONDO FOR CONGRESS**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Campaign contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Perry & Tomassello 5506 Atlantic Avenue Mays Landing, NJ 08330		16-Oct-98	1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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

1,000.00

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

1,000.00

**LOANS**

Name of Committee (in Full) <b>LoBiondo for Congress</b>			
A. Full Name, Mailing Address and ZIP Code of Loan Source  <p style="text-align: center;">N/A</p>	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period  <p style="text-align: center;">- 0 -</p>
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Terms: Date Incurred _____ Date Due _____ Interest Rate _____ % (apr) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item A			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
B. Full Name, Mailing Address and ZIP Code of Loan Source			
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Terms: Date Incurred _____ Date Due _____ Interest Rate _____ % (apr) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item B			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
SUBTOTALS This Period This Page (optional) .....			- 0 -
TOTALS This Period (last page in this line only) .....			- 0 -

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

**SCHEDULE D**  
(Revised 3/80)

**DEBTS AND OBLIGATIONS**  
Excluding Loans

Name of Committee (in Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<b>LoBIONDO FOR CONGRESS</b>				
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Bell Atlantic Mobile P. O. Box 41556 Philadelphia, PA 19101-1556	0.00	329.88	289.91	29.77
Nature of Debt (Purpose): Telephone				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Bell Atlantic-NJ P. O. Box 4833 Trenton, NJ 08650-4833	0.00	401.88	319.37	82.49
Nature of Debt (Purpose): Telephone				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor A T & T P. O. Box 371430 Pittsburgh, PA 15250-7430	0.00	892.61	394.37	498.24
Nature of Debt (Purpose): Telephone				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor MCI P. O. Box 85053 Louisville, KY 40285-5053	0.00	59.10	36.62	22.48
Nature of Debt (Purpose): Telephone				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Audio Video Reporting Services 5508 Cahuenga Boulevard North Hollywood, CA 91601	0.00	95.00	0.00	95.00
Nature of Debt (Purpose): News report video copy				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Ware's Van & Storage Co. P. O. Box 650 Vineland, NJ 08382	0.00	350.00	0.00	350.00
Nature of Debt (Purpose): Office furniture moving				

1) SUBTOTALS This Period This Page (optional)	1,077.98
2) TOTALS This Period (last page in this line only)	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

**SCHEDULE D**  
(Revised 3/80)

**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

Name of Committee (in Full) <b>LOBIONDO FOR CONGRESS</b>	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<b>A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor</b> Adventure Trails 350 N. Georgia Avenue Atlantic City, NJ 08401	0.00	395.00	0.00	395.00
<b>Nature of Debt (Purpose):</b> GOTV bus transportation				
<b>B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor</b> U. S. Capital Historical Society 200 Maryland Avenue, S.E. Washington, DC 20002	0.00	5,785.20	0.00	6,785.20
<b>Nature of Debt (Purpose):</b> Calendars				
<b>C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor</b>				
<b>Nature of Debt (Purpose):</b>				
<b>D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor</b>				
<b>Nature of Debt (Purpose):</b>				
<b>E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor</b>				
<b>Nature of Debt (Purpose):</b>				
<b>F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor</b>				
<b>Nature of Debt (Purpose):</b>				

1) SUBTOTALS This Period This Page (optional)	8,180.20
2) TOTALS This Period (last page in this line only)	7,258.18
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	7,258.18

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 checked="" type="checkbox"/> Hand Delivered	Date of Receipt 12-3-98
<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 type="checkbox"/> Other ( Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
PC PREPARER	12-3-98 DATE PREPARED