

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

2000 APR 17 A 10:19

USE FEC MAILING LABEL
OR
TYPE OR PRINT

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

4. TYPE OF REPORT


- April 15 Quarterly Report
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid-Year Report (Non-election Year Only)
- 12-Day Pre-Election Report for the _____ (Type of Election) election on _____ in the State of _____
- 30-Day Post-Election Report following the General Election on _____ in the State of _____
- Termination Report

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

SUMMARY

5. Covering Period	COLUMN A This Period	COLUMN B Calendar Year-to-Date
1/1/00 through 3/31/00		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(a))	\$343,006.00	\$343,006.00
(b) Total Contribution Refunds (from Line 20(d))	\$1,318.00	\$1,318.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	\$341,688.00	\$341,688.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	\$157,047.26	\$157,047.26
(b) Total Offsets to Operating Expenditures (from Line 14)	\$0.00	\$0.00
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	\$157,047.26	\$157,047.26
8. Cash on Hand at Close of Reporting Period (from Line 27)	\$794,718.15	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-6530 Local 202-694-1100
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$105,100.00	

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

Type or Print Name of Treasurer Richard A. Berkowitz	Date 4/14/00
Signature of Treasurer 	

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) Elaine Bloom for Congress	Report Covering the Period: From: 1/1/00 To: 3/31/00	
I. RECEIPTS	COLUMN A Total This Period	COLUMN B Calendar Year-To-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	\$228,181.00	
(ii) Unitemized	\$38,668.75	
(iii) Total of contributions from individuals	\$266,829.75	\$266,829.75
(b) Political Party Committees	\$0.00	\$0.00
(c) Other Political Committees (such as PACs)	\$75,587.25	\$75,587.25
(d) The Candidate	\$589.00	\$589.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(i)(ii), (b), (c) and (d))	\$343,006.00	\$343,006.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	\$0.00	\$0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate	\$0.00	\$0.00
(b) All Other Loans	\$0.00	\$0.00
(c) TOTAL LOANS (add 13(a) and (b))	\$0.00	\$0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	\$0.00	\$0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	\$7,681.13	\$7,681.13
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)	\$350,687.13	\$350,687.13
II. DISBURSEMENTS		
17. OPERATING EXPENDITURES	\$157,047.26	\$157,047.26
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	\$0.00	\$0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate	\$0.00	\$0.00
(b) Of All Other Loans	\$0.00	\$0.00
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))	\$0.00	\$0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	\$1,318.00	\$1,318.00
(b) Political Party Committees	\$0.00	\$0.00
(c) Other Political Committees (such as PACs)	\$0.00	\$0.00
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))	\$1,318.00	\$1,318.00
21. OTHER DISBURSEMENTS	\$0.00	\$0.00
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)	\$158,365.26	\$158,365.26
III. CASH SUMMARY		
23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	\$ 602,398.28	
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)	\$ 350,687.13	
25. SUBTOTAL (add Line 23 and Line 24)	\$ 953,083.41	
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	\$ 158,365.26	
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)	\$ 794,718.15	

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

PAGE 1 OF 52
FOR LINE NUMBER 11(8)()

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

NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress CD0345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ruth Abelow 4585 Meridian Ave. Miami Beach, FL 33140	Retired	2/14/00	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Former librarian at Lehman	Aggregate Year-to-Date > \$	\$250.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Anthony Abraham 6600 Red Road Miami, FL 33143	Self	3/31/00	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Auto Dealer	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
Norma Jean Abraham 6600 Red Road Miami, FL 33143		3/9/00	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$250.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Irwin Adler 2000 S Bayshore Dr. Villa 32 Coconut Grove, FL 33133	Retired	3/1/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$1,000.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lee Aernson 2236 Fisher Island Drive Miami, FL 33109		3/31/00	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	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
Nanci Alexander 1200 N. Federal Highway Suite 307 Boca Raton, FL 33432		3/31/00	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	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
Michael Aller 5700 Collins Ave #4N Miami Beach, FL 33140	City of Miami Beach	2/24/00	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Tourism and Convention Dire	Aggregate Year-to-Date > \$	\$500.00

SUBTOTAL of Receipts This Page (optional) \$4,000.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

PAGE 2 OF 62
FOR LINE NUMBER 11(a)(f)

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

NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Esther Alvarez 8675 NW 53rd Street, Suite 109 Miami, FL 33188	Homemaker	2/24/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
Esther Alvarez 8675 NW 53rd Street, Suite 109 Miami, FL 33166	Homemaker	2/24/00	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$2,000.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Maximo Alvarez 8675 NW 53rd Street, Suite 109 Miami, FL 33188	Sunshine Gasoline Owner	2/24/00	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$2,000.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Maximo Alvarez 8675 NW 53rd Street, Suite 109 Miami, FL 33188	Sunshine Gasoline Owner	2/24/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$2,000.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ronald Ansin 132 Littleton Road Harvard, MA 01461	L.B. Evans Chairman	3/15/00	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$500.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Madeleine Arison 9999 Collins Ave. Bal Harbour, FL 33154	Homemaker	2/23/00	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$1,000.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Micky Arison Carnival Cruise Lines 5225 NW 87th Ave. Miami, FL 33178	Carnival Cruise Lines CEO and Chairman of the Bo	2/23/00	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$1,000.00	

SUBTOTAL of Receipts This Page (optional) **\$8,500.00**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

PAGE 3 OF 52

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full)

Elaine Bloom for Congress, C00345105

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jose Asmundsson 636 West 51st Terrace Miami, FL 33140	Self	2/25/00	\$300.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Investor	Aggregate Year-to-Date > \$	\$300.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Joan Balkin 611 86th Street Miami Beach, FL 33141	Miami-Dade Public Schools	2/28/00	\$900.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation School teacher	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
Joan Balkin 611 86th Street Miami Beach, FL 33141	Miami-Dade Public Schools	2/28/00	\$100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation School teacher	Aggregate Year-to-Date > \$	\$1,000.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Milton Belfer 3610 Yacht Club Dr. #504 Aventura, FL 33180	Retired	1/19/00	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$500.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Eli Ben-Shmuel 21115 NE 38th Ave. Aventura, FL 33180	Swiss Watch International	3/2/00	\$750.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner	Aggregate Year-to-Date > \$	\$1,750.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Eli Ben-Shmuel 21115 NE 38th Ave. Aventura, FL 33180	Swiss Watch International	3/2/00	\$750.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner	Aggregate Year-to-Date > \$	\$1,750.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Eli Ben-Shmuel 21115 NE 38th Ave. Aventura, FL 33180	Swiss Watch International	1/19/00	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner	Aggregate Year-to-Date > \$	\$1,750.00

SUBTOTAL of Receipts This Page (optional) \$3,550.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

PAGE 4 OF 52

FOR LINE NUMBER 11(p)(i)

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NAME OF COMMITTEE (in Full)

Elaine Bloom for Congress 000345405

A, Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Diane Bender 17001 Hampton Blvd. Rosa Raton, FL 33496	Occupation REQUESTED	2/18/00	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$250.00	
B. Full Name, Mailing Address and ZIP Code Morris Berger 285 N.W. 190th Street, #210 Miami, FL 33169	Name of Employer Berger & Epstein, P.A.	Date (month, day, year) 3/31/00	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$	\$1,000.00
C. Full Name, Mailing Address and ZIP Code Roberta Berkman 7262 Fisher Island Drive Miami, FL 33109	Name of Employer Self	Date (month, day, year) 2/25/00	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Community Activist	Aggregate Year-to-Date > \$	\$2,000.00
D. Full Name, Mailing Address and ZIP Code Roberta Berkman 7262 Fisher Island Drive Miami, FL 33109	Name of Employer Self	Date (month, day, year) 2/25/00	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Community Activist	Aggregate Year-to-Date > \$	\$2,000.00
E. Full Name, Mailing Address and ZIP Code Stephen Berkman 7262 Fisher Island Drive Miami, FL 33109	Name of Employer Self	Date (month, day, year) 2/25/00	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Investor	Aggregate Year-to-Date > \$	\$1,500.00
F. Full Name, Mailing Address and ZIP Code Stephen Berkman 7262 Fisher Island Drive Miami, FL 33109	Name of Employer Self	Date (month, day, year) 2/25/00	Amount of Each Receipt this Period \$600.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Investor	Aggregate Year-to-Date > \$	\$1,500.00
G. Full Name, Mailing Address and ZIP Code Carla Berkowitz 19910 NE 19th Court Miami Beach, FL 33179	Name of Employer	Date (month, day, year) 3/2/00	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Homemaker	Aggregate Year-to-Date > \$	\$1,000.00

SUBTOTAL of Receipts This Page (optional)	\$5,750.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

PAGE 5 OF 52

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard Berkowitz Berkowitz, Dick Pollack and Brant 1 SE 3rd Ave #150D Miami, FL 33131	Berkowitz Dick Pollack and Brant	3/2/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CPA	Aggregate Year-to-Date > \$	\$1,000.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jerome Berlin 4000 Island Blvd. #1704 North Miami Beach, FL 33180	Self	3/1/00	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$	\$2,000.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jerome Berlin 4000 Island Blvd. #1704 North Miami Beach, FL 33180	Self	3/1/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$	\$2,000.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jean Bishop 18707 Turnberry Road, Apt. 14B Aventura, FL 33180		3/1/00	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	Aggregate Year-to-Date > \$	\$500.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jerry Blair 300 South Pointe Dr. #3103 Miami Beach, FL 33139	World Fuel	2/23/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO	Aggregate Year-to-Date > \$	\$2,000.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jerry Blair 300 South Pointe Dr. #3103 Miami Beach, FL 33139	World Fuel	2/23/00	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO	Aggregate Year-to-Date > \$	\$2,000.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Nancy Sue Blair 300 South Pointe Dr. #3103 Miami Beach, FL 33139	Self	2/23/00	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Community Activist	Aggregate Year-to-Date > \$	\$2,000.00

SUBTOTAL of Receipts This Page (optional) \$6,500.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

PAGE 6 OF 52
FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Nancy Sue Blair 300 South Pointe Dr. #3103 Miami Beach, FL 33139	Self	2/23/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Community Activist	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
David Block 491 North Mashta Drive Key Biscayne, FL 33149		3/6/00	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation REQUESTED	Aggregate Year-to-Date > \$	\$500.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stuart Blumberg 7532 Cutlass Ave Miami Beach, FL 33141	Greater Miami and the Beaches Hotel Assoc.	3/21/00	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President and CEO	Aggregate Year-to-Date > \$	\$250.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ernest Bogen 4880 Pine Tree Drive Miami, FL 33140	Self	3/21/00	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Investor	Aggregate Year-to-Date > \$	\$250.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Bond 1065 SE 6th Ave. Dania, FL 33004		3/31/00	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$250.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lawrence Brant 3904 Durango Street Coral Gables, FL 33134		1/13/00	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	Aggregate Year-to-Date > \$	\$250.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Pablo Bravo 5121 Granada Blvd. Coral Gables, FL 33146		1/18/00	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation REQUESTED	Aggregate Year-to-Date > \$	\$250.00

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

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

PAGE 7 OF 52
FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code Stefan Brodie 2043 Fisher Island Drive Fisher Island, FL 33109 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Retired	3/31/00	\$250.00
Aggregate Year-to-Date		\$	\$250.00
B. Full Name, Mailing Address and ZIP Code Alexander Brodt 7716 Fisher Island Drive Fisher Island, FL 33109 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	3/31/00	\$500.00
Aggregate Year-to-Date		\$	\$500.00
C. Full Name, Mailing Address and ZIP Code Anna Brunetti Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation REQUESTED	3/31/00	\$500.00
Aggregate Year-to-Date		\$	\$500.00
D. Full Name, Mailing Address and ZIP Code John Brunetti 9930 Collins Ave., Apt. 18 Bal Harbour, FL 33154 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Hialeah Race Track Occupation Business Executive	3/31/00	\$500.00
Aggregate Year-to-Date		\$	\$500.00
E. Full Name, Mailing Address and ZIP Code Stephen Brunetti 100 Kings Point Drive, Apt. 1819 Miami Beach, FL 33160 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Hialeah Race Track Occupation Executive	3/31/00	\$500.00
Aggregate Year-to-Date		\$	\$500.00
F. Full Name, Mailing Address and ZIP Code Dina Burg 2245 Parkside Street Boca Raton, FL 33486 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation REQUESTED	2/18/00	\$250.00
Aggregate Year-to-Date		\$	\$250.00
G. Full Name, Mailing Address and ZIP Code Daniel Cantor 8411 Lagos De Campos Blvd. Tamarac, FL 33321 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Retired Occupation Retired	2/26/00	\$1,000.00
Aggregate Year-to-Date		\$	\$1,000.00

SUBTOTAL of Receipts This Page (optional) \$3,500.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

PAGE 8 OF 52
FOR LINE NUMBER 11(a)(1)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code Elton Gary 4000 Towerside Terrace #501 Miami, FL 33138 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self	Date (month, day, year) 1/19/00	Amount of Each Receipt this Period \$500.00
	Occupation Investor Aggregate Year-to-Date > \$ 500.00		
B. Full Name, Mailing Address and ZIP Code Sara Case 851 Harrison Street Hollywood, FL 33019 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Broward County Libraries	Date (month, day, year) 3/31/00	Amount of Each Receipt this Period \$500.00
	Occupation Librarian Aggregate Year-to-Date > \$ 500.00		
C. Full Name, Mailing Address and ZIP Code Marc Catalano 11835 SW 15th Court Davie, FL 33325 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Catalano's Nurses Registry	Date (month, day, year) 3/13/00	Amount of Each Receipt this Period \$1,000.00
	Occupation Pres./owner Aggregate Year to Date > \$ 1,000.00		
D. Full Name, Mailing Address and ZIP Code Steven Chaykin 324 E Rivo Alto Drive Miami Beach, FL 33139 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Hanzman, Criden, Chaykin	Date (month, day, year) 3/1/00	Amount of Each Receipt this Period \$500.00
	Occupation Attorney Aggregate Year-to-Date > \$ 500.00		
E. Full Name, Mailing Address and ZIP Code Nancy Clack 10227 Big Rock Rd. Silver Spring, MD 20901 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Precision Communications	Date (month, day, year) 2/14/00	Amount of Each Receipt this Period \$500.00
	Occupation Owner Aggregate Year-to-Date > \$ 500.00		
F. Full Name, Mailing Address and ZIP Code Erica Henri 734 15th Street, NW, Suite 500 Washington, DC 20005- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Name of Employer Note: Above Contribution earmarked through this organ	Date (month, day, year) 2/14/00	Amount of Each Receipt this Period MEMO \$500.00
	Occupation Conduit total: \$500.00 Aggregate Year-to-Date > 0		
G. Full Name, Mailing Address and ZIP Code Gals Cohen 4842 Fisher Island Drive Miami, FL 33109 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Retired	Date (month, day, year) 2/25/00	Amount of Each Receipt this Period \$1,000.00
	Occupation Aggregate Year-to-Date > \$ 1,000.00		

SUBTOTAL of Receipts This Page (optional)	\$4,000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

PAGE 9 OF 52
FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full)

Elaine Bloom for Congress C00346405

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lynnie Cohen 8022 Fisher Island Drive Fisher Island, FL 33109	Self	3/31/00	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Freelance Photographer	Aggregate Year-to-Date > \$	\$250.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stanley Cohen 4842 Fisher Island Dr. Fisher Island, FL 33109	Retired	2/25/00	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	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
Laurie Ann Conn 5326 Bamboo Court Orlando, FL 32811	Orange County ?	3/31/00	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Nurse Practitioner	Aggregate Year-to-Date > \$	\$250.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Steven Cook 200 Fernwood Street Leesburg, FL 34748	Self	1/21/00	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CRNA	Aggregate Year-to-Date > \$	\$250.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Betty Cooper 5000 N. Bay Road Miami Beach, FL 331402007		3/31/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Homemaker	Aggregate Year-to-Date > \$	\$1,250.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Betty Cooper 5000 N. Bay Road Miami Beach, FL 331402007		1/19/00	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Homemaker	Aggregate Year-to-Date > \$	\$1,250.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Marvin Cooper 5000 North Bay Rd Miami Beach, FL 33140		2/18/00	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	Aggregate Year-to-Date > \$	\$250.00

SUBTOTAL of Receipts This Page (optional) \$3,250.00

TOTAL This Period (Use page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

PAGE 10 OF 52
FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full)

Elaine Bloom for Congress CD0345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ronald Daniels 554 Lakeview drive Miami Beach, FL 33140	Self	2/25/00	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation R.E. Developer	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
Ronald Daniels 554 Lakeview drive Miami Beach, FL 33140	Self	3/13/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation R.E. Developer	Aggregate Year-to-Date > \$ 2,000.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Karen Davis 2899 Collins Ave. Miami, FL 33140		2/24/00	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 250.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Alex De la Cruz 1190 NW 67th Street Miami, FL 33178	International Cruise Duty Free	3/2/00	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner	Aggregate Year-to-Date > \$ 2,000.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Alex De la Cruz 1190 NW 67th Street Miami, FL 33178	International Cruise Duty Free	3/2/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner	Aggregate Year-to-Date > \$ 2,000.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Carlos De la Cruz 5 Harbor Point Key Biscayne, FL 33149	Eagle Foods	2/9/00	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chairman	Aggregate Year-to-Date > \$ 1,000.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Veronica De la Cruz 11090 NW 67th Street Miami, FL 33178	International Cruise Duty Free	3/13/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive	Aggregate Year-to-Date > \$ 2,000.00	

SUBTOTAL of Receipts This Page (optional) \$6,250.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

PAGE 11 OF 52
FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full)

Elaine Bloom for Congress CD0345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Veronica De la Cruz 11090 NW 87th Street Miami, FL 33178	International Cruise Duty Free	3/13/00	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive	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
George DePontie 780 Palm Bay Lane #501 Miami, FL 33138	Self	2/28/00	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Political Consultant	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
Joseph Deutsch 10 Cherry Lane Parsippany, NJ 07054	Deutsch and Associates	2/2/00	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Investor	Aggregate Year-to-Date > \$	\$250.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jerome Dick 2921 Second Road North Arlington, VA 22201	Self	3/21/00	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$	\$250.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Charles Dimston 198 Kings Point Road Great Neck, NY 11024	Kings Point Consultants	3/13/00	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Consultants	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
Hal Divine 8034 Fisher Island Drive Fisher Island, FL 33109		3/31/00	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$250.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Rita Divine 8034 Fisher Island Drive Miami, FL 33109		3/31/00	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$250.00
SUBTOTAL of Receipts This Page (optional)			\$3,500.00
TOTAL This Period (last page this line number only)			

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

PAGE 12 OF 52
FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Bonnie Dookter 5254 Fisher Island Drive Miami, FL 33109		3/31/00	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$500.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Jamie Docteroff 1100 Highland Beach Boca Raton, FL 33431	Realty 2000	3/13/00	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Realtor	Aggregate Year-to-Date > \$	\$500.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
James Donnell 9468 N. Florence Road Pittsburgh, PA 15237		2/16/00	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	Aggregate Year-to-Date > \$	\$250.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Malcolm Dorman 443 Ocean Blvd Golden Beach, FL 33160	Self-Employed	3/1/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physician	Aggregate Year-to-Date > \$	\$1,000.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Chris Dunworth 115 3rd Riva Alto Island Miami Beach, FL 33139	New World Symphony	2/14/00	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Manager	Aggregate Year-to-Date > \$	\$250.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Gail Engelberg 1050 North Lake Way Palm Beach, FL 33480		3/1/00	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Community Volunteer	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
Richard Essen 10521 SW 81st Avenue Miami, FL 33196	Essen, FSAAN et al	3/2/00	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$	\$250.00

SUBTOTAL of Receipts This Page (optional) \$3,250.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

PAGE 13 OF 52
FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ann Feldman 3801 NE 207th St #26D4 Aventura, FL 33180	Homemaker	1/19/00	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		\$500.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lori Ferrell 4511 Lake Road Miami, FL 33137	Self	3/1/00	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Interior Designer	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
Milton Ferrell Suite 1920, Miami Center 201 Biscayne Blvd. Miami, FL 33131	Self	3/1/00	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Attorney	Aggregate Year-to-Date > \$	\$1,500.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Milton Ferrell Suite 1920, Miami Center 201 Biscayne Blvd. Miami, FL 33131	Self	3/1/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Attorney	Aggregate Year-to-Date > \$	\$1,500.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mark Festa 3791 North 32nd Ave. Hollywood, FL 33021		3/1/00	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date > \$	\$250.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Audrey Finkelstein 815 Catalonia Avenue Miami, FL 33134	Community Leader	2/1/00	\$400.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Volunteer	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
Audrey Finkelstein 815 Catalonia Avenue Miami, FL 33134	Community Leader	2/1/00	\$100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Volunteer	Aggregate Year-to-Date > \$	\$500.00

SUBTOTAL of Receipts This Page (optional)

\$3,750.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

PAGE 14 OF 52
FORM LINE NUMBER 11(a)(1)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jack Fishman 2000 Towerside Terrace Apt. 306 Miami, FL 33138		3/31/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Retired	Aggregate Year-to-Date: \$2,000.00	
Jack Fishman 2000 Towerside Terrace Apt. 306 Miami, FL 33138		3/31/00	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Retired	Aggregate Year-to-Date: \$2,000.00	
Neil Franzgüch 4400 Biscayne Blvd., Suite 1500 Miami, FL 33137	IVAX Corporation	3/31/00	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Executive	Aggregate Year-to-Date: \$1,000.00	
Randy Fleischer 4241 SW 72nd Terrace Davie, FL 33314	Self	2/14/00	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Attorney	Aggregate Year-to-Date: \$250.00	
Gonzales Ford 555 Banyan Tree Lane #205 Delray Beach, FL 33483	Self	3/30/00	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Antique Dealer	Aggregate Year-to-Date: \$500.00	
Emily's List EMILY's List 805 15th Street, NW, Suite 400 Washington, DC 20005	Note: Above Contribution aggregated through this organi Conduit total: \$5,685.00	3/30/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation: _____	Aggregate Year-to-Date: \$	
Toby Friedland 5500 Collins Ave #703 Miami Beach, FL 33140		1/28/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Homemaker	Aggregate Year-to-Date: \$1,000.00	

SUBTOTAL of Receipts This Page (optional)	\$4,750.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

PAGE 15 OF 52
FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Izak Friedman 9801 Collins Ave., Apt. 7-k Bal Harbour, FL 33154	Retired	3/21/00	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Retired	Aggregate Year-to-Date > \$	\$500.00
B. Full Name, Mailing Address and ZIP Code Lillian Friedman 2740 NE 183rd St., #1904 Aventura, FL 33160	Retired	2/9/00	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Retired	Aggregate Year-to-Date > \$	\$250.00
C. Full Name, Mailing Address and ZIP Code Mark Friedman 1800 NE 114th St., Apt. 510 Miami, FL 33181	Self	2/9/00	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Dry Cleaner	Aggregate Year-to-Date > \$	\$250.00
D. Full Name, Mailing Address and ZIP Code Neil Fritz P.O. Box 181478 Miami Beach, FL 33119	Self	2/25/00	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Consultant	Aggregate Year-to-Date > \$	\$250.00
E. Full Name, Mailing Address and ZIP Code Robert Fromer 326 Via Linda Palm Beach, FL 33480		3/1/00	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date > \$	\$1,000.00
F. Full Name, Mailing Address and ZIP Code Patricia Frost 125 E San Marino Drive Miami, FL 33139	Homemaker	2/29/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date > \$	\$2,000.00
G. Full Name, Mailing Address and ZIP Code Patricia Frost 125 E San Marino Drive Miami, FL 33139	Homemaker	3/28/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date > \$	\$2,000.00

SUBTOTAL of Receipts This Page (optional)

\$4,250.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

PAGE 18 OF 52
FOR LINE NUMBER 11(a)(i)

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

NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress CD0345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Phillip Frost 125 E San Marino Drive Miami Beach, FL 33139	IVAX Corporation	3/28/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Medical Doctor	Aggregate Year-to-Date > \$	\$1,000.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Fuller 1111 Lincoln Road Penthouse 802 Miami Beach, FL 33139	Fuller, Mallah & Associates, PA	3/31/00	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Attorney	Aggregate Year-to-Date > \$	\$250.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ellen Garcia 401 SW 125th Ave. Miami, FL 33184	Foundallion Health Care	3/31/00	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Nurse Case Manager	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
Jeffrey Garcia 401 SW 125 Ave Miami, FL 33184	Elaine Bloom for Congress	3/31/00	\$225.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Campaign Manager	Aggregate Year-to-Date > \$	\$225.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David Garfinkel 1111 Lincoln Road Suite 800 Miami Beach, FL 33139	IFA Management Services, Inc.	2/23/00	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Executive	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
Joseph Geller 7552 West Treasure Drive North Bay Village, FL 33141	Self	3/1/00	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Attorney	Aggregate Year-to-Date > \$	\$1,000.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lester Genser 9999 Collins Ave., #7C Bel Harbour, FL 33154		3/1/00	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Retired	Aggregate Year-to-Date > \$	\$250.00

SUBTOTAL of Receipts This Page (optional)

\$3,725.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

PAGE 17 OF 52
FOR LINE NUMBER 11(a)(i)

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

NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress CD0345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Philip Gerson 100 Chopin Plaza, Suite 1310 Miami, FL 33131	Self	3/15/00	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$	\$1,000.00
B. Full Name, Mailing Address and ZIP Code Eugene Glin 7957 Fisher Island Drive Fisher Island, FL 33109	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	3/31/00	\$500.00
C. Full Name, Mailing Address and ZIP Code Morton Giffin 10155 Collins Ave #901 Bai Harbour, FL 33154	Name of Employer Benjamin Co.	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner	3/21/00	\$500.00
D. Full Name, Mailing Address and ZIP Code Saul Grottmann 5446 North Bay Road Miami, FL 33140	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	1/11/00	\$1,000.00
E. Full Name, Mailing Address and ZIP Code Alan Goldberg 111 SW 3rd Street, #701 Miami, FL 33130	Name of Employer Crisia Management, Inc.	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	3/1/00	\$1,000.00
F. Full Name, Mailing Address and ZIP Code Barton Goldberg Colonial Bank of South Florida 301 41 Street Miami Beach, FL 33140	Name of Employer Colonial Bank	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Banker/Attorney	3/31/00	\$250.00
G. Full Name, Mailing Address and ZIP Code Barton Goldberg Colonial Bank of South Florida 301 41 Street Miami Beach, FL 33140	Name of Employer Colonial Bank	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Banker/Attorney	3/31/00	\$250.00

SUBTOTAL of Receipts This Page (optional)	\$4,500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

PAGE 18 OF 52
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
George Goldbloom 5660 Collins Avenue, PH-B Miami Beach, FL 33140	Mg Investments	3/9/00	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Self-Employed Developer		
	Aggregate Year-to-Date > \$	\$250.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Roberta Golding 3454 Bayshore Blvd., Apt. 1801 Tampa, 33692		3/27/00	\$400.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$	\$400.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Emily's List EMILY's List 805 15th Street, NW, Suite 400 Washington, DC 20005	Note: Above Contribution earmarked through this organi	3/27/00	\$400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation Conduit total: \$5,685.00		
	Aggregate Year-to-Date > \$		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lester Goldstein 200 S. Biscayne Blvd., #2500 Miami, FL 33131	Bilzin, Sumberg et al	2/9/00	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney		
	Aggregate Year-to-Date > \$	\$500.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Samuel Goldstein 10180 W Bay Harbor Drive #4B Bay Harbor Islands, FL 33154	Attorney	1/26/00	\$300.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Self		
	Aggregate Year-to-Date > \$	\$300.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Paul Gollis 6909 Town Harbour Blvd., Apt. 821 Boca Raton, FL 33433	Paul R. Gollis, PA	2/18/00	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney		
	Aggregate Year-to-Date > \$	\$250.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Grace Gonzalez 12100 NW 11th Street Fort Lauderdale, FL 33323		3/1/00	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$	\$250.00	

SUBTOTAL of Receipts This Page (optional)

\$1,950.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

Use separate receipts for each category of the Detailed Summary Page

PAGE 19 OF 52
FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full)

Elaine Bloom for Congress G00346405

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jesse Gottlieb 19500 Turnberry Way, Apt 12B North Miami Beach, FL 33180	American Insurance Consultants	1/11/00	\$600.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: President	Aggregate Year-to-Date > \$	\$500.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Morton Goudiss 1111 Lincoln Road, Suite 325 Miami Beach, FL 33139	Self	3/6/00	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: attorney	Aggregate Year-to-Date > \$	\$250.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael Graubert 11 Island Ave., #1404 Miami Beach, FL 33139	Palmetto Fertility Center	3/13/00	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Physician	Aggregate Year-to-Date > \$	\$250.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sheldon Guren 1101 Brickell Ave., #1005-S Miami, FL 33131	Self	3/31/00	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Attorney	Aggregate Year-to-Date > \$	\$1,000.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David Haber 1831 W 23rd Street Miami Beach, FL 33140	Purnett, Solosky et al	2/18/00	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Attorney	Aggregate Year-to-Date > \$	\$250.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Diane Hahamovitch P.O. Box 3780 Boca Raton, FL 33427		3/31/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Retired	Aggregate Year-to-Date > \$	\$2,000.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Diane Hahamovitch P.O. Box 3760 Boca Raton, FL 33427		3/31/00	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Retired	Aggregate Year-to-Date > \$	\$2,000.00

SUBTOTAL of Receipts This Page (optional) \$4,250.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

Use separate schedules (a) for each category of the Detailed Summary Page

PAGE 20 OF 52
FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lillian Hahn 17201 NE 13th Ave. Miami Beach, FL 33162	Self employed	3/13/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Interior Designer	Aggregate Year-to-Date > \$	\$2,000.00
Lillian Hahn 17201 NE 13th Ave. Miami Beach, FL 33162	Self employed	3/13/00	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Interior Designer	Aggregate Year-to-Date > \$	\$2,000.00
Andrew Hall 1428 Brickell Ave 8th floor Miami, FL 33131	Self	2/1/00	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$	\$1,000.00
Ernest Halpryn 1428 Brickell Ave., #105 Miami, FL 33131	Retired	2/28/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Dentist	Aggregate Year-to-Date > \$	\$1,000.00
Diana Matypryn 1428 Brickell Ave., Suite 105 Miami, FL 33131	Retired	2/28/00	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	Aggregate Year-to-Date > \$	\$1,000.00
Douglas Head 800 Mayfair Circle Orlando, FL 32803	Self	2/7/00	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Consultant	Aggregate Year-to-Date > \$	\$500.00
Alan Heilig 1800 NE 114 Street, Apt. B06 Miami, FL 33181	Retired	1/28/00	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	Aggregate Year-to-Date > \$	\$1,250.00

SUBTOTAL of Receipts This Page (optional) \$5,750.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

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FOR LINE NUMBER 11(a)(1)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Alan Heilig 1800 NE 114 Street, Apt. B06 Miami, FL 33181	Retired	2/28/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	Aggregate Year-to-Date > \$	\$1,250.00
B. Full Name, Mailing Address and ZIP Code Daniel Heller 50 W. Dilido Drive Miami Beach, FL 33139	Name of Employer Self	Date (month, day, year) 3/2/00	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$	\$1,000.00
C. Full Name, Mailing Address and ZIP Code Diane Heller 50 W. Dilido Drive Miami Beach, FL 33139	Name of Employer	Date (month, day, year) 1/21/00	Amount of Each Receipt this Period \$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Community Activist	Aggregate Year-to-Date > \$	\$250.00
D. Full Name, Mailing Address and ZIP Code John Hickey 1401 Brickell Ave., Suite 510 Miami, FL 33131	Name of Employer Hickey & Jones, PA	Date (month, day, year) 3/31/00	Amount of Each Receipt this Period \$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$	\$250.00
E. Full Name, Mailing Address and ZIP Code Terez Hochstadt 289 Key Palm Road Boca Raton, FL 33432	Name of Employer	Date (month, day, year) 1/25/00	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Housewife and mother	Aggregate Year-to-Date > \$	\$2,000.00
F. Full Name, Mailing Address and ZIP Code Terez Hochstadt 289 Key Palm Road Boca Raton, FL 33432	Name of Employer	Date (month, day, year) 1/26/00	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Housewife and mother	Aggregate Year-to-Date > \$	\$2,000.00
G. Full Name, Mailing Address and ZIP Code Daniel Holtz 225 Arvida Parkway Miami, FL 33156	Name of Employer Self	Date (month, day, year) 2/25/00	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Investor	Aggregate Year-to-Date > \$	\$2,000.00

SUBTOTAL of Receipts This Page (optional) \$5,500.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

PAGE 22 OF 52
FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Daniel Holtz 225 Arvida Parkway Miami, FL 33156	Self	2/25/00	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Investor	Aggregate Year-to-Date > \$	\$2,000.00
Toni Holtz 225 Arvida Parkway Coral Gables, FL 33156		2/25/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Homemaker	Aggregate Year-to-Date > \$	\$2,000.00
Toni Holtz 225 Arvida Parkway Coral Gables, FL 33156		2/25/00	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Homemaker	Aggregate Year-to-Date > \$	\$2,000.00
Sonny Holtzman Holtzman, Krinzman, et al 2601 South Bayshore Dr., #600 Miami, FL 33133	Holtzman, Krinzman, Equels & Furia	3/31/00	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$	\$500.00
Jane Hslao 3210 Hunter Road Fort Lauderdale, FL 33331	IVAX Corporation	3/13/00	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Pharmaceutical Executive	Aggregate Year-to-Date > \$	\$1,000.00
Internal Revenue Service Atlanta, 39901		3/31/00	\$2.10
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$2.10
Robin Jacobs 4490 Pine Tree Drive Miami Beach, FL 33140		2/25/00	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Community Activist	Aggregate Year-to-Date > \$	\$500.00

SUBTOTAL of Receipts This Page (optional)

\$5,002.10

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress 00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Roni Jacobson 31 Star Island Miami Beach, FL 33139	Homemaker	3/2/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
Roni Jacobson 31 Star Island Miami Beach, FL 33139	Homemaker	3/2/00	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$2,000.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Samuel Jacobson 31 Star Island Miami Beach, FL 33139	Southern Food Consultants CEO	3/2/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$2,000.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Samuel Jacobson 31 Star Island Miami Beach, FL 33139	Southern Food Consultants CEO	3/2/00	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$2,000.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Carlo Jean-Joseph 8730 A W. Commercial Blvd. Lauder Hill, FL 33319	Self Attorney	3/29/00	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$1,000.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gerald Katcher 1300 SW 1st Avenue Miami, FL 33130	Mellon United Banker	3/13/00	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
Ezra Ketz 2885 S. Bayshore Drive, PH-2A Cocoanut Grove, FL 33133	Aztec Communications Owner	3/29/00	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$500.00	

SUBTOTAL of Receipts This Page (optional)

\$6,000.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

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FOR LINE NUMBER 11(a)(i)

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

NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Hyman Katz 1000 East Island Blvd., #403 Aventura, FL 33160	Retired	3/2/00	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$250.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Raanan Katz 17100 Collins Ave. Sunny Isles Beach, FL 33160	RK Associates	2/1/00	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$500.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Arthur Keiser 5997 NW 63rd Way Pompano Beach, FL 33067	Keiser College	1/18/00	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$1,000.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lisa King 9158 Heckscher Drive Fanning Island Jacksonville, FL 32226	Langton Associates	2/28/00	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$1,000.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Donald Kipnis 394 South Hibiscus Drive Miami Beach, FL 33139	Miller and Solomon GC, Inc.	3/23/00	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$2,000.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Donald Kipnis 394 South Hibiscus Drive Miami Beach, FL 33139	Miller and Solomon GC, Inc.	3/23/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$2,000.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sigel Klurman 8998 Collins Avenue #5A Bal Harbour, FL 33154	Self-employed	3/28/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$1,000.00

SUBTOTAL of Receipts This Page (optional) \$5,750.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

PAGE 25 OF 52
FOR LINE NUMBER 11(a)(1)

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NAME OF COMMITTEE (in Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Fred Kobler 1500 Ocean Drive Miami Beach, FL 33139	Self	3/9/00	\$300.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Investor	Aggregate Year-to-Date > \$	\$300.00
B. Full Name, Mailing Address and ZIP Code Christopher Korge 10355 SW 67th Ave. Miami, FL 33156	Name of Employer Korge & Powell, PA	Date (month, day, year) 3/2/00	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$	\$1,000.00
C. Full Name, Mailing Address and ZIP Code Morton Komreich 18323 Long Lake Drive Boca Raton, FL 33496	Name of Employer Komreich/NIA	Date (month, day, year) 3/13/00	Amount of Each Receipt this Period \$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance broker	Aggregate Year-to-Date > \$	\$250.00
D. Full Name, Mailing Address and ZIP Code Henry Kort 20320 Fairway Oaks DR. #332 Boca Raton, FL 33434	Name of Employer	Date (month, day, year) 3/31/00	Amount of Each Receipt this Period \$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	Aggregate Year-to-Date > \$	\$250.00
E. Full Name, Mailing Address and ZIP Code Dorothy Kravetz 19667 Timberrry Way #14-H Aventura, FL 33180	Name of Employer	Date (month, day, year) 2/28/00	Amount of Each Receipt this Period \$700.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	Aggregate Year-to-Date > \$	\$700.00
F. Full Name, Mailing Address and ZIP Code Samuel Kravetz 19667 Timberrry Way #14H Aventura, FL 33180	Name of Employer Retired	Date (month, day, year) 2/28/00	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$1,000.00
G. Full Name, Mailing Address and ZIP Code Franklin Kreutzer 8615 S.W. 48th Street Miami, FL 33155	Name of Employer Self	Date (month, day, year) 2/25/00	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$	\$2,000.00

NET TOTAL of Receipts This Page (optional) \$4,500.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

PAGE 26 OF 52

FOR LINE NUMBER 11(a)(1)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress D00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Franklin Kreutzer 8615 S.W. 48th Street Miami, FL 33155	Self	2/25/00	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Attorney	Aggregate Year-to-Date > \$	\$2,000.00
Judy Kreutzer 8615 SW 48th Street Miami, FL 33155	Self-Employed	2/28/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Investor	Aggregate Year-to-Date > \$	\$1,500.00
Judy Kreutzer 8615 SW 40th Street Miami, FL 33155	Self-Employed	2/28/00	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Investor	Aggregate Year-to-Date > \$	\$1,500.00
Albert Krieger 1899 South Bayshore Drive Coconut Grove, FL 33133	Self	1/21/00	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Attorney	Aggregate Year-to-Date > \$	\$250.00
Israel Laplug 1763 North View Rd. Island #1 Miami Beach, FL 33140	Self	3/31/00	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Importing Business	Aggregate Year-to-Date > \$	\$250.00
Bennett LeBow 5203 Fisher Island Drive Fisher Island, FL 33109		3/31/00	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date > \$	\$1,000.00
Donaki Lefton 3250 Mary Street Miami, FL 33133	Continental Companies	2/9/00	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Hotelier	Aggregate Year-to-Date > \$	\$250.00

SUBTOTAL of Receipts This Page (optional)

\$4,250.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

PAGE 27 OF 62
FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William Lehman 2071 NE 194th Terr North Miami Beach, FL 33179	Lehman Auto Occupation Owner	3/1/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$500.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Janine Lendox 1300 Gulf Blvd. Belleair Beach, FL 33786	 Occupation	1/18/00	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$1,000.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lorraine Lefendre 40201 Fisher Island Drive Fisher Island, FL 33109	Self Occupation Interior Designer	3/8/00	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$250.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Philip Levine 960 Alton Road Miami Beach, FL 33139	On Board Media Occupation President	3/2/00	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$2,000.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Philip Levine 960 Alton Road Miami Beach, FL 33139	On Board Media Occupation President	3/2/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$2,000.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ruth Levkoff 1251 94th Street Miami, FL 33154	 Occupation Homemaker	3/21/00	\$100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$1,000.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ruth Levkoff 1251 94th Street Miami, FL 33154	 Occupation Homemaker	3/21/00	\$900.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$1,000.00	

SUBTOTAL of Receipts This Page (optional) \$4,750.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

PAGE 28 OF 52
FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David Levy 555 Ocean Blvd. Golden Beach, FL 33160		3/21/00	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date >	\$1,000.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mark Levy 4 Shannon Circle West Palm Beach, FL 33401	Self	1/13/00	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner Century Village Club H	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
Marcy Lewis 11111 Biscayne Blvd. Miami, FL 33181		3/2/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Homemaker	Aggregate Year-to-Date >	\$1,000.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Charles Lidsky 154 East 49th Street Hialeah, FL 33013	Lidsky, Vaccaro & Montes, PA	3/31/00	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date >	\$1,000.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Alan Lieberman 2800 Island Blvd. #1801 Williams Island, FL 33160	Self	2/7/00	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Real Estate Investor	Aggregate Year-to-Date >	\$500.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bennett Lifter 18425 NW 2nd Avenue, #305 Miami, FL 33168	Self-Employed	3/31/00	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	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
Robert Lifton 805 Third Ave., 15th Floor New York, NY 10022	Self	3/21/00	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Investor	Aggregate Year-to-Date >	\$1,000.00

SUBTOTAL of Receipts This Page (optional) \$8,000.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

PAGE 29 OF 62
FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ellen Limon 1060 5th Ave. New York, NY 10128	Self	3/24/00	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Painter	Aggregate Year-to-Date > \$	\$1,000.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
George Lindemann 4810 N. Bay Road Miami Beach, FL 33140	Self	2/25/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Investor	Aggregate Year-to-Date > \$	\$2,000.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
George Lindemann 4810 N. Bay Road Miami Beach, FL 33140	Self	2/25/00	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Investor	Aggregate Year-to-Date > \$	\$2,000.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lisa Liotta 1111 Lincoln Road Suite 800 Miami, FL 33139	IEA Management Services, Inc.	2/25/00	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$500.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ruth Loventhal 600 SE Mizner Blvd., PH8 Boca Raton, FL 33432		3/31/00	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Homemaker	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
Barbara Lumpkin 468 Green Spring Circle Winter Springs, FL 32708	Florida Nurses Association	3/31/00	\$300.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Government Relations Consul	Aggregate Year-to-Date > \$	\$300.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Leonard Luria 7774 Fisher Island Drive Fisher Island, FL 33109		2/28/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	Aggregate Year-to-Date > \$	\$1,000.00

SUBTOTAL of Receipts: This Page (optional) \$4,800.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

PAGE 30 OF 62
FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Leonard Luria 7774 Fisher Island Drive Fisher Island, FL 33109		2/28/00	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Retired		
	Aggregate Year-to-Date > \$	\$1,000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Ruth Mack 100 Sunrise Ave. No. 622 Palm Beach, FL 33480		1/13/00	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Homemaker		
	Aggregate Year-to-Date > \$	\$2,000.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Ruth Mack 100 Sunrise Ave. No. 622 Palm Beach, FL 33480		1/13/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Homemaker		
	Aggregate Year-to-Date > \$	\$2,000.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Amelia Maguire 2715 Toledo Street Coral Gables, FL 33134	Holland & Knight	2/23/00	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Attorney		
	Aggregate Year-to-Date > \$	\$1,000.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Joy Malakoff 6415 Pine Tree Drive Miami Beach, FL 33141	Colonial Bank	3/1/00	\$300.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Senior Vice-President		
	Aggregate Year-to-Date > \$	\$300.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Ellen Malcolm 5080 Linnean Ave., NW Washington, DC 20008	EMILY'S List	2/16/00	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: President		
	Aggregate Year-to-Date > \$	\$250.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Emily's List EMILY's List 605 15th Street, NW, Suite 400 Washington, DC 20005	Note: Above Contribution earmarked through this organi	2/16/00	\$250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation: Conduit total: \$5,685.00		
	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional) \$4,050.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00346405

A. Full Name, Mailing Address and ZIP Code Alvin Malnik 8780 Horseshoe Lane Boca Raton, FL 33496 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self Occupation Attorney/Real Estate Investor Aggregate Year-to-Date > \$ 6 \$2,000.00	Date (month, day, year) 2/18/00	Amount of Each Receipt this Period \$1,000.00
B. Full Name, Mailing Address and ZIP Code Alvin Malnik 8780 Horseshoe Lane Boca Raton, FL 33496 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self Occupation Attorney/Real Estate Investor Aggregate Year-to-Date > \$ 5 \$2,000.00	Date (month, day, year) 2/18/00	Amount of Each Receipt this Period \$1,000.00
C. Full Name, Mailing Address and ZIP Code Shareef Malnik The Forge Restaurant 432 Arthur Godfrey Road Miami Beach, FL 33140 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self Occupation Restauranier Aggregate Year-to-Date > \$ 1 \$500.00	Date (month, day, year) 2/24/00	Amount of Each Receipt this Period \$500.00
D. Full Name, Mailing Address and ZIP Code Ray Marchman 520 Brickell Key Drive, #PH00 Miami, FL 33131 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Northern Trust Bank Occupation Banker Aggregate Year-to-Date > \$ 6 \$1,000.00	Date (month, day, year) 2/28/00	Amount of Each Receipt this Period \$1,000.00
E. Full Name, Mailing Address and ZIP Code Martin Margulies 445 Grand Bay Drive, #PH-1 Key Biscayne, FL 33149 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self-Employed Occupation Real Estate Developer Aggregate Year-to-Date > \$ 5 \$250.00	Date (month, day, year) 2/7/00	Amount of Each Receipt this Period \$250.00
F. Full Name, Mailing Address and ZIP Code Ben Marks 19667 Turnberry Way, #25-J Aventura, FL 33180 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Retired Occupation Retired Aggregate Year-to-Date > \$ 5 \$500.00	Date (month, day, year) 2/7/00	Amount of Each Receipt this Period \$500.00
G. Full Name, Mailing Address and ZIP Code Leo Martin 2127 Brickell Avenue Miami, FL 33129 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Retired Aggregate Year-to-Date > \$ 1 \$1,000.00	Date (month, day, year) 3/1/00	Amount of Each Receipt this Period \$500.00

SUBTOTAL of Receipts This Page (optional)	\$4,750.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

PAGE 32 OF 52
FORM 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 acquiring contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Leo Martin 2127 Brickell Avenue Miami, FL 33129	Retired	3/1/00	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$1,000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Larry Mathews	Retired	2/4/00	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$1,000.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jerry Milgram 6858 Queenferry Circle Boca Raton, FL 33486		2/18/00	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$250.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mona Mizrahi 1200 NE Miami Gardens Drive, #1021W North Miami Beach, FL 33179	Ganot Corp.	3/29/00	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Receptionist Aggregate Year-to-Date > \$	\$500.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Rudolph Moise 1717 North Bayshore Dr. No. 3032 Miami, FL 33132		3/28/00	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$	\$250.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lottie Morton 5646 North Bay Road Miami Beach, FL 33140	Retired	2/24/00	\$750.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired Aggregate Year-to-Date > \$	\$750.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael Moskowitz 800 Corporate Drive #510 Fort Lauderdale, FL 33334	Self Employed	2/28/00	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney Aggregate Year-to-Date > \$	\$1,000.00	

SUBTOTAL of Receipts This Page (optional) _____

\$4,250.00

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

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

PAGE 33 OF 62
FOR LINE NUMBER 11(a)(1)

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

NAME OF COMMITTEE (in Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code Arnold Nachmanoff Nachmanoff Associates, Ltd. 3700 North Woodstock Street Arlington, VA 22207	Name of Employer Nachmanoff Associates, Ltd.	Date (month, day, year) 3/1/00	Amount of Each Receipt this Period \$500.00
	Occupation President	Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00
B. Full Name, Mailing Address and ZIP Code Eric Nadel 16425 Collins Ave. No. 2518 Sunny Isles Beach, FL 33160	Name of Employer	Date (month, day, year) 3/2/00	Amount of Each Receipt this Period \$500.00
	Occupation	Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00
C. Full Name, Mailing Address and ZIP Code John Nawalanic 140 W. Tropical Way Plantation, FL 33317	Name of Employer Timeframe Anesthesia Inc.	Date (month, day, year) 3/31/00	Amount of Each Receipt this Period \$500.00
	Occupation President, CRNA	Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00
D. Full Name, Mailing Address and ZIP Code Shelley Neckman 3850 N 36 Ave., Villa 83 Hollywood, FL 33021	Name of Employer	Date (month, day, year) 3/21/00	Amount of Each Receipt this Period \$500.00
	Occupation Retired	Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00
E. Full Name, Mailing Address and ZIP Code Steven Neckman 16 Island Ave. Miami Beach, FL 33139	Name of Employer Self	Date (month, day, year) 3/21/00	Amount of Each Receipt this Period \$500.00
	Occupation Sales	Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00
F. Full Name, Mailing Address and ZIP Code Andrew Needle 1401 Brickell Ave., Suite 900 Miami, FL 33131	Name of Employer Needle Gallagher	Date (month, day, year) 2/1/00	Amount of Each Receipt this Period \$250.00
	Occupation Attorney	Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00
G. Full Name, Mailing Address and ZIP Code James Nobil 5736 NW 40th Way Boca Raton, FL 33496	Name of Employer Self	Date (month, day, year) 2/18/00	Amount of Each Receipt this Period \$250.00
	Occupation Real Estate	Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00

SUBTOTAL of Receipts This Page (optional) \$3,000.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

PAGE 34 OF 52

FOR LINE NUMBER 11(a)(f)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress CD0346405

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Rosie O'Donnell 500 Lake Street, Suite D Ramsey, NJ 07446	Lucky Charms Entertainment, Inc	1/26/00	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Talk show host	Aggregate Year-to-Date > \$	\$2,000.00
Rosie O'Donnell 500 Lake Street, Suite D Ramsey, NJ 07446	Lucky Charms Entertainment, Inc.	1/26/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Talk show host	Aggregate Year-to-Date > \$	\$2,000.00
Eduardo Orjansky 881 Ocean Drive Key Biscayne, FL 33149	Bankst Capital	3/13/00	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Business Owner	Aggregate Year-to-Date > \$	\$500.00
Joseph Pallant 5255 Collins Avenue #2B Miami Beach, FL 33140	South Beach Villas	2/25/00	\$100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Owner	Aggregate Year-to-Date > \$	\$1,000.00
Joseph Pallant 5255 Collins Avenue #2B Miami Beach, FL 33140	South Beach Villas	2/25/00	\$900.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Owner	Aggregate Year-to-Date > \$	\$1,000.00
Nancy Pastroff 6420 SW 50th Street Miami, FL 33155	Pastroff, Barja, Kelly and Co.	3/21/00	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CPA	Aggregate Year-to-Date > \$	\$500.00
Lowell Paxson 780 S. Ocean Drive Palm Beach, FL 33480	Paxson Communications Corp.	3/31/00	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Executive	Aggregate Year-to-Date > \$	\$1,000.00

SUBTOTAL of Receipts This Page (optional) \$5,000.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

PAGE 35 OF 52
FOR LINE NUMBER 13(a)(i)

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

NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C003454D5

A. Full Name, Mailing Address and ZIP Code Sidney Perlmoy 13003 SW 104th Ct. Miami, FL 33178	Name of Employer Perlmoy, Solowsky, Allen and Haber	Date (month, day, year) 3/23/00	Amount of Each Receipt this Period \$500.00
	Occupation Attorney	Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	
Aggregate Year-to-Date > \$		\$500.00	
B. Full Name, Mailing Address and ZIP Code Elba Pines 3301 Ponce de Leon Blvd. Coral Gables, FL 33184	Name of Employer Pines Group	Date (month, day, year) 2/28/00	Amount of Each Receipt this Period \$1,000.00
	Occupation Executive	Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	
Aggregate Year-to-Date > \$		\$1,500.00	
C. Full Name, Mailing Address and ZIP Code Elba Pines 3301 Ponce de Leon Blvd. Coral Gables, FL 33134	Name of Employer Pines Group	Date (month, day, year) 2/28/00	Amount of Each Receipt this Period \$500.00
	Occupation Executive	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	
Aggregate Year-to-Date > \$		\$1,500.00	
D. Full Name, Mailing Address and ZIP Code Ricardo Pines 805 Arvida Dr. Coral Gables, FL 33156	Name of Employer Pines Group, Inc.	Date (month, day, year) 2/28/00	Amount of Each Receipt this Period \$500.00
	Occupation Business Executive	Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	
Aggregate Year-to-Date > \$		\$1,500.00	
E. Full Name, Mailing Address and ZIP Code Ricardo Pines 805 Arvida Dr. Coral Gables, FL 33156	Name of Employer Pines Group, Inc.	Date (month, day, year) 2/28/00	Amount of Each Receipt this Period \$1,000.00
	Occupation Business Executive	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	
Aggregate Year-to-Date > \$		\$1,500.00	
F. Full Name, Mailing Address and ZIP Code Irwin Potash 2033 Fisher Island Drive Fisher Island, FL 33109	Name of Employer	Date (month, day, year) 3/31/00	Amount of Each Receipt this Period \$250.00
	Occupation	Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	
Aggregate Year-to-Date > \$		\$250.00	
G. Full Name, Mailing Address and ZIP Code Linda Potash 2033 Fisher Island Drive Fisher Island, FL 33109	Name of Employer	Date (month, day, year) 3/31/00	Amount of Each Receipt this Period \$250.00
	Occupation	Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	
Aggregate Year-to-Date > \$		\$250.00	

SUBTOTAL of Receipts This Page (optional)

\$4,000.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE **36** OF **52**
FOR LINE NUMBER **11(a)(i)**

Contributions from Individuals/Persons

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

NAME OF COMMITTEE (in Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Katherine Randolph 279 Hillside Ave. Mill Valley, CA 94941	Retired	1/25/00	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$500.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Emily's List EMILY's List 805 15th Street, NW, Suite 400 Washington, DC 20005	Note: Above Contribution earmarked through this organi Occupation Conduit total: \$5,685.00	1/25/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Eugene Ribakoff 44 Coconut Row Palm Beach, FL 33480	AMI Cos. Occupation Executive	2/17/00	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$1,000.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Joint Action Committee for Political Affairs P.O. Box 105 Highland Park, IL 60035	Note: Above Contribution earmarked through this organi Occupation Conduit total: \$1,450.00	2/17/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Laurie Riemer 20143 NE 19th Place Miami, FL 33179	self-employed Occupation lawyer/mediator	2/28/00	\$200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$1,000.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Laurie Riemer 20143 NE 19th Place Miami, FL 33179	self-employed Occupation lawyer/mediator	2/28/00	\$800.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$1,000.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gerald Robins 33 Star Island Miami, FL 33139	Self Occupation Developer	2/14/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$1,000.00	

SUBTOTAL of Receipts This Page (optional) **\$3,500.00**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

PAGE 37 OF 52
FOR LINE NUMBER 11(a)(1)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00346405

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Joan Robins 33 Star Island Miami, FL 33139	Homemaker	2/14/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
Joan Robins 33 Star Island Miami, FL 33139	Homemaker	2/14/00	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$2,000.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Jim Robinson 201 S. Biscayne Blvd., 34th Floor Miami, FL 33131	Self Investor	3/1/00	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$1,500.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Jim Robinson 201 S. Biscayne Blvd., 34th Floor Miami, FL 33131	Self Investor	3/1/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$1,500.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Berenice Rogers 130 Sunrise Ave. Palm Beach, FL 33480	Retired	3/31/00	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$250.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Alan Rose 3257 Fiddlers Hammock Lane Ponte Vedra Beach, FL 32002	Retired	3/21/00	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$1,000.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Donald Rose 522 Courthouse Tower Bldg. 44 West Flagler Street Miami, FL 33130	Self Attorney	2/23/00	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$250.00	
SUBTOTAL of Receipts This Page (optional)			\$5,000.00
TOTAL This Period (last page this line number only)			

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

PAGE 38 OF 52
FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code Harris Rosen 7000 International Drive Orlando, FL 32819 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self	Date (month, day, year) 2/7/00	Amount of Each Receipt This Period \$1,000.00
	Occupation Hotelier Aggregate Year-to-Date > \$ 1,000.00		
B. Full Name, Mailing Address and ZIP Code Joanna Rosen 2525 Shelter Ave. Miami Beach, FL 33140 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self	Date (month, day, year) 3/9/00	Amount of Each Receipt This Period \$500.00
	Occupation Consultant Aggregate Year-to-Date > \$ 500.00		
C. Full Name, Mailing Address and ZIP Code Trisha Rosen 8798 Lake Tibet Court Orlando, FL 32836 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self	Date (month, day, year) 2/7/00	Amount of Each Receipt This Period \$1,000.00
	Occupation Homemaker Aggregate Year-to-Date > \$ 1,000.00		
D. Full Name, Mailing Address and ZIP Code Jeffrey Roth 1500 San Remo Avenue, #17E Coral Gables, FL 33146 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Roth and Scholl	Date (month, day, year) 2/1/00	Amount of Each Receipt This Period \$250.00
	Occupation Attorney Aggregate Year-to-Date > \$ 250.00		
E. Full Name, Mailing Address and ZIP Code Eva Rubach 19971 NE 39th Pl. Aventura, FL 33180 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Retired	Date (month, day, year) 2/25/00	Amount of Each Receipt This Period \$1,000.00
	Occupation Aggregate Year-to-Date > \$ 2,000.00		
F. Full Name, Mailing Address and ZIP Code Eva Rubach 19971 NE 39th Pl. Aventura, FL 33180 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Retired	Date (month, day, year) 2/25/00	Amount of Each Receipt This Period \$1,000.00
	Occupation Aggregate Year-to-Date > \$ 2,000.00		
G. Full Name, Mailing Address and ZIP Code Leon Rubach 19971 NE 39th Pl. Aventura, FL 33180 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Retired	Date (month, day, year) 2/25/00	Amount of Each Receipt This Period \$1,000.00
	Occupation Aggregate Year-to-Date > \$ 2,000.00		

SUBTOTAL of Receipts This Page (optional) \$5,750.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

PAGE 39 OF 52
FOR LINE NUMBER 11(p)(i)

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NAME OF COMMITTEE (in Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Leon Rubach 19971 NE 39th Pl. Aventura, FL 33180	Retired	2/25/00	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	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
Nanette Ruffner 8830 SW 67th Court Miami, FL 33156		1/28/00	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Homemaker	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
Lloyd Ruskin 5500 Collins Ave. Miami, FL 33140		2/28/00	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	Aggregate Year-to-Date \$	\$1,000.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Muriel Russell 720 NE 60th Street, #11 Miami, FL 33138	Retired	3/31/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	Aggregate Year-to-Date \$	\$1,000.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Angela Sacher 520 Brickell Key Dr. #A-BH23 Miami, FL 33131	UAHC	2/14/00	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Outreach Director	Aggregate Year-to-Date \$	\$250.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bart Sacher 520 Brickell Key Drive #A-BH23 Miami, FL 33131	Sacher, Zelman, VanSant et al	2/14/00	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date \$	\$250.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Eileen Schaefer 1100B Highland Beach Drive Highland Beach, FL 33487	Claire's Stores Inc.	3/27/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retail Executive	Aggregate Year-to-Date \$	\$1,000.00

SUBTOTAL of Receipts This Page (optional) \$5,500.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

PAGE 40 OF 52
FOR LINE NUMBER
11(a)(i)

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

NAME OF COMMITTEE (in Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lawrence Schantz 1900 Sunset Harbor Drive #1502 Miami Beach, FL 33139	Self	3/29/00	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$	\$1,000.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Howard Scharin 1399 SW 1st Avenue, 4th Floor Miami, FL 33130	Self-Employed	3/28/00	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$	\$250.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Julie Schector P.O. Box 424 Stow, MA 01775	Self	3/31/00	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Writer	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
Bernice Schwartz 860 Fifth Ave., Apt. 4F New York, NY 10021		2/25/00	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Homemaker	Aggregate Year-to-Date > \$	\$250.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mori Aaron Schweiter 8088 NE 24th Terrace Boca Raton, FL 33498		2/18/00	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$250.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Diane Saylor 1581 Brickell Ave #T-204 Miami, FL 33129	Self	3/2/00	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Interior Design	Aggregate Year-to-Date > \$	\$1,000.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Brenda Shapiro 44 W. Flagler Street, Suite 2100 Miami, FL 33130	Self	3/29/00	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$	\$250.00

SUBTOTAL of Receipts This Page (optional) **\$3,500.00**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

PAGE 41 OF 52
FOR LINE NUMBER 11(a)(1)

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

NAME OF COMMITTEE (in full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Edward Shapiro 10156 Collins Ave., Apt. 1802 Bal Harbour, FL 33154	Retired	3/2/00	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$250.00
B. Full Name, Mailing Address and ZIP Code Janica Sharpstein 1435 W 27th Street Miami Beach, FL 33140	Self	2/28/00	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$	\$500.00
C. Full Name, Mailing Address and ZIP Code Richard Sharpstein 201 S. Biscayne Blvd., Suite 2380 Miami, FL 33131	Self	2/28/00	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$	\$1,000.00
D. Full Name, Mailing Address and ZIP Code Betsy Sheerr 800 Edwin Lane Bryn Mawr, PA 19010	Sheerr Communication	2/17/00	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Communication Consultant	Aggregate Year-to-Date > \$	\$250.00
E. Full Name, Mailing Address and ZIP Code Joint Action Committee for Political Affairs P.O. Box 105 Highland Park, IL 60035	Note: Above Contribution earmarked through this organi	2/17/00	MEMO \$250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation Conduit total: \$1,450.00	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code Michael Sherman 12880 Biscayne Bay Drive Miami, FL 33181	Farnsworth Farms	3/31/00	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	Aggregate Year-to-Date > \$	\$500.00
G. Full Name, Mailing Address and ZIP Code Mark Siegel 2802 Bridgewood lane Boca Raton, FL 33434		2/18/00	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$250.00

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

TOTAL This Period (last page has line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

PAGE 42 OF 52
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NAME OF COMMITTEE (in Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gail Silverman 9 Island Ave. #1814 Miami Beach, FL 33139		3/21/00	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired		
	Aggregate Year-to-Date > \$	\$500.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sidney Silverman	Silverman Sayre Services, Inc.	3/8/00	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	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
Jacqueline Simkin 200 SE First Street, No. 703 Miami, FL 33131	Self	2/25/00	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Investor		
	Aggregate Year-to-Date > \$	\$1,000.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sherman Simon 8899 Collins Ave., #20K Bal Harbour, FL 33154		2/2/00	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired		
	Aggregate Year-to-Date > \$	\$250.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mandeep Singh 53 Camden Drive Bal Harbour, FL 33154	Seaview Hotel	3/21/00	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive		
	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
Adelaide Sink 12411 FL King Highway Thonotosassa, FL 33592	Nation's Bank	1/28/00	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive		
	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
Donald Slesnick 827 N. Greenway Drive Coral Gables, FL 33134	Slesnick & Cassey	3/31/00	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney		
	Aggregate Year-to-Date > \$	\$250.00	

SUBTOTAL of Receipts This Page (optional) \$4,000.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

PAGE 43 OF 52
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)

Claine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code Lisa Sloof 1 Grove Isle Dr., #1603 Miami, FL 33133 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self	Date (month, day, year) 2/18/00	Amount of Each Receipt this Period \$250.00
	Occupation Attorney	Aggregate Year-to-Date > \$	\$250.00
B. Full Name, Mailing Address and ZIP Code Cheryl Slosberg 43 East Ridge Road Edgewood, NM 87015 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year) 3/31/00	Amount of Each Receipt this Period \$1,000.00
	Occupation	Aggregate Year-to-Date > \$	\$1,000.00
C. Full Name, Mailing Address and ZIP Code Michael Slosberg 43 East Ridge Road Edgewood, NM 87015 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year) 3/31/00	Amount of Each Receipt this Period \$1,000.00
	Occupation	Aggregate Year-to-Date > \$	\$1,000.00
D. Full Name, Mailing Address and ZIP Code Carol Smokler 120 SE 5th Ave. #529 Boca Raton, FL 33432 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self	Date (month, day, year) 2/18/00	Amount of Each Receipt this Period \$1,000.00
	Occupation Psychologist	Aggregate Year-to-Date > \$	\$1,000.00
E. Full Name, Mailing Address and ZIP Code Irving Smokler 120 SE 5th Ave. #529 Boca Raton, FL 33432 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self	Date (month, day, year) 3/21/00	Amount of Each Receipt this Period \$1,000.00
	Occupation Real Estate Investor	Aggregate Year-to-Date > \$	\$2,000.00
F. Full Name, Mailing Address and ZIP Code Irving Smokler 120 SE 5th Ave. #529 Boca Raton, FL 33432 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self	Date (month, day, year) 3/21/00	Amount of Each Receipt this Period \$1,000.00
	Occupation Real Estate Investor	Aggregate Year-to-Date > \$	\$2,000.00
G. Full Name, Mailing Address and ZIP Code Don Soffer 19501 Biscayne Blvd, #400 Aventura, FL 33180 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Tumberry Associates	Date (month, day, year) 2/7/00	Amount of Each Receipt this Period \$1,000.00
	Occupation Executive	Aggregate Year-to-Date > \$	\$1,000.00

SUBTOTAL of Receipts This Page (optional) \$6,250.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

PAGE 44 OF 52
FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sherry Spalding-Fardie 100 Lakeshore Drive, L-1 North Palm Beach, FL 33408	The Spalding Financial Group, Inc.	3/1/00	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DLU, CHFC	Aggregate Year-to-Date > \$	\$1,000.00
B. Full Name, Mailing Address and ZIP Code Daniel Spring 4261 Alton Road Miami Beach, FL 33140	Name of Employer Self	Date (month, day, year) 2/25/00	Amount of Each Receipt this Period \$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Investor	Aggregate Year-to-Date > \$	\$250.00
C. Full Name, Mailing Address and ZIP Code Scott Srebnick 1899 S. Bayshore Drive Miami, FL 33133	Name of Employer Self	Date (month, day, year) 3/31/00	Amount of Each Receipt this Period \$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$	\$250.00
D. Full Name, Mailing Address and ZIP Code Lesta Stacom 5211 Fisher Island Drive Fisher Island, FL 33109	Name of Employer	Date (month, day, year) 3/31/00	Amount of Each Receipt this Period \$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$250.00
E. Full Name, Mailing Address and ZIP Code Matthew Stacom 5211 Fisher Island Drive Fisher Island, FL 33109	Name of Employer	Date (month, day, year) 3/31/00	Amount of Each Receipt this Period \$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$250.00
F. Full Name, Mailing Address and ZIP Code Joy Stampler 101 Central Park West New York, NY 10023	Name of Employer	Date (month, day, year) 3/31/00	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$2,000.00
G. Full Name, Mailing Address and ZIP Code Joy Stampler 101 Central Park West New York, NY 10023	Name of Employer	Date (month, day, year) 3/31/00	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$2,000.00

SUBTOTAL of Receipts This Page (optional) \$4,000.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

PAGE 45 OF 62
FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Myron Stayman 1457 Mariner Way Hollywood, FL 33019	Merrill Lynch	2/2/00	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Financial Consultant	Aggregate Year-to-Date > \$	\$250.00
B. Full Name, Mailing Address and ZIP Code Herbert Stain 720 NE 89th Street, Apt. 11 North Miami, FL 33138	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	3/31/00	\$1,000.00
C. Full Name, Mailing Address and ZIP Code Michael Stain 148 El Mirador Palm Beach, FL 33480	Name of Employer Retired	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	3/27/00	\$1,000.00
D. Full Name, Mailing Address and ZIP Code Edward Steinberg 323 Golden Beach Drive Golden Beach, FL 33160	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	3/28/00	\$1,000.00
E. Full Name, Mailing Address and ZIP Code Edward Steinberg 323 Golden Beach Drive Golden Beach, FL 33160	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	3/29/00	\$1,000.00
F. Full Name, Mailing Address and ZIP Code Mark Steinberg 1415 NW 21st Terrace Miami, FL 33142	Name of Employer Blue Ribbon Laundry Systems	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	3/3/00	\$750.00
G. Full Name, Mailing Address and ZIP Code Florence Stern 2013 Fisher Island Drive Fisher Island, FL 33109	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	3/31/00	\$250.00
SUBTOTAL of Receipts This Page (optional)			\$5,250.00
TOTAL This Period (last page this line number only)			

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

PAGE 46 OF 52
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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345-405

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lyle Stern 407 Lincoln Road, Suite 704 Miami Beach, FL 33139	Koniver Stern Group	3/15/00	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Realty Business Exec.	Aggregate Year-to-Date > \$	\$500.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sandra Stonberg 758 Lakeview Drive Miami Beach, FL 33140		2/24/00	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Homemaker	Aggregate Year-to-Date > \$	\$250.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Teddy Struhl 17891 Lake Estates Drive Boca Raton, FL 33496	Paper Partners LLC	2/18/00	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Business Exec.	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
Robert Sugarman 2801 Ponce De Leon Blvd., Suite 750 Coral Gables, FL 33134	Sugarman & Suskind	3/31/00	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$	\$500.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Percy Sutfon 10 W. 135th Street New York, NY 10037		3/24/00	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$1,000.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
The Honorable Charles Rangel P.O. Box 5577 Manhattenville Station New York, NY 10027-	Mula. Above Contribution earmarked through this organi	3/24/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation Conduit total: \$1,000.00	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Karen Swartz 5001 Egrat Point Circle Boca Raton, FL 33431		3/31/00	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation N/A	Aggregate Year-to-Date > \$	\$500.00

SUBTOTAL of Receipts This Page (optional) \$3,250.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

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NAME OF COMMITTEE (in Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Edward Swenson 2665 S. Bayshore Coconut Grove, FL 33133	Self	3/1/00	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Investment Counselor	Aggregate Year-to-Date > \$	\$250.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Steven Tallent 5255 Collins Ave. Miami Beach, FL 33140	Self	2/28/00	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Investor	Aggregate Year-to-Date > \$	\$2,000.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Steven Tallent 5255 Collins Ave. Miami Beach, FL 33140	Self	2/28/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Investor	Aggregate Year-to-Date > \$	\$2,000.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Rodger Tauman 13885 Le Havre Drive West Palm Beach, FL 33410		3/31/00	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$500.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Carol-Ann Taylor 1717 N Bayshore Drive #2458 Miami, FL 33132-1161	Miami ToGo Inc	2/18/00	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retailer	Aggregate Year-to-Date > \$	\$250.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Salomon Temer 2127 Brickell Ave. #2001 Miami, FL 33129	Bijoux Temer	3/27/00	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$1,000.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Jonathan Tisch 665 Madison Ave., 8th Floor New York, NY 10021	Loews Hotels	3/21/00	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President and CEO	Aggregate Year-to-Date > \$	\$500.00

SUBTOTAL of Receipts This Page (optional)

\$4,500.00

TOTAL This Period (just page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

PAGE 48 OF 52
FOR LINE NUMBER 11(a)(i)

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

NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345406

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert Todak Delano 1685 Collins Ave. Miami Beach, FL 33139	Ian Schrage Hotel Occupation General Manager Delano	2/23/00	\$750.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$250.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Unattributed Cash		1/21/00	\$111.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$211.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Unattributed Cash		3/31/00	\$100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$211.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ella Upsher 1904 South Ocean Drive Hallandale, FL 33009	Retired Occupation Retired	3/1/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$500.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sylvia Ulrich 2500 SW 75th Avenue Miami, FL 33144	Westchester Hospital Occupation Hospital Administrator	2/23/00	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$250.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Van Lindt 281 Highbrook Ave. Pelham, NY 10803	Hialeah Race Track Occupation Government Relations Consul	3/31/00	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
Marvin Verble 3971 SW 6th Street, Suite 307 Miami, FL 33134		2/28/00	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$2,000.00	

SUBTOTAL of Receipts This Page (optional) \$2,711.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

PAGE 49 OF 52

FOR LINE NUMBER 11(a)(i)

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

NAME OF COMMITTEE (in Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Manlin Verble 3971 SW 8th Street, Suite 307 Miami, FL 33134 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Aggregate Year-to-Date > \$ 2,000.00	2/28/00	\$1,000.00
Vivian Verble 3971 SW 8th Street, Suite 307 Miami, FL 33134 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: ABC Charter Occupation: President Aggregate Year-to-Date > \$ 2,000.00	2/28/00	\$1,000.00
Vivian Verble 3971 SW 8th Street, Suite 307 Miami, FL 33134 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: ABC Charter Occupation: President Aggregate Year-to-Date > \$ 2,000.00	2/28/00	\$1,000.00
Sima Wagner 19101 Myatic Pointe Dr., #2901 Aventura, FL 33180 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: Occupation: Homemaker Aggregate Year-to-Date > \$ 225.00	3/2/00	\$200.00
Sima Wagner 19101 Myatic Pointe Dr., #2901 Aventura, FL 33180 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: Occupation: Homemaker Aggregate Year-to-Date > \$ 225.00	2/2/00	\$25.00
Cynthia Wainwright 1050 Park Ave. New York, NY 10028 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: Chaco Manhattan Bank Occupation: Vice President Aggregate Year-to-Date > \$ 1,000.00	3/4/00	\$1,000.00
Emily's List EMILY's List 805 15th Street, NW, Suite 400 Washington, DC 20005 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: Note: Above Contribution earmarked through this organi Occupation: Conduit total: \$6,685.00 Aggregate Year-to-Date > \$	3/4/00	MEMO \$1,000.00

SUBTOTAL of Receipts This Page (optional)	\$4,225.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

PAGE 50 OF 52
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NAME OF COMMITTEE (in Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code Sondra Warner 4101 N. Ocean Blvd. #1201 Boca Raton, FL 33431 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self	Date (month, day, year) 3/21/00	Amount of Each Receipt this Period \$500.00
	Occupation Community Activist Aggregate Year-to-Date > \$ 500.00		
B. Full Name, Mailing Address and ZIP Code Morton Weiner 9999 Collins Ave., #P2-K Bal Harbour, FL 33154 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Retired	Date (month, day, year) 2/23/00	Amount of Each Receipt this Period \$1,000.00
	Occupation Aggregate Year-to-Date > \$ 1,000.00		
C. Full Name, Mailing Address and ZIP Code Howard Weingrow 805 Third Ave., 15th Floor New York, NY 10022 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Stanoff Corporation	Date (month, day, year) 3/21/00	Amount of Each Receipt this Period \$1,000.00
	Occupation President Aggregate Year-to-Date > \$ 1,000.00		
D. Full Name, Mailing Address and ZIP Code Sherwood Weiser 3250 Mary Street Miami, FL 33133 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Carnival Resorts & Casinos	Date (month, day, year) 2/9/00	Amount of Each Receipt this Period \$250.00
	Occupation Chairman, CEO Aggregate Year-to-Date > \$ 250.00		
E. Full Name, Mailing Address and ZIP Code Thomas Weiss 4525 Pine Tree Drive Miami, FL 33140 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Miami Heart	Date (month, day, year) 2/24/00	Amount of Each Receipt this Period \$1,000.00
	Occupation Medical Doctor Aggregate Year-to-Date > \$ 1,000.00		
F. Full Name, Mailing Address and ZIP Code Helene Westreich 9999 Collins Ave., #7J Bal Harbour, FL 33154 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year) 3/23/00	Amount of Each Receipt this Period \$1,000.00
	Occupation Community volunteer Aggregate Year-to-Date > \$ 1,000.00		
G. Full Name, Mailing Address and ZIP Code Henry Wheeler 9983 SW 157th Street Miami, FL 33157 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Ames, Assoc. of Greater Miami, PA	Date (month, day, year) 3/31/00	Amount of Each Receipt this Period \$250.00
	Occupation CRNA Aggregate Year-to-Date > \$ 250.00		

SUBTOTAL of Receipts This Page (optional)

\$6,000.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

PAGE 51 OF 52
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NAME OF COMMITTEE (in Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sarah Wiener 950 Bayamo Ave. Coral Gables, FL 33146	Legal Aid Society	3/29/00	\$200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 5400.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sarah Wiener 950 Bayamo Ave. Coral Gables, FL 33146	Legal Aid Society	1/14/00	\$200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 5400.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Louise Williams 622 Kenilworth Avenue Kenilworth, IL 60043-1088		2/8/00	\$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	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Emily's List EMILY's List 805 15th Street, NW, Suite 400 Washington, DC 20005	Note: Above Contribution earmarked through this organi	2/8/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation Conduit total: \$5,585.00	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Charles Willner 19500 Turnberry Way #11A Aventura, FL 33180		2/2/00	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	Aggregate Year-to-Date > \$ 1,000.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Louis Wolfson 9595 Journey's End Lane Coral Gables, FL 33166		3/21/00	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 2,000.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Louis Wolfson 9595 Journey's End Lane Coral Gables, FL 33156		3/21/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 2,000.00	

SUBTOTAL of Receipts This Page (optional) \$4,400.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

PAGE 52 OF 52
FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code Mitchell Wolfson 2318 NE 2nd Ct. Miami, FL 33137	Name of Employer Wolfson Initiative Corp. Occupation President	Date (month, day, year) 2/17/00	Amount of Each Receipt this Period \$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date		\$	\$500.00
B. Full Name, Mailing Address and ZIP Code Sue Wrenn 5740 62nd Ave. S Saint Petersburg, FL 33715	Name of Employer Occupation civic volunteer	Date (month, day, year) 2/17/00	Amount of Each Receipt this Period \$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date		\$	\$250.00
C. Full Name, Mailing Address and ZIP Code Faith Xenos 809 Alhambra Ave. Coral Gables, FL 33134	Name of Employer Singer and Xenos Occupation Wealth Manager	Date (month, day, year) 3/3/00	Amount of Each Receipt this Period \$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date		\$	\$250.00
D. Full Name, Mailing Address and ZIP Code Cicely Zeppa 6545 SW 133rd Drive Miami, FL 33156	Name of Employer Occupation Retired	Date (month, day, year) 3/1/00	Amount of Each Receipt this Period \$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date		\$	\$250.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date		\$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date		\$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date		\$	

SUBTOTAL of Receipts This Page (optional)	\$1,250.00
TOTAL This Period (last page this line number only)	\$228,163.10

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Other Political Committees

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

PAGE 1 OF 6
FOR LINE NUMBER 11(c)

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NAME OF COMMITTEE (in Full)

Elaine Bloom for Congress G00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
AFL-CIO 815 16th Street NW Washington, DC 20006-		3/24/00	\$5,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$5,000.00
B. Full Name, Mailing Address and ZIP Code AFM Tempo Political Contributions Committee Suite 600 Paramount Building 1501 Broadway New York, NY 10036-		3/21/00	\$200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$450.00
C. Full Name, Mailing Address and ZIP Code AFM Tempo Political Contributions Committee Suite 600 Paramount Building 1501 Broadway New York, NY 10036-		3/15/00	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$450.00
D. Full Name, Mailing Address and ZIP Code American Association of Nurse Anesthetists CRNA 412 First Street, SE Suite 12 Washington, DC 20003		3/23/00	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$500.00
E. Full Name, Mailing Address and ZIP Code American Federation of State, County and Municipal Employees-AFL-CIO 1626 L Street, NW Washington, DC 20036-		2/28/00	\$5,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$5,000.00
F. Full Name, Mailing Address and ZIP Code American Federation of Teachers 555 New Jersey Ave., NW Washington, DC 20001-		3/31/00	\$5,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$5,000.00
G. Full Name, Mailing Address and ZIP Code American Nurses Association PAC 600 Maryland Ave., SW Suite 100 West Washington, DC 20024-		3/13/00	\$5,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$5,000.00
SUBTOTAL of Receipts This Page (optional)			\$20,950.00
TOTAL This Period (last page this line number only)			

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Other Political Committees

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

PAGE 2 OF 6
FOR LINE NUMBER 11(c)

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NAME OF COMMITTEE (in Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ameripac-The Fund for a Greater America 1341 G Street, NW Suite 200 Washington, DC 20005-		2/7/00	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	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
Ameripac-The Fund for a Greater America 1341 G Street, NW Suite 200 Washington, DC 20005-		3/21/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$2,000.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Association of Trial Lawyers of America 1050 31st Street NW Washington, DC 20007		2/23/00	\$5,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$5,000.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Congressman Waxman Campaign Committee 8665 Wilshire Blvd. #220 Beverly Hills, CA		2/24/00	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$1,000.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dade County Fire Fighters Local 1403 PAC 8000 NW 21st Street, Suite 222 Miami, FL 33122-		3/2/00	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$1,000.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Effective Government Committee 607 14th Street NW, Suite 800 Washington, DC 20005-		1/21/00	\$2,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$2,000.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Florida Health Political Action Committee P.O. Box 6636 Jacksonville, FL 32236		2/25/00	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$500.00

SUBTOTAL of Receipts This Page (optional) \$11,600.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Other Political Committees

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

PAGE 3 OF 6
FOR LINE NUMBER 11(c)

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NAME OF COMMITTEE (in Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code Friends of Rosa DeLauro 49 Huntington Street New Haven, CT 06511-	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 3/31/00	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > \$ 1,000.00			
B. Full Name, Mailing Address and ZIP Code Howard Berman for Congress 8685 Wilshire Blvd., #220 Beverly Hills, CA 90211	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 1/11/00	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > \$ 1,000.00			
C. Full Name, Mailing Address and ZIP Code I.B.E.W. - C.O.P.E. 1125 - 15th Street NW Washington, DC 20005	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 3/31/00	Amount of Each Receipt this Period \$2,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > \$ 2,000.00			
D. Full Name, Mailing Address and ZIP Code International Association of Fire Fighters 1750 New York Ave., NW Washington, DC 20005-	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 3/15/00	Amount of Each Receipt this Period \$2,500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > \$ 2,500.00			
E. Full Name, Mailing Address and ZIP Code International Longshoremen's Association 17 Battery Place, Suite 830 New York, NY 10004-	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 3/31/00	Amount of Each Receipt this Period \$4,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > \$ 4,000.00			
F. Full Name, Mailing Address and ZIP Code International Union of Operating Engineers PAC 487 1425 NW 36 Street Miami, FL 33142-	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 3/31/00	Amount of Each Receipt this Period \$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > \$ 500.00			
G. Full Name, Mailing Address and ZIP Code John Lewie for Congress 12329 Neaullepine Terrace Silver Spring, MD 20904-	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 3/31/00	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > \$ 1,000.00			

SUBTOTAL of Receipts This Page (optional) \$12,000.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Other Political Committees

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

PAGE 4 OF 6

FORM LINE NUMBER 11(c)

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

NAME OF COMMITTEE (in Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Laborer's Political League 905 16th Street, NW Washington, DC 20006-		3/21/00	\$5,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$5,000.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NARAL 1158 15th Street, NW Suite 700 Washington, DC 20005-		1/18/00	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	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
National Organization for Women PAC P.O. Box 7157 Washington, DC 20044-		3/31/00	\$2,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$2,000.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
New Democrat Network 601 Capitol Court, NE, Suite 200 Washington, DC 20002		3/16/00	\$137.25
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > U	\$137.25
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PAC For A Change 601 S. Figueroa Street 23rd Floor Los Angeles, CA 90017-		3/31/00	\$2,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$2,000.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
The Honorable Nancy Pelosi PAC to the Future 268 Bush Street San Francisco, CA 94104	Note: Above Contribution earmarked through this organization Occupation Conduit total: \$2,000.00	3/31/00	\$2,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Rangel for Congress, 2000 P.O. Box 5577 Marshallville Station New York, NY 10027-		3/2/00	\$2,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$2,000.00

SUBTOTAL of Receipts This Page (optional)

\$12,137.26

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from 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)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Service Employees International Union (SEIU) 1313 L Street NW Washington, DC 20005-		3/31/00	\$2,500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$2,500.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Steve Rothman for Congress, Inc. P.O. Box 714 Hackensack, NJ 07602-		2/18/00	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	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
Thomas Gabriel South Florida Council of Fire Fighters 8000 NW 21st Street, Suite 205 Miami, FL 33122-		2/4/00	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	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
Transport Workers Union of America 80 West End Ave. New York, NY 10023-		3/31/00	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$1,000.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
United Association Political Education Committee 901 Massachusetts Ave., NW Washington, DC 20001-		3/29/00	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$1,000.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
United Brotherhood of Carpenters and Joiners Carpenters' Legislative Improvement Committee 101 Constitution Ave., NW Washington, DC 20001		1/14/00	\$2,500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$2,500.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
UTU Transportation Political Education League 14600 Detroit Ave. Cleveland, OH 44107-		3/9/00	\$5,000.00 *
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$10,000.00

SUBTOTAL of Receipts This Page (optional) **\$13,600.00**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Other Political Committees

Use separate schedules for each category of the Detailed Summary Page

PAGE 6 OF 6
FOR LINE NUMBER 11(c)

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

NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
UTU Transportation Political Education League 14600 Detroit Ave. Cleveland, OH 44107-		3/3/00	\$5,000.00 *
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 10,000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
The Honorable Richard Gephardt 607 14th Street NW, Suite 800 Washington, DC 20005-	Note: Above Contribution earmarked through this organi	3/9/00	\$5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation Conduit total: \$10,000.00	Aggregate Year-to-Date > \$	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
The Honorable Richard Gephardt 607 14th Street NW, Suite 800 Washington, DC 20005-	Note: Above Contribution earmarked through this organi	3/3/00	\$5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation Conduit total: \$10,000.00	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
WAND PAC 691 Mass Ave. Arlington, MA 02478-		3/3/00	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)

\$5,500.00

TOTAL This Period (last page this line number only)

\$75,587.25

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from the Candidate

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

PAGE 1 OF 1
FOR LINE NUMBER 11(d)

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

NAME OF COMMITTEE (in Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code Rep. Elaine Bloom 5255 Collins Avenue Miami Beach, FL 33140 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 3/2/00 \$589.00	Amount of Each Receipt this Period \$206.00
B. Full Name, Mailing Address and ZIP Code Rep. Elaine Bloom 5255 Collins Avenue Miami Beach, FL 33140 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 1/28/00 \$589.00	Amount of Each Receipt this Period \$383.00
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)			\$589.00
TOTAL This Period (last page this line number only)			\$589.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 2

FOR LINE NUMBER 15

Other Receipts

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

NAME OF COMMITTEE (in Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bell South PO Box 33009 Charlotte, NC 28243		3/31/00	\$176.17
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$176.17
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
City National Bank 300 71st Street Miami Beach, FL 33141	* Transfer credit	3/28/00	\$248.37
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$7,504.96
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
City National Bank 300 71st Street Miami Beach, FL 33141	* from CDs	3/17/00	\$6,600.21
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$7,504.96
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
City National Bank 300 71st Street Miami Beach, FL 33141	*	3/14/00	\$45.94
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$7,504.96
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
City National Bank 300 71st Street Miami Beach, FL 33141	*	2/28/00	\$265.49
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$7,504.96
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
City National Bank 300 71st Street Miami Beach, FL 33141	*	2/14/00	\$23.42
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$7,504.96
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
City National Bank 300 71st Street Miami Beach, FL 33141	*	1/28/00	\$265.60
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$7,504.96

SUBTOTAL of Receipts This Page (optional) \$7,825.10

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 2
FOR LINE NUMBER 15

Other Receipts

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

NAME OF COMMITTEE (in Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code City National Bank 300 71st Street Miami Beach, FL 33141 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 1/14/00	Amount of Each Receipt this Period \$56.03
Aggregate Year-to-Date > \$ \$7,504.86			
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)	556.03
TOTAL This Period (last page this line number only)	\$7,681.13

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 12
FOR LINE NUMBER 17

Operating Expenditures

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

NAME OF COMMITTEE (in Full)

Elaine Bloom for Congress GOD345406

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Broward Labor Council 1700 NW 66 Ave., Suite 100B Plantation, FL 33313	Labor Meeting expense Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/21/00	\$300.00
B. Full Name, Mailing Address and ZIP Code Aaron Rents, Inc. 7101 Coral Way Miami, FL 33155	Purpose of Disbursement Furniture rental Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/21/00	\$113.78
C. Full Name, Mailing Address and ZIP Code Aaron Rents, Inc. 7101 Coral Way Miami, FL 33155	Purpose of Disbursement Furniture rental Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/4/00	\$113.78
D. Full Name, Mailing Address and ZIP Code AT&T Wireless Services P.O. Box 129 Newark, NJ 07101	Purpose of Disbursement telephone expense Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/14/00	\$549.24
E. Full Name, Mailing Address and ZIP Code AT&T Wireless Services P O Box 129 Newark, NJ 07101	Purpose of Disbursement Telephone expense Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/18/00	\$350.00
F. Full Name, Mailing Address and ZIP Code AT&T P.O. Box 16730 Mesa, AZ 85211	Purpose of Disbursement Telephone Expense Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/4/00	\$116.57
G. Full Name, Mailing Address and ZIP Code AT&T P.O. Box 16730 Mesa, AZ 85211	Purpose of Disbursement Telephone expense Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/4/00	\$77.55
H. Full Name, Mailing Address and ZIP Code AT&T P.O. Box 16730 Mesa, AZ 85211	Purpose of Disbursement Telephone Expense Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/23/00	\$609.50
I. Full Name, Mailing Address and ZIP Code Bell South PO Box 33009 Charlotte, NC 28243	Purpose of Disbursement Phone service Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/6/00	\$46.12

SUBTOTAL of Disbursements This Page (optional)

\$2,276.64

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 12
FOR LINE NUMBER
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Operating Expenditures

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NAME OF COMMITTEE (in Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bell South PO Box 33009 Charlotte, NC 28243	Local service Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/21/00	\$514.06
Bell South PO Box 33009 Charlotte, NC 28243	Local phones Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/18/00	\$4.86
Bell South PO Box 33009 Charlotte, NC 28243	Deposit on phones for Hollywd Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/8/00	\$525.00
Bell South PO Box 33009 Charlotte, NC 28243	Local phone service Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/4/00	\$234.28
Bell South PO Box 33009 Charlotte, NC 28243	Installation and advance paym Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/9/00	\$420.00
Bell South PO Box 33009 Charlotte, NC 28243	Local phone service Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/13/00	\$276.42
Bell South PO Box 33009 Charlotte, NC 28243	Local phone service Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/25/00	\$150.84
Broward County Council of Professional Fire Fighters 3800 Inverrary Blvd., Suite 203 Lauderhill, FL 33319	Ad and dinner tickets Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/4/00	\$205.00
Broward County Democratic Executive Comm. Mercede Executive Park 1824 N. University Drive Plantation, FL 33322	Dinner tickets Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/5/00	\$300.00

SUBTOTAL of Disbursements This Page (optional)

\$2,730.29

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 12
FOR LINE NUMBER 17

Operating Expenditures

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NAME OF COMMITTEE (in Full)

Elaine Bloom for Congress CD0345405

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Broward County Democratic Executive Comm. Mercedes Executive Park 1824 N. University Drive Plantation, FL 33322	Ad Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/1/00	\$175.00
B. Full Name, Mailing Address and ZIP Code City National Bank 300 71st Street Miami Beach, FL 33141	Bank fee Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/7/00	\$6.00
C. Full Name, Mailing Address and ZIP Code City National Bank 300 71st Street Miami Beach, FL 33141	Bank fee Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/3/00	\$6.00
D. Full Name, Mailing Address and ZIP Code City National Bank 300 71st Street Miami Beach, FL 33141	Rent Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/1/00	\$412.47
E. Full Name, Mailing Address and ZIP Code City National Bank 300 71st Street Miami Beach, FL 33141	Rent Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/2/00	\$412.46
F. Full Name, Mailing Address and ZIP Code City National Bank 300 71st Street Miami Beach, FL 33141	checks Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/7/00	\$70.50
G. Full Name, Mailing Address and ZIP Code City National Bank 300 71st Street Miami Beach, FL 33141	Service charge Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/17/00	\$20.00
H. Full Name, Mailing Address and ZIP Code City National Bank 300 71st Street Miami Beach, FL 33141	Rent Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/26/00	\$412.46
I. Full Name, Mailing Address and ZIP Code Crouse, Malchow and Schlackman 1400 I Street NW, Suite 850 Washington, DC 20005	Materials design Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/25/00	\$2,200.00

SUBTOTAL of Disbursements This Page (optional)

\$3,714.88

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the 2000 Summary Page

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Operating Expenditures

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

NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress CD0345405

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Crouse, Malchow and Schlackman 1400 I Street NW, Suite 650 Washington, DC 20005	Mail expenses Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/7/00	\$27,194.56
Crouse, Malchow and Schlackman 1400 I Street NW, Suite 650 Washington, DC 20005	Mail expenses Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/17/00	\$27,194.56
Effective Strategies 426 North Saint Asaph Street Alexandria, VA 22314	consultant expense Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/3/00	\$5,000.00
Effective Strategies 426 North Saint Asaph Street Alexandria, VA 22314	consultant travel, admin expens Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/14/00	\$1,324.51
Events by Premier 20400 Northeast 30th Ave. Aventura, FL 33180	Catering Expense Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/22/00	\$500.00
Fortunet Systems, Inc. 3050 Biscayne Blvd., Suite 1006 Miami, FL 33137	computer parts Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/21/00	\$62.54
Fortunet Systems, Inc. 3050 Biscayne Blvd., Suite 1006 Miami, FL 33137	computer service, parts Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/11/00	\$706.20
Good Catch Custom 121 West 27th Street #1003-B New York, NY 10001	lapel and bumper stickers Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/3/00	\$561.00
GPB Communications 22226 Collington Drive Boca Raton, FL 33428	Phone Installation Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/8/00	\$250.00

SUBTOTAL of Disbursements This Page (optional)

\$62,793.47

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
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Operating Expenditures

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

NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
GPB Communications 22228 Collington Drive Boca Raton, FL 33428	Phone Installation Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/23/00	\$150.00
GPB Communications 22228 Collington Drive Boca Raton, FL 33428	Phone Installation Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/8/00	\$250.00
Hamilton Beattie & Staff 308 1/2 Center Street Fernandina Beach, FL 32034	Travel expenses Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/3/00	\$232.28
Internal Revenue Service Atlanta, 39901	Payroll and Employer Matching Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/21/00	\$1,097.35
Internal Revenue Service Atlanta, 39901	Employer Matching Payroll Tax Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/13/00	\$943.05
Internal Revenue Service Atlanta, 39901	Payment with Form 940-EZ Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/8/00	\$38.00
Internal Revenue Service Atlanta, 39901	Payroll Taxes Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/13/00	\$2,030.70
Internal Revenue Service Atlanta, 39901	Payroll and Employer Matching Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/8/00	\$882.85
Internal Revenue Service Atlanta, 39901	Payroll and Employer Matching Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/2/00	\$1,097.35

SUBTOTAL of Disbursements This Page (optional)	\$6,719.58
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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Operating Expenditures

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NAME OF COMMITTEE (in Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement First, last and deposit	Date (month, day, year)	Amount of Each Disbursement This Period
LB Slater 1939 Hollywood Blvd. Hollywood, FL 33020	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/1/00	\$3,000.00
B. Full Name, Mailing Address and ZIP Code Mr. and Mrs. Shareef Malnik The Forge Restaurant 432 Arthur Godfrey Road Miami Beach, FL 33140	Purpose of Disbursement Fundraising Reception Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 2/24/00	Amount of Each Disbursement This Period \$500.00 * * In-kind received
C. Full Name, Mailing Address and ZIP Code Mr. Claude Zick Claude Zick Photography P.O. Box 1084 Miami, FL 33281	Purpose of Disbursement Photography services Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 2/21/00	Amount of Each Disbursement This Period \$159.75
D. Full Name, Mailing Address and ZIP Code Mr. Claude Zick Claude Zick Photography P.O. Box 1084 Miami, FL 33281	Purpose of Disbursement Photo Shoot Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 1/13/00	Amount of Each Disbursement This Period \$266.25
E. Full Name, Mailing Address and ZIP Code Mr. Greg Arkin 555 NE 34th Street, Suite 700 Miami, FL 33137	Purpose of Disbursement computer services Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 3/6/00	Amount of Each Disbursement This Period \$460.59
F. Full Name, Mailing Address and ZIP Code Mr. Jeffrey Garcia 401 SW 125 Ave Miami, FL 33184	Purpose of Disbursement Host Gifts Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 3/31/00	Amount of Each Disbursement This Period \$225.00 * * In-kind received
G. Full Name, Mailing Address and ZIP Code Mr. Jeffrey Garcia 401 SW 125 Ave Miami, FL 33184	Purpose of Disbursement Payroll Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 2/17/00	Amount of Each Disbursement This Period \$1,772.75
H. Full Name, Mailing Address and ZIP Code Mr. Jeffrey Garcia 401 SW 125 Ave Miami, FL 33184	Purpose of Disbursement Payroll Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 3/2/00	Amount of Each Disbursement This Period \$1,772.75
I. Full Name, Mailing Address and ZIP Code Mr. Jeffrey Garcia 401 SW 125 Ave Miami, FL 33184	Purpose of Disbursement Payroll Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 1/3/00	Amount of Each Disbursement This Period \$2,897.00

SUBTOTAL of Disbursements This Page (optional)	\$11,064.09
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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Operating Expenditures

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NAME OF COMMITTEE (in Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mr. Jeffrey Garcia 401 SW 125 Ave Miami, FL 33184	Payroll Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/13/00	\$1,449.00
Mr. Jeffrey Garcia 401 SW 125 Ave Miami, FL 33184	Payroll Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/4/00	\$1,449.00
Mr. Jeffrey Garcia 401 SW 125 Ave Miami, FL 33184	Travel expenses, postage Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/4/00	\$233.00
Mr. Jeffrey Garcia 401 SW 125 Ave Miami, FL 33184	Office Supplies Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/17/00	\$42.00
Mr. Jeffrey Garcia 401 SW 125 Ave Miami, FL 33184	Misc. Expenses Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/2/00	\$200.00
Mr. Michael Aller 5700 Collins Ave #4N Miami Beach, FL 33140	Fundraising reception Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/24/00	\$500.00 * * in kind received
Mr. Tom Erickson Erickson & Company 38 Ivy Street, SE Washington, DC 20003	Fundraising Fees and expense Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/21/00	\$2,107.71
Mr. Tom Erickson Erickson & Company 38 Ivy Street, SE Washington, DC 20003	Expenses Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/4/00	\$315.77
Mr. Tom Erickson Erickson & Company 38 Ivy Street, SE Washington, DC 20003	Fundraising Fees Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/3/00	\$10,000.00

SUBTOTAL of Disbursements This Page (optional)

\$16,296.48

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NAME OF COMMITTEE (in Full)

Faina Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mr. Tom Erickson Erickson & Company 38 Ivy Street, SE Washington, DC 20003	Fundraising fees and expenses Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/23/00	\$2,054.16
B. Full Name, Mailing Address and ZIP Code Ms. Amy Andryszak 5680 Pine Tree Drive Miami Beach, FL 33140	Purpose of Disbursement Payroll Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/15/00	\$790.00
C. Full Name, Mailing Address and ZIP Code Ms. Amy Andryszak 5680 Pine Tree Drive Miami Beach, FL 33140	Purpose of Disbursement Supplies, local travel Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/11/00	\$143.73
D. Full Name, Mailing Address and ZIP Code Ms. Amy Andryszak 5680 Pine Tree Drive Miami Beach, FL 33140	Purpose of Disbursement Postage, Papers Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/4/00	\$182.00
E. Full Name, Mailing Address and ZIP Code Ms. Amy Andryszak 5680 Pine Tree Drive Miami Beach, FL 33140	Purpose of Disbursement Payroll Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/13/00	\$711.15
F. Full Name, Mailing Address and ZIP Code Ms. Amy Andryszak 5680 Pine Tree Drive Miami Beach, FL 33140	Purpose of Disbursement Office Supplies Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/4/00	\$47.59
G. Full Name, Mailing Address and ZIP Code Ms. Amy Andryszak 5680 Pine Tree Drive Miami Beach, FL 33140	Purpose of Disbursement Payroll Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/4/00	\$790.00
H. Full Name, Mailing Address and ZIP Code Ms. Amy Andryszak 5680 Pine Tree Drive Miami Beach, FL 33140	Purpose of Disbursement Expenses for office opening Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/16/00	\$98.89
I. Full Name, Mailing Address and ZIP Code Ms. Amy Andryszak 5680 Pine Tree Drive Miami Beach, FL 33140	Purpose of Disbursement Payroll Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/2/00	\$790.00

SUBTOTAL of Disbursements This Page (optional)

\$5,587.52

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Operating Expenditures

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NAME OF COMMITTEE (In Full)

Flaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Ms. Amy Andryszak 5680 Pine Tree Drive Miami Beach, FL 33140	Payroll Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/3/00	\$711.15
Ms. Amy Andryszak 5680 Pine Tree Drive Miami Beach, FL 33140	Payroll Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/16/00	\$790.00
Ms. Amy Schwartz 2200 South Ocean Lane, Apt. 803 Fort Lauderdale, FL 33316	Travel expense, supplies Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/4/00	\$241.75
Ms. Amy Schwartz 2200 South Ocean Lane, Apt. 803 Fort Lauderdale, FL 33316	Supplies Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/16/00	\$50.18
Ms. Angie Bellon 9760 SW 74th Street Miami, FL 33173	Data services Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/28/00	\$320.00
Ms. Patricia Frost 125 E San Marino Drive Miami, FL 33198	Fundraiser at their home Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/28/00	\$1,000.00 * * in-kind received
Ms. Shirley Reid 2301 N Street NW, Apt. 109 Washington, DC 20037	Research/Expenses Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/3/00	\$5,061.00
Murphy Putnam Media 901 North Washington Street, Suite 500 Alexandria, VA 22314	Media Services Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/3/00	\$2,500.00
Office Depot 12190 Biscayne Blvd. Miami, FL 33181	Office furniture purchase Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/8/00	\$260.66

SUBTOTAL of Disbursements This Page (optional)

\$10,934.74

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NAME OF COMMITTEE (in Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Computer purchase Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
Office Depot 12190 Biscayne Blvd. Miami, FL 33161	Computer purchase Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/8/00	\$503.49
B. Full Name, Mailing Address and ZIP Code Office Depot 12190 Biscayne Blvd. Miami, FL 33161	Purpose of Disbursement Computer, printer, supplies Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/8/00	\$1,443.48
C. Full Name, Mailing Address and ZIP Code Office Furniture Outlet 1405 South 30th Ave. Hollywood, FL 33020	Purpose of Disbursement Furniture Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/23/00	\$283.80
D. Full Name, Mailing Address and ZIP Code Office Furniture Outlet 1405 South 30th Ave. Hollywood, FL 33020	Purpose of Disbursement Phone System Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/2/00	\$950.00
E. Full Name, Mailing Address and ZIP Code Premiere Technologies, Inc. One Industrial Way West, Bldg. D Eatontown, NJ 07724	Purpose of Disbursement Blast fax services Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/23/00	\$729.87
F. Full Name, Mailing Address and ZIP Code Premiere Technologies, Inc. One Industrial Way West, Bldg. D Eatontown, NJ 07724	Purpose of Disbursement Blast fax services Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/13/00	\$142.12
G. Full Name, Mailing Address and ZIP Code Rep. Elaine Bloom 6265 Collins Avenue Miami Beach, FL 33140	Purpose of Disbursement Plane ticket Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/28/00	\$383.00 * * in-kind received
H. Full Name, Mailing Address and ZIP Code Rep. Elaine Bloom 5255 Collins Avenue Miami Beach, FL 33140	Purpose of Disbursement Plane ticket Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/2/00	\$206.00 * * in-kind received
I. Full Name, Mailing Address and ZIP Code The Tyson Organization 1000 Mecon Street, Suite 300 Fort Worth, TX 78102	Purpose of Disbursement Phone program Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/11/00	\$15,000.00

SUBTOTAL of Disbursements This Page (optional)

\$19,641.76

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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Operating Expenditures

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

NAME OF COMMITTEE (in Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Union Printing 2321 Pembroke Road Hollywood, FL 33020	Printing expense Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/4/00	\$1,383.30
Union Printing 2321 Pembroke Road Hollywood, FL 33020	Printing expense Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/26/00	\$3,143.12
United States Postal Service Normandy Branch Miami, FL 33141	Postage Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/8/00	\$884.00
United States Postal Service Normandy Branch Miami, FL 33141	Postage Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/14/00	\$660.00
United States Postal Service Normandy Branch Miami, FL 33141	Postage Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/22/00	\$528.00
United States Postal Service Normandy Branch Miami, FL 33141	Bulk Mail Permit Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/18/00	\$200.00
United States Postal Service Normandy Branch Miami, FL 33141	Postage Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/28/00	\$990.00
Video Monitoring Services 2125 Biscayne Blvd., Suite 540 Miami, FL 33137	News Monitoring Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/11/00	\$209.10
Wilson Atkinson 1946 Tyler Street Hollywood, FL 33021	Rent Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/28/00	\$1,120.00

SUBTOTAL of Disbursements This Page (optional)	\$11,097.62
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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Operating Expenditures

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

NAME OF COMMITTEE (in Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Credit card payment Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
MBNA America P.O. Box 15137 Wilmington, DE 19886	Credit card payment Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/10/00	\$639.84
B. Full Name, Mailing Address and ZIP Code MBNA America P.O. Box 15137 Wilmington, DE 19886	Purpose of Disbursement Credit card payment Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/16/00	\$1,420.88
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)	\$2,080.72
TOTAL This Period (last page this line number only)	\$154,906.60

SCHEDULE B

ITEMIZED DISBURSEMENTS

Refunds of Contributions to Individuals

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)

Elaina Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mr. Don Soffer 19501 Biscayne Blvd, #400 Aventura, FL 33180	Refund Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/30/00	\$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

SCHEDULE C
(Revised 3/80)

LOANS

Loans owed by the Committee

Name of Committee (in full) Elaine Bloom for Congress C00345405				
A. Full Name, Mailing Address and ZIP Code of Loan Source Rep. Elaine Bloom 5255 Collins Avenue Miami Beach, FL 33140		Original Amount of Loan \$5,100.00	Cumulative Payment To Date \$0.00	Balance Outstanding at Close of This Period \$5,100.00
Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Term: Date Incurred <u>6/30/99</u> 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 Rep. Elaine Bloom 5255 Collins Avenue Miami Beach, FL 33140		Original Amount of Loan \$96,000.00	Cumulative Payment To Date \$0.00	Balance Outstanding at Close of This Period \$96,000.00
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Term: Date Incurred <u>8/30/99</u> 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)				
TOTALS This Period (last page in this line only)				

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

SCHEDULE C
(Revised 3/80)

LOANS


Loans owned by the Committee

Name of Committee (In Full) Elaine Bloom for Congress C00345405			
A. Full Name, Mailing Address and ZIP Code of Loan Source Rep. Elaine Bloom 5255 Collins Avenue Miami Beach, FL 33140	Original Amount of Loan \$4,000.00	Cumulative Payment To Date \$0.00	Balance Outstanding at Close of This Period \$4,000.00
Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Terms: Date Inurred <u>5/4/89</u> Date Due _____ Interest Rate <u> </u> % (ap) <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	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Terms: Date Inurred _____ Date Due _____ Interest Rate <u> </u> % (ap) <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)			
TOTALS This Period (last page in this line only)			\$105,100.00
Carry outstanding balances only to LINE 3, Schedule D, for this line. If so Schedule D, carry forward to appropriate line of Summary.			

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

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

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt 4-17-00
<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	
 PREPARER	4-17-00 DATE PREPARED