

**DAVID L. GOULD COMPANY  
POLITICAL REPORTING & CONSULTING**

FEDERAL ELECTION COMMISSION  
WASHINGTON, D.C. 20543  
OCT 15 1998

October 15, 1998

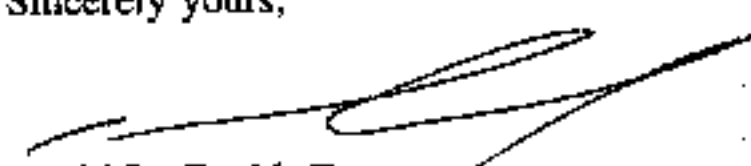
Federal Election Commission  
999 E Street, N.W.  
Washington, D.C. 20463

TO WHOM IT MAY CONCERN:

Attached is our Filing Report for "Mathews for Congress,"  
FEC #C00259374, covering the period of July 1, 1998 through  
September 30, 1998. Best efforts were used to obtain missing information.  
If additional information becomes available we will file amendments.

Thank you for your understanding and cooperation.

Sincerely yours,



David L. Gould, Treasurer  
Mathews for Congress

cc: Secretary of State, State of California

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee  
(Summary Page)

FEDERAL ELECTION COMMISSION

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (In full) <b>MATHEWS FOR CONGRESS</b>		2. FEC IDENTIFICATION NUMBER <b>C00259374</b>
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported. <b>555 South Flower Street #4510</b>		
CITY, STATE and ZIP CODE <b>Los Angeles, CA 90071</b>	STATE/DISTRICT <b>CA/38</b>	3. IS THIS REPORT AN AMENDMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

### 4. TYPE OF REPORT

<input type="checkbox"/> April 15 Quarterly Report	<input type="checkbox"/> Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____
<input type="checkbox"/> July 15 Quarterly Report	<input type="checkbox"/> Thirtieth day report following the General Election on _____ in the State of _____
<input checked="" type="checkbox"/> October 15 Quarterly Report	<input type="checkbox"/> Termination Report
<input type="checkbox"/> January 31 Year End Report	
<input type="checkbox"/> July 31 Mid-Year Report (Non-election Year Only)	

This report contains activity for  **1996 & 1998 Primary Election**  **General Election**  **Special Election**  **Runoff Election**

### SUMMARY

5. Covering Period <u>07/01/98</u> through <u>09/30/98</u>	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)) . . . . .	45,157.99	72,550.99
(b) Total Contribution Refunds (from Line 20(d)) . . . . .	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a)) . . . . .	45,157.99	72,550.99
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) . . . . .	43,761.93	81,452.27
(b) Total Offsets to Operating Expenditures (from Line 14) . . . . .	0.00	189.47
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a)) . . . . .	43,761.93	81,262.80
8. Cash on Hand at Close of Reporting Period (from Line 27) . . . . .	1,855.95	
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) . . . . .		

For further information contact:  
Federal Election Commission  
999 E Street, NW  
Washington, DC 20483  
Toll Free 800-424-9590  
Local 202-378-3120

*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 <p style="text-align: center;">David L. Gould</p>	
Signature of Treasurer 	Date <b>10-15-98</b>

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U. S. C. p437g.

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# DETAILED SUMMARY PAGE

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

Name of Committee (in full) **MATHEWS FOR CONGRESS**

Report Covering the Period:

From: **07/01/98** To: **09/30/98**

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Calendar Year-To-Date	
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>			
(a) Individuals/Persons Other Than Political Committees			
(i) Itemized (use Schedule A)	22,776.00		11(a)(i)
(ii) Unitemized	22,381.99		11(a)(ii)
(iii) Total of contributions from Individuals	45,157.99	73,550.93	11(a)(iii)
(b) Political Party Committees	0.00	0.00	11(b)
(c) Other Political Committees (such as PACs)	0.00	0.00	11(c)
(d) The Candidate	0.00	0.00	11(d)
(e) TOTAL CONTRIBUTIONS (other than loans)(add 11(a)(iii), (b), (c) and (d))	45,157.99	72,550.99	11(e)
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES</b>	0.00	0.00	12
<b>13. LOANS:</b>			
(a) Made or Guaranteed by the Candidate	0.00	10,890.00	13(a)
(b) All Other Loans	0.00	0.00	13(b)
(c) TOTAL LOANS (add 13(a) and (b))	0.00	10,890.00	13(c)
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)</b>	0.00	189.47	14
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.)</b>	0.00	0.00	15
<b>16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)</b>	45,157.99	83,630.46	16
<b>II. DISBURSEMENTS</b>			
<b>17. OPERATING EXPENDITURES</b>	43,761.93	81,452.27	17
<b>18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES</b>	0.00	0.00	18
<b>19. LOAN REPAYMENTS:</b>			
(a) Of Loans Made or Guaranteed by the Candidate	0.00	0.00	19(a)
(b) Of All Other Loans	0.00	342.80	19(b)
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))	0.00	342.80	19(c)
<b>20. REFUNDS OF CONTRIBUTIONS TO:</b>			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	20(a)
(b) Political Party Committees	0.00	0.00	20(b)
(c) Other Political Committees (such as PACs)	0.00	0.00	20(c)
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))	0.00	0.00	20(d)
<b>21. OTHER DISBURSEMENTS</b>	0.00	0.00	21
<b>22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)</b>	43,761.93	81,795.07	22
<b>III. CASH SUMMARY</b>			
<b>23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD</b>	\$	459.89	23
<b>24. TOTAL RECEIPTS THIS PERIOD (from Line 16)</b>	\$	45,157.99	24
<b>25. SUBTOTAL (add Line 23 and Line 24)</b>	\$	45,617.88	25
<b>26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)</b>	\$	43,761.93	26
<b>27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)</b>	\$	1,855.95	27

**SCHEDULE A ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

Use separate schedule(s)  
for each category of the  
Detailed Summary Page  
(07/01/99 - 09/30/99)

PAGE 1 OF 10  
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)

MATHEWS FOR CONGRESS C00259374

<p><b>A. Full Name, Mailing Address and ZIP Code</b> Zairul Abedin 715 N. Central Ave. Suite 213 Glerdale, CA 91203</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):</p>	<p>Name of Employer The Bangladesh Statesman</p> <p>Occupation Publisher</p> <p>Aggregate Year-to-Date &gt; \$ 500.00</p>	<p>Date(month, day, year) 09/14/98</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p><b>B. Full Name, Mailing Address and ZIP Code</b> Saman Abraham 122 Presidential Dr. Horseneads, NY 14845</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):</p>	<p>Name of Employer Schylar Hospital</p> <p>Occupation Physician</p> <p>Aggregate Year-to-Date &gt; \$ 250.00</p>	<p>Date(month, day, year) 07/17/98</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p><b>C. Full Name, Mailing Address and ZIP Code</b> Abu Sufian Ahmed 266-23-50th Ave. Little Neck, NY 11362</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):</p>	<p>Name of Employer Mital Keet Inc.</p> <p>Occupation Business</p> <p>Aggregate Year-to-Date &gt; \$ 600.00</p>	<p>Date(month, day, year) 06/16/98</p>	<p>Amount of Each Receipt this Period 600.00</p>
<p><b>D. Full Name, Mailing Address and ZIP Code</b> Mahesh Amin 1802 Nottingham Ln. Clearwater, FL 34624</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 500.00</p>	<p>Date(month, day, year) 07/28/99</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p><b>E. Full Name, Mailing Address and ZIP Code</b> Bharat H. Bera 9903 Twin Creek Blvd. Munster, IN 46321</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):</p>	<p>Name of Employer Self Employed</p> <p>Occupation Physician</p> <p>Aggregate Year-to-Date &gt; \$ 500.00</p>	<p>Date(month, day, year) 09/22/98</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p><b>F. Full Name, Mailing Address and ZIP Code</b> Ashwani K. Dhaakhi 875 Mahler Road Ste 251 Burlingame, CA 94010</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 250.00</p>	<p>Date(month, day, year) 09/09/98</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p><b>G. Full Name, Mailing Address and ZIP Code</b> Subbach C. Bhatia M.D. 5815 Westchester Drive Omaha, NE 68114</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):</p>	<p>Name of Employer Creighton University</p> <p>Occupation Physician</p> <p>Aggregate Year-to-Date &gt; \$ 250.00</p>	<p>Date(month, day, year) 08/25/98</p>	<p>Amount of Each Receipt this Period 250.00</p>

SUBTOTAL of Receipts This Page (optional)

2,600.00

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 (03/01/98 - 09/30/98)	PAGE	OF
	2	10
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)

MATHEWS FOR CONGRESS C00259374

<b>A. Full Name, Mailing Address and ZIP Code</b> Padma Chattergea 31 Brunel Dr. New Hyde park, NY 11040	Name of Employer	Date(month, day, year)	Amount of Each Receipt this Period
	Occupation	08/19/98	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Aggregate Year-to-Date >	\$ 250.00	
<b>B. Full Name, Mailing Address and ZIP Code</b> Arvind C. Desai 1365 Marchison Dr. Milbrae, CA 94030	Name of Employer	Date(month, day, year)	Amount of Each Receipt this Period
	Occupation	08/18/98	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Aggregate Year-to-Date >	\$ 500.00	
<b>C. Full Name, Mailing Address and ZIP Code</b> Tejinder S. Glamour 8786 Baywood Park Dr. Seminole, FL 33777	Name of Employer	Date(month, day, year)	Amount of Each Receipt this Period
	Occupation	07/28/98	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Aggregate Year-to-Date >	\$ 300.00	
<b>D. Full Name, Mailing Address and ZIP Code</b> P. Giridhar Gopal 1039 Hardscrabble Chappaqua, NY 10614	Name of Employer	Date(month, day, year)	Amount of Each Receipt this Period
	Occupation	07/21/98 07/28/98	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Aggregate Year-to-Date >	\$ 350.00	
<b>E. Full Name, Mailing Address and ZIP Code</b> David L. Gould 535 South Flower Street, Suite 4510 Los Angeles, CA 90071	Name of Employer	Date(month, day, year)	Amount of Each Receipt this Period
	Occupation	08/04/98 In-Kind Contribution; Professional Services	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Aggregate Year-to-Date >	\$ 1,000.00	
<b>F. Full Name, Mailing Address and ZIP Code</b> Sachin Gupta 4 Jarrot Dr. Shawnee, OK 74801	Name of Employer	Date(month, day, year)	Amount of Each Receipt this Period
	Occupation	08/06/98	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Aggregate Year-to-Date >	\$ 250.00	
<b>G. Full Name, Mailing Address and ZIP Code</b> M.J. Islam 1127 Wilshire Blvd, Suite 809 Los Angeles, CA 90017	Name of Employer	Date(month, day, year)	Amount of Each Receipt this Period
	Occupation	09/24/98	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Aggregate Year-to-Date >	\$ 1,000.00	

SUBTOTAL of Receipts This Page (optional) 3,400.00

TOTAL This Period (last page this line number only)

**SCHEDULE A** **ITEMIZED RECEIPTS**  
Contributions from Individuals/Persons

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NAME OF COMMITTEE (In Full)			
MATHews FOR CONGRESS 000259374			
<b>A. Full Name, Mailing Address and ZIP Code</b> Venkit Iyer 3469 Shoreline Circle Palm Harbor, FL 34684	Name of Employer	Date(month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Aggregate Year-to-Date >	\$ 300.00	
<b>B. Full Name, Mailing Address and ZIP Code</b> Dr. K.K. Jayaraman P.O. Box 2677 Hot Springs National Park, AR 71914	Name of Employer	Date(month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Aggregate Year-to-Date >	\$ 1,250.00	
<b>C. Full Name, Mailing Address and ZIP Code</b> Jayaprakash K. Karath 2424 Kent Pl. Clearwater, FL 33764	Name of Employer	Date(month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Aggregate Year-to-Date >	\$ 500.00	
<b>D. Full Name, Mailing Address and ZIP Code</b> Dr. Sreedhar Kavil	Name of Employer	Date(month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Aggregate Year-to-Date >	\$ 350.00	
<b>E. Full Name, Mailing Address and ZIP Code</b> Subbarao Krishnaiah M.D. Concord Road R. D. 1 Nassau, NY 12123	Name of Employer	Date(month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Aggregate Year-to-Date >	\$ 500.00	
<b>F. Full Name, Mailing Address and ZIP Code</b> Dr. E.K. Kurian 30 The Pines Old Westbury, NY 11568	Name of Employer	Date(month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Aggregate Year-to-Date >	\$ 300.00	
<b>G. Full Name, Mailing Address and ZIP Code</b> Pius Kurian 3005 Clarion Dr Springfield, OH 45503	Name of Employer	Date(month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Aggregate Year-to-Date >	\$ 250.00	
SUBTOTAL of Receipts This Page (optional)			2,250.00
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 (P/1,99 - 00/999)

PAGE 4 OF 10  
FOR LINE NUMBER 11 (a) (i)

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NAME OF COMMITTEE (In Full)

MATHEWS FOR CONGRESS CD0259374

<b>A. Full Name, Mailing Address and ZIP Code</b> Amrita Mahapatra 5200 Trotter Road Lincoln, NE 68516	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period 250.00
	Occupation	08/25/98	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Aggregate Year-to-Date > \$ 250.00		
<b>B. Full Name, Mailing Address and ZIP Code</b> Ravi K. Malpuri M.D. 1044 SW 44th Street Suite 410 Oklahoma City, OK 73109	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period 500.00
	Occupation	08/25/98	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Aggregate Year-to-Date > \$ 500.00		
<b>C. Full Name, Mailing Address and ZIP Code</b> John V. Mangalath 11 Nathan Drive Plainview, NY 11803	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period 250.00
	Occupation	07/21/98	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Aggregate Year-to-Date > \$ 250.00		
<b>D. Full Name, Mailing Address and ZIP Code</b> Scoria K. Michael 12121 Spring Branch Balch Springs, TX 75160	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period 500.00
	Occupation	01/06/98	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Aggregate Year-to-Date > \$ 500.00		
<b>E. Full Name, Mailing Address and ZIP Code</b> Rajan P. Nair 40 Dale Road Westchester, NY 10709	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period 250.00
	Occupation	07/21/98	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Aggregate Year-to-Date > \$ 250.00		
<b>F. Full Name, Mailing Address and ZIP Code</b> Hileeb Patel 2627 Kent Pl. Clearwater, FL 34624	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period 250.00
	Occupation	07/28/98	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Aggregate Year-to-Date > \$ 250.00		
<b>G. Full Name, Mailing Address and ZIP Code</b> Natubhai U. Patel 1819 Montecito Way Burlingame, CA 94010	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period 250.00
	Occupation	08/18/98	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Aggregate Year-to-Date > \$ 250.00		

SUBTOTAL of Receipts This Page (optional)

2,250.00

TOTAL This Period (set 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 (1070158 - 09/30/98)	PAGE	OF
	5	10
FOR LINE NUMBER		11(a)(1)

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NAME OF COMMITTEE (In Full)

MATHEWS FOR CONGRESS C00259374

<b>A. Full Name, Mailing Address and ZIP Code</b> Pramod Patel 35 Chadwick Court Millbrae, CA 94030	Name of Employer Self Employed	Date(month, day, year) 06/18/98 09/08/98	Amount of Each Receipt this Period 250.00 250.00
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Aggregate Year-to-Date > \$ 500.00		
<b>B. Full Name, Mailing Address and ZIP Code</b> Suman Patel 5725 SW. 5th Oklahoma City, OK 73128	Name of Employer Motel Business	Date(month, day, year) 08/06/98	Amount of Each Receipt this Period 251.00
	Occupation Business Owner		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Aggregate Year-to-Date > \$ 251.00		
<b>C. Full Name, Mailing Address and ZIP Code</b> Vijay R. Patel 1250 Frontiers Way Millbrae, CA 94030	Name of Employer	Date(month, day, year) 08/25/98	Amount of Each Receipt this Period 250.00
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Aggregate Year-to-Date > \$ 250.00		
<b>D. Full Name, Mailing Address and ZIP Code</b> Babu Prasad 3109 Falcon Pt. Springfield, IL 62707	Name of Employer	Date(month, day, year) 09/23/98	Amount of Each Receipt this Period 200.00
	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Aggregate Year-to-Date > \$ 250.00		
<b>E. Full Name, Mailing Address and ZIP Code</b> Chitra Raghavan 6 Devco Pl. Cheektowake, NY 10514	Name of Employer Self-Employed	Date(month, day, year) 07/28/98 09/03/98	Amount of Each Receipt this Period 200.00 250.00
	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Aggregate Year-to-Date > \$ 450.00		
<b>F. Full Name, Mailing Address and ZIP Code</b> Gattu N. Rao 23 Sage Hill Ln. Monaca, NY 12204	Name of Employer Self Employed	Date(month, day, year) 07/21/98	Amount of Each Receipt this Period 250.00
	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Aggregate Year-to-Date > \$ 250.00		
<b>G. Full Name, Mailing Address and ZIP Code</b> K. Venkat Reddy 5 Maria Court Rexford, NY 12148	Name of Employer Self-employed	Date(month, day, year) 07/21/98	Amount of Each Receipt this Period 500.00
	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Aggregate Year-to-Date > \$ 500.00		

SUBTOTAL of Receipts This Page (optional) 2,401.00

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 (07/01/98 - 03/30/98)

PAGE 6 OF 10  
FOR LINE NUMBER 11(a) (1)

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NAME OF COMMITTEE (In Full)

MATHEWS FOR CONGRESS C00259374

<b>A. Full Name, Mailing Address and ZIP Code</b> M.G. Reddy 234 Greenwich St. Belvidere, NJ 07823	Name of Employer Self-Employed	Date(month, day, year) 07/21/98	Amount of Each Receipt this Period 250.00
	Occupation Physician	Aggregate Year-to-Date > \$ 250.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):			
<b>B. Full Name, Mailing Address and ZIP Code</b> Shashidhar C. Reddy 152 Brandon Terrace Albany, NY 12203	Name of Employer Self-Employed	Date(month, day, year) 07/21/98	Amount of Each Receipt this Period 500.00
	Occupation Physician	Aggregate Year-to-Date > \$ 500.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):			
<b>C. Full Name, Mailing Address and ZIP Code</b> Varu M. Reddy 1175 Hoosick Rd. Troy, NY 12180	Name of Employer	Date(month, day, year) 07/21/98	Amount of Each Receipt this Period 500.00
	Occupation	Aggregate Year-to-Date > \$ 500.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):			
<b>D. Full Name, Mailing Address and ZIP Code</b> Hena Roy 1011 Evergreen Drive Lincoln, NE 68510	Name of Employer	Date(month, day, year) 08/25/98	Amount of Each Receipt this Period 500.00
	Occupation	Aggregate Year-to-Date > \$ 500.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):			
<b>E. Full Name, Mailing Address and ZIP Code</b> Deepak K. Sachdev 122 Thicket Lane Freedom, CA 95019	Name of Employer Self-Employed	Date(month, day, year) 09/03/98	Amount of Each Receipt this Period 200.00
	Occupation Dentist	Aggregate Year-to-Date > \$ 200.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):			
<b>F. Full Name, Mailing Address and ZIP Code</b> Yashvirinder S Sangha 60970 Amapolis Ct. Fremont, CA 94539	Name of Employer	Date(month, day, year) 09/09/98	Amount of Each Receipt this Period 300.00
	Occupation	Aggregate Year-to-Date > \$ 300.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):			
<b>G. Full Name, Mailing Address and ZIP Code</b> Shubho Sen 40 Arrowhead Rd. Wrentham, MA 02093	Name of Employer	Date(month, day, year) 09/02/98	Amount of Each Receipt this Period 500.00
	Occupation Self employed	Aggregate Year-to-Date > \$ 500.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):			

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

Any information copied from such Reports and Statements may not be 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)  
MATHRS FOR CONGRESS C00259374

<b>A. Full Name, Mailing Address and ZIP Code</b> Kanta C. Shah 49*19 Saint Croix Dr. Tampa, FL 33629  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Name of Employer Self-Employed	Date(month, day, year) 07/28/98	Amount of Each Receipt this Period 250.00
	Occupation Physician	Aggregate Year-to-Date > \$ 250.00	
<b>B. Full Name, Mailing Address and ZIP Code</b> Pravin M. Shah 20 Clarendon Place Scarsdale, NY 10583  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Name of Employer Self-Employed	Date(month, day, year) 08/03/98	Amount of Each Receipt this Period 250.00
	Occupation Physician	Aggregate Year-to-Date > \$ 250.00	
<b>C. Full Name, Mailing Address and ZIP Code</b> Chitra R. Shahani 21308 Lujo Drive Northville, MI 48167  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Name of Employer Auro Service Corp.	Date(month, day, year) 07/15/98	Amount of Each Receipt this Period 1,000.00
	Occupation Controller	Aggregate Year-to-Date > \$ 1,000.00	
<b>D. Full Name, Mailing Address and ZIP Code</b> K. R. Sharkar   Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Name of Employer Self-Employed	Date(month, day, year) 07/21/98	Amount of Each Receipt this Period 500.00
	Occupation Physician	Aggregate Year-to-Date > \$ 500.00	
<b>E. Full Name, Mailing Address and ZIP Code</b> Murali P. Shankar 8200 W. Sunrise Blvd. Suite D6 Plantation, FL 33322  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Name of Employer	Date(month, day, year) 08/19/98	Amount of Each Receipt this Period 500.00
	Occupation	Aggregate Year-to-Date > \$ 500.00	
<b>F. Full Name, Mailing Address and ZIP Code</b> Rakesh K. Sharma 1819 Alicia Way Clearwater, FL 33764  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Name of Employer	Date(month, day, year) 07/28/98 07/28/98	Amount of Each Receipt this Period 100.00 250.00
	Occupation	Aggregate Year-to-Date > \$ 350.00	
<b>G. Full Name, Mailing Address and ZIP Code</b> Ranjana Sharma 1999 Mowry Avenue #2H Fremont, CA 94508  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Name of Employer Self-Employed	Date(month, day, year) 09/09/98	Amount of Each Receipt this Period 125.00
	Occupation Physician	Aggregate Year-to-Date > \$ 625.00	

SUBTOTAL of Receipts This Page (optional) 2,975.00

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 (07/01/98 - 08/30/98)

PAGE 8 OF 10  
FOR LINE NUMBER 21 (a) (i)

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**NAME OF COMMITTEE (in Full)**

MATHEWS FOR CONGRESS 00259374

<b>A. Full Name, Mailing Address and ZIP Code</b> Saroja Siddharth 6 Clayton Drive Dix Hills, NY 11746	Name of Employer	Date(month, day, year) 07/21/98 07/28/98	Amount of Each Receipt this Period 250.00 250.00
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Aggregate Year-to-Date > \$ 500.00		
<b>B. Full Name, Mailing Address and ZIP Code</b> Sriam Sonty 3042 Carmel Rd. Crossmoor, IL 60422	Name of Employer	Date(month, day, year) 09/22/98	Amount of Each Receipt this Period 500.00
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Aggregate Year-to-Date > \$ 500.00		
<b>C. Full Name, Mailing Address and ZIP Code</b> Shobha T. Srinivasan 4162 Pinot, Gais Way San Jose, CA 95135	Name of Employer	Date(month, day, year) 07/21/98	Amount of Each Receipt this Period 250.00
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Aggregate Year-to-Date > \$ 250.00		
<b>D. Full Name, Mailing Address and ZIP Code</b> Kadayam Srinivasan Subash 5Mayflower Drive Mansfield, MA 02048	Name of Employer Sir Solutions Inc.	Date(month, day, year) 09/02/98	Amount of Each Receipt this Period 250.00
	Occupation Director Customer Services		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Aggregate Year-to-Date > \$ 250.00		
<b>E. Full Name, Mailing Address and ZIP Code</b> Alex C. Thennikkary 104 May Flower Ct. Roanoke Rapids, NC 27870	Name of Employer Halitax Community College	Date(month, day, year) 08/16/98	Amount of Each Receipt this Period 500.00
	Occupation Instructor		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Aggregate Year-to-Date > \$ 500.00		
<b>F. Full Name, Mailing Address and ZIP Code</b> Jacob Thomas 4956 Cornish Heights Pky. Syracuse, NY 13215	Name of Employer Harrison Anesthesia Consultants	Date(month, day, year) 07/21/98	Amount of Each Receipt this Period 200.00
	Occupation Medical Doctor		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Aggregate Year-to-Date > \$ 400.00		
<b>G. Full Name, Mailing Address and ZIP Code</b> Raman G. Viewamathan 25 Crest Dr. Briarcliff Manor, NY 10510	Name of Employer	Date(month, day, year) 07/28/98	Amount of Each Receipt this Period 250.00
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Aggregate Year-to-Date > \$ 250.00		

SUBTOTAL of Receipts This Page (optional)

2,450.00

TOTAL This Period (last page this line number only)

**SCHEDULE A ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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NAME OF COMMITTEE (In Full)

MATHEWS FOR CONGRESS C00259374

<b>A. Full Name, Mailing Address and ZIP Code</b> Jesbir S. Walia 30 Willard Ln. Hillsborough, CA 94010	Name of Employer	Date(month, day, year) 09/09/98	Amount of Each Receipt this Period 700.00
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date >	\$ 700.00	
<b>B. Full Name, Mailing Address and ZIP Code</b> Airway Hotel 433 Ellis St. San Francisco, CA 94102	Name of Employer (Partnership)	Date(month, day, year) 09/22/98 SEE ATTRIBUTION BELOW	Amount of Each Receipt this Period 250.00
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date >	\$ 250.00	
<b>C. Full Name, Mailing Address and ZIP Code</b> Ken Amir 220 N. Boyshore Blvd. San Mateo, CA 94401	Name of Employer	Date(month, day, year) 09/22/98	Amount of Each Receipt this Period 250.00 MEMO
	Occupation Self employed		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date >	\$ 250.00	
<b>D. Full Name, Mailing Address and ZIP Code</b> Comfort Inn 1370 Monument Blvd. Concord, CA 94520	Name of Employer (Partnership)	Date(month, day, year) 09/09/98 SEE ATTRIBUTION BELOW	Amount of Each Receipt this Period 250.00
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date >	\$ 250.00	
<b>E. Full Name, Mailing Address and ZIP Code</b> Mahesh Amir 1802 Nottingham Ln. Clearwater, FL 34624	Name of Employer	Date(month, day, year) 09/08/98	Amount of Each Receipt this Period 250.00 MEMO
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date >	\$ 500.00	
<b>F. Full Name, Mailing Address and ZIP Code</b> Comfort Inn Airport 1365 Marchison Dr. Millbrae, CA 94030	Name of Employer (Partnership)	Date(month, day, year) 09/09/98 SEE ATTRIBUTION BELOW	Amount of Each Receipt this Period 250.00
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date >	\$ 250.00	
<b>G. Full Name, Mailing Address and ZIP Code</b> Arvind C. Desai 1365 Marchison Dr. Millbrae, CA 94030	Name of Employer Comfort Inn Airport	Date(month, day, year) 09/08/98	Amount of Each Receipt this Period 250.00 MEMO
	Occupation Owner		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date >	\$ 500.00	

SUBTOTAL of Receipts This Page (optional)	1,450.00
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 (07/01/08-06/30/09)

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

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NAME OF COMMITTEE (in Full)

MATHEWS FOR CONGRESS C00259374

<b>A. Full Name, Mailing Address and ZIP Code</b> Vagular Associates Of Westchester L.L.P. 16 Clarendon Place Scarsdale, NY 10563	Name of Employer (Partnership) _____	Date(month, day, year) 09/15/98	Amount of Each Receipt this Period 250.00
	Occupation _____	SRR ATTRIBUTION BELOW	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify): _____	Aggregate Year-to-Date > \$ 250.00		
<b>B. Full Name, Mailing Address and ZIP Code</b> Sateesh C. Datta Westchester Medical Center Bldg. E216 Valhalla, NY 10595	Name of Employer _____	Date(month, day, year) 09/15/98	Amount of Each Receipt this Period 250.00
	Occupation _____	MEMO	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify): _____	Aggregate Year-to-Date > \$ 250.00		
<b>C. Full Name, Mailing Address and ZIP Code</b> _____	Name of Employer _____	Date(month, day, year) _____	Amount of Each Receipt this Period _____
	Occupation _____	_____	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify): _____	Aggregate Year-to-Date > \$ _____		
<b>D. Full Name, Mailing Address and ZIP Code</b> _____	Name of Employer _____	Date(month, day, year) _____	Amount of Each Receipt this Period _____
	Occupation _____	_____	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify): _____	Aggregate Year-to-Date > \$ _____		
<b>E. Full Name, Mailing Address and ZIP Code</b> _____	Name of Employer _____	Date(month, day, year) _____	Amount of Each Receipt this Period _____
	Occupation _____	_____	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify): _____	Aggregate Year-to-Date > \$ _____		
<b>F. Full Name, Mailing Address and ZIP Code</b> _____	Name of Employer _____	Date(month, day, year) _____	Amount of Each Receipt this Period _____
	Occupation _____	_____	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify): _____	Aggregate Year-to-Date > \$ _____		
<b>G. Full Name, Mailing Address and ZIP Code</b> _____	Name of Employer _____	Date(month, day, year) _____	Amount of Each Receipt this Period _____
	Occupation _____	_____	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify): _____	Aggregate Year-to-Date > \$ _____		

SUBTOTAL of Receipts This Page (optional) 250.00

TOTAL This Period (last page this line number only) 22,776.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Operating Expenses

Use separate schedule(s)  
for each category of the  
Detailed Summary Page  
(07/01/98 - 09/30/98)

PAGE 1 OF 5  
FOR LINE NUMBER 17

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**NAME OF COMMITTEE (In Full)**

MATHEWS FOR CONGRESS C00259374

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
AT&T P. O. Box 10192 Van Nuys, CA 91410-0192	Expense	09/08/98	96.29
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General	08/06/98	167.30
	<input type="checkbox"/> Other (specify):	07/24/98	746.06
B. Full Name, Mailing Address and ZIP Code Bank of America VISA 6351 East Spring Street Long Beach, CA 90805	Purpose of Disbursement Credit Card Payment (See Below)	Date (month, day, year) 09/02/98	Amount of Each Disbursement This Period 86.50
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General	08/04/98	60.26
	<input type="checkbox"/> Other (specify):	07/23/98	86.59
C. Full Name, Mailing Address and ZIP Code Richard Black 209 W. Burnert Street #1 Long Beach, CA	Purpose of Disbursement Fundraising services	Date (month, day, year) 07/16/98	Amount of Each Disbursement This Period 189.00
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General	07/28/98	30.00
	<input type="checkbox"/> Other (specify):	07/01/98	222.00
D. Full Name, Mailing Address and ZIP Code Cheap Tickets 5151 Century Blvd, Suite 100 Los Angeles, CA 90045	Purpose of Disbursement Airline tickets/Fundraising	Date (month, day, year) 07/15/98	Amount of Each Disbursement This Period 1,252.00
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General	08/27/98	737.00
	<input type="checkbox"/> Other (specify):		
E. Full Name, Mailing Address and ZIP Code Circuit City	Purpose of Disbursement Cell Expense	Date (month, day, year) 07/28/98	Amount of Each Disbursement This Period 281.42
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify):		
F. Full Name, Mailing Address and ZIP Code David L. Gould Company 555 S. Flower, Suite 2910 Los Angeles, CA 90071	Purpose of Disbursement INV #9601 Partial Payment Professional services	Date (month, day, year) 07/11/98	Amount of Each Disbursement This Period 284.38
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify):		
G. Full Name, Mailing Address and ZIP Code same as above	Purpose of Disbursement INV #9603 4/6/90 Professional services	Date (month, day, year) 08/07/98	Amount of Each Disbursement This Period 996.71
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify):		
H. Full Name, Mailing Address and ZIP Code same as above	Purpose of Disbursement Office Expenses	Date (month, day, year) 08/06/98	Amount of Each Disbursement This Period 174.06
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General	09/08/98	108.45
	<input type="checkbox"/> Other (specify):		
I. Full Name, Mailing Address and ZIP Code same as above	Purpose of Disbursement Partial Payment INV #9601 Professional services	Date (month, day, year) 07/21/98	Amount of Each Disbursement This Period 1,000.00
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify):		

SUBTOTAL of Disbursements This Page (optional)

6,508.02

TOTAL This Period (last page this line number only)

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Operating Expenses

Use separate schedule(s)  
for each category of the  
Detailed Summary Page  
(07/01/98 - 09/30/98)

PAGE 2 OF 5  
FOR LINE NUMBER 17

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**NAME OF COMMITTEE (In Full)**

MATHEWS FOR CONGRESS C00259374

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
same as above	Professional Services	08/03/98	648.25
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
same as above	Professional services	08/19/98	1,184.50
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
C. Full Name, Mailing Address and ZIP Code R. Peter Mathews 3701 Volmont Street Long Beach, CA 90814-2753	Purpose of Disbursement Expenses (Sch. D)	07/10/98 07/21/98 07/20/98	Amount of Each Disbursement This Period 500.00 500.00 500.00
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
D. Full Name, Mailing Address and ZIP Code same as above	Purpose of Disbursement Office Expenses	08/07/98 08/02/98 09/23/98 08/15/98	Amount of Each Disbursement This Period 354.38 237.99 200.00 80.18
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
E. Full Name, Mailing Address and ZIP Code same as above	Purpose of Disbursement Office expenses	07/26/98 08/25/98 08/18/98	Amount of Each Disbursement This Period 214.14 152.17 97.54
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
F. Full Name, Mailing Address and ZIP Code same as above	Purpose of Disbursement Reimb: Auto Rental	08/21/98	Amount of Each Disbursement This Period 271.50
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
G. Full Name, Mailing Address and ZIP Code same as above	Purpose of Disbursement Reimb: Storage	08/27/98	Amount of Each Disbursement This Period 28.10
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
H. Full Name, Mailing Address and ZIP Code same as above	Purpose of Disbursement Reimb: Bus Air	08/20/98	Amount of Each Disbursement This Period 268.00
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
I. Full Name, Mailing Address and ZIP Code same as above	Purpose of Disbursement Reimb: Voter Reg List	08/20/98	Amount of Each Disbursement This Period 194.45
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		

SUBTOTAL of Disbursements This Page (optional)	5,481.18
TOTAL This Period (last page this line number only)	

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Operating Expenses

Use separate schedule(s)  
for each category of the  
Detailed Summary Page  
(07/01/98 - 06/30/98)

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NAME OF COMMITTEE (in Full)

MATHEWS FOR CONGRESS C00259374

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
same as above	Reimbursement: Airfare	08/18/98	574.00
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
same as above	Reimbursement: Airfare	09/08/98	170.00
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
C. Full Name, Mailing Address and ZIP Code Praxon Fletcher 6824 Via Media Circle Buena Park, CA 90620	Consulting Services	09/14/98	1,000.00
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	08/18/98 08/27/98	1,000.00 1,000.00
D. Full Name, Mailing Address and ZIP Code same as above	Office Expenses	09/15/98	247.04
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	09/02/98 08/27/98 09/25/98	66.94 38.70 165.79
E. Full Name, Mailing Address and ZIP Code same as above		08/21/98	21.90
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	08/20/98 09/08/98 08/16/98	41.82 23.25 142.56
F. Full Name, Mailing Address and ZIP Code same as above		06/07/98	242.56
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	08/06/98 07/28/98	110.31 41.73
G. Full Name, Mailing Address and ZIP Code Fronax Photo Lab 5277 East 2nd Street Long Beach, CA 90803	photos	09/02/98	120.62
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	08/04/98 07/11/98	127.92 33.18
H. Full Name, Mailing Address and ZIP Code GTE Tinglewood, CA 90313-0007	Phone	09/16/98	38.74
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	08/20/98 08/18/98 07/24/98	1,384.21 133.92 873.27
I. Full Name, Mailing Address and ZIP Code same as above		07/23/98	77.36
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		

SUBTOTAL of Disbursements This Page (optional)

7,714.82

TOTAL This Period (last page this line number only)



**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Operating Expenses

Use separate schedule(s)  
for each category of the  
Detailed Summary Page  
(07/01/98 - 03/31/99)

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NAME OF COMMITTEE (In Full)

MATHIAS FOR CONGRESS C00259374

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Dr. E. K. Kurlakose 39 The Pines Old Westbury, NY 11568 1127	Fundraising: Food/etc. Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	09/14/98	1,893.75
B. Full Name, Mailing Address and ZIP Code News India-Times 244 Fifth Avenue #400 New York, NY 10001	Advertising Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	07/21/98	1,000.00
C. Full Name, Mailing Address and ZIP Code Norwalk Printing 12014 East Rosecrane Avenue Norwalk, CA 90660	Printing Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	08/21/98 08/04/98 07/24/98	136.39 606.20 2,489.75
D. Full Name, Mailing Address and ZIP Code Pioneer Travel 2624 E. Anaheim Blvd. Long Beach, CA 90804	Airfare Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	09/22/98 09/14/98 07/31/99	827.00 436.00 490.00
E. Full Name, Mailing Address and ZIP Code Seaside Printing	Printing Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	09/02/98	4,573.56
F. Full Name, Mailing Address and ZIP Code Six Speedy 2460 W. Lincoln Avenue Suite C Anaheim, CA 92801	Printing Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	05/07/98	1,000.00
G. Full Name, Mailing Address and ZIP Code Sitar Restaurant Albany, NY	Food for fundraising event Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	07/19/98	900.00
H. Full Name, Mailing Address and ZIP Code Sprint PCS P.O. Box 19270 City of Industry, CA 91716-3270	Phone Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	09/23/98 08/14/98	327.14 15.52
I. Full Name, Mailing Address and ZIP Code Eric Stevenson 1660 N. Wilton Place #411 Los Angeles, CA 90028	Auto Rental Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	09/23/98	575.00

SUBTOTAL of Disbursements This Page (optional)

15,210.31

TOTAL This Period (last page this line number only)

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Operating Expenses

Use separate schedule(s) for each category of the Detailed Summary Page (07/01/98 - 09/30/98)

PAGE 5 OF 5  
FOR LINE NUMBER 17

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

NAME OF COMMITTEE (In Full)

MATHEWS FOR CONGRESS C00259374

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
same as above	Consulting Services	09/08/98	2,000.00
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	09/08/98	1,500.00
same as above	office Expenses	09/10/98	54.01
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	09/15/98	32.00
The Printed Word		09/10/98	100.25
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
same as above		09/01/98	372.92
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
United Airlines		08/21/98	510.00
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
US Postmaster CA	Postage	09/23/98	128.00
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	08/25/98	170.00
VAN REPAIR		09/14/98	340.00
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
Patricia Webb 352 Parama Avenue Long Beach, CA 90810	Rent	09/23/98	500.00
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	02/19/98 07/20/98	500.00 500.00
David L. Gould 355 South Flower Street, Suite 4510 Los Angeles, CA 90071 (contributor)	Professional Services	09/04/98	1,000.00
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		in kind received

SUBTOTAL of Disbursements This Page (optional)	8,847.60
Itemized operating expenses (less than \$200, This Period)	1,132.42
TOTAL This Page (see page instructions only)	43,761.93

**LOANS**

Loans Received by the Committee

Name of Committee (in Full) MATHEWS FOR CONGRESS			
A. Full Name, Mailing Address and ZIP Code of Loan Source E. Peter Mathews 3701 Vermont Street Long Beach, CA 90814-2753	Original Amount of Loan 150.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 150.00
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Terms: Date Incurred <u>06/30/98</u> Date Due <u>06/30/99</u> Interest Rate <u>0.0000</u> % (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: \$		
(07/01/98 - 06/30/98)			
B. Full Name, Mailing Address and ZIP Code of Loan Source B. Peter Mathews 3701 Vermont Street Long Beach, CA 90814-2753	Original Amount of Loan 240.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 240.00
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Terms: Date Incurred <u>06/30/98</u> Date Due <u>06/30/99</u> Interest Rate <u>0.0000</u> % (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) .....			390.00
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 Received by the Committee

Page 2 of 2 for  
LINE NUMBER 10  
(Use separate schedules  
for each numbered line)

Name of Committee (in Full) MATHEWS FOR CONGRESS			
A. Full Name, Mailing Address and ZIP Code of Loan Source B. Peter Mathews 3701 Vermont Street Long Beach, CA 90814-2753	Original Amount of Loan 500.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 500.00
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Terms: Date Incurred <u>06/29/98</u> Date Due <u>06/29/99</u> Interest Rate <u>0.0000</u> % (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: \$		
(07/01/98 - 09/30/98)			
B. Full Name, Mailing Address and ZIP Code of Loan Source B. Peter Mathews 3701 Vermont Street Long Beach, CA 90814-2753	Original Amount of Loan 10,000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 10,000.00
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Terms: Date Incurred <u>05/15/98</u> Date Due <u>05/15/99</u> Interest Rate <u>0.0000</u> % (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) .....			10,500.00
TOTALS This Period (last page in this line only) .....			10,890.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.			

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

**DEBTS AND OBLIGATIONS**  
**Excluding Loans**  
Debts Owed By the Committee

Name of Committee (in Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
MATHEWS FOR CONGRESS				
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Airtouch Cellular-LA Dept 6080 Los Angeles, CA 90008	380.72	0.00	0.00	380.72
Nature of Debt (Purpose): Cellular phone charges				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Amara E. Mathews 2025 S. Holt Avenue #5 Los Angeles, CA 90034	0.00	500.00	0.00	500.00
Nature of Debt (Purpose): Expenses				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor American Data Management Inc. 312 Brokaw Road Santa Clara, CA 95050	0.00	458.39	0.00	458.39
Nature of Debt (Purpose): Labels				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Bank of America 6351 East Spring Street Long Beach, CA 90808	240.75	0.00	0.00	240.75
Nature of Debt (Purpose): Interest payable on Loan				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Bank of America VISA 6351 East Spring Street Long Beach, CA 90808	2,394.14	0.00	86.50	2,307.64
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Bobbie Singh 2401 Donner Way Sacramento, CA 95818	600.00	0.00	200.00	400.00
Nature of Debt (Purpose): Commission & expenses				
1) SUBTOTALS This Period This Page (optional) .....				4,287.50
2) TOTAL This Period (last page this line only) .....				
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) .....				
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) .....				

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

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

Debts Owed By the Committee

Name of Committee (in Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
MATHEWS FOR CONGRESS				
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor COGS 11343 Steward Street El Monte, CA 91731	5,000.00	0.00	0.00	5,000.00
Nature of Debt (Purpose): Signs				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Call America 2530 E. Lacadena Drive Riverside, CA 92507	2,010.97	0.00	0.00	2,010.97
Nature of Debt (Purpose): Long distance phone charges				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Corporate Computer Rental 222 W. Florence Avenue Inglewood, CA 90301	413.78	0.00	0.00	413.78
Nature of Debt (Purpose): Computer rentals				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor David L. Gould Company 555 S. Flower, Suite 4510 Los Angeles, CA 90071	3,929.34	5,722.00	4,113.84	5,537.50
Nature of Debt (Purpose): Political reporting services,				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Dick O'Dell 12750 Centralia Street Lakewood, CA 90715	163.25	0.00	0.00	163.25
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor E. Peter Mathews 3701 Vermont Street Long Beach, CA 90814-2753	3,465.44	0.00	1,500.00	1,965.44
Nature of Debt (Purpose): Phone, Travel, & Supplies, Expenses for				
1) SUBTOTALS This Period This Page (optional) .....				15,090.94
2) TOTAL This Period (last page this line only) .....				
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) .....				
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) .....				

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

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

Debts Owed By the Committee

Name of Committee (in Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
MATHEWS FOR CONGRESS				
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor First U.S.A. VISA P.O.Box 740085 Atlanta, GA 30374	1,469.13	0.00	0.00	1,469.13
Nature of Debt (Purpose):				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor GTE California 13340 E. 183rd Street Cerritos, CA 92702	4,813.31	0.00	0.00	4,813.31
Nature of Debt (Purpose): Telephone Charges, Telephone Services				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Leading Edge P.O. Box 6008 Stockton, CA 95206	258.00	0.00	0.00	258.00
Nature of Debt (Purpose): Computer data service				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor MCI P.O. Box 85053 Louisville, KY 40285	211.86	0.00	0.00	211.86
Nature of Debt (Purpose): Phone charges				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor MWB Business Systems 14397 Amargosa Road Victorville, CA 92392	333.54	0.00	0.00	333.54
Nature of Debt (Purpose):				
1) SUBTOTALS This Period This Page (optional) .....				7,085.84
2) TOTAL This Period (last page this line only) .....				
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) .....				
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) .....				

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

**DEBTS AND OBLIGATIONS**  
**Excluding Loans**  
Debts Owed By the Committee

Name of Committee (In Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
MATTHEWS FOR CONGRESS				
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor MeLrocall 444 E. Huntington Drive #150 Arcadia, CA 91006	177.16	0.00	0.00	177.16
Nature of Debt (Purpose):				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor News-India-Times 244 Fifth Avenue #400 New York, NY 10001	1,000.00	0.00	1,000.00	0.00
Nature of Debt (Purpose): Advertising				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Norwalk Printing 12014 East Robecians Avenue Norwalk, CA 90650	3,791.10	0.00	2,489.75	1,301.35
Nature of Debt (Purpose): Printing				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Pitney Bowes P.O. Box 85390 Louisville, KY 40285	7.83	0.00	0.00	7.83
Nature of Debt (Purpose):				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Print Well 30030 Mission Boulevard Hayward, CA 94544	77.32	0.00	0.00	77.32
Nature of Debt (Purpose): Printing, To adjust for payment made				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor SAAB Travel & Tours 17134 Devonshire Street Suite #201 Northridge, CA 91325	2,278.00	0.00	0.00	2,278.00
Nature of Debt (Purpose): Travel Expenses				
1) SUBTOTALS This Period This Page (optional) .....				3,841.66
2) TOTAL This Period (last page this line only) .....				
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) .....				
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) .....				



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

**DEBTS AND OBLIGATIONS**  
**Excluding Loans**  
Debts Owed By the Committee

Page 5 of 5 for  
LINE NUMBER 10  
(Use separate schedules  
for each numbered line)

Name of Committee (In Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
MATHEWS FOR CONGRESS				
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Sir Speedy 2960 W. Lincoln Avenue Suite C Anaheim, CA 92801	4,500.00	0.00	1,000.00	3,500.00
Nature of Debt (Purpose): Printing				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Southern CA Edison 127 Elm Avenue Long Beach, CA 90802	167.80	0.00	0.00	167.80
Nature of Debt (Purpose): Utilities				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Staples 4600 Pacific Coast Highway Long Beach, CA 90804	2,008.51	0.00	0.00	2,008.51
Nature of Debt (Purpose): Office supplies				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Stationery Place 1327 W. 12th Place Los Angeles, CA 90015	1,346.86	0.00	146.86	1,200.00
Nature of Debt (Purpose): Printing				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
1) SUBTOTALS This Period This Page (optional) .....				6,876.31
2) TOTAL This Period (last page this line only) .....				37,182.25
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) .....				10,890.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) .....				48,072.25

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

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

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 10-15-98
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other ( Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>Jm N</i> PREPARER	10-18-98 DATE PREPARED