

# HAND DELIVERED REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee  
(Summary Page)

1990 AUG 30 AM 10:04

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)  
**STROB FOR CONGRESS**

ADDRESS (number and street)  Check if different than previously reported.  
**20 S. MAIN STREET**

CITY, STATE and ZIP CODE **NEW CITY NY 10912 / 22ND**

STATE/DISTRICT **12ND**

2. IS THIS REPORT AN AMENDMENT?  
 YES  NO

3. REGISTRATION NUMBER  
**137103**

## 4. TYPE OF REPORT

April 15 Quarterly Report

Twelfth day report preceding PRIMARY (Type of Election)  
election on SEPT 11, 1990 in the State of NEW YORK

July 15 Quarterly Report

October 15 Quarterly Report

Thirtieth day report following the General Election on \_\_\_\_\_ in the State of \_\_\_\_\_

January 31 Year End Report

July 31 Mid-Year Report (Non-election Year Only)

Termination Report

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

## SUMMARY

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>JULY 1</u> through <u>AUGUST 22, 1990</u>		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	77766.44	97960.24
(b) Total Contribution Refunds (from Line 20(d))		
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	77766.44	97960.24
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	78153.70	94172.66
(b) Total Offsets to Operating Expenditures (from Line 14)		
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	78153.70	94172.66
8. Cash on Hand at Close of Reporting Period (from Line 27)	3552.58	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-376-3120
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	- 0 -	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	- 0 -	

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  
**WERTRUDE G. KATEN**

Signature of Treasurer *W. R. Katen* Date **8-29-90**

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

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

90014064680

**DETAILED SUMMARY PAGE**  
of Receipts and Disbursements  
(Page 2, FEC FORM 3)

Name of Committee (in full)	Report Covering the Period:		
<b>STRUB for Congress</b>	From: <b>JULY 1</b>	To: <b>Aug 21, 1990</b>	
I. RECEIPTS	COLUMN A	COLUMN B	
	Total This Period	Calendar Year-To-Date	
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>			
(a) Individuals/Persons Other Than Political Committees			11(a)(i)
(i) Itemized (use Schedule A)	22915.00		11(a)(ii)
(ii) Unitemized	54851.44		11(a)(iii)
(iii) Total of contributions from individuals	77766.44	97960.24	11(b)
(b) Political Party Committees			11(c)
(c) Other Political Committees (such as PACs)			11(d)
(d) The Candidate			11(e)
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d))	77766.44	97960.24	12
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.</b>			12
<b>13. LOANS:</b>			
(a) Made or Guaranteed by the Candidate			13(a)
(b) All Other Loans			13(b)
(c) TOTAL LOANS (add 13(a) and (b))			13(c)
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)</b>	125.00	125.00	14
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.)</b>			15
<b>16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)</b>	77891.44	98085.24	16
II. DISBURSEMENTS			
<b>17. OPERATING EXPENDITURES</b>	78153.70	94172.66	17
<b>18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.</b>			18
<b>19. LOAN REPAYMENTS:</b>			
(a) Of Loans Made or Guaranteed by the Candidate			19(a)
(b) Of All Other Loans			19(b)
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))			19(c)
<b>20. REFUNDS OF CONTRIBUTIONS TO:</b>			
(a) Individuals/Persons Other Than Political Committees			20(a)
(b) Political Party Committees			20(b)
(c) Other Political Committees (such as PACs)			20(c)
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))			20(d)
<b>21. OTHER DISBURSEMENTS</b>	235.00	3600	21
<b>22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21).</b>	78388.70	94532.66	22
III. CASH SUMMARY			
<b>23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD</b>		\$ 4049.84	23
<b>24. TOTAL RECEIPTS THIS PERIOD (from Line 16)</b>		\$ 77891.44	24
<b>25. SUBTOTAL (add Line 23 and Line 24)</b>		\$ 81941.28	25
<b>26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).</b>		\$ 78388.70	26
<b>27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25).</b>		\$ 3552.58	27

90014064681

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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

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NAME OF COMMITTEE (in Full)  
**STRUBS FOR CONGRESS**

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MR. LAWRENCE A. BASILE 76 WEST RUTLAND SQUARE #503 BOSTON, MA. 02118	SELF	7/30/90	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PRIVATE INVESTOR	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
MR. PAUL BEIRNE 127 WEST 79th St. NEW YORK N.Y. 10024	PARAMOURKOU INC	8/3/90	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation BANKER	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
MR. HOWARD BRAGMAN 8693 WILSHIRE BLVD. BEVERLY HILLS, CA. 90211	BRAGMAN & Co.	8/21/90	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PUBLIC RELATIONS	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
MR. JACK W CAMPBELL 3775 POINCIANA AVE MIAMI, FL 33133	SELF	7/26/90 8/14/90	500.00 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PRIVATE INVESTOR	Aggregate Year-to-Date > \$1,000	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MR. ROBERT C. CORBETT 2800 NORTH LAKE SHORE DRIVE CHICAGO, IL. 60657	MASSLIR + Co.	8/3/90	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ACCOUNTANT	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
MR GARY DAVENPORT 56 GREENWICH AVE. NEW YORK, N.Y. 10011	SELF	7/9/90	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation NIGHTCLUB OWNER	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
MR. KENNETH L. DAWSON 19 TOMPKINS PLACE BROOKLYN, N.Y. 11231	SELF	8/21/90	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation FUNDRAISER	Aggregate Year-to-Date > \$1,000	

SUBTOTAL of Receipts This Page (optional) ..... 3550.00

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

90014064682

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 6  
FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full)

STRUB FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MR. MICHAEL EPSTEIN 31423 SOUTH COAST HIGHWAY LAGUNA BEACH, CA. 92677	CORAL INC	8/3/90	\$1,000
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation EXECUTIVE	Aggregate Year-to-Date > \$1,000	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MR. FRED EYCHNER 1645 WEST FULLERTON AVE. CHICAGO, IL 60614	NEWSWEB, INC.	7/30/90 8/3/90	250.00 1,750.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PAPER BROKER	Aggregate Year-to-Date > \$2,000	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MS. CYNTHIA FRIEDMAN 2555 PENNSYLVANIA AVE NW WASHINGTON, DC 20037	CYNTHIA FRIEDMAN ASSOC.	7/3/90	1,000
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation POLITICAL CONSULT.	Aggregate Year-to-Date > \$1,000	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MR. GREGORY W. GORDEN 301 WEST 53rd ST. NEW YORK, NY 10019	NBC	7/16/90	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PRODUCER	Aggregate Year-to-Date > \$450.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MR. JAMES M. HICKS P.O. Box 14202 SAN FRANCISCO, CA. 94114	INFO REQUESTED	8/16/90	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation INFO REQUESTED	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
MR. RUSSELL HITT MD 1734 DOHENY DRIVE LOS ANGELES, CA. 90069	SELF	8/3/90	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DOCTOR	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
MR. FRED P. HOCHBERG 40 FIFTH AVE NEW YORK NY 10011	LILLIAN VERNON CORP	8/3/90	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PRESIDENT	Aggregate Year-to-Date > \$500.00	

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

5750.00

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

90014064683

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 6  
FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full)

STRUB FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MR. JAMES C. HORMEL 1546 MARKET ST. SAN FRANCISCO, CA. 94102	EQUIDEX Occupation: PRESIDENT	7/3/90	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$1,000		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MR. RICHARD G. HUTCHESON 401 WEST END AVE. NEW YORK NY. 10004	TIME WARNER Occupation: BUSINESSMAN	7/2/90 8/3/90	25.00 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$275.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MS. JANE B. JACKSON P.O. BOX 126 LAHASKA, PA. 18931	INFO REQUESTED Occupation: INFO REQUESTED	7/24/90	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$1,000		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MR. DAVID KESSLER 8450 CARLTON, CA. 90069 LOS ANGELES	PNS Occupation: PRESIDENT	8/3/90	250.00
Receipt For: <input 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	Date (month, day, year)	Amount of Each Receipt this Period
MR. LARRY KRAMER 2 5th AVE. NEW YORK, NY 10003	SELF Occupation: WRITER	8/22/90	250.00
Receipt For: <input 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
MS. MAGGIE KULYK Rd. #1 ALBION, PA. 16401	INFO REQUESTED Occupation: INFO REQUESTED	7/9/90	375.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$375.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MR. STEVEN H. LEVITT 401 NORTH CROFT AVE LOS ANGELES CA. 90048	SELF Occupation: ACTOR	7/16/90 8/3/90	100.00 150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$250.00		

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

3400.00

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

90014064684

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOUR LINE NUMBER

11(a)(i)

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NAME OF COMMITTEE (in Full)

STRUB FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MR. VALSIN A. MARMILLION 1033 NORTH CAROL DRIVE LOS ANGELES CA. 90069	PACIFIC HORIZONS	8/3/90	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation AD EXEC	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
MR. EDWIN E MCAMIS 919 THIRD AVE. NEW YORK NY 10022	SKADDEN, ARAS	7/24/90	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation LAWYER	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
MR. WILLIAM MELAMED JR. 8251 ROXBURY Rd. LOS ANGELES CA. 90069	SELF	8/3/90	1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PERSONAL MANAGER	Aggregate Year-to-Date > \$ 1000.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MS. CHASE MITCHELL MISHKIN 642 SIENA WAY LOS ANGELES CA. 90077	SELF	8/3/90	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PRIVATE INVESTOR	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
MR. JAMES S. NATHAN 1450 CORCORAN ST. N.W. WASHINGTON, D.C. 20009	TARGETED COMM.	7/2/90	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DIRECT MAIL EXEC.	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
JEAN O'LEARY 6240 WHITSETT AVE. #301 LOS ANGELES CA. 91606	UNEMPLOYED	8/3/90	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation UNEMPLOYED	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
MR. GERALD ROTHBERG 3 WEST 18th St. NEW YORK, NY 10011	CIRCUS MAGAZINE	8/17/90	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PUBLISHER	Aggregate Year-to-Date > \$ 250.00	

SUBTOTAL of Receipts This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

90014064685

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 5 OF 16  
FOR LINE NUMBER C11(CX1)

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NAME OF COMMITTEE (in Full)

STRUB FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MR. RICHARD ROUILARD 2200 BEECH KNOLL Rd. LOS ANGELES, CA. 90046	THE ADVOCATE	8/3/90	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation EDITOR	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
MR. ROBERT M. SERTNER 1827 NICHOLS CANYON Rd. LOS ANGELES, CA. 90046	SELF	8/3/90	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation FILM PRODUCER	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
MR. JEFFREY B. SOREF 170 E. 78 STREET # 2A N.Y. N.Y. 10021	SOREF + ASSOC	8/14/90	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PUBLIC RELATIONS	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
MR. STEPHEN L. SPIER 888 8th AVE. # 17K NEW YORK NY 10019	CHARLES YOUNG	7/9/90	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ARCHITECT	8/3/90	100.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MR. ROBERT J. STARS H&K MD 7720 NORTH MERRIE LANE MILWAUKEE WI 53217	PEDIATRIC RADIOLOGY SERVICE	7/26/90	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PHYSICIAN	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
MR. CARL F. STRUB JR. 205 BLACK SPRINGS CIRCLE LOWA CITY, IA. 52240	MIDWEST Product Supply	7/6/90	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PROPANE GAS Wholesaler	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
MR. SWEN SWENSON 1366 ANGELO DRIVE BEVERLY HILLS, CA. 90210	INFO REQUESTED	7/5/90	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation INFO REQUESTED	8/9/90	500.00
	Aggregate Year-to-Date > \$550.00		

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

4000.00

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

90014064686

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 6 OF 6

FOR LINE NUMBER

11(a)(i)

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NAME OF COMMITTEE (in Full)

STRUB FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MR. ANDREW P. TOBIAS 787 N.E. 71ST STREET MIAMI FL. 33138	SELF	7/14/90	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation WRITER	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
G.M. WELLER 1130 GRIFFITH AVE. OWENSBORO, KY 42301	INFO Requested	8/3/90	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation INFO Requested	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
MR. Robert CARLETON Woolley 1150 Fifth AVE. NEW YORK, NY 10128	SOTHEBY'S	8/3/90	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation AUCTIONEER	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
MR. FRANK R Young 3112 SWAN PLACE LOS ANGELES CA. 90026	INFO Requested	7/2/90	215.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation INFO Requested	Aggregate Year-to-Date > \$215.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MR. LUCIO PETROCELLI RR 2 BOX 53A GARRISON NY 10524	SELF-EMPLOYED	7/14/90	250-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation BUILDER	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)	2715.00
TOTAL This Period (last page this line number only)	22915.00

90014064687



SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

STRUB FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
JANET ROSE 79 POMONA RD SUFFERN NY 10901	CONSULTING	7-5-90	400-
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-10-90 8-2-90 8-10-90	1200- 1200- 1200-
B. Full Name, Mailing Address and ZIP Code HANAKO GLOGAUER 11 FLAG HILL RD CHAPPAQUA NY 10514	CONSULTING, TRAVEL	7-5-90	200-
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-16-90 7-20-90 8-2-90 8-2-90	255 200- 17.40 200-
C. Full Name, Mailing Address and ZIP Code Same	CONSULTING	8-8-90	100-
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8-10-90	100-
D. Full Name, Mailing Address and ZIP Code ANNE MIRJANIAN 38 PARKWAY DR So. ORANGEBURG NY 1096Y	CONSULTING	7-5-90	600-
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8-17-90 7-20-90 8-2-90	150- 600- 180-
E. Full Name, Mailing Address and ZIP Code KENNETH LELAND 277 WAVERLY PL NY NY 10011	CONSULTING	7-5-90	300-
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-20-90 8-2-90	300- 300-
F. Full Name, Mailing Address and ZIP Code ELISE PERSON 188 HARDING RD GLEN ROCK NJ 07454	CONSULTING	7-5-90	600-
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-20-90 8-2-90 8-17-90	600- 600- 600-
G. Full Name, Mailing Address and ZIP Code STEPHEN GENDIN 230 PARK PLACE BROOKLYN NY 11238	CONSULTING	7-5-90	1500-
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-20-90 8-2-90 8-17-90	1500- 1500- 1500-
H. Full Name, Mailing Address and ZIP Code PMA INDUSTRIES	FLYERS	7-5-90	660.28
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code BOUTONS OFFICE SUPPLY Rt 59 SPRING VALLEY NY 10977	TONER	8-1-90	79.69
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8-14-90 8-16-90	79.67 79.67

SUBTOTAL of Disbursements This Page (optional) ..... 16572.70

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

90014064588

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 7  
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NAME OF COMMITTEE (in Full)

STRUB FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
ELISE PERSON 188 HARDING ROAD GLEN ROCK NY 07451	COPIES, PHOTOS, STATY CONSULTING, VIDEO	7-2-90	100-
		7-6-90	70-
		7-18-90	100-
		7-22-90	300-
Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General			
<input type="checkbox"/> Other (specify)			
SAME	Purpose of Disbursement	7-16-90	39.16
		7-27-90	100-
		8-1-90	100-
		Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)			
POSTMASTER NEW CITY POST OFFICE NEW CITY NY 10956	POSTAGE	7-2-90	50-
		7-9-90	84.95
		7-17-90	546-
		7-20-90	6.80
Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General			
<input type="checkbox"/> Other (specify)			
SAME	POSTAGE	7-23-90	175-
		7-24-90	50-
		7-25-90	33.84
		7-26-90	133.50
Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General			
<input type="checkbox"/> Other (specify)			
SAME	POSTAGE	8-3-90	50-
		7-31-90	269.70
		8-3-90	500-
		8-7-90	19.94
Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General			
<input type="checkbox"/> Other (specify)			
NANUET COLLISION 249 S. MIDDLETOWN RD NANUET NY 10954	AUTO REPAIR	7-3-90	238.85
		7-3-90	33.59
Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General			
<input type="checkbox"/> Other (specify)			
STEVE POSNAR & CO PO Box 167 SLOATSBURG NY 10974	LAPUL LABELS	7-3-90	270.94
		Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)			
PRONTO PRESS RT 59 SUFFERN NY 10901	FLYERS, STATY	7-3-90	929.27
		7-18-90	322.50
		7-20-90	1625.30
		7-31-90	
Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General			
<input type="checkbox"/> Other (specify)			
SAME	FLYERS, STATY, POSTERS	8-3-90	1030-
		8-9-90	308.80
		8-21-90	178.50
		8-21-90	644.79
Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General			
<input type="checkbox"/> Other (specify)			

SUBTOTAL of Disbursements This Page (optional) ..... 10190.73

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

90014064689

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (in Full)

STRUB FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
DANIEL BAKER 85 EAST 105TH APT 13 NEW YORK, NY 10003	CONSULTING	7-6-90	200-
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	7-6-90	1200-
	<input type="checkbox"/> Other (specify)	7-13-90	14117
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	7-20-90	1,600-
	<input type="checkbox"/> Other (specify)	8-2-90 8-2-90 8-17-90	300- 1,300- 300-
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	5-17-90	1,300-
	<input type="checkbox"/> Other (specify)		
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	XEROXING	7-26-90	44.95
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	CONSULTING	7-6-90	360.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	8-8-90	326.12
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	SIGNS	7-9-90	180-
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	7-11-90	180-
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	ADVERTISING	7-11-90	100-
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	8-13-90	2,535-
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	REPAIRS	7-11-90	260.84
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	PHONE SYSTEM	7-12-90	897.45
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	8-8-90	100.-

SUBTOTAL of Disbursements This Page (optional) .....	1275.53
TOTAL This Period (last page this line number only) .....	

90014064690

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)

STRUB FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
DIVERSIFIED DATA + COMMUNICATIONS INC. 8330 OLD COURTHOUSE RD. VIENNA, VA 22182	POSTAGE FR MAILINGS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-13-90 7-3-90 8-16-90	6,461.52 600.00 500.-
SEAN STRUB 120 PARADISE AVE PIERMONT, N.Y. 10968	EXPENSES / Food, GAS, PARKING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-13-90 8-8-90	129.25 489.73
CHARLES PHILLIPS	EXPENSES, FILM Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-16-90 8-8-90 8-21-90	29.06 324.18 261.25
STRUB MEDIA GROUP 270 W 17th St. NEW YORK, N.Y. 10011	PHONE, TRAVEL, REPORTS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-16-90 8-8-90	504.17 2197.39
TRIPLEX DIRECT MARKETING 20 LEVERONI CT. / P.O. Box 1500 NAVATO CA. 94948-1800	MERGE/PURSE ADV Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-16-90 8-8-90	500.- 2,000.-
SUBURBAN OUTDOOR ADVER. c/o MATTHEW Outdoor ADVERTISING P.O. Box 4061 PATERSON, N.J. 07509	BILLBOARDS ADV. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-19-90	3,500.-
KENNETH LELAND 227 WAVERLY PLACE NEW YORK, NY 10011	Copies, Supplies, Food PENNY CLOTH Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-12-90 7-19-90 8-2-90	35.50 175.- 80.-
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8-3-90 8-14-90 8-21-90	100.- 80.- 20.-
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

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

17987.05

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

90014064691

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ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (in Full)

STRUBS FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
NVI INFO REQUESTED	FILM TRANSFER Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8-1-90	1,010.79
B. Full Name, Mailing Address and ZIP Code ARBIE BARD 6 CARTERET DR. POMONA, N.Y. 10970	CONSULTING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8-2-90 8-17-90	300 - 600 -
C. Full Name, Mailing Address and ZIP Code CYNTHIA A. STREETER 8 RED ROCK RD. NEW CITY, N.Y. 10956	EXPENSES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8-6-90 8-15-90	100 - 100 -
D. Full Name, Mailing Address and ZIP Code BYNUM CONSULTING INFO REQUESTED	RADIO SPOTS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8-8-90	1200 -
E. Full Name, Mailing Address and ZIP Code STEPHEN GENDIN 230 PARK PLACE BROOKLYN, NY 11238	FR, TRAVEL, COPIES EXPENSES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8-3-90 8-8-90 8-21-90	109.75 114.50 314.16
F. Full Name, Mailing Address and ZIP Code SUNOCO SERVICE STATION P.O. BOX 2301 TULSA, OK 74102	GAS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8-8-90 8-21-90	90. - 117.02
G. Full Name, Mailing Address and ZIP Code FIRST CARD P.O. BOX 8991 WILMINGTON, DE 19889	FOOD, POSTAGE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8-8-90	1282.27
H. Full Name, Mailing Address and ZIP Code NEW YORK TELEPHONE	TELEPHONE BILLS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8-8-90	1158.62
I. Full Name, Mailing Address and ZIP Code DAVID CHARLES HOCHBERG 510 S. FULTON AVE MT. VERNON, N.Y. 10550	SURVEY Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8-9-90	800 -

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

7297.07

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

90014064692

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (in Full)

STRUBS FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
DANIEL BAKER 85 EAST 10 ST APT B NEW YORK, N.Y. 10003	GAS, TOLLS, COPIES, BOOKS	7-20-90	48.-
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	7-24-90	52.34
	<input type="checkbox"/> Other (specify)	7-10-90	143.04
B. Full Name, Mailing Address and ZIP Code  SAME	Purpose of Disbursement GAS, COPIES	5-7-90	200.-
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	5-10-90	237.27
	<input type="checkbox"/> Other (specify)	5-14-90 5-16-90	59.62 31.00
C. Full Name, Mailing Address and ZIP Code MIKE SPILLER  INFO REQUESTED	Purpose of Disbursement Supplies for Video TAPING	7-23-90	300.-
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
D. Full Name, Mailing Address and ZIP Code BEN THORNBERY 334 THE BOWERY NEW YORK, N.Y. 10012	Purpose of Disbursement PHOTO PRINTS	7-26-90	78.-
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	8-20-90	175.-
	<input type="checkbox"/> Other (specify)		
E. Full Name, Mailing Address and ZIP Code DONNELLY/COLT P.O. Box 188 HAMPTON, CT. 06247	Purpose of Disbursement LAPOL STICKERS	7-26-90	475.-
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	7-30-90	1415.-
	<input type="checkbox"/> Other (specify)		
F. Full Name, Mailing Address and ZIP Code AMERICAN EXPRESS P.O. BOX 1270 NEWARK, N.J. 07101-1270	Purpose of Disbursement Food, TRAVEL, photos, Fax lease,	7-26-90	901.62
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	7-26-90	539.-
	<input type="checkbox"/> Other (specify)		
G. Full Name, Mailing Address and ZIP Code NEW City Office Supply 85.57 Maple AVE NEW City, N.Y. 10956	Purpose of Disbursement Supplies	7-30-90	94.99
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code FRED SALES 310 S MAIN ST NEW City, N.Y. 10956	Purpose of Disbursement BUTTONS	7-30-90	1678.83
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code MINUTEMAN PRESS  INFO REQUESTED	Purpose of Disbursement INDEPENDENT PETITIONS	7-31-90	382.50
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		

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

6801.71

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

90014064693

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (in Full)

STRUB FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
CELCO INFO	LISTS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8-14-90	749.50
B. Full Name, Mailing Address and ZIP Code CABLE ADVERTISING 500 EXECUTIVE BLD. OSSINING, N.Y. 10562	AD SPACE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8-16-90	760.-
C. Full Name, Mailing Address and ZIP Code Robert Smolanoff	Production (VIDEO) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8-16-90	500.-
D. Full Name, Mailing Address and ZIP Code MEGAN STRUB 120 PARADISE AVE. PIERMONT, NY 10968	Consulting Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8-17-90	300.-
E. Full Name, Mailing Address and ZIP Code PDI INFO REQUESTED	LABELS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8-21-90	1065.93
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) .....

3375.43

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

74950.72

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)

STRUB FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
REISMAN COMMITTEE  INFO REQUESTED	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-10-90	100.00
NOW - ROCKLAND CO. 4 VILLAGE GATE NYACK, NY	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-13-90	85.00
ENGEL FOR CONGRESS  INFO REQUESTED	FUNDRAISER Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8-6-90	100.00
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) .....	235.00
TOTAL This Period (last page this line number only) .....	235.00

90014064695