

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee  
[Summary Page]

RECEIVED  
FEC MAIL ROOM  
2000 OCT 17 A 3:53

1. NAME OF COMMITTEE (in full)  THE MARY BONO COMMITTEE		2. FEC IDENTIFICATION NUMBER  CD0332690
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported. PO BOX 3370		
CITY, STATE and ZIP CODE  PALO ALTO, CA 94303	STATE/DISTRICT  CA/44	3. IS THIS REPORT AN AMENDMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

## 4. TYPE OF REPORT

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

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

## SUMMARY

6. Covering Period	COLUMN A This Period	COLUMN B Calendar Year-to-Date
07/01/2000 through 09/30/2000		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 15(c))	90,036.50	197,133.40
(b) Total Contribution Refunds (from Line 20(d))	1,294.00	1,294.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	88,742.50	195,839.40
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	44,432.66	153,161.94
(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	2,345.21
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	44,432.66	150,816.73
8. Cash on Hand at Close of Reporting Period (from Line 27)	172,717.56	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9630 Local 202-694-1100
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

Type or Print Name of Treasurer  CARY DAVIDSON - ASSISTANT TREASURER	Date  10/13/00
Signature of Treasurer 	

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

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FEC FORM 3  
(revised 4/87)

# DETAILED SUMMARY PAGE

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

Name of Committee (in full)	Report Covering the Period:	
THE MARY BONO COMMITTEE	From: 07/31/2000	To: 09/30/2000
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) -----	55,682.00	
(ii) Unitemized -----	13,903.50	
(iii) Total of contributions from individuals -----	69,585.50	121,362.50
(b) Political Party Committees -----	0.00	520.90
(c) Other Political Committees (such as PACs) -----	23,500.00	75,230.00
(d) The Candidate -----	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(ii), (b), (c) and (d)) -----	93,085.50	197,133.40
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES</b> -----	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate -----	0.00	0.00
(b) All Other Loans -----	0.00	0.00
(c) TOTAL LOANS (add 13(a) and (b)) -----	0.00	0.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)</b> -----	0.00	2,345.21
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.)</b> -----	39.95	39,950.00
<b>16. TOTAL RECEIPTS (add 11(a), 12, 13(c), 14 and 15)</b> -----	93,125.45	199,518.56
<b>II. DISBURSEMENTS</b>		
<b>17. OPERATING EXPENDITURES</b> -----	44,432.66	153,161.94
<b>18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES</b> -----	0.00	0.00
<b>19. LOAN REPAYMENTS:</b>		
(a) Of Loans Made or Guaranteed by the Candidate -----	0.00	0.00
(b) Of All Other Loans -----	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b)) -----	0.00	0.00
<b>20. REFUNDS OF CONTRIBUTIONS TO:</b>		
(a) Individuals/Persons Other Than Political Committees -----	1,294.00	1,294.00
(b) Political Party Committees -----	0.00	0.00
(c) Other Political Committees (such as PACs) -----	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c)) -----	1,294.00	1,294.00
<b>21. OTHER DISBURSEMENTS</b> -----	1,650.00	1,650.00
<b>22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)</b> -----	47,376.66	156,105.94

### III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD -----	\$	129,967.77	
24. TOTAL RECEIPTS THIS PERIOD (from Line 16) -----	\$	90,126.45	
25. SUBTOTAL (add Line 23 and Line 24) -----	\$	220,094.22	
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22) -----	\$	47,376.66	
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25) -----	\$	172,717.56	

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 18

FOR LINE NUMBER 11(a) (1)

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**NAME OF COMMITTEE (In Full)**

THE MARY BONO COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer INFORMATION REQUESTED	Date (month, day, year)	Amount of Each Receipt this Period
ARNIL RASTDOLL, M.D. 1275 E. LAUREL AVE. HEMET CA 92343 4415	PHYSICIAN	08/26/2000	250.00 TO BE REFUNDED
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$ 0.00		
B. Full Name, Mailing Address and ZIP Code Mr. GEORGE ARGYROS 945 SOUTH COAST DR., #600 COSTA MESA CA 92626-	DRVELOPER	07/05/2000	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$ 1,000.00		
C. Full Name, Mailing Address and ZIP Code LOUIS ALIER 32 CONECS RD. WESTHAMPTON BEACH NY 11978-	RETIRED	08/25/2000	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$ 250.00		
D. Full Name, Mailing Address and ZIP Code Mr. GRANT G. BAKMENDL 47425 MEDINA DR. WEST PALM DESERT CA 92260	RETIRED	07/14/2000	244.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$ 244.00		
E. Full Name, Mailing Address and ZIP Code BARONA C & A ACCOUNT 1095 BARONA Rd LAKESIDE CA 92040		09/11/2000	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$ 1,000.00		
F. Full Name, Mailing Address and ZIP Code MILDRED BERTY 73342 TAMARISK PALM DESERT CA 92260-	RETIRED	08/08/2000	244.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$ 244.00		
G. Full Name, Mailing Address and ZIP Code W. BLASS 440 ANDELAIR DR. SANCA MONICA CA 90402	OPHTHALMOLOGIST	08/30/2000	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$ 250.00		

**SUBTOTAL** of Receipts This Page (optional) ..... 3,238.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 2 OF 18  
FOR LINE NUMBER 11(a) (1)

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**NAME OF COMMITTEE (in Full)**

THE MARY BONO COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. ROBERT L. BONIFACE 39 PAXON ROAD AMERTON CA 94027-	Occupation RETIRED	09/27/2000	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$ 1,000.00		
B. Full Name, Mailing Address and ZIP Code SARAH W. BROOKS 2150 SILVERADO CIRCLE PALM SPRINGS CA 92264	Name of Employer AM. CANCER SOC./CA DEPT. HEALTH	Date (month, day, year) 09/13/2000	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VOLUNTEER	Aggregate Year-to-Date \$ 1,000.00	
C. Full Name, Mailing Address and ZIP Code Mr. JOHN B. BRUDIN 26150 TRACKER DR. HEMET CA 92545-0157	Name of Employer E.M.N.M.	Date (month, day, year) 09/15/2000	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ENGINEERING GENERAL MANAGER	Aggregate Year-to-Date \$ 500.00	
D. Full Name, Mailing Address and ZIP Code Mr. CODY B. BRUDIN 26150 TRACKER DR. HEMET CA 92546-0157	Name of Employer E.M.N.M.	Date (month, day, year) 09/23/2000	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ENGINEERING GENERAL MANAGER	Aggregate Year-to-Date \$ 500.00	
E. Full Name, Mailing Address and ZIP Code GARY P. CAMP 27286 HALBOA CT. HEMET CA 92544 8283	Name of Employer PAIRN WEBBER	Date (month, day, year) 09/09/2000	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation STOCK BROKER	Aggregate Year-to-Date \$ 250.00	
F. Full Name, Mailing Address and ZIP Code GEORGE CHAMPTON 3498 KNOX HILL DR. RIVERSIDE CA 92506-	Name of Employer CHAMBER LUMBER CO.	Date (month, day, year) 07/27/2000	Amount of Each Receipt this Period 244.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation OWNER	Aggregate Year-to-Date \$ 244.00	
G. Full Name, Mailing Address and ZIP Code SUNANDA CHALDEURI 42930 CHALDEURI CTR. HEMET CA 92544	Name of Employer	Date (month, day, year) 08/26/2000	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation JOURNALIST	Aggregate Year-to-Date \$ 250.00	

**SUBTOTAL of Receipts This Page (optional)** ..... 3,214.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 3 OF 18  
FOR LINE NUMBER 11 (of 14)

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**NAME OF COMMITTEE (In Full)**

THE MARY BONO COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CLAYTON RECORD & ASSOC., INC. 920 WEST RAMONA EXPRESSWAY SAN JACINTO CA 92582		08/14/2000	250.00 TO BE REFUNDED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 0.00	
B. Full Name, Mailing Address and ZIP Code JEFFREY M. CLINTON 43 SOUTHWALK DR. CLAYTON MO 63105	GREY EAGLE DISTRIBUTORS	07/05/2000	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CHIEF OPERATING OFFICER	Aggregate Year-to-Date > \$ 500.00	
C. Full Name, Mailing Address and ZIP Code JERRY G. CLINTON 2340 HITT/PARK DR. MARYLAND HEIGHTS MO 63043	GREY EAGLE DISTRIBUTORS	07/05/2000	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PRESIDENT AND CEO	Aggregate Year-to-Date > \$ 1,000.00	
D. Full Name, Mailing Address and ZIP Code DEAN D. COCKERILL 73577 WINDLASH WAY PALM DESERT CA 92260-5825		09/12/2000	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation RETIRED	Aggregate Year-to-Date > \$ 250.00	
E. Full Name, Mailing Address and ZIP Code JAMES M. CORTER 1766 CAMINO MIRANDA SAN JACINTO CA 92583-	ALTA NURSERY, INC.	08/26/2000	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation NURSERYMAN	Aggregate Year-to-Date > \$ 250.00	
F. Full Name, Mailing Address and ZIP Code JOHN COFFER 75600 BERYL LANE INDIAN WELLS CA 92210	KULR - TV	07/24/2000	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PRESIDENT	Aggregate Year-to-Date > \$ 2,000.00	
G. Full Name, Mailing Address and ZIP Code WILLIAM R. CRAHFER JR. 42105 ROCKVIEW DR. FERRIS CA 92544-6427	STAR KILLING CO.	08/24/2000	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ADRIOSOLNESS	Aggregate Year-to-Date > \$ 250.00	

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

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11(a) (i)

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**NAME OF COMMITTEE (in Full)**

THE MARY BONO COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DONALD H. CRAVENS 899 ISLAND DRIVE, #213 RANCHO MIRAGE CA 92270 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	RETIRED Aggregate Year-to-Date > \$ 444.00	07/13/2000	444.00
B. Full Name, Mailing Address and ZIP Code RICHARD LINDORFF III P.O. BOX 1207 DESERT HOT SPRINGS CA 92240- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	GENERAL MANAGER & C.B.O. Aggregate Year-to-Date > \$ 344.00	07/24/2000	244.00
C. Full Name, Mailing Address and ZIP Code MARGARET E. CUMMINGS 287 TURK PARADISE RANCHO MIRAGE CA 92270 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	RETIRED Aggregate Year-to-Date > \$ 244.00	09/11/2000	200.00
D. Full Name, Mailing Address and ZIP Code MICHELLE L. DAVIDSON-GILFILLAN P.O. BOX 116 PACE DESERT CA 92261 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	HOMEMAKER Aggregate Year-to-Date > \$ 1,000.00	09/25/2000	1,000.00
E. Full Name, Mailing Address and ZIP Code CINDY DOMENIGONI 31851 WINCHESTER ROAD WINCHESTER CA 92596- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	REAL ESTATE MANAGEMENT & FARMING Aggregate Year-to-Date > \$ 1,222.00	08/08/2000	222.00
F. Full Name, Mailing Address and ZIP Code JEAN DOMENIGONI 3301 HOLLAND RD WINCHESTER CA 92596- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	RETIRED Aggregate Year-to-Date > \$ 222.00	08/04/2000	222.00
G. Full Name, Mailing Address and ZIP Code DENIS DE BARRY-HAY 78140 CALLE TAMPICO #200 LA QUINIA CA 92253 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	VICE PRESIDENT Aggregate Year-to-Date > \$ 644.00	08/02/2000	444.00

**SUBTOTAL** of Receipts This Page (optional) ..... 2,776.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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**NAME OF COMMITTEE (In Full)**  
 THE MARY BOND COMMITTEE

<b>A. Full Name, Mailing Address and ZIP Code</b> DENISE DU BARRY-RAV 7814D CALLE TAMPIOO #200  LA QUINTA CA 92253	Name of Employer TRIANT MARKETING INTERNATIONAL	Date (month, day, year) 03/22/2000	Amount of Each Receipt this Period 200.00
	Occupation VICE PRESIDENT Aggregate Year-to-Date > \$ 444.00		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			

<b>B. Full Name, Mailing Address and ZIP Code</b> GUY EXCELL 28221 VISTA DEL VALLE  HEALD CA 92544	Name of Employer ROSENTHAL AND EXCELL COMMERCIAL REAL ESTATE CONSULTANTS	Date (month, day, year) 08/26/2000	Amount of Each Receipt this Period 250.00
	Occupation REAL ESTATE CONSULTANT Aggregate Year-to-Date > \$ 250.00		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			

<b>C. Full Name, Mailing Address and ZIP Code</b> ROBERT B. DENWICK 28011 BLERA ROAD  LOS ALTOS HILLS CA 94022-	Name of Employer RETIRED	Date (month, day, year) 07/27/2000	Amount of Each Receipt this Period 244.00
	Occupation RETIRED Aggregate Year-to-Date > \$ 244.00		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			

<b>D. Full Name, Mailing Address and ZIP Code</b> MARILYN FORST P.O. BOX 255  SAN JACINCO CA 92581	Name of Employer JENNET SCHOOL DISTRICT	Date (month, day, year) 08/25/2000	Amount of Each Receipt this Period 250.00
	Occupation BOARD OF DIRECTORS Aggregate Year-to-Date > \$ 250.00		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			

<b>E. Full Name, Mailing Address and ZIP Code</b> ANDREW G. FOSTER 40347 BARTONCOTE  EAGLE BEVERLY CA 92211-	Name of Employer L.J. CARR	Date (month, day, year) 08/03/2000	Amount of Each Receipt this Period 500.00
	Occupation CORPORATE PILOT Aggregate Year-to-Date > \$ 500.00		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			

<b>F. Full Name, Mailing Address and ZIP Code</b> RUGENE W. GIBBA 601 SHADY OAKS DR.  MONROVIA CA 91016-	Name of Employer VALLEY HEALTH SYSTEM	Date (month, day, year) 08/26/2000	Amount of Each Receipt this Period 250.00
	Occupation DEVELOPMENT DIRECTOR Aggregate Year-to-Date > \$ 250.00		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			

<b>G. Full Name, Mailing Address and ZIP Code</b> RICHARD J. BIRSE 29150 NEW ARROWHEAD DR.  MENIFEE CA 92584	Name of Employer MT. SAN JACINCO COMM. COLLEGE DISTRICT	Date (month, day, year) 08/25/2000	Amount of Each Receipt this Period 250.00
	Occupation COLLEGE PRESIDENT Aggregate Year-to-Date > \$ 250.00		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			

<b>SUBTOTAL of Receipts This Page (optional)</b> .....	1,944.00
<b>TOTAL This Period (last page this line number only)</b> .....	.....

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 5 OF 18  
FOR LINE NUMBER 11 (a) (1-)

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**NAME OF COMMITTEE (in Full)**

THE MARY BONO COMMITTEE

A. Full Name, Mailing Address and ZIP Code JANET GLESS 1441 RAVENSWOOD LANE RIVERSIDE CA 92506-	Name of Employer JANET GLESS  Occupation RANCHER Aggregate Year-to-Date > \$ 391.00	Date (month, day, year) 08/30/2000	Amount of Each Receipt this Period 200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
B. Full Name, Mailing Address and ZIP Code PAMLA GOEPT 26170 TEACHER DR. REDDIE CA 92544-6500	Name of Employer INFORMATION REQUESTED  Occupation	Date (month, day, year) 08/10/2000	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code GISELA P. GOSCH 40415 TWIN SPRINGS ROAD HEMET CA 92544	Name of Employer GOSCH AUTO GROUP  Occupation AUTO DEALER Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 08/16/2000	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code SHEILA GRATTAN 2942 ORBITA CIRCLE EACH SPRINGS CA 92264-	Name of Employer SHEILA GRATTAN  Occupation ADVERTISING AND MARKETING Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 05/22/2000	Amount of Each Receipt this Period 150.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code SHEILA GRATTAN 2942 ORBITA CIRCLE EACH SPRINGS CA 92264-	Name of Employer SHEILA GRATTAN  Occupation ADVERTISING AND MARKETING Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 05/25/2000	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code BEN HALL 8831 CEDAR ST. BELTFLOWER CA 90706-	Name of Employer PACIFIC COAST PRODUCTS INC.  Occupation MANAGER Aggregate Year-to-Date > \$ 244.00	Date (month, day, year) 07/14/2000	Amount of Each Receipt this Period 244.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code N. HEMALATHA 27435 TERRA VERDE DR. HEMET CA 92544-	Name of Employer INFORMATION REQUESTED  Occupation Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 09/11/2000	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			

**SUBTOTAL** of Receipts This Page (optional) ..... 1,694.00

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



**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 7 OF 18  
FOR LINE NUMBER 11 (a) (1)

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**NAME OF COMMITTEE (in Full)**

THE MARY BOND COMMITTEES

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROBERT HEMBORG 20625 DUNSMUIR BL. LAKE WATHEWA CA 92370-	HENKORI FOOD Occupation: AUTO DEALER	07/24/2000	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
B. Full Name, Mailing Address and ZIP Code AMELIA A. HEPBERT 890 FELIPE PLACE HENET CA 92543-	STATE OF CALIFORNIA Occupation: TEACHER	07/27/2000	244.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 244.00		
C. Full Name, Mailing Address and ZIP Code CARL HOAG, JR. 2399 SOBBA VISTA RD. SONOMA CA 95476	INFORMATION REQUESTED Occupation:	07/24/2000	244.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 244.00		
D. Full Name, Mailing Address and ZIP Code SUB MARKETING WEST 4741 E. BAIN GARDEN DR., SUITE 172 PALM SPRINGS CA 92264-	(PARTNERSHIP) Occupation:	09/15/2000	200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 244.00		SEE ATTACHED ATTESTATION
E. Full Name, Mailing Address and ZIP Code CARRILLO HUBBERT P.O. BOX 341 MERCER ISLAND WA 98040 0341	ESTERLINE TECHNOLOGIES Occupation: CHAIRMAN	07/17/2000	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
F. Full Name, Mailing Address and ZIP Code CHARLES E. HURNETT 5847 SAN FELIPE RD. 2600 HOUSTON TX 17057	MCO PROPERTIES, INC. Occupation: BUSINESS EXECUTIVE	09/19/2000	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		
G. Full Name, Mailing Address and ZIP Code CHRISTINE O. KYACT 39122 BONES MEADOW DR. MURRIETTA CA 92562	INFORMATION REQUESTED Occupation:	08/26/2000	500.00
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) .....

3,198.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 8 OF 18  
FOR LINE NUMBER 13 (of 11)

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)**

THE MARY ROSS COMMITTEE

A. Full Name, Mailing Address and ZIP Code KENNETH A. JONSSON 400 TOYOPA DR. #360 PACIFIC PALISADES CA 90272-	Name of Employer JONSSON COMMUNICATIONS  Occupation INVESTOR/OWNER Aggregate Year-to-Date \$ 644.00	Date (month, day, year) 07/17/2000	Amount of Each Receipt this Period 444.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
B. Full Name, Mailing Address and ZIP Code KENNETH A. JONSSON 400 TOYOPA DR. #360 PACIFIC PALISADES CA 90272-	Name of Employer JONSSON COMMUNICATIONS  Occupation INVESTOR/OWNER Aggregate Year-to-Date \$ 644.00	Date (month, day, year) 07/28/2000	Amount of Each Receipt this Period 200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code SUSAN KANNING 24160 TRAILWOOD HEWLET CA 92545	Name of Employer INFORMATION REQUESTED  Occupation Aggregate Year-to-Date \$ 250.00	Date (month, day, year) 08/21/2000	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code Kc. RICHARD KELLY 44996 SACTISCA CANYON ROAD HEWLET CA 92544	Name of Employer RICHARD C. KELLEY  Occupation REQUESTED Aggregate Year-to-Date \$ 250.00	Date (month, day, year) 08/21/2000	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code SUSAN H. KING 7 TULAME CT RANCHO MIRAGE CA 92270-	Name of Employer INFORMATION REQUESTED  Occupation Aggregate Year-to-Date \$ 1,500.00	Date (month, day, year) 09/23/2000	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code NANCY V. KNOWLTON 1999 SUMBURST DRIVE VALL CO 91657-3166	Name of Employer INFORMATION REQUESTED  Occupation Aggregate Year-to-Date \$ 250.00	Date (month, day, year) 09/17/2000	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code JEFFREY KURZWEIL 809 OLDS GEORGETOWN LN GREAT FALLS VA 22066-2700	Name of Employer JEFFREY KURZWEIL  Occupation ATTORNEY Aggregate Year-to-Date \$ 2,000.00	Date (month, day, year) 08/02/2000	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			

**SUBTOTAL** of Receipts This Page (optional) ..... 3,394.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11(a)(i)

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**NAME OF COMMITTEE (in Full)**

THE MARY BONO COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROBERT LSP. LARSON 3622 DUPOUX DRIVE SANTA ROSA CA 95409-3848	RESTORED	08/23/2000	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date \$	250.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOHN P. LARRE 2060 PECAN TREE ST. HEMER CA 92543	INFORMATION REQUESTED	08/26/2000	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date \$	250.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JAY LEONER 9030 SANDRINGHAM HOUSTON TX 77024	ECO PROPERTIES, INC.	09/20/2000	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date \$	1,000.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
HENRY LOPEZ 1891 N. LINCOLNFIELD RD., NO. 250 GOODYEAR AZ 85338-	OSBERT CHEMICAL	07/14/2000	244.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date \$	244.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MR. CAROLINE H. LYNNEL P.O. BOX 13270 Palm Desert CA 92255	HOUSING	08/15/2000	400.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date \$	400.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RITA C. MARTIN 29 EVENING STAR DRIVE RANCHO MIRAGE CA 92270-3463	MARTIN COMMUNICATIONS	07/05/2000	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date \$	1,000.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
THOMAS B. MARTIN 29 EVENING STAR DRIVE RANCHO MTRAGE CA 92270-3463	MARTIN COMMUNICATIONS	07/06/2000	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date \$	1,000.00

**SUBTOTAL of Receipts This Page (optional)** ..... 4,144.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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**NAME OF COMMITTEE (In Full)**  
THE MARY BONO COMMITTEE

<b>A. Full Name, Mailing Address and ZIP Code</b> MASHANTUCKET EQUOP TRIBAL NATION P.O. BOX 3088  MASHANTUCKET CT 06339-3088	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	09/29/2000	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date	\$ 1,000.00	1,000.00
<b>B. Full Name, Mailing Address and ZIP Code</b> HAROLD MATENER 50 BISHOPDNER DR.  PARAMUS NJ 07652-	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	08/02/2000	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	OWNER	Aggregate Year-to-Date	\$ 1,000.00
<b>C. Full Name, Mailing Address and ZIP Code</b> CECIL MAUCH 71 PRINCETON  RANCHO MIRAGE CA 92270	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	07/18/2000	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	HOMEOWNER	Aggregate Year-to-Date	\$ 500.00
<b>D. Full Name, Mailing Address and ZIP Code</b> JUDY MC COLLOUGH 43930 CITRUS DRIVE  HEMET CA 92344	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	08/22/2000	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	RESTAUR	Aggregate Year-to-Date	\$ 250.00
<b>E. Full Name, Mailing Address and ZIP Code</b> JAMES K. MC NEAL JR. 4627 BEVERLY BLVD.  LOS ANGELES CA 90004	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	07/14/2000	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	PRESIDENT	Aggregate Year-to-Date	\$ 694.00
<b>F. Full Name, Mailing Address and ZIP Code</b> JAMES K. MC NEAL JR. 4627 BEVERLY BLVD.  LOS ANGELES CA 90004	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	09/30/2000	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	PRESIDENT	Aggregate Year-to-Date	\$ 694.00
<b>G. Full Name, Mailing Address and ZIP Code</b> CORNELLI MCINTOSH 6115 MARINA PACIFICA DRIVE N.  LONG BEACH CA 90803-3876	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	08/31/2000	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	INFORMATION REQUESTED	Aggregate Year-to-Date	\$ 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	3,690.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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**NAME OF COMMITTEE (In Full)**

THE MARY BONO COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
HENRY L. MCINTYRE 55 SERRANO DR. ACHERTON CA 94027	RETIRED	07/19/2000	244.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	244.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MATTHEW MCNEAR 27781 LAKE ST. HEMET CA 92544	INFORMATION REQUESTED	08/09/2000	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	250.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JANA K. MEINHOLD 26531 COLGATE COURT HEMET CA 92544	HOMEMAKER	08/21/2000	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	250.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. CHRISTOPHER S. WELLS 2332 STARBUCK PALM SPRINGS CA 92262-	C. WELLS ARCHITECTURE	09/07/2000	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	250.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SANDRA D. MCMON 1450 PARK AVE. SAN JACINTO CA 92591	HOMEMAKER	08/25/2000	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	1,000.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dr. STEVEN MONTGOMERY P.O. BOX 1321 OLYMPIA CA 92226-	CIRCLE K VETERINARY HOSPITAL	08/09/2000	244.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	244.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOHN R. MOORE 15980 MEADOWCREST RD SHERMAN OAKS CA 91403-4714	RETIRED	07/14/2000	244.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	244.00

**SUBTOTAL** of Receipts This Page (optional) ..... 2,482.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11(a) (1)

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**NAME OF COMMITTEE (in Full)**

CHR MARY BORG COMMITTEE

A. Full Name, Mailing Address and ZIP Code BRENTVISA K. NAYKA 949 CALHOUN PL., STE. A HERMET CA 92543  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer BRENTVISA R. NAYKA, M.D., F.A.C. Ray, 1988)  Occupation PHYSICIAN Aggregate Year-to-Date \$ 0.00	Date (month, day, year) 08/24/2000	Amount of Each Receipt this Period 500.00 TO BE REFUNDED
B. Full Name, Mailing Address and ZIP Code FRANCES B. NELSON 60 HILLSDALE MALL SAN MATEO CA 94403-  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer BOGRAMON DEVELOPMENT CO.  Occupation EXECUTIVE Aggregate Year-to-Date \$ 750.00	Date (month, day, year) 07/19/2000	Amount of Each Receipt this Period 500.00
C. Full Name, Mailing Address and ZIP Code BRYAN KRSTANOVIC P.O. BOX 2370 PALM SPRING CA 92263-  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer RESTANOR CONSULTING  Occupation CONSULTANT Aggregate Year-to-Date \$ 1,000.00	Date (month, day, year) 08/31/2000	Amount of Each Receipt this Period 1,000.00
D. Full Name, Mailing Address and ZIP Code Ms. DONNA L. PENCE 79-860 RYAN WAY BERMUDA DUNES CA 92201  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation RETIRED Aggregate Year-to-Date \$ 300.00	Date (month, day, year) 05/08/2000	Amount of Each Receipt this Period 100.00
E. Full Name, Mailing Address and ZIP Code Ms. DONNA L. PENCE 79-860 RYAN WAY BERMUDA DUNES CA 92201  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation RETIRED Aggregate Year-to-Date \$ 300.00	Date (month, day, year) 09/08/2000	Amount of Each Receipt this Period 100.00
F. Full Name, Mailing Address and ZIP Code JO R. POND 64-725 ACANTO DR. PALM SPRINGS CA 92264  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation RETIRED Aggregate Year-to-Date \$ 1,000.00	Date (month, day, year) 09/14/2000	Amount of Each Receipt this Period 1,000.00
G. Full Name, Mailing Address and ZIP Code Mr. ROBERT J. POND 64-725 ACANTO DR. PALM SPRINGS CA 92264-  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation RETIRED Aggregate Year-to-Date \$ 1,000.00	Date (month, day, year) 07/06/2000	Amount of Each Receipt this Period 1,000.00

SUBTOTAL of Receipts This Page (optional) ..... 4,200.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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**NAME OF COMMITTEE (in Full)**  
THE NARY BONO COMMITTEE

<b>A. Full Name, Mailing Address and ZIP Code</b> POWERS AWARDS 41-700 CORPORATE WAY, STE. C  PALM DESERT CA 92260	Name of Employer (PARTNERSHIP)  Occupation	Date (month, day, year) 09/17/2000	Amount of Each Receipt this Period  250.00 SEE ATTACHED ATTRIBUTION
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		
Aggregate Year-to-Date > \$ 250.00			
<b>B. Full Name, Mailing Address and ZIP Code</b> PING ASSOCIATES 49-095 CIRCLE FLORA  LA QUINTA CA 92253-	Name of Employer (PARTNERSHIP)  Occupation	Date (month, day, year) 07/17/2000	Amount of Each Receipt this Period  244.00 SEE ATTACHED ATTRIBUTION
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		
Aggregate Year-to-Date > \$ 244.00			
<b>C. Full Name, Mailing Address and ZIP Code</b> DR. GIDEHARI PURCHIT 26206 DUNNONT ROAD  BURNET CA 92544	Name of Employer PHYSICIAN  Occupation DR. GIDEHARI PURCHIT	Date (month, day, year) 08/26/2000	Amount of Each Receipt this Period  250.00
	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> RECORD FARMS 920 RAMONA EXPRESS WAY  SAN JACINTO CA 92582	Name of Employer (PARTNERSHIP)  Occupation	Date (month, day, year) 09/05/2000	Amount of Each Receipt this Period  250.00 SEE ATTACHED ATTRIBUTION
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
Aggregate Year-to-Date > \$ 250.00			
<b>E. Full Name, Mailing Address and ZIP Code</b> ANNE RECORD 1460 DE ANZA DR.  SAN JACINTO CA 92582	Name of Employer SAN JACINTO UNIFIED SCHOOL DISTRICT  Occupation TEACHER	Date (month, day, year) 08/26/2000	Amount of Each Receipt this Period  250.00
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		
Aggregate Year-to-Date > \$ 250.00			
<b>F. Full Name, Mailing Address and ZIP Code</b> SURYA REDDY 27110 BDBODA ST.  STAMPA CA 92544-	Name of Employer DR. SURYA REDDY  Occupation PHYSICIAN	Date (month, day, year) 09/12/2000	Amount of Each Receipt this Period  250.00
	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> ROBERT L. ALCIAMOND 231 LAKE ALMANOR WEST DR.  CHESTER CA 96020-9709	Name of Employer  Occupation RETIRED	Date (month, day, year) 07/19/2000	Amount of Each Receipt this Period  244.00
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		
Aggregate Year-to-Date > \$ 244.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1,738.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11(a) (i)

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**NAME OF COMMITTEE (in Full)**

THE MARY HORN COMMITTEE

A. Full Name, Mailing Address and ZIP Code MARION ROGERS RILEY 1130 SHERWOOD RD. SAN MARINO CA 91108-	Name of Employer  Occupation HOUSEWIFE Aggregate Year-to-Date \$ 2,000.00	Date (month, day, year) 09/23/2000	Amount of Each Receipt this Period 2,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation RETIRED Aggregate Year-to-Date \$ 500.00	Date (month, day, year) 09/20/2000	Amount of Each Receipt this Period 500.00
B. Full Name, Mailing Address and ZIP Code MR. MACCOLM G. RIPLEY 50-060 INDIAN CAMP ROAD LA QUENTA CA 92253-1622	Name of Employer  Occupation ATTORNEY Aggregate Year-to-Date \$ 445.00	Date (month, day, year) 05/03/2000	Amount of Each Receipt this Period 445.00
C. Full Name, Mailing Address and ZIP Code ROBERT W. RITTER 600 MORVEL ARROWHEAD AVE., STE. 300 SAN BERNARDINO CA 92401-1148	Name of Employer INFORMATION REQUESTED  Occupation INVESTOR Aggregate Year-to-Date \$ 244.00	Date (month, day, year) 08/07/2000	Amount of Each Receipt this Period 244.00
D. Full Name, Mailing Address and ZIP Code MARY ROGER 44-920 LAKESIDE DRIVE INDIAN WELLS CA 92210-	Name of Employer R.W. ROCHIE, INCORPORATED  Occupation OWNER Aggregate Year-to-Date \$ 1,000.00	Date (month, day, year) 09/14/2000	Amount of Each Receipt this Period 1,000.00
E. Full Name, Mailing Address and ZIP Code CHARLES D. ROCKESS 1409 SEVEN HILLS DR. HEBERT CA 92545	Name of Employer VALLEY MERCHANT BANK  Occupation BANKER Aggregate Year-to-Date \$ 250.00	Date (month, day, year) 08/10/2000	Amount of Each Receipt this Period 250.00
F. Full Name, Mailing Address and ZIP Code MARGARET M. ROSENTHAL 26169 GRANT AVE. HEBERT CA 92544	Name of Employer ROSENTHAL AND EXCEL COMMERCIAL  Occupation OFFICE MANAGER Aggregate Year-to-Date \$ 250.00	Date (month, day, year) 08/26/2000	Amount of Each Receipt this Period 250.00

**SUBTOTAL of Receipts This Page (optional)** ..... 4,689.00

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



**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

**NAME OF COMMITTEE (in Full)**  
THE MARY BOND COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer INFORMATION REQUESTED	Date (month, day, year)	Amount of Each Receipt this Period
BEVERLY RYAN 1497 SEVEN HILLS DR. HERMET CA 92345 1785	Occupation	08/10/2000	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	250.00	
B. Full Name, Mailing Address and ZIP Code MR. PAUL T. SELZER 777 E. CAQUITE CANYON WAY, STR. 328 PALM SPRINGS CA 92264	Name of Employer SELZER, BALLY, ET AL	Date (month, day, year) 07/17/2000	Amount of Each Receipt this Period 244.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	Aggregate Year-to-Date > \$	244.00
C. Full Name, Mailing Address and ZIP Code MARCOUS J. SITREN 520 ALMA REAL DRIVE PACIFIC PALISADES CA 90272	Name of Employer MERRILL LYNCH	Date (month, day, year) 07/27/2000	Amount of Each Receipt this Period 244.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ADVTOR.	Aggregate Year-to-Date > \$	444.00
D. Full Name, Mailing Address and ZIP Code MR. ROGER SNELLENBERGER PO BOX 13335 PALM DESERT CA 92255-3335	Name of Employer SNELLENBERGER & ASSOCIATES	Date (month, day, year) 07/14/2000	Amount of Each Receipt this Period 956.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation LAND DEVELOPMENT	Aggregate Year-to-Date > \$	956.00
E. Full Name, Mailing Address and ZIP Code STEPHEN R. STERLE 41 120 WASHINGTON STREET STE. 101 BERNOLJA DUNES CA 92201-	Name of Employer ADVANTAGE MEDICAL GROUP	Date (month, day, year) 07/26/2000	Amount of Each Receipt this Period 244.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PHYSICIAN	Aggregate Year-to-Date > \$	244.00
F. Full Name, Mailing Address and ZIP Code JOYCE B. STETN 46-930 W. EL DORADO DR. INDIAN WELLS CA 92210	Name of Employer	Date (month, day, year) 03/25/2000	Amount of Each Receipt this Period 300.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation HOMEMAKER	Aggregate Year-to-Date > \$	300.00
G. Full Name, Mailing Address and ZIP Code RALPH L. STEPHENS 1665 FERNALD POINT LANE SANTA BARBARA CA 93108-2906	Name of Employer A.E. INC.	Date (month, day, year) 07/17/2000	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation EXECUTIVE	Aggregate Year-to-Date > \$	1,000.00
<b>SUBTOTAL of Receipts This Page (optional)</b>			2,238.00
<b>TOTAL This Period (last page this line number only)</b>			

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 16 OF 18  
FOR LINE NUMBER 11(A) (1)

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**NAME OF COMMITTEE (in Full)**

THE MARY BONO COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer INFORMATION REQUESTED	Date (month, day, year)	Amount of Each Receipt this Period
MILLO A. STEVANOVICH 375 S. ROSSO DR. BEVERLY HILLS CA 90212	Occupation	08/28/2000	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	1,000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MARK STIEFEL 32753 HOLLAND RD. WINCHESTER CA 92595	MARK STIEFEL Occupation DAIRYMAN	06/01/2000	444.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	444.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer INFORMATION REQUESTED	Date (month, day, year)	Amount of Each Receipt this Period
CHARLES R. STROTHER 45-250 CLUB DR. FREDON WELLS CA 92210	Occupation	09/25/2000	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	1,000.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FREDERIC E. RUPPEL SMOKE TREE RANCH PALM SPRINGS CA 92264	KPRI RADIO CORP. Occupation OWNER	08/15/2000	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	1,000.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROSENE R. RUPPEL SMOKE TREE RANCH PALM SPRINGS CA 92264	SMOKE TREE RANCH Occupation OWNER	08/15/2000	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	1,000.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
TADE INVESTMENT PROPERTIES 555 E. FLORENZA AVZ. HUNDT CA 92543	(PARTNERSHIP) Occupation	08/15/2000	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	250.00	SEE ATTACHED ATTRIBUTION
G. Full Name, Mailing Address and ZIP Code	Name of Employer INFORMATION REQUESTED	Date (month, day, year)	Amount of Each Receipt this Period
STEPHEN C. TEELE 1605 CRESTVIEW ROAD REDLANDS CA 92374	Occupation	08/21/2000	250.00
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) ..... \$ 9,944.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 17 OF 18  
FOR LINE NUMBER 11(a) (1)

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**NAME OF COMMITTEE (in Full)**

THE NARY BOND COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RATAN L. TIWARI 26230 DOROUND TR. HERMET CA 92544	RATAN L. TIWARI Occupation PHYSICIAN	08/24/2000	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DENYIS ULLRICH 1430 N. RICHMAN RD FULLERTON CA 92935-	HYDRAFLOW Occupation PRESIDENT	07/17/2000	444.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 444.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DEANOR H. WELLES 91347 THORNTON AVE. HERMET CA 92544-8251	Occupation RETIRED	08/26/2000	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NANCY E. WATSON 70451 PEACERVILLE ROAD RANCHO MITAGE CA 92270-	Occupation RETIRED SUPERIOR COURT JUDGE	09/12/2000	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LOWELL O. WEEKS 74-420 COVERED WAGON TRAIL PALM DESERT CA 92260-	Occupation RETIRED	07/31/2000	444.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 444.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JACQUYNN WEISS 456 SUNSET WAY PALM SPRINGS CA 92262-	INFORMATION REQUESTED Occupation INFORMATION REQUESTED	09/07/2000	244.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 244.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOY WELSH 1305 WEST BLOOMINGTON DR., SOUTH ST. GEORGE UT 84790	INFORMATION REQUESTED Occupation INFORMATION REQUESTED	07/17/2000	244.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 244.00		

**SUBTOTAL** of Receipts This Page (optional) ..... 2,832.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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**NAME OF COMMITTEE (in Full)**  
THE MARY BONO COMMITTEE

A. Full Name, Mailing Address and ZIP Code PATRICK A. WILLIAMS P.O. BOX 1423 SAN JACINTO CA 92581	Name of Employer INFORMATION REQUESTED  Occupation INFORMATION REQUESTED	Date (month, day, year) 08/26/2000	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$ 500.00		
B. Full Name, Mailing Address and ZIP Code JOHN L. ZORZELER 22 CAMINO ARROYO PLAZA PALM DESERT CA 92260-	Name of Employer USAF  Occupation RETIRED	Date (month, day, year) 08/11/2000	Amount of Each Receipt this Period 244.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$ 244.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer  Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$		
D. Full Name, Mailing Address and ZIP Code	Name of Employer  Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer  Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer  Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer  Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$		
<b>SUBTOTAL</b> of Receipts This Page (optional) .....			744.00
<b>TOTAL</b> This Period (last page this line number only) .....			55,682.00

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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**NAME OF COMMITTEE (in Full)**  
THE MARY BOND COMMITTEE

<b>A. Full Name, Mailing Address and ZIP Code</b> ANI-MURSERY INDUSTRY PAC 1250 I STREET, NW #500 WASHINGTON DC 20005  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period 500.00
	Occupation	08/22/2000	
Aggregate Year-to-Date > \$		500.00	
<b>B. Full Name, Mailing Address and ZIP Code</b> AGSEP CIVIC ACTION COMMITTEE 1332 NEW HAMPSHIRE AVE. NW STE. 400 WASHINGTON DC 20036-  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period 500.00
	Occupation	08/02/2000	
Aggregate Year-to-Date > \$		500.00	
<b>C. Full Name, Mailing Address and ZIP Code</b> AMERICAN AIRLINES PAC 1101 17TH STREET, NW, STE. 600 WASHINGTON DC 20036  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period 500.00
	Occupation	08/33/2000	
Aggregate Year-to-Date > \$		500.00	
<b>D. Full Name, Mailing Address and ZIP Code</b> AMERICAN BANKERS ASSOCIATION PAC 1130 CONNECTICUT AVE, N.W. WASHINGTON DC 20036  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period 500.00
	Occupation	08/22/2000	
Aggregate Year-to-Date > \$		500.00	
<b>E. Full Name, Mailing Address and ZIP Code</b> AMERICAN HOTEL & MOTEL PAC 1201 NEW YORK AVE, NW WASHINGTON DC 20005  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period 500.00
	Occupation	08/22/2000	
Aggregate Year-to-Date > \$		500.00	
<b>F. Full Name, Mailing Address and ZIP Code</b> AMERICAN MARITIME OFFICERS VOLUNTARY PAC 650 FORTH AVE. BROOKLYN NY 11232-  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period 500.00
	Occupation	08/22/2000	
Aggregate Year-to-Date > \$		500.00	
<b>G. Full Name, Mailing Address and ZIP Code</b> AMERICAN MEDICAL ASSOCIATION PAC 1101 VERMONT AVENUE, NW. WASHINGTON DC 20005-  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period 500.00
	Occupation	03/12/2000	
Aggregate Year-to-Date > \$		2,000.00	
<b>SUBTOTAL of Receipts This Page (optional)</b> .....			3,500.00
<b>TOTAL This Period (last page this line number only)</b> .....			

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 5  
FOR LINE NUMBER 11(c)

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**NAME OF COMMITTEE (In Full)**

THE MARY BONO COMMITTEE

<p><b>A. Full Name, Mailing Address and ZIP Code</b> LAN-NURSERY INDUSTRY PAC 1250 I STREET, NW #500 WASHINGTON DC 20005</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> 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) 08/22/2000</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p><b>B. Full Name, Mailing Address and ZIP Code</b> AGGRAV CIVIC ACTION COMMITTEE 1333 NEW HAMPSHIRE AVE. NW STE. 400 WASHINGTON DC 20036-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 500.00</p>	<p>Date (month, day, year) 08/22/2000</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p><b>C. Full Name, Mailing Address and ZIP Code</b> AMERICAN AIRLINES PAC 1101 17TH STREET, NW, STE. 600 WASHINGTON DC 20036</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 500.00</p>	<p>Date (month, day, year) 08/03/2000</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p><b>D. Full Name, Mailing Address and ZIP Code</b> AMERICAN BROTHERS ASSOCIATION PAC 1120 CONNECTICUT AVE, N.W. WASHINGTON DC 20036</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 500.00</p>	<p>Date (month, day, year) 08/22/2000</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p><b>E. Full Name, Mailing Address and ZIP Code</b> AMERICAN HOTEL &amp; MOTEL PAC 1201 NEW YORK AVE, NW WASHINGTON DC 20005</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 500.00</p>	<p>Date (month, day, year) 08/22/2000</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p><b>F. Full Name, Mailing Address and ZIP Code</b> AMERICAN MARTINE OFFICERS VOLUNTARY PAC 650 FORTTH AVE. BROOKLYN NY 11232-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> 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) 08/22/2000</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p><b>G. Full Name, Mailing Address and ZIP Code</b> AMERICAN MEDICAL ASSOCIATION PAC 1101 VERMONT AVENUE, SW. WASHINGTON DC 20005-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 1,000.00</p>	<p>Date (month, day, year) 05/22/2000</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional) .....</p>			<p>3,500.00</p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>			<p></p>

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11(c)

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**NAME OF COMMITTEE (In Full)**

THE MARY BONO COMMITTEE

<p><b>A. Full Name, Mailing Address and ZIP Code</b> AMERICAN SUCCESS PAC 1155 21ST ST., N.W. STE. 300 WASHINGTON DC 20036</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 1,000.00</p>	<p>Date (month, day, year) 07/17/2000</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p><b>B. Full Name, Mailing Address and ZIP Code</b> AT&amp;T PAC 12 AVE. OF THE AMERICAS NEW YORK NY 10013-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> 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) 09/15/2000</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p><b>C. Full Name, Mailing Address and ZIP Code</b> ROELING POLITICAL ACTION COMMITTEE 1200 WILSON BLVD. ARLINGTON VA 22209</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 1,500.00</p>	<p>Date (month, day, year) 03/11/2000</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p><b>D. Full Name, Mailing Address and ZIP Code</b> BUDNERA INTERNATIONAL PAC 6520 LBJ Fwy., Ste. 200 DALLAS TX 75240</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 1,000.00</p>	<p>Date (month, day, year) 09/12/2000</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p><b>E. Full Name, Mailing Address and ZIP Code</b> CHICAGO MERCANTILE EXCHANGER PAC 30 S. WACKER DRIVE CHICAGO IL 60606-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 1,000.00</p>	<p>Date (month, day, year) 08/10/2000</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p><b>F. Full Name, Mailing Address and ZIP Code</b> CREDIT UNION LEGISLATIVE ACTION COUNCIL 805 FIFTEENTH ST., NW, STE. 300 WASHINGTON DC 20005-2207</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 500.00</p>	<p>Date (month, day, year) 08/10/2000</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p><b>G. Full Name, Mailing Address and ZIP Code</b> EDISON INTERNATIONAL COMPANIES FEDERAL PAC 2344 WALNUT GROVE AVE. ROSENBAUM CA 91710-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 1,000.00</p>	<p>Date (month, day, year) 09/07/2000</p>	<p>Amount of Each Receipt this Period 500.00</p>

**SUBTOTAL** of Receipts This Page (optional) ..... 4,500.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 3 OF 5  
FOR LINE NUMBER 11(c)

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**NAME OF COMMITTEE (In Full)**

THE MARY BONO COMMITTEE

A. Full Name, Mailing Address and ZIP Code EDISON INTERNATIONAL COMPANIES FEDERAL PAC 2244 WALNUT GROVE AVE. ROSEMEAD CA 91773- <th data-bbox="846 423 1264 670">Name of Employer  Occupation Aggregate Year-to-Date &gt; \$ 1,000.00 <th data-bbox="1264 423 1465 670">Date (month, day, year) 09/27/2000 <th data-bbox="1465 423 1719 670">Amount of Each Receipt this Period 500.00 </th></th></th>	Name of Employer  Occupation Aggregate Year-to-Date > \$ 1,000.00 <th data-bbox="1264 423 1465 670">Date (month, day, year) 09/27/2000 <th data-bbox="1465 423 1719 670">Amount of Each Receipt this Period 500.00 </th></th>	Date (month, day, year) 09/27/2000 <th data-bbox="1465 423 1719 670">Amount of Each Receipt this Period 500.00 </th>	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	B. Full Name, Mailing Address and ZIP Code EXXON MOBIL CORPORATION PAC 5959 LAS COLINAS BLVD. IRVING TX 75039	Name of Employer  Date (month, day, year) 08/09/2000  Occupation	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	C. Full Name, Mailing Address and ZIP Code FEDERAL EXPRESS PAC 1983 NORCONWAY BLVD. MEMPHIS TN 38132-	Name of Employer  Date (month, day, year) 09/19/2000  Occupation	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	D. Full Name, Mailing Address and ZIP Code GENERAL ATOMICS PAC P.O. BOX 22930 SAN DIEGO CA 92174-	Name of Employer  Date (month, day, year) 08/22/2000  Occupation	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	E. Full Name, Mailing Address and ZIP Code GENERAL DYNAMICS VOLUNTARY PAC 3190 FAIRVIEW PARK DR. FAIRLIE CHURCH VA 22042-4523	Name of Employer  Date (month, day, year) 03/22/2000  Occupation	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	F. Full Name, Mailing Address and ZIP Code HOTEL EMPLOYEES AND RESTAURANT EMPLOYEES INT'L CO 1215 26th ST., N.W. WASHINGTON DC 20007-	Name of Employer LON PAC  Date (month, day, year) 08/22/2000  Occupation	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	G. Full Name, Mailing Address and ZIP Code INDEPENDENT INSURANCE AGENTS PAC 412 FIRST STREET, SUITE 300 WASHINGTON DC 20003	Name of Employer  Date (month, day, year) 09/19/2000  Occupation	Amount of Each Receipt this Period 1,000.00
<b>SUBTOTAL</b> of Receipts This Page (optional) .....			5,000.00
<b>TOTAL</b> This Period (last page this line number only) .....			



**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

**NAME OF COMMITTEE (in Full)**  
THE MARY BOOD COMMITTEE

<b>A. Full Name, Mailing Address and ZIP Code</b> INVESTMENT MANAGEMENT PAC BY THE INVESTMENT CO. INSTITUTE 1401 H STREET, NW WASHINGTON DC 20005-	Name of Employer INVESTOR	Date (month, day, year) 08/25/2000	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 <input type="checkbox"/> Other (specify):			
<b>B. Full Name, Mailing Address and ZIP Code</b> JOSEPH E. SBAGRAM & SONS, INC. PAC 1401 EYE STREET N.W. WASHINGTON DC 20005-	Name of Employer	Date (month, day, year) 09/15/2000	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 <input type="checkbox"/> Other (specify):			
<b>C. Full Name, Mailing Address and ZIP Code</b> LOCKWOOD MARTIN EMPLOYEES PAC 1725 JEFFERSON DAVIS HIGHWAY, SUITE 300 ARLINGTON VA 22202	Name of Employer	Date (month, day, year) 03/19/2000	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 <input type="checkbox"/> Other (specify):			
<b>D. Full Name, Mailing Address and ZIP Code</b> MCI WORLDWIDE PAC 1801 PENNSYLVANIA AVE, NW WASHINGTON DC 20006-	Name of Employer	Date (month, day, year) 08/22/2000	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 <input type="checkbox"/> Other (specify):			
<b>E. Full Name, Mailing Address and ZIP Code</b> NAYCS PAC FOR POSTMASTER 8 HERBERT ST. ALEXANDRIA VA 22305-2600	Name of Employer	Date (month, day, year) 09/15/2000	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 <input type="checkbox"/> Other (specify):			
<b>F. Full Name, Mailing Address and ZIP Code</b> NRA POLITICAL VICTORY FUND 11250 WAPLES MILIT. ROAD FAIRFAX VA 22030	Name of Employer	Date (month, day, year) 07/31/2000	Amount of Each Receipt this Period 500.00
	Occupation	Aggregate Year-to-Date > \$ 1,500.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
<b>G. Full Name, Mailing Address and ZIP Code</b> REALTORS PAC 430 N. MICHIGAN AVENUE CHICAGO IL 60611	Name of Employer	Date (month, day, year) 08/30/2000	Amount of Each Receipt this Period 3,000.00
	Occupation	Aggregate Year-to-Date > \$ 3,500.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	6,000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 5 OF 5  
FOR LINE NUMBER 11(c)

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**NAME OF COMMITTEE (In Full)**

THE MARY BOND COMMITTEE

A. Full Name, Mailing Address and ZIP Code REALTORS PAC 433 N. MICHIGAN AVENUE CHICAGO IL 60611	Name of Employer  Occupation	Date (month, day, year) 08/31/2000	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 5,500.00		
B. Full Name, Mailing Address and ZIP Code SOUTHOWN INC. PAC 1200 SMITH STREET, STL. 2400 HOUSTON TX 77002-	Name of Employer  Occupation	Date (month, day, year) 08/08/2000	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		
C. Full Name, Mailing Address and ZIP Code THE PERRIER GROUP OF AMERICA PAC 777 WEST FURNACE AVE GREENWICH CT 06836	Name of Employer  Occupation	Date (month, day, year) 09/07/2000	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer  Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer  Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer  Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer  Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
<b>SUBTOTAL of Receipts This Page (optional)</b> .....			1,500.00
<b>TOTAL This Period (last page this line number only)</b> .....			20,500.00

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 15

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**NAME OF COMMITTEE (In Full)**

THE MARY BONO COMMITTEE

A. Full Name, Mailing Address and ZIP Code MAGAZINE WALL INC. 6310 SAN VICENTE BLVD., #404 LOS ANGELES CA 90048  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation  Aggregate Year-to-Date > \$	Date (month, day, year) 08/14/2000  \$ 33.95	Amount of Each Receipt this Period 19.95 RECEIVED
B. Full Name, Mailing Address and ZIP Code   Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation  Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code   Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation  Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code   Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation  Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code   Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation  Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code   Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation  Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code   Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation  Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
<b>SUBTOTAL of Receipts This Page (optional)</b> .....			19.95
<b>TOTAL This Period (last page this line number only)</b> .....			39.95

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE **1** OF **2**  
FOR LINE NUMBER **17**

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**NAME OF COMMITTEE (in Full)**

THE MARY BONO COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
ACE PRINTING CO. 948 VELLA ROAD  PALM SPRINGS, CA 92264	ENVELOPES Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/05/2000	1,141.07
AMERICA'S CAMPAIGN STORE 9011 FARMINGTON WAY  CHARLESTOWN, IN 47111	BUTTONS AND SIGNS Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/12/2000	1,025.84
AT&T P.O. BOX 78522  PHOENIX, AZ 85062	TELEPHONE BILL Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/01/2000	61.61
AT&T P.O. BOX 78522  PHOENIX, AZ 85062	TELEPHONE BILL Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/25/2000	74.33
AT&T WIRELESS SERVICES P.O. BOX 51471  LOS ANGELES, CA 900515771	TELEPHONE BILL Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/27/2000	53.07
AT&T WIRELESS SERVICES P.O. BOX 51471  LOS ANGELES, CA 900515771	TELEPHONE BILL Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/27/2000	57.09
AT&T WIRELESS SERVICES P.O. BOX 51471  LOS ANGELES, CA 900515771	TELEPHONE BILL Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/03/2000	96.31
AT&T WIRELESS SERVICES P.O. BOX 51471  LOS ANGELES, CA 900515771	TELEPHONE BILL Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/03/2000	27.15
AT&T WIRELESS SERVICES P.O. BOX 51471  LOS ANGELES, CA 900515771	TELEPHONE BILL Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/07/2000	27.00
<b>SUBTOTAL of Disbursements This Page (optional)</b> .....			3,019.97
<b>TOTAL This Period (last page this line number only)</b> .....			

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 2 OF 12  
FOR LINE NUMBER 17

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**NAME OF COMMITTEE (In Full)**

THE MARY BONO COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
AT&T WIRELESS SERVICES P.O. BOX 51471  LOS ANGELES, CA 90051-5771	TELEPHONE BILL Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/07/2000	108.57
B. Full Name, Mailing Address and ZIP Code ATS ADVERTISING 405 ONYX DR.  PALM SPRINGS, CA 92264	PURCHASING Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/10/2000	177.13
C. Full Name, Mailing Address and ZIP Code ATS ADVERTISING 405 ONYX DR.  PALM SPRINGS, CA 92264	ADVERTISING Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/14/2000	161.63
D. Full Name, Mailing Address and ZIP Code BANK OF AMERICA 588 S. PALM CANYON DRIVE  PALM SPRINGS, CA 92262	BANK USE Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/07/2000	25.00
E. Full Name, Mailing Address and ZIP Code BANK OF AMERICA 588 S. PALM CANYON DRIVE  PALM SPRINGS, CA 92262	PAYROLL TAXES Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/13/2000	1,159.78
F. Full Name, Mailing Address and ZIP Code BANK OF AMERICA 588 S. PALM CANYON DRIVE  PALM SPRINGS, CA 92262	PAYROLL TAXES Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/01/2000	412.10
G. Full Name, Mailing Address and ZIP Code BANK OF AMERICA 588 S. PALM CANYON DRIVE  PALM SPRINGS, CA 92262	PAYROLL TAXES Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/16/2000	412.10
H. Full Name, Mailing Address and ZIP Code BANK OF AMERICA 588 S. PALM CANYON DRIVE  PALM SPRINGS, CA 92262	PAYROLL TAXES Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/06/2000	412.10
I. Full Name, Mailing Address and ZIP Code CAPITOL HILL CLUB 100 FIRST STREET, S.E.  WASHINGTON, DC 20003	DUES Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/24/2000	300.00

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

3,568.41

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 3 OF 12  
FOR LINE NUMBER 17

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**NAME OF COMMITTEE (in Full)**

THE MARY BONO COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
CAPITOL HILL CLUB 300 FRONT STREET, S.E. WASHINGTON, DC 20003	RECEPTION Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/10/2000	577.50
TONY DACOSTA 1555 S. PALM CANYON DR., SUITE D-105 PALM SPRINGS, CA 92264	INTERNET SERVICE Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/15/2000	21.95
TONY DACOSTA 1555 S. PALM CANYON DR., SUITE D-105 PALM SPRINGS, CA 92264	EMPLOYEE PAYROLL Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/14/2000	227.75
TONY DACOSTA 1555 S. PALM CANYON DR., SUITE D-105 PALM SPRINGS, CA 92264	VOLUNTARY FOOD Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/17/2000	27.59
TONY DACOSTA 1555 S. PALM CANYON DR., SUITE D-105 PALM SPRINGS, CA 92264	OFFICE EXPENSES Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/24/2000	440.06
TONY DACOSTA 1555 S. PALM CANYON DR., SUITE D-105 PALM SPRINGS, CA 92264	OFFICE EXPENSES Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/28/2000	628.75
TONY DACOSTA 1555 S. PALM CANYON DR., SUITE D-105 PALM SPRINGS, CA 92264	EMPLOYEE PAYROLL Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/31/2000	227.75
TONY DACOSTA 1555 S. PALM CANYON DR., SUITE D-105 PALM SPRINGS, CA 92264	EMPLOYEE PAYROLL Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/15/2000	227.75
TONY DACOSTA 1555 S. PALM CANYON DR., SUITE D-105 PALM SPRINGS, CA 92264	POSTAGE Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/25/2000	10.11

**SUBTOTAL of Disbursements This Page (optional)** ..... 2,384.21

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 7 OF 12  
FOR LINE NUMBER 17

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**NAME OF COMMITTEE (In Full)**

THE MARY BONO COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
TONY DACOSTA 1555 S. PALM CANYON DR., SUITE D-105 PALM SPRINGS, CA 92264	EMPLOYEE PAYROLL Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/31/2000	227.75
TONY DACOSTA 1555 S. PALM CANYON DR., SUITE D-105 PALM SPRINGS, CA 92264	INTERNET SERVICE Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/05/2000	21.95
TONY DACOSTA 1555 S. PALM CANYON DR., SUITE D-105 PALM SPRINGS, CA 92264	FOOD FOR FUNDRAISER Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/07/2000	26.30
TONY DACOSTA 1555 S. PALM CANYON DR., SUITE D-105 PALM SPRINGS, CA 92264	EMPLOYEE PAYROLL Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/15/2000	227.75
TONY DACOSTA 1555 S. PALM CANYON DR., SUITE D-105 PALM SPRINGS, CA 92264	EMPLOYEE PAYROLL Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/29/2000	227.75
DESERT REPUBLICAN COORDINATING COUNCIL 15540 BUBBLING WELLS ROAD DESERT HOT SPRINGS, CA 92240	VOTER REGISTRATION BOUNTY Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/25/2000	2,033.00
FEDERAL EXPRESS P.O. BOX 1140 MEMPHIS, TN 381011140	OVERNIGHT DELIVERY Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/05/2000	33.26
FEDERAL EXPRESS P.O. BOX 1140 MEMPHIS, TN 381011140	OVERNIGHT DELIVERY Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/07/2000	53.42
FEDERAL EXPRESS P.O. BOX 1140 MEMPHIS, TN 381011140	OVERNIGHT DELIVERY Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/24/2000	95.75

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

2,949.93

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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FOR LINE NUMBER 17

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**NAME OF COMMITTEE (in Full)**

THE MARY BONO COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
FEDERAL EXPRESS P.O. BOX 1140 MEMPHIS, TN 381011140	OVERNIGHT DELIVERY Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/24/2000	40.26
FEDERAL EXPRESS P.O. BOX 1140 MEMPHIS, TN 381011140	OVERNIGHT DELIVERY Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/25/2000	119.40
FEDERAL EXPRESS P.O. BOX 1140 MEMPHIS, TN 381011140	OVERNIGHT DELIVERY Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/14/2000	99.02
CHRISTOPHER A. FOSTER 40347 BARTINGTON DR. PALM DESERT, CA 92211	EMPLOYEE PAYROLL Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/14/2000	923.82
CHRISTOPHER A. FOSTER 40347 BARTINGTON DR. PALM DESERT, CA 92211	EMPLOYEE PAYROLL Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/14/2000	923.82
CHRISTOPHER A. FOSTER 40347 BARTINGTON DR. PALM DESERT, CA 92211	EMPLOYEE PAYROLL Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/14/2000	923.82
CHRISTOPHER A. FOSTER 40347 BARTINGTON DR. PALM DESERT, CA 92211	TELEPHONE EXPENSES Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/19/2000	255.01
CHRISTOPHER A. FOSTER 40347 BARTINGTON DR. PALM DESERT, CA 92211	EMPLOYEE PAYROLL Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/31/2000	923.82
CHRISTOPHER A. FOSTER 40347 BARTINGTON DR. PALM DESERT, CA 92211	EMPLOYEE PAYROLL Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/25/2000	923.82

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

5,130.69

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



**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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**NAME OF COMMITTEE (In Full)**

THE MARY BONO COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
CHRISTOPHER A. FOSTER 40347 BARTINGTON DR.  PALM DESERT, CA 92211	EMPLOYER PAYROLL Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/31/2000	923.82
CHRISTOPHER A. FOSTER 40347 BARTINGTON DR.  PALM DESERT, CA 92211	EMPLOYEE PAYROLL Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/15/2000	923.62
CHRISTOPHER A. FOSTER 40347 BARTINGTON DR.  PALM DESERT, CA 92211	PRINTING Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/21/2000	46.28
CHRISTOPHER A. FOSTER 40347 BARTINGTON DR.  PALM DESERT, CA 92211	EMPLOYEE PAYROLL Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/29/2000	923.82
GISELA F. BOSCH 10415 TWIN SPRINGS ROAD  BENET, CA 92544	HAND FOR FUNDRAISER Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/05/2000	356.00
HIGH TECH MAILING SERVICES P.O. BOX 249  PALM DESERT, CA 92261	MAILING SERVICES AND POSTAGE Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/11/2000	570.77
KINKOS 73910 HWY. 111  PALM DESERT, CA 92260	PRINTING Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/07/2000	1,459.47
KINKOS 73910 HWY. 111  PALM DESERT, CA 92260	PRINTING Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/07/2000	533.69
KINKOS 73910 HWY. 111  PALM DESERT, CA 92260	PRINTING Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/06/2000	1,713.76
<b>SUBTOTAL</b> of Disbursements This Page (optional).....			7,142.43
<b>TOTAL</b> This Period (last page this line number only) .....			

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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**NAME OF COMMITTEE (in Full)**

THE MARY BOND COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
LEONOR PLUS P.O. BOX 2459  HUNST, CA 92543	FOR FUNDRAISER Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/07/2000	335.40
MAIL BOXES ETC. 155 S. PALM CANYON DR., 023  PALM SPRINGS, CA 92262	MAILING Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/25/2000	70.26
MARY BOND 64-505 VIA MANTE  PALM SPRINGS, CA 92264	TRAVEL REIMBURSEMENT Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/14/2000	328.55
MECHANICAL VENTILATION SYSTEMS 359 MARLBORO WAY  BANNING, CA 92225	OFFICE EXPENSES Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/03/2000	450.00
MONTGOMERY, GLICK & CO. 5951 VARIEL AVENUE  WOODLAND HILLS, CA 91367	ACCOUNTING Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/02/2000	680.75
NATIONAL REPUBLICAN CLUB OF CAPITOL HILL 300 FIRST STREET, SOUTHWEST  WASHINGTON, DC 20003	PRESCRIPTION Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/02/2000	57.50
NETWORK SOLUTIONS P.O. BOX 1656  HERNDON, VA 201721656	WEB DOMAIN REGISTRATION Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/17/2000	35.00
NETWORK SOLUTIONS P.O. BOX 1656  HERNDON, VA 201721656	WEB DOMAIN REGISTRATION Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/01/2000	40.00
PACIFIC BELL WIRELESS P.O. BOX 10401  VAN NUYS, CA 914100401	TELEPHONE BILL Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/17/2000	54.17
<b>SUBTOTAL of Disbursements This Page (optional)</b> .....			2,572.63
<b>TOTAL This Period (last page this line number only)</b> .....			

**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)**

THE MARY BOND COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
PACIFIC BELL WIRELESS P.O. BOX 10401  VAN NUYS, CA 914109401	TELEPHONE BILL Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/14/2000	54.33
EARLY PIZAZZ M'RIENTALS 41607 ENTERPRISE CIRCLE N., #B  TREMUELA, CA 92590	FOUNDAITING Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/05/2000	557.85
PAYCHFX P.O. BOX 3642  CULVER CITY, CA 902113642	Purpose of Disbursement  Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/14/2000	55.60
PAYROLL TAXES 300 CORPORATE POINTS SUITE 150 CULVER CITY, CA 90230	PAYROLL TAXES Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/31/2000	526.29
PAYROLL TAXES 300 CORPORATE POINTS SUITE 150 CULVER CITY, CA 90230	PAYROLL TAXES Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/15/2000	536.19
PAYROLL TAXES 300 CORPORATE POINTS SUITE 150 CULVER CITY, CA 90230	PAYROLL TAXES Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/29/2000	882.58
FITNEY BOWEN CREDIT CORP. P.O. BOX 85460  LOUISVILLE, KY 402855460	POSTAGE Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/24/2000	410.35
FITNEY BOWEN CREDIT CORP. P.O. BOX 85460  LOUISVILLE, KY 402855460	POSTAGE Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/25/2000	410.35
FITNEY BOWEN CREDIT CORP. P.O. BOX 85460  LOUISVILLE, KY 402855460	POSTAGE Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/30/2000	410.35

**SUBTOTAL** of Disbursements This Page (optional) ..... 3,832.59

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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**NAME OF COMMITTEE (in Full)**

THE HARY BOND COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
BOWEN INC. P.O. BOX 85392  LOUISVILLE, KY 402855190	OFFICE SUPPLIES Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/01/2000	91.17
PLAZA DEL SOL 1555 S. PALM CANYON DR., G-105  PALM SPRINGS, CA 92264	RENT Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/17/2000	665.00
PLAZA DEL SOL 1555 S. PALM CANYON DR., G-105  PALM SPRINGS, CA 92264	RENT Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/10/2000	665.00
PLAZA DEL SOL 1555 S. PALM CANYON DR., G-105  PALM SPRINGS, CA 92264	RENT Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/14/2000	665.00
POLITICAL DATA, INC. P.O. BOX 1706  BURRANK, CA 91507	MAILING LABELS Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/01/2000	128.37
REED AND DAVIDSON 520 S. GRAND AVE., STE. 700  LOS ANGELES, CA 90071	LEGAL/CAMPAIGN REPORTS Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/05/2000	1,000.00
REED AND DAVIDSON 520 S. GRAND AVE., STE. 700  LOS ANGELES, CA 90071	LEGAL/CAMPAIGN REPORTS Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/28/2000	326.33
REED AND DAVIDSON 520 S. GRAND AVE., STE. 700  LOS ANGELES, CA 90071	LEGAL/CAMPAIGN REPORTING Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/01/2000	1,000.00
REED AND DAVIDSON 520 S. GRAND AVE., STE. 700  LOS ANGELES, CA 90071	LEGAL/CAMPAIGN REPORTS Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/05/2000	1,000.00
<b>SUBTOTAL of Disbursements This Page (optional)</b> .....			5,530.87
<b>TOTAL This Period (last page this line number only)</b> .....			

**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)**

THE MARY BORO COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
REED AND DAVIDSON 520 S. GRAND AVE., STR. 703 LOS ANGELES, CA 90071	LEGAL/CAMPAIGN REPORTING Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/21/2000	267.54
SG COMPUTER SYSTEMS 12725 CALALPA AVE. DESERT HOT SPRINGS, CA 92240	COMPUTER DATABASE WORK Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/07/2000	99.00
SG COMPUTER SYSTEMS 12725 CALALPA AVE. DESERT HOT SPRINGS, CA 92240	COMPUTER DATABASE WORK Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/07/2000	118.80
SPARKLETT'S P.O. BOX 7126 PASADENA, CA 91109126	DRINKING WATER Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/07/2000	26.35
SPARKLETT'S P.O. BOX 7126 PASADENA, CA 91109126	DRINKING WATER Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/03/2000	35.90
SPARKLETT'S P.O. BOX 7126 PASADENA, CA 91109126	DRINKING WATER Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/07/2000	26.35
STAPLES 350 SOUTH PALM CANYON DRIVE PALM SPRINGS, CA 92262	OFFICE SUPPLIES Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/24/2000	391.69
STAPLES 350 SOUTH PALM CANYON DRIVE PALM SPRINGS, CA 92262	OFFICE SUPPLIES Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/21/2000	153.24
TECCATE HILL 27315 JEFFERSON AVE., STE. 'A' TEMECULA, CA 92590	FUNDRAISING Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/05/2000	2,657.85

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

3,676.72

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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**NAME OF COMMITTEE (in Full)**

THE MARY DOWD COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
THE DESERT SUN P.O. BOX 2735, 750 N. GENE AINSWORTH TRAIL PALM SPRINGS, CA 92262	NEWSPAPER SERVICE Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/17/2000	35.72
THE DESERT SUN P.O. BOX 2735, 750 N. GENE AINSWORTH TRAIL PALM SPRINGS, CA 92262	ADVERTISING Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/24/2000	509.87
THE FLOWER GALLERY/CATHEDRAL CITY FLORIST 45-275 PRICKLEY PEAR #4 DATA DESERT, CA 92260	FLORISTS Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/17/2000	118.53
TIME WARNER CABLE P.O. BOX 78055 PHOENIX, AZ 850628055	CABLE SERVICE Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/17/2000	31.77
TIME WARNER CABLE P.O. BOX 78055 PHOENIX, AZ 850628055	CABLE SERVICE Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/13/2000	38.09
TIME WARNER CABLE P.O. BOX 78055 PHOENIX, AZ 850628055	CABLE SERVICE Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/14/2000	28.19
U.S. POSTMASTER AMADO ROAD PALM SPRINGS, CA 92263	POSTAGE Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/06/2000	2,600.00
U.S. POSTMASTER AMADO ROAD PALM SPRINGS, CA 92263	BOX FEE Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/17/2000	194.00
VALLEY OFFICE EQUIPMENT, INC. 26-655 BANKSIDE DR., #3 CATHEDRAL CITY, CA 92234	FAX MACHINE RENTAL Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/24/2000	53.66

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

3,620.04

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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**NAME OF COMMITTEE (in Full)**

THE MARY BONO COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
VALLEY OFFICE EQUIPMENT, INC. 36 665 BANKSIDE DR., #B CATHEDRAL CITY, CA 92234	COPIER RENTAL Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/25/2000	161.63
VALLEY OFFICE EQUIPMENT, INC. 36-665 BANKSIDE DR., #B CATHEDRAL CITY, CA 92234	COPIER RENTAL Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/10/2000	161.63
VALLEY OFFICE EQUIPMENT, INC. 36 665 BANKSIDE DR., #B CATHEDRAL CITY, CA 92234	COPIER RENTAL Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/10/2000	53.08
VALLEY OFFICE EQUIPMENT, INC. 36-665 BANKSIDE DR., #B CATHEDRAL CITY, CA 92234	COPIER RENTAL Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/07/2000	161.63
VALLEY OFFICE EQUIPMENT, INC. 36-665 BANKSIDE DR., #B CATHEDRAL CITY, CA 92234	FAX RENTAL Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/07/2000	53.68
VERIZON CALIFORNIA P.O. BOX 30001 INGLEWOOD, CA 903130001	TELEPHONE BILL Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/17/2000	310.90
VERIZON CALIFORNIA P.O. BOX 30001 INGLEWOOD, CA 903130001	TELEPHONE BILL Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/10/2000	301.12
VERIZON CALIFORNIA P.O. BOX 30001 INGLEWOOD, CA 903130001	TELEPHONE BILL Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/14/2000	299.50
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
<b>SUBTOTAL</b> of Disbursements This Page (optional).....			1,503.17
<b>TOTAL</b> This Period (last page this line number only) .....			44,432.66

**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)**

THE MARY BONO COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
AMES MANAGEMENT SERVICES INC. 91-711 HIGHWAY 111 DUBLIO, CA 92201-5485	CONTRIBUTION REFUND Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/28/2000	44.00
ANIL RASCOGI, M.D. 1275 E. LATHAM AVE. HEMET, CA 92543-4475	CONTRIBUTION REFUND Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/05/2000	250.00
CLAYTON RECORD & ASSOC., INC. 920 WEST RAMONA EXPRESSWAY SAN JACINTO, CA 92502	CONTRIBUTION REFUND Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/19/2000	250.00
SRINIVASA R. NARKA 945 CALIFORN PL., STE. A HEMET, CA 92543	CONTRIBUTION REFUND Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/05/2000	500.00
SCHAEFER AMBULANCE SERVICE, INC. 4627 BEVERLY BLVD. LOS ANGELES, CA 90004	CONTRIBUTION REFUND Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/21/2000	250.00
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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1,294.00
<b>TOTAL</b> This Period (last page this line number only) .....	1,294.00



**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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**NAME OF COMMITTEE (In Full)**

THE MARY BONO COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
CONIC CELEBRATION 10866 WILSHIRE BLVD., STE. 500  LOS ANGELES, CA 90024	CONVENTION DELEGATION FEE Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/13/2000	400.00
CONIC DELEGATION 10866 WILSHIRE BLVD., STE. 500  LOS ANGELES, CA 90024	CONVENTION DELEGATION FEE Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/21/2000	400.00
D. C. YOUNG REPUBLICANS 1349 MASSACHUSETTS AVENUE, SE  WASHINGTON, DC 20003	DONATION Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/01/2000	100.00
GREATER PHILADELPHIA CUMBER FUND P.O. BOX 1992  MEDIA, PA 19063	CIVIC DONATION Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/04/2000	250.00
REPUBLICAN NATIONAL HISPANIC ASSEMBLY 1555 S. PALM CANYON DR., STE. D-105  PALM SPRINGS, CA 92264	CONTRIBUTION Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/14/2000	500.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement  Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement  Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement  Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement  Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

**SUBTOTAL** of Disbursements This Page (optional)..... 1,650.00

**TOTAL** This Period (last page this line number only) ..... 1,650.00

**THE MARY BONO COMMITTEE**  
**ATTACHMENT TO SCHEDULE A, LINE 11(a)(i), Page 1**

PUMA ASSOCIATES  
 49-095 CALLE FLORA  
 LA QUINTA, CA 92253

07/17/00

\$244  
 SEE ATTRIBUTION  
 BELOW

PAUL PUMA  
 49-095 CALLE FLORA  
 LA QUINTA, CA 92253

07/17/00

\$122  
 MEMO

Occ: PARTNER  
 Emp: PUMA ASSOCIATES

GLORIA PUMA  
 49-095 CALLE FLORA  
 LA QUINTA, CA 92253

07/17/00

\$122  
 MEMO

Occ: PARTNER  
 Emp: PUMA ASSOCIATES

TATE INVESTMENT PROPERTIES  
 555 E. FLORIDA AVE.  
 HEMET, CA 92543

08/15/00

\$250  
 SEE ATTRIBUTION  
 BELOW

JAIME TATE  
 555 E. FLORIDA AVE.  
 HEMET, CA 92543

08/15/00

\$125  
 MEMO

Occ: REAL ESTATE  
 Emp: TATE INVESTMENT PROPERTIES

CHRISTINE TATE  
 555 E. FLORIDA AVE.  
 HEMET, CA 92543

08/15/00

\$125  
 MEMO

Occ: REAL ESTATE  
 Emp: TATE INVESTMENT PROPERTIES

**THE MARY BONO COMMITTEE**  
**ATTACHMENT TO SCHEDULE A, LINE 11(a)(i), Page 2**

RECORD FARMS 920 RAMONA EXPRESS WAY SAN JACINTO, CA 92582	09/05/00	\$250 SEE ATTRIBUTION BELOW
MIKE RECORD 920 RAMONA EXPRESS WAY SAN JACINTO, CA 92582	09/05/00	\$250 MEMO
Occ: DEVELOPER Emp: RECORD FARMS		
HUB MARKETING WEST 4741 E. PALM CANYON DRIVE, SUITE 172 PALM SPRINGS, CA 92264	09/15/00	\$200 SEE ATTRIBUTION BELOW
VICKI HUBBARD 4741J E. PALM CANYON DRIVE, SUITE 172 PALM SPRINGS, CA 92264	09/15/00	\$200 MEMO
Occ: OWNER Emp: HUB MARKETING WEST		
POWERS AWARDS 41-700 CORPORATE WAY, STE. C PALM DESERT, CA 92260	09/17/00	\$250 SEE ATTRIBUTION BELOW
ANITA POWERS 41-700 CORPORATE WAY, STE. C PALM DESERT, CA 92260	09/17/00	\$250 MEMO
Occ: OWNER Emp: POWERS AWARDS		

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 (R/C) 10-13-00
<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	
J.G. PREPARER	10-17-00 DATE PREPARED