

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

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USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) C00269340 302700 ANDREW J MCCROSSON JR AL LOBIGNO FOR CONGRESS PO BOX 775 HARMORA NJ 08223		2. FEC IDENTIFICATION NUMBER C00269340
CI NJ/02		3. IS THIS REPORT AN AMENDMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

4. TYPE OF REPORT

<input type="checkbox"/> April 15 Quarterly Report	<input type="checkbox"/> 12-Day Pre-Election Report for the _____ (Type of Election)
<input type="checkbox"/> July 15 Quarterly Report	election on _____ in the State of _____
<input type="checkbox"/> October 15 Quarterly Report	<input checked="" type="checkbox"/> 30-Day Post-Election Report following the General Election
<input type="checkbox"/> January 31 Year End Report	on <u>11/7/2000</u> in the State of <u>New Jersey</u>
<input type="checkbox"/> July 31 Mid-Year Report (Non-election Year Only)	<input type="checkbox"/> Termination Report

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

SUMMARY

5. Covering Period	COLUMN A This Period	COLUMN B Calendar Year-to-Date
<u>10/19/2000</u> through <u>11/27/2000</u>		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(a))	71,984.27	477,258.70
(b) Total Contribution Refunds (from Line 20(d))	-0-	3,580.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	71,984.27	473,678.70
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	188,780.49	451,164.22
(b) Total Offsets to Operating Expenditures (from Line 14)	-0-	2,297.62
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	188,780.49	448,866.60
8. Cash on Hand at Close of Reporting Period (from Line 27)	731,339.27	For further information contact: Federal Election Commission 909 E Street, NW Washington, DC 20463 Toll-Free 800-424-9530 L5681 202-694-1100
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	-0-	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	-0-	

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

Type or Print Name of Treasurer Andrew J. McCrosson, Jr.	Date 12/5/00
Signature of Treasurer 	

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

DETAILED SUMMARY PAGE

of Receipts and Disbursements

(Page 2, FEC FORM 3)

Name of Committee (in full) LoBiondo for Congress	Report Covering the Period: From: 10/19/2000 To: 11/27/2000	
I. RECEIPTS	COLUMN A Total This Period	COLUMN B Calendar Year-To-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) -----	29,500.00	
(ii) Unitemized -----	3,165.00	
(b) Total of contributions from individuals -----	32,665.00	273,893.43
(b) Political Party Committees -----		
(c) Other Political Committees (such as PACs) -----	39,319.27	203,365.27
(d) The Candidate -----		
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(ii), (b), (c) and (d)) -----	71,984.27	477,258.70
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES -----		
13. LOANS:		
(a) Made or Guaranteed by the Candidate -----		
(b) All Other Loans -----		
(c) TOTAL LOANS (add 13(a) and (b)) -----		
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) -----	-0-	2,297.62
15. OTHER RECEIPTS (Dividends, Interest, etc.) -----	287.78	17,509.41
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15) -----	72,272.05	497,065.73
II. DISBURSEMENTS		
17. OPERATING EXPENDITURES -----	188,780.49	451,164.22
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES -----		
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate -----		
(b) Of All Other Loans -----		
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b)) -----		
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees -----	-0-	80.00
(b) Political Party Committees -----		
(c) Other Political Committees (such as PACs) -----	-0-	3,500.00
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c)) -----	-0-	3,580.00
21. OTHER DISBURSEMENTS -----	25,617.65	142,117.65
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21) -----	214,398.14	596,861.87

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD -----	\$ 873,465.36	
24. TOTAL RECEIPTS THIS PERIOD (from Line 16) -----	\$ 72,272.05	
25. SUBTOTAL (add Line 23 and Line 24) -----	\$ 945,737.41	
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22) -----	\$ 214,398.14	
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25) -----	\$ 731,339.27	

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) **LoBiondo for Congress**

A. Full Name, Mailing Address and ZIP Code Ronald M. Baumann 803 Blue Teal Drive Abscon, NJ 08201	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Harrah's	Oct 19, 2000	
	Occupation V. P. of Food & Beverage		
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 George A. Baumgardner 1210 Atlantic Avenue Langport, NJ 08403	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Baumgardner Construction Co.	Oct 19, 2000	
	Occupation Business Owner / CEO		
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 Lynn G. Baumgardner 1210 Atlantic Avenue Langport, NJ 08403-1706	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Gulnic Glass & Mirror	Oct 19, 2000	
	Occupation Business Owner		
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 Roger B. Hansen 523 South Lehigh Avenue P O Box 1020 Coleens, NJ 08213 NOTE: 42 HOUR RESPECT LISTED AS "EDWINA Y. HANSEN"	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Ole Hansen & Sons, Inc	Oct 19, 2000	
	Occupation Chairman (Engineer)		
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 David S. Jones 1 Sweet Gum Court Marlford, NJ 08055-8193	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Showboat Casino Hotel	Oct 19, 2000	
	Occupation Vice President - Operations		
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 Keith N. Laudman P O Box 497 Cape May, NJ 08204-0497	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Cold Spring Fish & Supply Co.	Oct 19, 2000	
	Occupation Vice President		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date	\$	\$500.00
G. Full Name, Mailing Address and ZIP Code LuAnn Poppo 1343 Washington Court Mays Landing, NJ 08330	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Harrah's Casino Hotel	Oct 19, 2000	
	Occupation V.P. Casino Marketing		
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)	\$4,000.00
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 8

FOR LINE NUMBER 11(a)(i)

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

A. Full Name, Mailing Address and ZIP Code Joseph R. Tordella, D.O. 2902 Wesley Avenue Ocean City, NJ 08226	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Self	Oct 19, 2000	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date	
	Physician	\$ 500.00	
B. Full Name, Mailing Address and ZIP Code Florence Van Embden P. O. Box 537 Millville, NJ 08360	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Phillip Van Embden P.C	Oct 19, 2000	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date	
	Office Manager	\$ 500.00	
C. Full Name, Mailing Address and ZIP Code Phillip S. Van Embden P. O. Box 537 Millville, NJ 08332	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Self	Oct 19, 2000	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date	
	Attorney	\$ 500.00	
D. Full Name, Mailing Address and ZIP Code Stephanie Wheeler 122 Holly Road Atscom, NJ 08204	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Showbar	Oct 19, 2000	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date	
	Vice President, Hotel Operations	\$ 500.00	
E. Full Name, Mailing Address and ZIP Code Richard T. Hendrickson 1806 Boardwalk Ocean City, NJ 08226	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Midlantic Jet Aviation, Inc.	Oct 23, 2000	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date	
	President	\$ 1,000.00	
F. Full Name, Mailing Address and ZIP Code James A. Cleary 532 Jimmie Leeds Road Seaview Park, NJ 08201	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Harrh's Atlantic City	Oct 24, 2000	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date	
	Vice President - Hotel Operations	\$ 500.00	
G. Full Name, Mailing Address and ZIP Code John G. Costina, D.O. 404 Surf Avenue North Wildwood, NJ 08240	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Self	Oct 24, 2000	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date	
	Physician	\$ 1,000.00	

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

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 8

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full) LoBiondo for Congress

<p>A. Full Name, Mailing Address and ZIP Code Robert T. Healey 575 Eyrestown Road Mount Holly, NJ 08060-9729</p>	<p>Name of Employer Viking Yacht Co.</p>	<p>Date (month, day, year) Oct 24, 2000</p>	<p>Amount of Each Receipt this Period \$1,000.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation CEO</p>	<p>Aggregate Year-to-Date \$ 1,000.00</p>	
<p>B. Full Name, Mailing Address and ZIP Code Paul J. Perrina 299 Cindy Street Old Bridge, NJ 08857</p>	<p>Name of Employer Lime Contracting</p>	<p>Date (month, day, year) Oct 24, 2000</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation President</p>	<p>Aggregate Year-to-Date \$ 250.00</p>	
<p>C. Full Name, Mailing Address and ZIP Code Larry A. Goldenberg, Esq. 1030 Atlantic Avenue Atlantic City, NJ 08401</p>	<p>Name of Employer Goldenberg, Mackler, Sayag, Mintz, et. al.</p>	<p>Date (month, day, year) Oct 25, 2000</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation Attorney</p>	<p>Aggregate Year-to-Date \$ 250.00</p>	
<p>D. Full Name, Mailing Address and ZIP Code Jeanne Chiaradito 134 N. New York Road Smithville, NJ 08201</p>	<p>Name of Employer Harrel's, Atlantic City</p>	<p>Date (month, day, year) Oct 27, 2000</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation Director, Table Games</p>	<p>Aggregate Year-to-Date \$ 500.00</p>	
<p>E. Full Name, Mailing Address and ZIP Code Jose A. LaBry 3201 E. Chestnut Avenue Vineland, NJ 08361-6102</p>	<p>Name of Employer Self-employed</p>	<p>Date (month, day, year) Oct 27, 2000</p>	<p>Amount of Each Receipt this Period \$300.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation Attorney</p>	<p>Aggregate Year-to-Date \$ 300.00</p>	
<p>F. Full Name, Mailing Address and ZIP Code Stephen Miller 40 Broadway Somers Point, NJ 08244</p>	<p>Name of Employer First Rowd Corp.</p>	<p>Date (month, day, year) Oct 27, 2000</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation 1/4 411 Bank St. Restaurant</p>	<p>Aggregate Year-to-Date \$ 500.00</p>	
<p>G. Full Name, Mailing Address and ZIP Code Donald J. Trump 725 Fifth Avenue New York, NY 10022-2519</p>	<p>Name of Employer The Trump Organization</p>	<p>Date (month, day, year) Oct 27, 2000</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation President</p>	<p>Aggregate Year-to-Date \$ 500.00</p>	

SUBTOTAL of Receipts This Page (optional) \$3,300.00

TOTAL This Period (last page this line number only)

SCHEDULE A

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

<p>A. Full Name, Mailing Address and ZIP Code Michael L. Zumpino 817 Sullivan Drive Upper Gwynedd, PA 19416</p>	<p>Name of Employer Triad Associates</p>	<p>Date (month, day, year) Oct 27, 2000</p>	<p>Amount of Each Receipt this Period \$200.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation Community & Ed. Consultant</p>	<p>Aggregate Year-to-Date \$ 700.00</p>	
<p>B. Full Name, Mailing Address and ZIP Code Gail B. Kaplan 671 Rosedale Rd Princeton, NJ 08540-2217</p>	<p>Name of Employer N/A</p>	<p>Date (month, day, year) Oct 31, 2000</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation Housewife</p>	<p>Aggregate Year-to-Date \$ 250.00</p>	
<p>C. Full Name, Mailing Address and ZIP Code Liziel A. Kaplan 671 Rosedale Road Princeton, NJ 08540-2217</p>	<p>Name of Employer Joseph D. Kaplan & Son</p>	<p>Date (month, day, year) Oct 31, 2000</p>	<p>Amount of Each Receipt this Period \$750.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation Lawyer</p>	<p>Aggregate Year-to-Date \$ 750.00</p>	
<p>D. Full Name, Mailing Address and ZIP Code Andrea S. Kozlker 1965 Timber Lakes Drive Yarilley, PA 15067-3928</p>	<p>Name of Employer NEXUS Properties</p>	<p>Date (month, day, year) Oct 31, 2000</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation Executive V. P.</p>	<p>Aggregate Year-to-Date \$ 500.00</p>	
<p>E. Full Name, Mailing Address and ZIP Code Peter A. LaManica P. O. Box 159 Cape May, NJ 08204</p>	<p>Name of Employer Cape May Foods</p>	<p>Date (month, day, year) Oct 31, 2000</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation Co-President</p>	<p>Aggregate Year-to-Date \$ 1,000.00</p>	
<p>F. Full Name, Mailing Address and ZIP Code Daniel P. LaVecchia 1312 Cape May Ave Cape May, NJ 08204-2702</p>	<p>Name of Employer Cape May Foods</p>	<p>Date (month, day, year) Oct 31, 2000</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation Treasurer</p>	<p>Aggregate Year-to-Date \$ 1,000.00</p>	
<p>G. Full Name, Mailing Address and ZIP Code Jay M. Levin 1447 Cedar Row Lakewood, NJ 08701</p>	<p>Name of Employer N/A</p>	<p>Date (month, day, year) Oct 31, 2000</p>	<p>Amount of Each Receipt this Period \$1,000.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation Housewife</p>	<p>Aggregate Year-to-Date \$ 1,000.00</p>	

SUBTOTAL of Receipts This Page (optional) \$3,700.00

TOTAL This Period (last page this line number only)

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

<p>A. Full Name, Mailing Address and ZIP Code John W. Partridge 1002 Harding Highway P. O. Box 688 Luena, NJ 08310-0688</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer S P Industries, Inc.</p> <p>Occupation President - CEO</p> <p>Aggregate Year-to-Date > \$ \$1,000.00</p>	<p>Date (month, day, year) Nov 1, 2000</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Eric M. DeGesero 166 Little Philadelphia Road Washington, NJ 07882</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Fuel Merchants Association of New Jersey</p> <p>Occupation Executive Vice President</p> <p>Aggregate Year-to-Date > \$ \$500.00</p>	<p>Date (month, day, year) Nov 2, 2000</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Mary Del Coria 950 Fay Avenue Erma Park, NJ 08204</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Crane Oil Co.</p> <p>Occupation Operations Manager / Accountant</p> <p>Aggregate Year-to-Date > \$ \$300.00</p>	<p>Date (month, day, year) Nov 2, 2000</p>	<p>Amount of Each Receipt this Period \$300.00</p>
<p>D. Full Name, Mailing Address and ZIP Code John H. Deull P O Box 638 Atlantic City, NJ 08404-0638</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Deull Fuel</p> <p>Occupation Fuel Merchant</p> <p>Aggregate Year-to-Date > \$ \$800.00</p>	<p>Date (month, day, year) Nov 2, 2000</p>	<p>Amount of Each Receipt this Period \$300.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Ann M. Dorset Dorset Farms 169 Russel Mill Woodwich, NJ 08085-9624</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Self</p> <p>Occupation Farmer</p> <p>Aggregate Year-to-Date > \$ \$450.00</p>	<p>Date (month, day, year) Nov 2, 2000</p>	<p>Amount of Each Receipt this Period \$340.00</p>
<p>F. Full Name, Mailing Address and ZIP Code Jenn Jones SJ Venture Capital Company P.O. Box 169 Woodstown, NJ 08098</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer N/A</p> <p>Occupation Housewife</p> <p>Aggregate Year-to-Date > \$ \$1,000.00</p>	<p>Date (month, day, year) Nov 2, 2000</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>G. Full Name, Mailing Address and ZIP Code Samuel H. Jones, Jr. SJ Venture Capital Company P.O. Box 169 Woodstown, NJ 08098</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Self</p> <p>Occupation Owner S. J. Transportation</p> <p>Aggregate Year-to-Date > \$ \$1,000.00</p>	<p>Date (month, day, year) Nov 2, 2000</p>	<p>Amount of Each Receipt this Period \$500.00</p>

SUBTOTAL of Receipts This Page (optional) \$2,950.00

TOTAL This Period (last page this line number only)

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

<p>A. Full Name, Mailing Address and ZIP Code Alan S. Aronovitz, DCP, RPh 7675 Ventnor Gardens Plaza Ventnor City, NJ 08406-1627</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Pharmaceutical Care Services</p> <p>Occupation Pharmacist</p> <p>Aggregate Year-to-Date > \$ 5300.00</p>	<p>Date (month, day, year) Nov 6, 2000</p>	<p>Amount of Each Receipt this Period \$50.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Mark A. Brown 225 W. Seaview Avenue Linwood, NJ 08221</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Trump Taj Mahal</p> <p>Occupation President</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) Nov 6, 2000</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Thomas D. Carver Castle Governmental Initiatives & Resources, LLC 172 West State Street, Suite 301 Trenton, NJ 08608</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Castle Governmental Initiatives & Resources</p> <p>Occupation Principal</p> <p>Aggregate Year-to-Date > \$ 1,000.00</p>	<p>Date (month, day, year) Nov 6, 2000</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Steven Chang 564 - 4th Street Absecon, NJ 08203</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Parkway Pharmacy</p> <p>Occupation Pharmacist</p> <p>Aggregate Year-to-Date > \$ 700.00</p>	<p>Date (month, day, year) Nov 6, 2000</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Gerard A. Desiderio 6400 Lindsie Ave. Sea Isle City, NJ 08243</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Sea Isle Inn</p> <p>Occupation Secretary-Treasurer</p> <p>Aggregate Year-to-Date > \$ 1,000.00</p>	<p>Date (month, day, year) Nov 6, 2000</p>	<p>Amount of Each Receipt this Period \$1,000.00</p>
<p>F. Full Name, Mailing Address and ZIP Code Leonard C. Desiderio P. O. Box 42 Sea Isle City, NJ 08243-0042</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Sea Isle Inn</p> <p>Occupation President</p> <p>Aggregate Year-to-Date > \$ 1,000.00</p>	<p>Date (month, day, year) Nov 6, 2000</p>	<p>Amount of Each Receipt this Period \$1,000.00</p>
<p>G. Full Name, Mailing Address and ZIP Code Leonard J. Desiderio 109 - 76th Street Sea Isle City, NJ 08243</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer N/A</p> <p>Occupation Retired</p> <p>Aggregate Year-to-Date > \$ 1,000.00</p>	<p>Date (month, day, year) Nov 6, 2000</p>	<p>Amount of Each Receipt this Period \$1,000.00</p>

SUBTOTAL of Receipts This Page (optional)	\$4,550.00
TOTAL This Period (last page this line number only)	

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

A. Full Name, Mailing Address and ZIP Code Rene Ferreri-Rain 3476 Cedarville Road Cedarville, NJ 08311	Name of Employer Paramount International	Date (month, day, year) Nov 6, 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 Vice President	Aggregate Year-to-Date > \$ 1,000.00	
B. Full Name, Mailing Address and ZIP Code Joseph A. Fusco 607 N. Huntington Avenue Margate, NJ 08402	Name of Employer Trump Hotels & Casino Resorts	Date (month, day, year) Nov 6, 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):	Occupation Executive	Aggregate Year-to-Date > \$ 500.00	
C. Full Name, Mailing Address and ZIP Code Edward W. Kennedy 3 Cresview Drive Seaville, NJ 08230	Name of Employer Ford, Scott, Scidmore & Kennedy	Date (month, day, year) Nov 6, 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):	Occupation CPA	Aggregate Year-to-Date > \$ 1,000.00	
D. Full Name, Mailing Address and ZIP Code Jack Plunkier Fox, Rothschild, O'Brien & Frankel, L.L.P. 1300 Atlantic Avenue Suite 500 Atlantic City, NJ 08401	Name of Employer Fox, Rothschild, O'Brien & Frankel, L.L.P.	Date (month, day, year) Nov 6, 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):	Occupation Attorney	Aggregate Year-to-Date > \$ 500.00	
E. Full Name, Mailing Address and ZIP Code David V. Rain 3479 Cedarville Road Cedarville, NJ 08311	Name of Employer Paramount International	Date (month, day, year) Nov 6, 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 President & CEO	Aggregate Year-to-Date > \$ 1,000.00	
F. Full Name, Mailing Address and ZIP Code Francis J. Reilly 702 Wood Street Vineland, NJ 08360	Name of Employer Reilly Communications	Date (month, day, year) Nov 6, 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):	Occupation Owner	Aggregate Year-to-Date > \$ 500.00	
G. Full Name, Mailing Address and ZIP Code Anthony P. Rodia 665 Bellevue Avenue Hammonton, NJ 08037-1934	Name of Employer Mary Griffin's Resorts	Date (month, day, year) Nov 6, 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):	Occupation V. P. Finance	Aggregate Year-to-Date > \$ 500.00	

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

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 8 OF 8

FOR LINE NUMBER 11(a)(i)

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

<p>A. Full Name, Mailing Address and ZIP Code David H. Schwab 747 Grinn Road Mt Laurel, NJ 08054</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Woodruff's Drugs</p> <p>Occupation Pharmacist</p> <p>Aggregate Year-to-Date > \$ 700.00</p>	<p>Date (month, day, year) Nov 6, 2000</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Thomas A. Galisati 1736 Wynnewood Drive Vineland, NJ 08360</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Eastlyn Golf Course, Inc.</p> <p>Occupation Self-Employed</p> <p>Aggregate Year-to-Date > \$ 1,000.00</p>	<p>Date (month, day, year) Nov 7, 2000</p>	<p>Amount of Each Receipt this Period \$1,000.00</p>
<p>C. Full Name, Mailing Address and ZIP Code William Sikora P. O. Box 635 Hammonton, NJ 08037-0635</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Custom Sales & Service, Inc.</p> <p>Occupation CEO</p> <p>Aggregate Year-to-Date > \$ 1,000.00</p>	<p>Date (month, day, year) Nov 7, 2000</p>	<p>Amount of Each Receipt this Period \$1,000.00</p>
<p>D. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>E. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>F. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>G. Full name, mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>\$2,500.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p>\$29,500.00</p>

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 5

FOR LINE NUMBER

Other Political Committees

11(c)

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NAME OF COMMITTEE (in Full)

LoBiondo For Congress

<p>A. Full Name, Mailing Address and ZIP Code Friends to Elect Fred Miller P. O. Box 332 Ocean City, NJ 08226</p>	<p>Name of Employer N/A</p>	<p>Date (month, day, year) Oct 19, 2000</p>	<p>Amount of Each Receipt this Period \$19.27</p>
<p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation N/A</p>	<p>Aggregate Year-to-Date \$ 19.27</p>	
<p>B. Full Name, Mailing Address and ZIP Code Dalry Educational Political Action Committee (DEPAC) 10220 North Executive Hills Blvd. Kansas City, MO 65153</p>	<p>Name of Employer N/A</p>	<p>Date (month, day, year) Oct 20, 2000</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation N/A</p>	<p>Aggregate Year-to-Date \$ 500.00</p>	
<p>C. Full Name, Mailing Address and ZIP Code American Arts Alliance, Inc. Political Action Committee 805 15th Street, N.W.; Suite 500 Washington, DC 20005</p>	<p>Name of Employer N/A</p>	<p>Date (month, day, year) Oct 23, 2000</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation N/A</p>	<p>Aggregate Year-to-Date \$ 500.00</p>	
<p>D. Full Name, Mailing Address and ZIP Code Service Employees International Union (SEIU CDP5) 1313 L Street, N.W. Washington, DC 20005</p>	<p>Name of Employer N/A</p>	<p>Date (month, day, year) Oct 24, 2000</p>	<p>Amount of Each Receipt this Period \$1,000.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation N/A</p>	<p>Aggregate Year-to-Date \$ 5,000.00</p>	
<p>E. Full Name, Mailing Address and ZIP Code Building and Construction Trades Dept. Federal Political Education F 815 16th Street, N.W., Suite 600 Washington, DC 20006-4104</p>	<p>Name of Employer N/A</p>	<p>Date (month, day, year) Oct 25, 2000</p>	<p>Amount of Each Receipt this Period \$2,500.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation N/A</p>	<p>Aggregate Year-to-Date \$ 53,500.00</p>	
<p>F. Full Name, Mailing Address and ZIP Code United Airlines, Inc. Political Action Committee P.O. Box 66423 Chicago, IL 60666</p>	<p>Name of Employer N/A</p>	<p>Date (month, day, year) Oct 27, 2000</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation N/A</p>	<p>Aggregate Year-to-Date \$ 500.00</p>	
<p>G. Full Name, Mailing Address and ZIP Code American Association of Orthodontists Political Action Committee (401 North Lindbergh Blvd. St. Louis, MO 63141-7816</p>	<p>Name of Employer N/A</p>	<p>Date (month, day, year) Oct 27, 2000</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation N/A</p>	<p>Aggregate Year-to-Date \$ 500.00</p>	

SUBTOTAL of Receipts This Page (optional) \$5,519.27

TOTAL This Period (last page this line number only)

Other Political Committees

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

A. Full Name, Mailing Address and ZIP Code NABIS PAC for Postmasters 8 Elbert Street Alexandria, VA 22305-2600		Name of Employer N/A	Date (month, day, year) Oct 27, 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):		Occupation N/A	Aggregate Year-to-Date > \$ 51,000.00	
B. Full Name, Mailing Address and ZIP Code BUILD Political Action Committee (BUILD-PAC) 1201 Fifteenth Street, N.W. Washington, DC 20005-2800		Name of Employer N/A	Date (month, day, year) Oct 27, 2000	Amount of Each Receipt this Period \$2,500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation N/A	Aggregate Year-to-Date > \$ 2,500.00	
C. Full Name, Mailing Address and ZIP Code Mandalay Resort Group Political Action Committee 3950 Las Vegas Boulevard South Las Vegas, NV 89119		Name of Employer N/A	Date (month, day, year) Oct 27, 2000	Amount of Each Receipt this Period \$3,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation N/A	Aggregate Year-to-Date > \$ 3,000.00	
D. Full Name, Mailing Address and ZIP Code The Home Depot Better Government Committee 2435 Paces Ferry Road, N.W. Atlanta, GA 30339-4024		Name of Employer N/A	Date (month, day, year) Oct 27, 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):		Occupation N/A	Aggregate Year-to-Date > \$ 500.00	
E. Full Name, Mailing Address and ZIP Code National Utility Contractors Association Legislative Information & A 4331 N. Fairfax Drive Suite 360 Arlington, VA 22203-1627		Name of Employer N/A	Date (month, day, year) Oct 30, 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 N/A	Aggregate Year-to-Date > \$ 1,000.00	
F. Full Name, Mailing Address and ZIP Code Verizon Communication Inc. Good Government Fund 1717 Arch Street - 478 Philadelphia, PA 19103 NOTE: 48 HOUR REPORT LISTED AS "BELL ATLANTIC P.A.C."		Name of Employer N/A	Date (month, day, year) Oct 31, 2000	Amount of Each Receipt this Period \$1,500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation N/A	Aggregate Year-to-Date > \$ 1,500.00	
G. Full Name, Mailing Address and ZIP Code American Optometric Association PAC (AOA-PAC) 1505 Prince Street Suite 300 Alexandria, VA 22314-2843		Name of Employer N/A	Date (month, day, year) Oct 31, 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 N/A	Aggregate Year-to-Date > \$ 2,000.00	

SUBTOTAL of Receipts This Page (optional)	\$12,000.00
TOTAL This Period (last page this line number only)	

Other Political Committees

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NAME OF COMMITTEE (in Full)

LoBiondo for Congress

<p>A. Full Name, Mailing Address and ZIP Code Fight PAC 6052 Ridgford Drive Burke, VA 22015</p>	<p>Name of Employer N/A</p>	<p>Date (month, day, year) Oct 31, 2000</p>	<p>Amount of Each Receipt this Period \$1,000.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation N/A</p>	<p>Aggregate Year-to-Date \$ 1,000.00</p>	
<p>B. Full Name, Mailing Address and ZIP Code American Federation of State, County and Municipal Employees (AF 1625 L Street, N.W. Washington, DC 20036</p>	<p>Name of Employer N/A</p>	<p>Date (month, day, year) Nov 1, 2000</p>	<p>Amount of Each Receipt this Period \$1,000.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation N/A</p>	<p>Aggregate Year-to-Date \$ 2,000.00</p>	
<p>C. Full Name, Mailing Address and ZIP Code Operating Engineers Local 825 Political Action & Education Commit 65 Springfield Avenue Springfield, NJ 07081</p>	<p>Name of Employer N/A</p>	<p>Date (month, day, year) Nov 1, 2000</p>	<p>Amount of Each Receipt this Period \$2,000.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation N/A</p>	<p>Aggregate Year-to-Date \$ 3,600.00</p>	
<p>D. Full Name, Mailing Address and ZIP Code Engineers Political Action Committee (EPAC) 1125 Seventeenth Street, Northwest Washington, DC 20036</p>	<p>Name of Employer N/A</p>	<p>Date (month, day, year) Nov 1, 2000</p>	<p>Amount of Each Receipt this Period \$1,000.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation N/A</p>	<p>Aggregate Year-to-Date \$ 2,000.00</p>	
<p>E. Full Name, Mailing Address and ZIP Code Petroleum Marketers Association of America's Small Businessmen's 1901 N. Fair Myer Dr. Suite 1200 Arlington, VA 22209</p>	<p>Name of Employer N/A</p>	<p>Date (month, day, year) Nov 2, 2000</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation N/A</p>	<p>Aggregate Year-to-Date \$ 500.00</p>	
<p>F. Full Name, Mailing Address and ZIP Code The GEON Company Political Action Committee c/o The Jefferson Group, Inc. 1341 G Street, N.W., Suite 1100 Washington, DC 20005</p>	<p>Name of Employer N/A</p>	<p>Date (month, day, year) Nov 6, 2000</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation N/A</p>	<p>Aggregate Year-to-Date \$ 500.00</p>	
<p>G. Full Name, Mailing Address and ZIP Code Harrah's Entertainment, Inc. PAC One Harrah's Court Las Vegas, NV 89119</p>	<p>Name of Employer N/A</p>	<p>Date (month, day, year) Nov 6, 2000</p>	<p>Amount of Each Receipt this Period \$1,000.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation N/A</p>	<p>Aggregate Year-to-Date \$ 5,000.00</p>	

SUBTOTAL of Receipts This Page (optional) \$7,000.00

TOTAL This Period (last page this line number only)

Other Political Committees

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

<p>A. Full Name, Mailing Address and ZIP Code Hotel Employees And Restaurant Employees International Union (HERE) 1219 28th Street, N.W. Washington, DC 20007</p>	<p>Name of Employer N/A</p>	<p>Date (month, day, year) Nov 6, 2000</p>	<p>Amount of Each Receipt this Period \$5,000.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation N/A</p>	<p>Aggregate Year-to-Date > \$ 5,000.00</p>	
<p>B. Full Name, Mailing Address and ZIP Code Committee On Letter Carriers Political Education (NALC - COLCPE) 100 Indiana Avenue, N.W. Washington, DC 20001-2144</p>	<p>Name of Employer N/A</p>	<p>Date (month, day, year) Nov 6, 2000</p>	<p>Amount of Each Receipt this Period \$1,000.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation N/A</p>	<p>Aggregate Year-to-Date > \$ 3,000.00</p>	
<p>C. Full Name, Mailing Address and ZIP Code DuPont Good Government Fund 1807 Market Street, Suite N-8500 Wilmington, DE 19898</p>	<p>Name of Employer N/A</p>	<p>Date (month, day, year) Nov 6, 2000</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation N/A</p>	<p>Aggregate Year-to-Date > \$ 500.00</p>	
<p>D. Full Name, Mailing Address and ZIP Code Realtors Political Action Committee - RPAC 470 N. Michigan Avenue Chicago, IL 60611</p>	<p>Name of Employer N/A</p>	<p>Date (month, day, year) Nov 6, 2000</p>	<p>Amount of Each Receipt this Period \$5,000.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation N/A</p>	<p>Aggregate Year-to-Date > \$ 6,000.00</p>	
<p>E. Full Name, Mailing Address and ZIP Code Arts and Humanities for America Political Action Committee P. O. Box 27994 Washington, DC 20038-7994</p>	<p>Name of Employer N/A</p>	<p>Date (month, day, year) Nov 7, 2000</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation N/A</p>	<p>Aggregate Year-to-Date > \$ 250.00</p>	
<p>F. Full Name, Mailing Address and ZIP Code Italian American Republican Coalition 211 N. Union Street Suite 230 Alexandria, VA 22314</p>	<p>Name of Employer N/A</p>	<p>Date (month, day, year) Nov 7, 2000</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation N/A</p>	<p>Aggregate Year-to-Date > \$ 500.00</p>	
<p>G. Full Name, Mailing Address and ZIP Code Electrical Construction PAC 3 Bethesda Metro Center Bethesda, MD 20814-5372</p>	<p>Name of Employer N/A</p>	<p>Date (month, day, year) Nov 7, 2000</p>	<p>Amount of Each Receipt this Period \$1,000.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation N/A</p>	<p>Aggregate Year-to-Date > \$ 1,000.00</p>	

SUBTOTAL of Receipts This Page (optional) \$13,250.00

TOTAL This Period (last page this line number only)

Other Political Committees

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

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

<p>A. Full Name, Mailing Address and ZIP Code EPSPAC 55 Glenlake Parkway, N.E. Atlanta, GA 30328</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer N/A</p> <p>Occupation N/A</p> <p>Aggregate Year-to-Date > \$ 55,400.00</p>	<p>Date (month, day, year) Nov 7, 2000</p>	<p>Amount of Each Receipt this Period \$550.00</p>
<p>B. Full Name, Mailing Address and ZIP Code SMAC PAC P. O. Box 221230 Charlottesville, VA 20153-1230</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer N/A</p> <p>Occupation N/A</p> <p>Aggregate Year-to-Date > \$ 51,000.00</p>	<p>Date (month, day, year) Nov 7, 2000</p>	<p>Amount of Each Receipt this Period \$1,000.00</p>
<p>C. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>D. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>E. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>F. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>G. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>\$1,550.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p>\$39,119.27</p>

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NAME OF COMMITTEE (in Full)

LoBIONDO FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Hudson United Bank P. O. Box 676 Bridgeton, NJ 08302	N/A	31-Oct-00	287.78
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: N/A	Aggregate Year-to-Date \$ 17,519.41	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date \$	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date \$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date \$	

SUBTOTAL of Receipts This Page (optional) 287.78

TOTAL This Period (last page this line number only) 287.78

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 7
FOR LINE NUMBER 17

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

NAME OF COMMITTEE (In Full)

LoBIONDO FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Postmaster - Bellmawr P.O. Box 9001 Bellmawr, NJ 08099-9651	Bulk postage Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	19-Oct-00	5,404.00
B. Full Name, Mailing Address and ZIP Code Postmaster-Marmora 120 Tuckahoe Road Marmora, NJ 08223	Postage Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	19-Oct-00	23.50
C. Full Name, Mailing Address and ZIP Code Vineland Municipal Utilities 640 E. Wood Street, P.O. Box 1508 Vineland, NJ 08362-1508	Electric Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	24-Oct-00	129.64
D. Full Name, Mailing Address and ZIP Code Federal Express P.O. Box 1140 Memphis, TN 38101-1140	Delivery charge Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	24-Oct-00	13.26
E. Full Name, Mailing Address and ZIP Code Postmaster - Bellmawr P.O. Box 9001 Bellmawr, NJ 08099-9651	Bulk postage Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	24-Oct-00	5,404.00
F. Full Name, Mailing Address and ZIP Code Postmaster-Marmora 120 Tuckahoe Road Marmora, NJ 08223	Postage Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	24-Oct-00	11.75
G. Full Name, Mailing Address and ZIP Code Wires P.O. Box 650 Vineland, NJ 08362-0650	Moving expense Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	25-Oct-00	560.00
H. Full Name, Mailing Address and ZIP Code A T & J P.O. Box 2969 Omaha, NE 68103-2969	Telephone Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	25-Oct-00	149.73
I. Full Name, Mailing Address and ZIP Code Postmaster-Marmora 120 Tuckahoe Road Marmora, NJ 08223	Postage Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	25-Oct-00	12.74

SUBTOTAL of Disbursements This Page (optional)

12,306.62

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 7
FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

LOBIONDO FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Postmaster - Bellmawr P.O. Box 9001 Bellmawr, NJ 08099-9651	Bulk postage Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	26-Oct-00	45,494.40
B. Full Name, Mailing Address and ZIP Code Postmaster-Marmora 120 Tuckahoe Road Marmora, NJ 08223	Purpose of Disbursement Postage Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	26-Oct-00	11.75
C. Full Name, Mailing Address and ZIP Code Barron Printing 207 S. Second Street Vineland, NJ 08360	Purpose of Disbursement Yard signs Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	26-Oct-00	3,267.65
D. Full Name, Mailing Address and ZIP Code Turn-Table Sound Productions 159 Lebanon Road Bridgeton, NJ 08302	Purpose of Disbursement Disk jockey Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	26-Oct-00	295.00
E. Full Name, Mailing Address and ZIP Code Rental City 1297 W. Landis Avenue Vineland, NJ 08360	Purpose of Disbursement Stage rental Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	26-Oct-00	251.84
F. Full Name, Mailing Address and ZIP Code Joan E. Harper 160 Silver Lake Road Bridgeton, NJ 08302	Purpose of Disbursement Campaign consultant Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	26-Oct-00	2,000.00
G. Full Name, Mailing Address and ZIP Code Theresa M. Spinola 1205 E. Cornell Street Vineland, NJ 08360	Purpose of Disbursement Campaign consultants Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	26-Oct-00	3,375.00
H. Full Name, Mailing Address and ZIP Code Federal Express P O Box 1140 Memphis, TN 38101-1140	Purpose of Disbursement Delivery charge Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	01-Nov-00	13.26
I. Full Name, Mailing Address and ZIP Code Eugene Printing 1791 S. Burlington Road Bridgeton, NJ 08302	Purpose of Disbursement Lawn signs Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	01-Nov-00	569.88

SUBTOTAL of Disbursements This Page (optional)

55,378.78

TOTAL This Period (as of page title line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 3 OF 7
FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

LOBJONDO FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Jamestown Associates 3131 Princeton Pike, Bldg 4, Ste 216 Princeton, NJ 08648	Radio spot production Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	01-Nov-00	1,500.00
B. Full Name, Mailing Address and ZIP Code Barton Printing 207 S. Second Street Vireland, NJ 08360	Purpose of Disbursement Yard signs Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	01-Nov-00	3,197.11
C. Full Name, Mailing Address and ZIP Code Jamestown Associates 3131 Princeton Pike, Bldg 4, Ste 216 Princeton, NJ 08648	Purpose of Disbursement Mailers Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	01-Nov-00	26,853.00
D. Full Name, Mailing Address and ZIP Code Minuteman Press 142 S. Broad Street Woodbury, NJ 08096	Purpose of Disbursement Post cards Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	01-Nov-00	874.50
E. Full Name, Mailing Address and ZIP Code Apple Printing Company, Inc. 5 Weymouth Road, PO Box 574 Hammononton, NJ 08037-0574	Purpose of Disbursement Printing newsletters Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	01-Nov-00	368.48
F. Full Name, Mailing Address and ZIP Code MCI Worldcom P. O. Box 856053 Louisville, KY 40285-6053	Purpose of Disbursement Telephone Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	01-Nov-00	17.28
G. Full Name, Mailing Address and ZIP Code Keelen Communications P.O. Box 2776 Arlington, VA 22202	Purpose of Disbursement Fundraising consultant Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	01-Nov-00	5,268.00
H. Full Name, Mailing Address and ZIP Code Apple Printing Company, Inc. 5 Weymouth Road, PO Box 574 Hammononton, NJ 08037-0574	Purpose of Disbursement Printing newsletters Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	01-Nov-00	561.25
I. Full Name, Mailing Address and ZIP Code Mastercard P.O. Box 30131 Tampa, FL 33630-3131	Purpose of Disbursement Internet, filing fees, postage, supplies, subscription Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	01-Nov-00	1,043.54

SUBTOTAL of Disbursements This Page (optional)

39,483.16

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 4 OF 7
FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

LOBIONDO FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
The Mailing Group 7 Executive Plaza Voorhees, NJ 08043	Mailing service fee Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	01-Nov-00	250.00
B. Full Name, Mailing Address and ZIP Code Barzon Printing 207 S. Second Street Vineland, NJ 08360	Purpose of Disbursement Invitations Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	01-Nov-00	1,290.02
C. Full Name, Mailing Address and ZIP Code Postmaster-Marmora 120 Tockahoe Road Marmora, NJ 08223	Purpose of Disbursement Postage Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	01-Nov-00	33.00
D. Full Name, Mailing Address and ZIP Code Joan E. Harper 803 E. Landis Avenue Vineland, NJ 08360	Purpose of Disbursement Office petty cash Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	01-Nov-00	200.00
E. Full Name, Mailing Address and ZIP Code Harper Associates 195 Silver Lake Road Bridgeton, NJ 08302	Purpose of Disbursement Campaign consultant Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	01-Nov-00	15,035.00
F. Full Name, Mailing Address and ZIP Code Janestown Associates 3131 Princeton Pike, Bldg 4, Ste 216 Princeton, NJ 08648	Purpose of Disbursement Mailers Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	03-Nov-00	59,220.00
G. Full Name, Mailing Address and ZIP Code Verizon P.O. Box 4833 Trenton, NJ 08650-4833	Purpose of Disbursement Telephone Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	03-Nov-00	63.25
H. Full Name, Mailing Address and ZIP Code Preci Advertising & Design 813 S. First Road Hammonton, NJ 08037	Purpose of Disbursement Campaign consultant Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	03-Nov-00	1,478.95
I. Full Name, Mailing Address and ZIP Code Raritan Associates, Inc. 16 Woodcrest Drive Morristown, NJ 07960	Purpose of Disbursement Campaign consultant Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	03-Nov-00	1,500.00

SUBTOTAL of Disbursements This Page (optional)

59,070.22

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 5 OF 7
FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

LOBJONDO FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Apple Printing Company, Inc. 5 Weymouth Road, PO Box 574 Hammonden, NJ 08037-0574	Printing invitations Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	03-Nov-00	359.34
Barton Printing 207 S. Sussex Street Vineland, NJ 08360	Bumper stickers Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	03-Nov-00	588.30
Labels & Lists, Inc. 3500 116th Avenue, N.E. Bellevue, WA 98004	Voter list Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	03-Nov-00	108.00
The Incredible Bulk 101 N. High Street Millville, NJ 08332	Decorations & supplies Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	03-Nov-00	332.10
Hobart Sapp 531 N. Shore Road Marmora, NJ 08223	Election day supplies Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	03-Nov-00	200.00
Richard Van Noord 5558 Lodge Place Millville, NJ 08332	Election day supplies Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	13-Nov-00	500.00
Raritan Associates, Inc. 16 Woodcrest Drive Morristown, NJ 07960	Campaign consultant Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	13-Nov-00	5,000.00
Tony's Pizzas 12 S. 7th Street Vineland, NJ 08360	Election day meal Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	17-Nov-00	200.92
T&F Camera Shop, Inc. 2059 S. Delsea Drive Vineland, NJ 08360	Camera supplies Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	17-Nov-00	74.08

SUBTOTAL of Disbursements This Page (optional)

7,862.74

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
LoBIONDO FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
B W Steison & Company 8 Buckshutem Road Bridgeon, NJ 08302	Solar Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	17-Nov-00	258.38
B. Full Name, Mailing Address and ZIP Code A T & T P.O. Box 2969 Omaha, NE 68103-2969	Purpose of Disbursement Telephone Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 17-Nov-00	Amount of Each Disbursement This Period 97.57
C. Full Name, Mailing Address and ZIP Code A T & T P.O. Box 2969 Omaha, NE 68103-2969	Purpose of Disbursement Telephone Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 17-Nov-00	Amount of Each Disbursement This Period 1,318.44
D. Full Name, Mailing Address and ZIP Code Mastercard P.O. Box 30131 Tampa, FL 33630-3131	Purpose of Disbursement Internet, filing fees, postage, supplies, subscription Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 17-Nov-00	Amount of Each Disbursement This Period 543.77
E. Full Name, Mailing Address and ZIP Code Harrah's Casino Hotel 777 Harrah's Boulevard Atlantic City, NJ 08404	Purpose of Disbursement Fundraiser Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 22-Nov-00	Amount of Each Disbursement This Period 5,382.49
F. Full Name, Mailing Address and ZIP Code Verizon Wireless P.O. Box 41556 Philadelphia, PA 19101-1556	Purpose of Disbursement Mobile telephone Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 22-Nov-00	Amount of Each Disbursement This Period 33.00
G. Full Name, Mailing Address and ZIP Code Verizon Wireless P.O. Box 41556 Philadelphia, PA 19101-1556	Purpose of Disbursement Mobile telephone Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 22-Nov-00	Amount of Each Disbursement This Period 61.27
H. Full Name, Mailing Address and ZIP Code Eastlyn Golf Course 4049 Italia Avenue Vineland, NJ 08361	Purpose of Disbursement Fundraiser Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 22-Nov-00	Amount of Each Disbursement This Period 118.72
I. Full Name, Mailing Address and ZIP Code MCI Worldcom P. O. Box 856053 Louisville, KY 40285-6053	Purpose of Disbursement Telephone Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 25-Nov-00	Amount of Each Disbursement This Period 15.81

SUBTOTAL of Disbursements This Page (optional)	7,829.45
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 7 OF 7
FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

LoBIONDO FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Andrew J. McCrosson, Jr., CPA 200 S. Shore Road Marmora, NJ 08223-1208	Financial consultant Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	27-Nov-00	5,000.00
Joan E. Harper 160 Silver Lake Road Bridgeton, NJ 08302	Campaign consultant Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	27-Nov-00	525.00
Theresa M. Spinola 1205 E. Cornell Street Vineland, NJ 08360	Campaign consultant Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	27-Nov-00	875.00
Jay Braidi 2207 Panther Road Vineland, NJ 08360	Election night rally Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	27-Nov-00	547.52

SUBTOTAL of Disbursements This Page (optional)	6,947.52
TOTAL This Period (last page this line number only)	188,780.49

SCHEDULE B

ITEMIZED DISBURSEMENTS

Other Disbursements

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

PAGE 1 OF 1
FOR LINE NUMBER 21

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NAME OF COMMITTEE (in Full)

LoBIONDO FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
New Jersey State GOP 28 W. State Street, Suite 305 Trenton, NJ 08608	Campaign contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	19-Oct-00	25,000.00
B. Full Name, Mailing Address and ZIP Code Friends of Barbara Tomalino P.O. Box 155 Rio Grande, NJ 08242	In-kind yard signs Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	26-Oct-00	617.65
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	25,617.65
TOTAL This Period (last page this line number only)	25,617.65

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE **1** OF **2**

FOR LINE NUMBER **Memo**

Memo: Credit Card Disbursements

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NAME OF COMMITTEE (in Full)

LoBIONDO FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
U S House of Representatives B-217 Longworth Building Washington, DC 20515	Supplies Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	01-Nov-00	68.16
B. Full Name, Mailing Address and ZIP Code Staples 2285 N. 2nd Street Millville, NJ 08332	Supplies Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	01-Nov-00	351.76
C. Full Name, Mailing Address and ZIP Code U S Postal Service 736 E. Landis Avenue Vineland, NJ 08360	Postage Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	01 Nov 00	396.00
D. Full Name, Mailing Address and ZIP Code Home Depot 3849 S. Delsea Drive Vineland, NJ 08360	Supplies Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	01-Nov-00	18.32
E. Full Name, Mailing Address and ZIP Code State of New Jersey State House, P.O. Box 300 Trenton, NJ 08625-0300	Incorporation filing fee Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	01-Nov-00	63.00
F. Full Name, Mailing Address and ZIP Code The Daily Journal 891 E. Oak Avenue Vineland, NJ 08360	Subscription Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	01-Nov-00	34.43
G. Full Name, Mailing Address and ZIP Code Earthlink, Inc. P.O. Box 7645 Atlanta, GA 30357-0645	Internet services Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	01-Nov-00	111.85
H. Full Name, Mailing Address and ZIP Code Custom Graphics 1291 W. Sherman Avenue Vineland, NJ 08360	Printing Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	17-Nov-00	92.00
I. Full Name, Mailing Address and ZIP Code Paper Waiter Restaurant 1111 Village Drive Millville, NJ 08332	Lunch Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	17-Nov-00	37.89

SUBTOTAL of Disbursements This Page (optional)

1,173.43

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 2

FOR LINE NUMBER MEMO

Memo: Credit Card Disbursements

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NAME OF COMMITTEE (in Full)

LABIONDO FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mastercard P.O. Box 30131 Tampa, FL 33630-3131	Finance charge Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	17-Nov-00	16.42
B. Full Name, Mailing Address and ZIP Code Staples 2285 N. 2nd Street Millville, NJ 08332	Purpose of Disbursement Supplies Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	17-Nov-00	73.86
C. Full Name, Mailing Address and ZIP Code U S Postal Service 736 E. Landis Avenue Vineland, NJ 08360	Purpose of Disbursement Postage Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	17-Nov-00	213.75
D. Full Name, Mailing Address and ZIP Code Earthlink, Inc. P.O. Box 7645 Atlanta, GA 30357-0645	Purpose of Disbursement Internet services Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	17-Nov-00	109.85
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
SUBTOTAL of Disbursement(s) This Page (optional)			413.85
TOTAL This Period (last page this line number only)			1,587.31

LOANS

Name of Committee (in Full)
LoBiondo for Congress

A. Full Name, Mailing Address and ZIP Code of Loan Source	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
N/A			-0-
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

Terms: Date Incurred _____ Date Due _____ Interest Rate _____ % (april) Secured

List All Endorsers or Guarantors (if any) to Item A

1. Full Name, Mailing Address and ZIP Code	Name of Employer	Occupation	Amount Guaranteed Outstanding: \$
2. Full Name, Mailing Address and ZIP Code	Name of Employer	Occupation	Amount Guaranteed Outstanding: \$
3. Full Name, Mailing Address and ZIP Code	Name of Employer	Occupation	Amount Guaranteed Outstanding: \$

B. Full Name, Mailing Address and ZIP Code of Loan Source	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

Terms: Date Incurred _____ Date Due _____ Interest Rate _____ % (april) Secured

List All Endorsers or Guarantors (if any) to Item B

1. Full Name, Mailing Address and ZIP Code	Name of Employer	Occupation	Amount Guaranteed Outstanding: \$
2. Full Name, Mailing Address and ZIP Code	Name of Employer	Occupation	Amount Guaranteed Outstanding: \$
3. Full Name, Mailing Address and ZIP Code	Name of Employer	Occupation	Amount Guaranteed Outstanding: \$

SUBTOTALS This Period This Page (optional) -0-

TOTALS This Period (last page in this line only) -0-

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

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

Name of Committee (in Full) LoBiondo for Congress	Outstanding Balance Beginning This Period	Amount Incurred This Period	Paid This Period	Outstanding Balance at Close of This Period
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor N/A	-0-			-0-
Nature of Debt (Purpose):				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
1) SUBTOTALS This Period This Page (optional)				-0-
2) TOTALS This Period (last page in this line only)				-0-
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				-0-
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				-0-

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 checked="" type="checkbox"/> First Class Mail	POSTMARKED 12/6/00
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
 <i>J.A.Q.</i> PREPARER	 12/7/00 DATE PREPARED