

RECEIVED  
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ON  
TYPE OR PRINT

C00226928

2. FEC IDENTIFICATION NUMBER

3. IS THIS REPORT AN AMENDMENT?

☐ YES ☒ NO

☒ April 15 Quarterly Report

☐ July 15 Quarterly Report

☐ October 15 Quarterly Report

☐ January 31 Year End Report

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

☐ Twelfth day report preceding \_\_\_\_\_ (Type of Election)  
election on \_\_\_\_\_ in the State of \_\_\_\_\_

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

☐ Termination Report

This report contains activity for: ☒ Primary Election ☒ General Election ☐ Special Election ☐ Runoff Election

| 5. Covering Period <u>1-1-98</u> through <u>3-31-98</u>                                          |  | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date                                                                                                        |
|--------------------------------------------------------------------------------------------------|--|-------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| 6. Net Contributions (other than loans)                                                          |  |                         |                                                                                                                                          |
| (a) Total Contributions (other than loans) (from Line 11(e))                                     |  | 185,650.86              | 185,650.86                                                                                                                               |
| (b) Total Contribution Refunds (from Line 20(d))                                                 |  | 1,250.00                | 1,250.00                                                                                                                                 |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))                          |  | 184,400.86              | 184,400.86                                                                                                                               |
| 7. Net Operating Expenditures                                                                    |  | 59,042.72               | 59,042.72                                                                                                                                |
| (a) Total Operating Expenditures (from Line 17)                                                  |  | 971.18                  | 971.18                                                                                                                                   |
| (b) Total Offsets to Operating Expenditures (from Line 14)                                       |  | 58,071.54               | 58,071.54                                                                                                                                |
| (c) Net Operating Expenditures (subtract Line 7(b) from 7(a))                                    |  |                         |                                                                                                                                          |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)                                      |  | 216,721.09              | For further information<br>contact:<br>Federal Election Commission<br>899 E Street, NW<br>Washington, DC 20463<br>Toll Free 800-424-9630 |
| 9. Debts and Obligations Owed TO the Committee<br>(Itemize all on Schedule C and/or Schedule D)  |  | 5,566.55                |                                                                                                                                          |
| 10. Debts and Obligations Owed BY the Committee<br>(Itemize all on Schedule C and/or Schedule D) |  | ---                     |                                                                                                                                          |

Type or Print Name of Treasurer

Signature of Treasurer

|       |  |
|-------|--|
| Datum |  |
|-------|--|

3-14-98

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

# DETAILED SUMMARY PAGE

## of Receipts and Disbursements

(Page 2, FEC FORM 3)

| Name of Committee (In full)                                                   |            | Report Covering the Period:          |                                          |
|-------------------------------------------------------------------------------|------------|--------------------------------------|------------------------------------------|
|                                                                               |            | From:                                | To:                                      |
| <b>I. RECEIPTS</b>                                                            |            | <b>COLUMN A</b><br>Total This Period | <b>COLUMN B</b><br>Calendar Year-To-Date |
| 11. CONTRIBUTIONS (other than loans) FROM:                                    |            |                                      |                                          |
| (a) Individuals/Persons Other Than Political Committees                       |            |                                      |                                          |
| (i) Itemized (use Schedule A)                                                 | 79,370.23  |                                      | 11(a)(i)                                 |
| (ii) Unitemized                                                               | 26,166.00  |                                      | 11(a)(ii)                                |
| (iii) Total of contributions from individuals                                 | 105,536.23 | 105,536.23                           | 11(a)(iii)                               |
| (b) Political Party Committees                                                | 614.63     | 614.63                               | 11(b)                                    |
| (c) Other Political Committees (such as PACs)                                 | 79,500.00  | 79,500.00                            | 11(c)                                    |
| (d) The Candidate                                                             |            |                                      | 11(d)                                    |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d)) | 185,650.86 | 185,650.86                           | 11(e)                                    |
| 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.                               |            |                                      | 12                                       |
| 13. LOANS:                                                                    |            |                                      |                                          |
| (a) Made or Guaranteed by the Candidate                                       |            |                                      | 13(a)                                    |
| (b) All Other Loans                                                           |            |                                      | 13(b)                                    |
| (c) TOTAL LOANS (add 13(a) and (b))                                           |            |                                      | 13(c)                                    |
| 14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)                |            | 971.18                               | 971.18                                   |
| 15. OTHER RECEIPTS (Dividends, Interest, etc.)                                |            | 306.60                               | 306.60                                   |
| 16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)                          |            | 186,928.64                           | 186,928.64                               |
| <b>II. DISBURSEMENTS</b>                                                      |            |                                      |                                          |
| 17. OPERATING EXPENDITURES                                                    |            | 59,042.72                            | 59,042.72                                |
| 18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.                                 |            |                                      | 18                                       |
| 19. LOAN REPAYMENTS:                                                          |            |                                      |                                          |
| (a) Of Loans Made or Guaranteed by the Candidate                              |            |                                      | 19(a)                                    |
| (b) Of All Other Loans                                                        |            |                                      | 19(b)                                    |
| (c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))                                 |            |                                      | 19(c)                                    |
| 20. REFUNDS OF CONTRIBUTIONS TO:                                              |            |                                      |                                          |
| (a) Individuals/Persons Other Than Political Committees                       | 1,250.00   | 1,250.00                             | 20(a)                                    |
| (b) Political Party Committees                                                |            |                                      | 20(b)                                    |
| (c) Other Political Committees (such as PACs)                                 |            |                                      | 20(c)                                    |
| (d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))                       | 1,250.00   | 1,250.00                             | 20(d)                                    |
| 21. OTHER DISBURSEMENTS                                                       |            | 1,314.63                             | 1,314.63                                 |
| 22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)                     |            | 61,607.35                            | 61,607.35                                |

### III. CASH SUMMARY

|                                                                              |               |    |
|------------------------------------------------------------------------------|---------------|----|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD                            | \$ 91,399.80  | 23 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16)                                | \$ 186,928.64 | 24 |
| 25. SUBTOTAL (add Line 23 and Line 24)                                       | \$ 278,328.44 | 25 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)                           | \$ 61,607.35  | 26 |
| 27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25) | \$ 216,721.09 | 27 |

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 26  
FOR LINE NUMBER 11 a (i)

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

**NAME OF COMMITTEE (In Full)**

PALLONE FOR CONGRESS (C00226928)

|                                                                                                                                                                                                                                                                      |                                                                                                                                                    |                                           |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-----------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>John Hoey, III<br>480 Ocean Blvd.<br>Long Branch, NJ 07740<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):        | <b>Name of Employer</b><br>Lawrence, O'Donnell<br>Marcus<br><br><b>Occupation</b><br>Stockbroker<br><br><b>Aggregate Year-to-Date</b> > \$ 500.00  | <b>Date (month, day, year)</b><br>1-9-98  | <b>Amount of Each Receipt this Period</b><br>500.00 |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Wm. Birdsall<br>1901 Harry Wright Blvd.<br>Whiting, NJ 08759<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):      | <b>Name of Employer</b><br>Birdsall Engineering<br><br><b>Occupation</b><br>VP<br><br><b>Aggregate Year-to-Date</b> > \$ 300.00                    | <b>Date (month, day, year)</b><br>1-16-98 | <b>Amount of Each Receipt this Period</b><br>300.00 |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Thomas Rospos<br>6 Inlet Terr.<br>Belmar, NJ 07719<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                | <b>Name of Employer</b><br>Birdsall Engineering<br><br><b>Occupation</b><br>Engr<br><br><b>Aggregate Year-to-Date</b> > \$ 300.00                  | <b>Date (month, day, year)</b><br>1-16-98 | <b>Amount of Each Receipt this Period</b><br>300.00 |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Eugene Geer<br>558 Beers St.<br>Hazlet, NJ 07730<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                  | <b>Name of Employer</b><br>N/A<br><br><b>Occupation</b><br>Retired<br><br><b>Aggregate Year-to-Date</b> > \$ 350.00                                | <b>Date (month, day, year)</b><br>2-3-98  | <b>Amount of Each Receipt this Period</b><br>350.00 |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Ara Marangosian<br>110 Stone Fence Rd.<br>Bernardsville, NJ 07924<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br>Stirling Textiles & Chemicals, Inc.<br><br><b>Occupation</b><br>Trader<br><br><b>Aggregate Year-to-Date</b> > \$ 250.00 | <b>Date (month, day, year)</b><br>2-3-98  | <b>Amount of Each Receipt this Period</b><br>250.00 |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Ara Marangosian<br>110 Stone Fence Rd.<br>Bernardsville, NJ 07924<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br>Stirling Textiles & Chemicals, Inc.<br><br><b>Occupation</b><br>Trader<br><br><b>Aggregate Year-to-Date</b> > \$ 350.00 | <b>Date (month, day, year)</b><br>2-3-98  | <b>Amount of Each Receipt this Period</b><br>100.00 |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br><br><br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                                                             | <b>Name of Employer</b><br><br><br><b>Occupation</b><br><br><br><b>Aggregate Year-to-Date</b> > \$                                                 | <b>Date (month, day, year)</b>            | <b>Amount of Each Receipt this Period</b>           |

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

1,800.00

**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 26

 FOR LINE NUMBER  
11 a (i)

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NAME OF COMMITTEE (in Full)

PALLONE FOR CONGRESS (C00226928)

|                                                                                                                                                                                                                                                                     |                                                                                                                                                  |                                           |                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>James Carey<br>2211 First Ave.<br>Spring Lake, NJ 07762<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):          | <b>Name of Employer</b><br>Self<br><br><b>Occupation</b><br>Attorney<br><br><b>Aggregate Year-to-Date</b> > \$ 250.00                            | <b>Date (month, day, year)</b><br>2-4-98  | <b>Amount of Each Receipt this Period</b><br>250.00   |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Roy Tanzman<br>4 Talia Rd.<br>Kendall Park, NJ 08824<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):             | <b>Name of Employer</b><br>Wilentz, Goldman & Spitzer<br><br><b>Occupation</b><br>Attorney<br><br><b>Aggregate Year-to-Date</b> > \$ 250.00      | <b>Date (month, day, year)</b><br>2-4-98  | <b>Amount of Each Receipt this Period</b><br>250.00   |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Eleanore Judd, M.S.<br>942 Broad St.<br>Shrewsbury, NJ 07702<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):     | <b>Name of Employer</b><br>Self<br><br><b>Occupation</b><br>Clinical Social Wrkr<br><br><b>Aggregate Year-to-Date</b> > \$ 500.00                | <b>Date (month, day, year)</b><br>2-9-98  | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Harold Hodes<br>196 W. State St.<br>Trenton, NJ 08608<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):            | <b>Name of Employer</b><br>Public Strategies<br><br><b>Occupation</b><br>Owner/Gov't Rel.<br><br><b>Aggregate Year-to-Date</b> > \$ 250.00       | <b>Date (month, day, year)</b><br>2-9-98  | <b>Amount of Each Receipt this Period</b><br>250.00   |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Russell Bent<br>PO Box 643<br>Willingboro, NJ 08048<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):              | <b>Name of Employer</b><br>Self<br><br><b>Occupation</b><br>Gov't Relations<br><br><b>Aggregate Year-to-Date</b> > \$ 300.00                     | <b>Date (month, day, year)</b><br>2-12-98 | <b>Amount of Each Receipt this Period</b><br>300.00   |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Olympia Carricarte<br>11 California Ave.<br>Hazlet, NJ 07730<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):     | <b>Name of Employer</b><br>Alma Limited, Inc.<br><br><b>Occupation</b><br>Admin. Asst.<br><br><b>Aggregate Year-to-Date</b> > \$ 1,000.00        | <b>Date (month, day, year)</b><br>2-13-98 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Patricia Lowthorp<br>530 Hwy 71<br>Spring Lake Heights, NJ 07762<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br>Birdsall Engineering<br><br><b>Occupation</b><br>Dir. Human Services<br><br><b>Aggregate Year-to-Date</b> > \$ 300.00 | <b>Date (month, day, year)</b><br>2-13-98 | <b>Amount of Each Receipt this Period</b><br>150.00   |

SUBTOTAL of Receipts This Page (optional)

2,700.00

TOTAL This Period (last page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
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Detailed Summary Page

PAGE 3 OF 26

FOR LINE NUMBER  
11 a (i)

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## NAME OF COMMITTEE (in Full)

PALLONE FOR CONGRESS (CDD226928)

|                                                                                                                                                                                                                                                                          |                                                                                                                                                 |                                           |                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|---------------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Peter Avakian<br>233 Corlies Ave.<br>Allenhurst, NJ 07711<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                 | <b>Name of Employer</b><br>Leon Avakian, Inc.<br><b>Occupation</b><br>Engineer<br><b>Aggregate Year-to-Date</b> > \$ 350.00                     | <b>Date (month, day, year)</b><br>2-17-98 | <b>Amount of Each Receipt this Period</b><br>350.00                 |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Nakul Chandra<br>40 Hope Rd.<br>Tinton Falls, NJ 07724<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                    | <b>Name of Employer</b><br>Pediatric Cardiology<br><b>Occupation</b><br>Physician<br><b>Aggregate Year-to-Date</b> > \$ 300.00                  | <b>Date (month, day, year)</b><br>2-17-98 | <b>Amount of Each Receipt this Period</b><br>300.00                 |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Jacob Elkes<br>71 Portage Dr.<br>Freehold, NJ 07728<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                       | <b>Name of Employer</b><br>Realty Guardian Abstract Inc.<br><b>Occupation</b><br>Builder/Partner<br><b>Aggregate Year-to-Date</b> > \$ 1,000.00 | <b>Date (month, day, year)</b><br>2-17-98 | <b>Amount of Each Receipt this Period</b><br>1,000.00               |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Fallon & Fallon<br>Airport Plaza 102, Hwy 36<br>Hazlet, NJ 07730<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):          | <b>Name of Employer</b><br>Partnership see (E) & (F) below<br><b>Occupation</b><br>CPAs<br><b>Aggregate Year-to-Date</b> > \$ 1,000.00          | <b>Date (month, day, year)</b><br>2-17-98 | <b>Amount of Each Receipt this Period</b><br>1,000.00               |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>(1) Charles D. Fallon<br>7 Southside Ave.<br>Atlantic Highlands, NJ 07716<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br>Fallon & Fallon<br><b>Occupation</b><br>CPA/Partner<br><b>Aggregate Year-to-Date</b> > \$ 500.00                     | <b>Date (month, day, year)</b><br>2-17-98 | <b>Amount of Each Receipt this Period</b><br>500.00<br>(MEMO ENTRY) |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>(2) Charles J. Fallon<br>5 Carriage Dr.<br>Middletown, NJ 07748<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):           | <b>Name of Employer</b><br>Fallon & Fallon<br><b>Occupation</b><br>CPA/Partner<br><b>Aggregate Year-to-Date</b> > \$ 500.00                     | <b>Date (month, day, year)</b><br>2-17-98 | <b>Amount of Each Receipt this Period</b><br>500.00<br>(MEMO ENTRY) |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Helene Jacobson<br>201 Parker Ave.<br>Deal, NJ 07723<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                      | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Retired<br><b>Aggregate Year-to-Date</b> > \$ 250.00                                     | <b>Date (month, day, year)</b><br>2-17-98 | <b>Amount of Each Receipt this Period</b><br>250.00                 |

SUBTOTAL of Receipts This Page (optional)

2,900.00

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 4 OF 26

FOR LINE NUMBER  
11 a (i).

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NAME OF COMMITTEE (in Full)

PALLONE FOR CONGRESS (C00226928)

|                                                                                                                                                                                                                                                                                |                                                                                                                                                               |                                           |                                                                         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-------------------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Dr. G. Roy<br>6 Alton Way<br>Scotch Plains, NJ 07076<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                        | <b>Name of Employer</b><br>Railway Animal Hosp.<br><br><b>Occupation</b><br>Veterinarian<br><br><b>Aggregate Year-to-Date</b> > \$ 350.00                     | <b>Date (month, day, year)</b><br>2-17-98 | <b>Amount of Each Receipt this Period</b><br><br>350.00                 |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Satellite Self Storage at Middle-<br>2126 Kings Hwy town<br>Ocean, NJ 07712<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br>Partnership<br>see "C" & "D" below<br><br><b>Occupation</b><br>Self Storage Units<br><br><b>Aggregate Year-to-Date</b> > \$ 350.00 | <b>Date (month, day, year)</b><br>2-18-98 | <b>Amount of Each Receipt this Period</b><br><br>350.00                 |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>(1) Benjamin Mann, Jr.<br>717 Ocean Ave.<br>Long Branch, NJ 07740<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):           | <b>Name of Employer</b><br>Satellite Self Stor-<br>age at Middletown<br><br><b>Occupation</b><br>Partner<br><br><b>Aggregate Year-to-Date</b> > \$ 300.00     | <b>Date (month, day, year)</b><br>2-18-98 | <b>Amount of Each Receipt this Period</b><br><br>300.00<br>(MEMO ENTRY) |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>(2) Maria Mann<br>37 Delta Dr.<br>Ocean, NJ 07712<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                           | <b>Name of Employer</b><br>Satellite Self Stor-<br>age at Middletown<br><br><b>Occupation</b><br>Partner<br><br><b>Aggregate Year-to-Date</b> > \$ 50.00      | <b>Date (month, day, year)</b><br>2-18-98 | <b>Amount of Each Receipt this Period</b><br><br>50.00<br>(MEMO ENTRY)  |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>David Thomsson<br>131 Rues Lane<br>E. Brunswick, NJ 08816<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                   | <b>Name of Employer</b><br>Brookside Veneers Ltd<br><br><b>Occupation</b><br>Owner<br><br><b>Aggregate Year-to-Date</b> > \$ 250.00                           | <b>Date (month, day, year)</b><br>2-20-98 | <b>Amount of Each Receipt this Period</b><br><br>250.00                 |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br><br><br><br><br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                                                               | <b>Name of Employer</b><br><br><br><br><br><b>Occupation</b><br><br><br><br><br><b>Aggregate Year-to-Date</b> > \$                                            | <b>Date (month, day, year)</b>            | <b>Amount of Each Receipt this Period</b>                               |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br><br><br><br><br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                                                               | <b>Name of Employer</b><br><br><br><br><br><b>Occupation</b><br><br><br><br><br><b>Aggregate Year-to-Date</b> > \$                                            | <b>Date (month, day, year)</b>            | <b>Amount of Each Receipt this Period</b>                               |

SUBTOTAL of Receipts This Page (optional)

950.00

TOTAL This Period (last page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary PagePAGE 5 OF 26  
FOR LINE NUMBER  
11 a (1)

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## NAME OF COMMITTEE (in Full)

PALLONE FOR CONGRESS (C00226928)

| A. Full Name, Mailing Address and ZIP Code                                                                                             | Name of Employer                          | Date (month, day, year)            | Amount of Each Receipt this Period                           |
|----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|------------------------------------|--------------------------------------------------------------|
| CME Associates<br>3141 Bordentown Ave.<br>Parlin, NJ 08859                                                                             | Partnership -<br>see "B" below            | 2-23-98                            | 250.00                                                       |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>Engineers                   |                                    |                                                              |
|                                                                                                                                        | Aggregate Year-to-Date > \$ 250.00        |                                    |                                                              |
| B. Full Name, Mailing Address and ZIP Code<br>Jay Cornell<br>31 Tyska Ave.<br>Sayreville, NJ 08872                                     | Name of Employer<br>CME Associates        | Date (month, day, year)<br>2-23-98 | Amount of Each Receipt this Period<br>250.00<br>(MEMO ENTRY) |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>Engr/partner                |                                    |                                                              |
|                                                                                                                                        | Aggregate Year-to-Date > \$ 250.00        |                                    |                                                              |
| C. Full Name, Mailing Address and ZIP Code<br>Rita Balian<br>300 Crystal Dr.<br>Arlington, VA 22202                                    | Name of Employer<br>N/A                   | Date (month, day, year)<br>2-24-98 | Amount of Each Receipt this Period<br>500.00                 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>Not employed                |                                    |                                                              |
|                                                                                                                                        | Aggregate Year-to-Date > \$ 500.00        |                                    |                                                              |
| D. Full Name, Mailing Address and ZIP Code<br>Judy Benn<br>53 Dwight Dr.<br>Ocean, NJ 07712                                            | Name of Employer<br>Self                  | Date (month, day, year)<br>2-24-98 | Amount of Each Receipt this Period<br>500.00                 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>Career Counseling           |                                    |                                                              |
|                                                                                                                                        | Aggregate Year-to-Date > \$ 500.00        |                                    |                                                              |
| E. Full Name, Mailing Address and ZIP Code<br>Foster S. Osborne, Jr.<br>66 Pine Grove Ave.<br>Summit, NJ 07901                         | Name of Employer<br>C. S. Osborne & Co.   | Date (month, day, year)<br>2-24-98 | Amount of Each Receipt this Period<br>1,000.00               |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>Businessman                 |                                    |                                                              |
|                                                                                                                                        | Aggregate Year-to-Date > \$ 1,000.00      |                                    |                                                              |
| F. Full Name, Mailing Address and ZIP Code<br>Grace Pinajian<br>715 Timberline Dr.<br>Wyckoff, NJ 07481                                | Name of Employer<br>Nat'l French Cleaners | Date (month, day, year)<br>2-24-98 | Amount of Each Receipt this Period<br>250.00                 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>Clerk                       |                                    |                                                              |
|                                                                                                                                        | Aggregate Year-to-Date > \$ 250.00        |                                    |                                                              |
| G. Full Name, Mailing Address and ZIP Code<br>Jean Zipf Borup<br>37 Navesink Ave.<br>Runson, NJ 07760                                  | Name of Employer<br>N/A                   | Date (month, day, year)<br>2-25-98 | Amount of Each Receipt this Period<br>1,000.00               |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>Retired                     |                                    |                                                              |
|                                                                                                                                        | Aggregate Year-to-Date > \$ 1,000.00      |                                    |                                                              |

SUBTOTAL of Receipts This Page (optional)

3,500.00

TOTAL This Period (last page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary PagePAGE 6 OF 26  
FOR LINE NUMBER  
11 a (1)

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## NAME OF COMMITTEE (In Full)

PALLONE FOR CONGRESS (C00226928)

|                                                                                                                                                                                                                                                                    |                                                                                                                                                    |                                           |                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|---------------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Norman Mesnikoff<br>1518 Roller Rd.<br>Ocean, NJ 07712<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):          | <b>Name of Employer</b><br>Mesnikoff & Schneider<br><br><b>Occupation</b><br>Attorney<br><b>Aggregate Year-to-Date</b> > \$ 250.00                 | <b>Date (month, day, year)</b><br>2-26-98 | <b>Amount of Each Receipt this Period</b><br>250.00                 |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Anusch Warutian<br>5102 N. Octavia<br>Harwood Heights, IL 60636<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br>Best efforts<br>see attached<br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 1,000.00                | <b>Date (month, day, year)</b><br>2-26-98 | <b>Amount of Each Receipt this Period</b><br>1,000.00               |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>CR Associates<br>317 Mass. Ave. NE<br>Washington, DC 20002<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):      | <b>Name of Employer</b><br>Partnership - see<br>"d" & "e" below<br><br><b>Occupation</b><br>Lobbyists<br><b>Aggregate Year-to-Date</b> > \$ 500.00 | <b>Date (month, day, year)</b><br>2-27-98 | <b>Amount of Each Receipt this Period</b><br>500.00                 |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>(1) Nicholas Cavarocchi<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                         | <b>Name of Employer</b><br>CR Associates<br><br><b>Occupation</b><br>Lobbyist/Partner<br><b>Aggregate Year-to-Date</b> > \$ 250.00                 | <b>Date (month, day, year)</b><br>2-27-98 | <b>Amount of Each Receipt this Period</b><br>250.00<br>(MEMO ENTRY) |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>(2) Domenic Ruscio<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                              | <b>Name of Employer</b><br>CR Associates<br><br><b>Occupation</b><br>Lobbyist/Partner<br><b>Aggregate Year-to-Date</b> > \$ 250.00                 | <b>Date (month, day, year)</b><br>2-27-98 | <b>Amount of Each Receipt this Period</b><br>250.00<br>(MEMO ENTRY) |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Adelaid Franklin<br>1 Main St.<br>Avon, NJ 07717<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                | <b>Name of Employer</b><br>Main One Marina, Inc.<br><br><b>Occupation</b><br>Owner<br><b>Aggregate Year-to-Date</b> > \$ 500.00                    | <b>Date (month, day, year)</b><br>2-27-98 | <b>Amount of Each Receipt this Period</b><br>500.00                 |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Norman Konvitz<br>1218 West Park Ave.<br>Wayside, NJ 07712<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):      | <b>Name of Employer</b><br>Int'l Fidelity Ins.<br><br><b>Occupation</b><br>Surety Bonding<br><b>Aggregate Year-to-Date</b> > \$ 850.00             | <b>Date (month, day, year)</b><br>2-27-98 | <b>Amount of Each Receipt this Period</b><br>850.00                 |

SUBTOTAL of Receipts This Page (optional)

3,100.00

TOTAL This Period (last page this line number only)

# PALLONE FOR CONGRESS

P.O. Box 3176  
Long Branch, NJ 07740  
Tel: (908) 571-4141 • Fax (908) 571-9488

March 6, 1998

Mr. Anusch Warutian  
5102 N. Octavia  
Harwood Heights, IL 60636

Dear Mr. Warutian:

On behalf of Congressman Frank Pallone, I want to express my appreciation for your recent contribution to his campaign.

Federal Law requires that our Committee report the full name, address, occupation and name of employer for each individual who contributes in excess of \$200.00 in a calendar year.

In that regard, I have enclosed a card and return envelope for your convenience.

Thank you again for your support and cooperation.

Sincerely,

*Marilyn Regan*

Marilyn Regan, Asst. Treas.  
Pallone for Congress

Enc: 2

Please complete all of the following information regarding your contribution:

Full Name Anusch Warutian

☒ Mailing Address \_\_\_\_\_ ☒ Tel: \_\_\_\_\_

☒ City \_\_\_\_\_ ☒ State \_\_\_\_\_ ☒ Zip \_\_\_\_\_

The Federal Election Campaign Act also requires the following:

☒ Occupation \_\_\_\_\_ ☒ Still Employed? (check) \_\_\_\_\_

☒ Employer/Business Name \_\_\_\_\_

☒ Business Address \_\_\_\_\_ ☒ Tel: \_\_\_\_\_

PLEASE MAKE CHECKS PAYABLE TO: PALLONE FOR CONGRESS

Please return to: P.O. Box 3176, Long Branch, NJ 07740

Amount \$ 1,000.00 Date: dep. 2-26-98

We cannot accept Corporate Checks

 Paid for by Pallone for Congress. J. Tuohy, Treas. Political Contributions are Non-tax deductible.

## SCHEDULE A

## ITEMIZED RECEIPTS

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

PAGE 7 OF 26

FOR LINE NUMBER  
11 a (i)

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## NAME OF COMMITTEE (in Full)

PALLONE FOR CONGRESS (C00226928)

|                                                                                                                                                                                                                                                              |                                                                                                                                   |                                           |                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-----------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Norman Konvitz<br>1218 West Park Ave.<br>Wayside, NJ 07712<br><br>Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General   | <b>Name of Employer</b><br>Int'l Fidelity Ins.<br><br><b>Occupation</b><br>Surety Bonding<br>Aggregate Year-to-Date > \$ 1,000.00 | <b>Date (month, day, year)</b><br>2-27-98 | <b>Amount of Each Receipt this Period</b><br><br>150.00   |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Anne Konvitz<br>1060 Ocean Ave.<br>Elberon, NJ 07740<br><br>Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General         | <b>Name of Employer</b><br>N/A<br><br><b>Occupation</b><br>Not employed<br>Aggregate Year-to-Date > \$ 1,000.00                   | <b>Date (month, day, year)</b><br>2-27-98 | <b>Amount of Each Receipt this Period</b><br><br>1,000.00 |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Philip Konvitz<br>1060 Ocean Ave.<br>Elberon, NJ 07740<br><br>Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General       | <b>Name of Employer</b><br>Acme Bonding Agency<br><br><b>Occupation</b><br>Insurance<br>Aggregate Year-to-Date > \$ 1,000.00      | <b>Date (month, day, year)</b><br>2-27-98 | <b>Amount of Each Receipt this Period</b><br><br>1,000.00 |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Pauline Emerson<br>64 Broad St.<br>Freehold, NJ 07728<br><br>Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General        | <b>Name of Employer</b><br>Pauline's Health Food Store<br><br><b>Occupation</b><br>Owner<br>Aggregate Year-to-Date > \$ 250.00    | <b>Date (month, day, year)</b><br>3-2-98  | <b>Amount of Each Receipt this Period</b><br><br>250.00   |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Robert Roe<br>PO Box 407<br>Wayne, NJ 07470<br><br>Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General                  | <b>Name of Employer</b><br>Robt. A. Roe Assn.<br><br><b>Occupation</b><br>Gov't Affairs<br>Aggregate Year-to-Date > \$ 1,000.00   | <b>Date (month, day, year)</b><br>3-2-98  | <b>Amount of Each Receipt this Period</b><br><br>1,000.00 |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Diego Visceglia<br>24 Wildwood Rd.<br>Saddle River, NJ 07458<br><br>Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General | <b>Name of Employer</b><br>Summit Assoc, Inc.<br><br><b>Occupation</b><br>Pres.<br>Aggregate Year-to-Date > \$ 500.00             | <b>Date (month, day, year)</b><br>3-2-98  | <b>Amount of Each Receipt this Period</b><br><br>500.00   |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>John Visceglia<br>24 Wildwood Rd.<br>Saddle River, NJ 07458<br><br>Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  | <b>Name of Employer</b><br>Summit Assoc., Inc.<br><br><b>Occupation</b><br>Exec. VP<br>Aggregate Year-to-Date > \$ 500.00         | <b>Date (month, day, year)</b><br>3-2-98  | <b>Amount of Each Receipt this Period</b><br><br>500.00   |

SUBTOTAL of Receipts This Page (optional)

4,400.00

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 26

FOR LINE NUMBER  
11 a (i)

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NAME OF COMMITTEE (in Full)

PALLONE FOR CONGRESS (C00226928)

|                                                                                                                                               |                                                       |                                           |                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Robert Fagenson<br>535 E. 86th St.<br>New York, NY 10028                                 | <b>Name of Employer</b><br>Fagenson & Co.             | <b>Date (month, day, year)</b><br>3-4-98  | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Member NYSE                      |                                           |                                                       |
| <b>Aggregate Year-to-Date</b> > \$ 1,000.00                                                                                                   |                                                       |                                           |                                                       |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Harold Zullo<br>Action for Behavior Change<br>321 Sunset Ave.<br>Asbury Park, NJ 07712   | <b>Name of Employer</b><br>Action for Behavior Change | <b>Date (month, day, year)</b><br>3-4-98  | <b>Amount of Each Receipt this Period</b><br>250.00   |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Sole Prop.                       |                                           |                                                       |
| <b>Aggregate Year-to-Date</b> > \$ 250.00                                                                                                     |                                                       |                                           |                                                       |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Richard Carolan<br>7049 Birdview Ave.<br>Malibu, CA 90265                                | <b>Name of Employer</b><br>N/A                        | <b>Date (month, day, year)</b><br>3-6-98  | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Retired                          |                                           |                                                       |
| <b>Aggregate Year-to-Date</b> > \$ 1,000.00                                                                                                   |                                                       |                                           |                                                       |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Loretta Pullano<br>883 Red Oaks Dr.<br>Elberon, NJ 07740                                 | <b>Name of Employer</b><br>N/A                        | <b>Date (month, day, year)</b><br>3-6-98  | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Retired                          |                                           |                                                       |
| <b>Aggregate Year-to-Date</b> > \$ 1,000.00                                                                                                   |                                                       |                                           |                                                       |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Norma Rosenbloom<br>Channel Club Tower<br>Monmouth Beach, NJ 07750                       | <b>Name of Employer</b><br>N/A                        | <b>Date (month, day, year)</b><br>3-6-98  | <b>Amount of Each Receipt this Period</b><br>300.00   |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Retired                          |                                           |                                                       |
| <b>Aggregate Year-to-Date</b> > \$ 300.00                                                                                                     |                                                       |                                           |                                                       |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Richard Mosca<br>104 Cannonball Dr.<br>Tinton Falls, NJ 07753                            | <b>Name of Employer</b><br>Twp Ocean Bd. of Education | <b>Date (month, day, year)</b><br>3-10-98 | <b>Amount of Each Receipt this Period</b><br>250.00   |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Teacher/Counselor                |                                           |                                                       |
| <b>Aggregate Year-to-Date</b> > \$ 250.00                                                                                                     |                                                       |                                           |                                                       |
| <b>G. Full Name, Mailing Address and ZIP Code</b>                                                                                             | <b>Name of Employer</b>                               | <b>Date (month, day, year)</b>            | <b>Amount of Each Receipt this Period</b>             |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):            | <b>Occupation</b>                                     |                                           |                                                       |
| <b>Aggregate Year-to-Date</b> > \$                                                                                                            |                                                       |                                           |                                                       |

SUBTOTAL of Receipts This Page (optional)

3,800.00

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 9 OF 26

FOR LINE NUMBER 11 a (1)

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NAME OF COMMITTEE (in full)

PALLONE FOR CONGRESS (C00226928)

|                                                                                                                                                |                                                               |                                |                                           |
|------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|--------------------------------|-------------------------------------------|
| <p>A. Full Name, Mailing Address and ZIP Code</p> <p>Attilio Palumbo<br/>Tinton Falls Centre<br/>Tinton Falls, NJ 07724</p>                    | <p>Name of Employer</p> <p>Palumbo's Restaurant</p>           | <p>Date (month, day, year)</p> | <p>Amount of Each Receipt this Period</p> |
| <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p> | <p>Occupation</p> <p>Owner</p>                                | <p>3-11-98</p>                 | <p>500.00</p>                             |
| <p>B. Full Name, Mailing Address and ZIP Code</p> <p>Hugo Princz<br/>312 Harrison Ave.<br/>Highland Park, NJ 08904</p>                         | <p>Name of Employer</p> <p>YM-YWHA</p>                        | <p>Date (month, day, year)</p> | <p>Amount of Each Receipt this Period</p> |
| <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p> | <p>Occupation</p> <p>Bldg. Admin.</p>                         | <p>3-11-98</p>                 | <p>250.00</p>                             |
| <p>C. Full Name, Mailing Address and ZIP Code</p> <p>Narpat Bhandari<br/>14530 Deer Park Ct.<br/>Los Gatos, CA 95032</p>                       | <p>Name of Employer</p> <p>Self</p>                           | <p>Date (month, day, year)</p> | <p>Amount of Each Receipt this Period</p> |
| <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p> | <p>Occupation</p> <p>Engineer</p>                             | <p>3-8-98</p>                  | <p>500.00</p>                             |
| <p>D. Full Name, Mailing Address and ZIP Code</p> <p>Haresh Panchal<br/>Star Motel<br/>875 N. 13th St.<br/>San Jose, CA 95110</p>              | <p>Name of Employer</p> <p>Star Motel</p>                     | <p>Date (month, day, year)</p> | <p>Amount of Each Receipt this Period</p> |
| <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p> | <p>Occupation</p> <p>Owner</p>                                | <p>3-8-98</p>                  | <p>500.00</p>                             |
| <p>E. Full Name, Mailing Address and ZIP Code</p> <p>Mahendra Patel<br/>PO Box 1146<br/>Menlo Park, CA 94026</p>                               | <p>Name of Employer</p> <p>Livermore Inn</p>                  | <p>Date (month, day, year)</p> | <p>Amount of Each Receipt this Period</p> |
| <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p> | <p>Occupation</p> <p>Owner</p>                                | <p>3-8-98</p>                  | <p>500.00</p>                             |
| <p>F. Full Name, Mailing Address and ZIP Code</p> <p>Rodeway Inn<br/>611 Leavesley Rd.<br/>Gilroy, CA 95020</p>                                | <p>Name of Employer</p> <p>Partnership-see next 2 entries</p> | <p>Date (month, day, year)</p> | <p>Amount of Each Receipt this Period</p> |
| <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p> | <p>Occupation</p> <p>Motel/Partnership</p>                    | <p>3-8-98</p>                  | <p>500.00</p>                             |
| <p>G. Full Name, Mailing Address and ZIP Code</p> <p>(1) Ashok Patel<br/>611 Leavesley Rd.<br/>Gilroy, CA 95020</p>                            | <p>Name of Employer</p> <p>Rodeway Inn</p>                    | <p>Date (month, day, year)</p> | <p>Amount of Each Receipt this Period</p> |
| <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p> | <p>Occupation</p> <p>Owner/partner</p>                        | <p>3-8-98</p>                  | <p>250.00<br/>(MEMO ENTRY)</p>            |

SUBTOTAL of Receipts This Page (optional)

2,750.00

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 10 OF 26

FOR LINE NUMBER  
11 a (i)

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## NAME OF COMMITTEE (in Full)

PALLONE FOR CONGRESS (C00226928)

|                                                                                                                                                                                                                                                                    |                                                                                                                                 |                                           |                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|---------------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>(2) Subhash Patel<br>611 Leavesley Rd.<br>Gilroy, CA 95020<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):          | <b>Name of Employer</b><br>Rodeway Inn<br><b>Occupation</b><br>Owner/Partner<br><b>Aggregate Year-to-Date</b> > \$ 250.00       | <b>Date (month, day, year)</b><br>3-8-98  | <b>Amount of Each Receipt this Period</b><br>250.00<br>(MEMO ENTRY) |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Garo Armen<br>66 Mayfair Lane<br>Manhasset, NY 11030<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                | <b>Name of Employer</b><br>Armen Partners<br><b>Occupation</b><br>Money Mgmt<br><b>Aggregate Year-to-Date</b> > \$ 250.00       | <b>Date (month, day, year)</b><br>3-11-98 | <b>Amount of Each Receipt this Period</b><br>250.00                 |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Andrew Shahinian<br>5 East Dr.<br>Oradell, NJ 07649<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                 | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Retired<br><b>Aggregate Year-to-Date</b> > \$ 400.00                     | <b>Date (month, day, year)</b><br>3-11-98 | <b>Amount of Each Receipt this Period</b><br>400.00                 |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Louise Simone<br>500 Park Ave.<br>New York, NY 10022<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Retired<br><b>Aggregate Year-to-Date</b> > \$ 1,000.00                   | <b>Date (month, day, year)</b><br>3-11-98 | <b>Amount of Each Receipt this Period</b><br>1,000.00               |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Hasmieg Yankelovich<br>14 B. 75th St.<br>New York, NY 10021<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):         | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Retired<br><b>Aggregate Year-to-Date</b> > \$ 250.00                     | <b>Date (month, day, year)</b><br>3-11-98 | <b>Amount of Each Receipt this Period</b><br>250.00                 |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Krihor Zadourian<br>159 Demarest Ave,<br>Englewood Cliffs, NJ 07632<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br>Lyko Mfg. Corp.<br><b>Occupation</b><br>Machinist<br><b>Aggregate Year-to-Date</b> > \$ 500.00       | <b>Date (month, day, year)</b><br>3-11-98 | <b>Amount of Each Receipt this Period</b><br>500.00                 |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Ratan Baid<br>11331 Gonsalves<br>Cerritos, CA 90701<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                 | <b>Name of Employer</b><br>Best efforts<br>see attached<br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 1,000.00 | <b>Date (month, day, year)</b><br>3-11-98 | <b>Amount of Each Receipt this Period</b><br>1,000.00               |

SUBTOTAL of Receipts This Page (optional)

3,400.00

TOTAL This Period (last page this line number only)

# PALLONE FOR CONGRESS

P.O. Box 3176  
Long Branch, NJ 07740  
Tel: (908) 571-4141 • Fax (908) 571-9488

March 13, 1998

Mr. Ratan Baid  
11331 Gonsalves  
Cerritos, CA 90701

Dear Mr. Baid:

On behalf of Congressman Frank Pallone, I want to express my appreciation for your recent contribution to his campaign.

Federal Law requires that our Committee report the full name, address, occupation and name of employer for each individual who contributes in excess of \$200.00 in a calendar year.

In that regard, I have enclosed a card and return envelope for your convenience.

Thank you again for your support and cooperation.

Sincerely,

Marilyn Regan, Asst. Treas.  
Pallone for Congress

Enc: 2

Please complete all of the following information regarding your contribution:

Full Name Ratan Baid  
Mailing Address 11331 Gonsalves  
City Cerritos State CA Zip 90701

The Federal Election Campaign Act also requires the following

Occupation \_\_\_\_\_ Self-Employed? (check) \_\_\_\_\_  
Employer/Business Name \_\_\_\_\_  
Business Address \_\_\_\_\_  
\_\_\_\_\_

PLEASE MAKE CHECKS PAYABLE TO: PALLONE FOR CONGRESS

Please return to: P.O. Box 3176, Long Branch, NJ 07740

Amount \$ 1,000.00 Date: 3-11-98

We cannot accept Corporate Checks



Paid for by Pallone for Congress, J. Tully Treas. Political Contributions are Non-tax deductible.

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary PagePAGE 11 OF 26  
FOR LINE NUMBER 11 a (1)

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## NAME OF COMMITTEE (in Full)

PALLONE FOR CONGRESS (C00226928)

|                                                                                                                                                                                                                                                                |                                                                                                                                            |                                           |                                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Walter J. Kahn<br>16 Tuxedo Rd.<br>Rumson, NJ 07760<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):         | <b>Name of Employer</b><br>Mid-Atlantic Eye Center<br><br><b>Occupation</b><br>Physician<br><b>Aggregate Year-to-Date</b> > \$ 1,000.00    | <b>Date (month, day, year)</b><br>3-11-98 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Ralph Rapisardi<br>PO Box 1255<br>Wall, NJ 07719<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):            | <b>Name of Employer</b><br>Crown Beer Dist.<br><br><b>Occupation</b><br>Pres.<br><b>Aggregate Year-to-Date</b> > \$ 250.00                 | <b>Date (month, day, year)</b><br>3-11-98 | <b>Amount of Each Receipt this Period</b><br>250.00   |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Krishan Reddy<br>7910 Norwalk Blvd.<br>Whittier, CA 90606<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):   | <b>Name of Employer</b><br>Self<br><br><b>Occupation</b><br>Dentist<br><b>Aggregate Year-to-Date</b> > \$ 1,000.00                         | <b>Date (month, day, year)</b><br>3-8-98  | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>David Springer<br>1401 K St. NW<br>Washington, DC 20005<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):     | <b>Name of Employer</b><br>The Washington Group<br><br><b>Occupation</b><br>Atty/Lobbyist<br><b>Aggregate Year-to-Date</b> > \$ 350.00     | <b>Date (month, day, year)</b><br>3-11-98 | <b>Amount of Each Receipt this Period</b><br>350.00   |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Lata Santhanam<br>3109 Sleepy Hollow Dr.<br>Plano, TX 75093<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br>U.S. Rehab.<br><br><b>Occupation</b><br>VP<br><b>Aggregate Year-to-Date</b> > \$ 250.00                         | <b>Date (month, day, year)</b><br>3-15-98 | <b>Amount of Each Receipt this Period</b><br>250.00   |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Sam Catton<br>787 Ocean Ave.<br>Long Branch, NJ 07740<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):       | <b>Name of Employer</b><br>N/A<br><br><b>Occupation</b><br>Retired<br><b>Aggregate Year-to-Date</b> > \$ 250.00                            | <b>Date (month, day, year)</b><br>3-17-98 | <b>Amount of Each Receipt this Period</b><br>250.00   |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>David Nussbaum<br>PO Box 28<br>Deal, NJ 07723<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):               | <b>Name of Employer</b><br>Monmouth County Jewish Fed.<br><br><b>Occupation</b><br>Exec. Dir.<br><b>Aggregate Year-to-Date</b> > \$ 250.00 | <b>Date (month, day, year)</b><br>3-17-98 | <b>Amount of Each Receipt this Period</b><br>250.00   |
| <b>SUBTOTAL of Receipts This Page (optional)</b>                                                                                                                                                                                                               |                                                                                                                                            |                                           | 3,350.00                                              |
| <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 12 OF 26

FOR LINE NUMBER  
11 a (i)

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## NAME OF COMMITTEE (In Full)

PALLONE FOR CONGRESS (C00226928)

|                                                                                                                                               |                                                                               |                                           |                                                                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------|------------------------------------------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Veena Gandhi<br>PO Box 4735<br>Cerritos, CA 90703                                        | <b>Name of Employer</b><br>N/A                                                | <b>Date (month, day, year)</b><br>3-8-98  | <b>Amount of Each Receipt this Period</b><br>1,000.00<br>(refunded 250.00 - see Sched B 20a)   |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Housewife<br><b>Aggregate Year-to-Date</b> > \$ 750.00   |                                           |                                                                                                |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Veena Gandhi<br>PO Box 4735<br>Cerritos, CA 90703                                        | <b>Name of Employer</b><br>N/A                                                | <b>Date (month, day, year)</b><br>3-8-98  | <b>Amount of Each Receipt this Period</b><br>2,000.00<br>(refunded 1,000.00 - see Sched B 20a) |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Housewife<br><b>Aggregate Year-to-Date</b> > \$ 1,750.00 |                                           |                                                                                                |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Helene L. Hassine<br>1068 Ocean Ave.<br>Long Branch, NJ 07740                            | <b>Name of Employer</b><br>N/A                                                | <b>Date (month, day, year)</b><br>3-19-98 | <b>Amount of Each Receipt this Period</b><br>750.00                                            |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Housewife<br><b>Aggregate Year-to-Date</b> > \$ 750.00   |                                           |                                                                                                |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Charles Hesse<br>PO Box 236<br>Leonardo, NJ 07737                                        | <b>Name of Employer</b><br>C. J. Hesse, Inc.                                  | <b>Date (month, day, year)</b><br>3-19-98 | <b>Amount of Each Receipt this Period</b><br>500.00                                            |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Contractor<br><b>Aggregate Year-to-Date</b> > \$ 500.00  |                                           |                                                                                                |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Ashok Kumar<br>608 Fillmore St.<br>San Francisco, CA 94117                               | <b>Name of Employer</b><br>Flagship Inn                                       | <b>Date (month, day, year)</b><br>3-19-98 | <b>Amount of Each Receipt this Period</b><br>1,000.00                                          |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Owner<br><b>Aggregate Year-to-Date</b> > \$ 1,000.00     |                                           |                                                                                                |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Ashok Kumar<br>608 Fillmore St.<br>San Francisco, CA 94117                               | <b>Name of Employer</b><br>Flagship Inn                                       | <b>Date (month, day, year)</b><br>3-19-98 | <b>Amount of Each Receipt this Period</b><br>1,000.00                                          |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Owner<br><b>Aggregate Year-to-Date</b> > \$ 2,000.00     |                                           |                                                                                                |
| <b>G. Full Name, Mailing Address and ZIP Code</b>                                                                                             | <b>Name of Employer</b>                                                       | <b>Date (month, day, year)</b>            | <b>Amount of Each Receipt this Period</b>                                                      |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):            | <b>Occupation</b><br><b>Aggregate Year-to-Date</b> > \$                       |                                           |                                                                                                |

SUBTOTAL of Receipts This Page (optional)

6,250.00

TOTAL This Period (last page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

 Use separate schedule(s)  
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Detailed Summary Page

 PAGE 13 OF 26  
FOR LINE NUMBER  
11 a (1)

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## NAME OF COMMITTEE (In Full)

PALLONE FOR CONGRESS (CDD226928)

|                                                                                                                                                                                                                                                                      |                                                                                                                                                           |                                           |                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-----------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Vincent J. LaRocca<br>44 Medford Ct.<br>Red Bank, NJ 07701<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):        | <b>Name of Employer</b><br>T.A.D. Corp<br><br><b>Occupation</b><br>Pres.<br><b>Aggregate Year-to-Date</b> > \$ 250.00                                     | <b>Date (month, day, year)</b><br>3-20-98 | <b>Amount of Each Receipt This Period</b><br><br>250.00   |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Robert Rothstein<br>1915 Shadowbrook Dr.<br>Wall, NJ 07719<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):        | <b>Name of Employer</b><br>Rothstein, Mandell,<br>Strohm, Must, Gertner<br><br><b>Occupation</b><br>Attorney<br><b>Aggregate Year-to-Date</b> > \$ 500.00 | <b>Date (month, day, year)</b><br>3-20-98 | <b>Amount of Each Receipt This Period</b><br><br>500.00   |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Richard Sameth<br>954 Barnegat Lane<br>Mantoloking, NJ 08738<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):      | <b>Name of Employer</b><br>Western Termite &<br>Pest Control<br><br><b>Occupation</b><br>Exec.<br><b>Aggregate Year-to-Date</b> > \$ 250.00               | <b>Date (month, day, year)</b><br>3-23-98 | <b>Amount of Each Receipt This Period</b><br><br>250.00   |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Lois Shafir<br>169 Comanche Dr.<br>Oceanport, NJ 07757<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):            | <b>Name of Employer</b><br>Self<br><br><b>Occupation</b><br>Attorney<br><b>Aggregate Year-to-Date</b> > \$ 250.00                                         | <b>Date (month, day, year)</b><br>3-23-98 | <b>Amount of Each Receipt This Period</b><br><br>250.00   |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Dominic Cerminaro<br>244 Harrison Ave.<br>Highland Park, NJ 08904<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br>Self<br><br><b>Occupation</b><br>Attorney<br><b>Aggregate Year-to-Date</b> > \$ 500.00                                         | <b>Date (month, day, year)</b><br>3-24-98 | <b>Amount of Each Receipt This Period</b><br><br>500.00   |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Glenn Meltzer<br>5 Quail Mews<br>North Brunswick, NJ 08902<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):        | <b>Name of Employer</b><br>Silkwood Designs<br><br><b>Occupation</b><br>Owner<br><b>Aggregate Year-to-Date</b> > \$ 250.00                                | <b>Date (month, day, year)</b><br>3-24-98 | <b>Amount of Each Receipt This Period</b><br><br>250.00   |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Joseph Stern<br>19 Brookdale Ct.<br>Highland Park, NJ 08904<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):       | <b>Name of Employer</b><br>Eastman Properties<br><br><b>Occupation</b><br>Owner<br><b>Aggregate Year-to-Date</b> > \$ 1,000.00                            | <b>Date (month, day, year)</b><br>3-24-98 | <b>Amount of Each Receipt This Period</b><br><br>1,000.00 |

SUBTOTAL of Receipts This Page (optional)

3,000.00

TOTAL This Period (last page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
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Detailed Summary Page

PAGE 4 OF 26

FOR LINE NUMBER  
11 a (1)

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## NAME OF COMMITTEE (In Full)

PALLONE FOR CONGRESS (C00226928)

|                                                                                                                                                                                                                                                                    |                                                                                                                                                     |                                           |                                                                         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-------------------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Kelso & Kaplan<br>PO Box 1208<br>New Brunswick, NJ 08903<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):        | <b>Name of Employer</b><br>Partnership - see<br>"B" & "C" below<br><br><b>Occupation</b><br>Attorneys<br><b>Aggregate Year-to-Date</b> > \$ 500.00  | <b>Date (month, day, year)</b><br>3-24-98 | <b>Amount of Each Receipt this Period</b><br><br>500.00                 |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>(1) Bruce Kaplan<br>132 Hamilton St.<br>New Brunswick, NJ 08903<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br>Kelso & Kaplan<br><br><b>Occupation</b><br>Partner/Attorney<br><b>Aggregate Year-to-Date</b> > \$ 250.00                 | <b>Date (month, day, year)</b><br>3-24-98 | <b>Amount of Each Receipt this Period</b><br><br>250.00<br>(MEMO ENTRY) |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>(2) Thomas Kelso<br>132 Hamilton St.<br>New Brunswick, NJ 08903<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br>Kelso & Kaplan<br><br><b>Occupation</b><br>Partner/Attorney<br><b>Aggregate Year-to-Date</b> > \$ 250.00                 | <b>Date (month, day, year)</b><br>3-24-98 | <b>Amount of Each Receipt this Period</b><br><br>250.00<br>(MEMO ENTRY) |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Frank Arlinghaus, Jr.<br>Wind Mill Lane<br>Rumson, NJ 07760<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):     | <b>Name of Employer</b><br>Monmouth Pulmonary<br>& Critical Care<br><br><b>Occupation</b><br>Physician<br><b>Aggregate Year-to-Date</b> > \$ 500.00 | <b>Date (month, day, year)</b><br>3-24-98 | <b>Amount of Each Receipt this Period</b><br><br>500.00                 |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Raymond Cosgrove<br>PO Box 500<br>Rumson, NJ 07760<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):              | <b>Name of Employer</b><br>Bahrs Landing<br>Restuarant<br><br><b>Occupation</b><br>Owner<br><b>Aggregate Year-to-Date</b> > \$ 250.00               | <b>Date (month, day, year)</b><br>3-24-98 | <b>Amount of Each Receipt this Period</b><br><br>250.00                 |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Barbara Farrell<br>10 Circle Dr.<br>Rumson, NJ 07760<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):            | <b>Name of Employer</b><br>N/A<br><br><b>Occupation</b><br>Homemaker<br><b>Aggregate Year-to-Date</b> > \$ 250.00                                   | <b>Date (month, day, year)</b><br>3-24-98 | <b>Amount of Each Receipt this Period</b><br><br>250.00                 |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Louise Hoffman<br>787 Ocean Ave.<br>Long Branch, NJ 07740<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):       | <b>Name of Employer</b><br>N/A<br><br><b>Occupation</b><br>Homemaker<br><b>Aggregate Year-to-Date</b> > \$ 500.00                                   | <b>Date (month, day, year)</b><br>3-24-98 | <b>Amount of Each Receipt this Period</b><br><br>500.00                 |

SUBTOTAL of Receipts This Page (optional)

2,000.00

TOTAL This Period (last page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary PagePAGE 15 OF 26  
FOR LINE NUMBER 11 a (1)

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## NAME OF COMMITTEE (in Full)

PALLONE FOR CONGRESS (C00226928)

|                                                                                                                                               |                                                            |                                               |                                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|-----------------------------------------------|---------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Michael Levin<br>1447 Cedar Row<br>Lakewood, NJ 08701                                    | <b>Name of Employer</b><br>Levin, Shea,<br>Pfeffer & Topas | <b>Date (month,<br/>day, year)</b><br>3-24-98 | <b>Amount of Each<br/>Receipt this Period</b><br>500.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Attorney                              | 3-24-98                                       | 500.00                                                  |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Gerard Lingner<br>134 Avenel Blvd.<br>Long Branch, NJ 07740                              | <b>Name of Employer</b><br>AT&T Bell Labs                  | <b>Date (month,<br/>day, year)</b><br>3-24-98 | <b>Amount of Each<br/>Receipt this Period</b><br>250.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Technician                            | 3-24-98                                       | 250.00                                                  |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Barry Segall<br>8 Adams St.<br>Morganville, NJ 07751                                     | <b>Name of Employer</b><br>Self                            | <b>Date (month,<br/>day, year)</b><br>3-24-98 | <b>Amount of Each<br/>Receipt this Period</b><br>750.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Attorney                              | 3-24-98                                       | 750.00                                                  |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Mary Tassini<br>815 Rathjen Rd.<br>Brielle, NJ 08730                                     | <b>Name of Employer</b><br>Cablevision<br>Systems, Corp.   | <b>Date (month,<br/>day, year)</b><br>3-24-98 | <b>Amount of Each<br/>Receipt this Period</b><br>500.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Mkt. Director                         | 3-24-98                                       | 500.00                                                  |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Mary Zdanowicz<br>247 Portland Rd.<br>Atlantic Highlands, NJ 07716                       | <b>Name of Employer</b><br>Cooper, Rose &<br>English       | <b>Date (month,<br/>day, year)</b><br>3-24-98 | <b>Amount of Each<br/>Receipt this Period</b><br>250.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Attorney                              | 3-24-98                                       | 250.00                                                  |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Harvey Nalbandian<br>154 17th Ave.<br>San Francisco, CA 94121                            | <b>Name of Employer</b><br>Paul's Flower<br>Stand          | <b>Date (month,<br/>day, year)</b><br>3-24-98 | <b>Amount of Each<br/>Receipt this Period</b><br>300.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Florist                               | 3-24-98                                       | 300.00                                                  |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>                                                                                         | <b>Name of Employer</b><br>                                | <b>Date (month,<br/>day, year)</b><br>        | <b>Amount of Each<br/>Receipt this Period</b><br>       |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):            | <b>Occupation</b><br>                                      |                                               |                                                         |

SUBTOTAL of Receipts This Page (optional)

2,550.00

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 16 OF 26  
FOR LINE NUMBER  
11 a (1)

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## NAME OF COMMITTEE (In Full)

PALLONE FOR CONGRESS (C00226928)

|                                                                                                                                                                                                                                                                |                                                                                                           |                                    |                                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|------------------------------------|-----------------------------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Juliet Cozzi<br>27 Club Way<br>Red Bank, NJ 07701<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):               | Name of Employer<br>N/A<br>Occupation<br>Homemaker<br>Aggregate Year-to-Date > \$ 700.00                  | Date (month, day, year)<br>3-25-98 | Amount of Each Receipt this Period<br>500.00<br>(MEMO)<br>Re-attributed to spouse |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Ronald Gumbaz<br>27 Club Way<br>Red Bank, NJ 07701<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):              | Name of Employer<br>Delphi Petroleum<br>Occupation<br>Businessman<br>Aggregate Year-to-Date > \$ 500.00   | Date (month, day, year)<br>3-25-98 | Amount of Each Receipt this Period<br>500.00<br>Re-attribution                    |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Frank Mandia, Jr.<br>14 Bingham Hill Circle<br>Rumson, NJ 07760<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Name of Employer<br>Coast Cigarette Sales<br>Occupation<br>Owner<br>Aggregate Year-to-Date > \$ 250.00    | Date (month, day, year)<br>3-25-98 | Amount of Each Receipt this Period<br>250.00                                      |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Hilda Melconian<br>12 Nelson Ridge Rd.<br>Princeton, NJ 08540<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):   | Name of Employer<br>Petro Technologies<br>Occupation<br>Consultant<br>Aggregate Year-to-Date > \$ 500.00  | Date (month, day, year)<br>3-25-98 | Amount of Each Receipt this Period<br>500.00                                      |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>George Ring<br>58 Deer Run<br>Watchung, NJ 07060<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                | Name of Employer<br>Wireless Cable Int'l<br>Occupation<br>CEO<br>Aggregate Year-to-Date > \$ 500.00       | Date (month, day, year)<br>3-25-98 | Amount of Each Receipt this Period<br>500.00                                      |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Edward F. Liston, Jr.<br>PO Box 994<br>Island Heights, NJ 08732<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Name of Employer<br>Edward F. Liston, Jr.<br>Occupation<br>Attorney<br>Aggregate Year-to-Date > \$ 250.00 | Date (month, day, year)<br>3-26-98 | Amount of Each Receipt this Period<br>250.00                                      |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Sheila Sharkey<br>3 Bond Ave.<br>Lavallette, NJ 08735<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):           | Name of Employer<br>N/A<br>Occupation<br>Homemaker<br>Aggregate Year-to-Date > \$ 500.00                  | Date (month, day, year)<br>3-26-98 | Amount of Each Receipt this Period<br>500.00                                      |

SUBTOTAL of Receipts This Page (optional)

2,500.00

TOTAL This Period (last page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

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Detailed Summary PagePAGE 171 OF 26  
FOR LINE NUMBER  
11 a (1)

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## NAME OF COMMITTEE (in Full)

PALLONE FOR CONGRESS (C00226923)

|                                                                                                                                                                                                                                                                              |                                                                                                                                               |                                           |                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|---------------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Windels, Marx, Davies & Ives<br>120 Albany St.<br>New Brunswick, NJ 08901<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br>Partnership -<br>see "B" below<br><br><b>Occupation</b><br>Attorneys<br><b>Aggregate Year-to-Date</b> > \$         | <b>Date (month, day, year)</b><br>3-26-98 | <b>Amount of Each Receipt this Period</b><br>500.00                 |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Anthony Coscia<br>120 Albany St.<br>New Brunswick, NJ 08901<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):               | <b>Name of Employer</b><br>Windels, Marx, Davies & Ives<br><br><b>Occupation</b><br>Atty/Partner<br><b>Aggregate Year-to-Date</b> > \$ 500.00 | <b>Date (month, day, year)</b><br>3-26-98 | <b>Amount of Each Receipt this Period</b><br>500.00<br>(MEMO ENTRY) |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Murat Acemoglu<br>PO Box 438<br>Newtonville, NY 12128<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                     | <b>Name of Employer</b><br>Self<br><br><b>Occupation</b><br>Physician<br><b>Aggregate Year-to-Date</b> > \$ 500.00                            | <b>Date (month, day, year)</b><br>3-27-98 | <b>Amount of Each Receipt this Period</b><br>300.00                 |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Murat Acemoglu<br>PO Box 438<br>Newtonville, NY 12128<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                     | <b>Name of Employer</b><br>Self<br><br><b>Occupation</b><br>Physician<br><b>Aggregate Year-to-Date</b> > \$ 700.00                            | <b>Date (month, day, year)</b><br>3-27-98 | <b>Amount of Each Receipt this Period</b><br>200.00                 |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Russell Bent<br>PO Box 643<br>Willingboro, NJ 08048<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                       | <b>Name of Employer</b><br>Self<br><br><b>Occupation</b><br>Gov't Relations<br><b>Aggregate Year-to-Date</b> > \$ 500.00                      | <b>Date (month, day, year)</b><br>3-30-98 | <b>Amount of Each Receipt this Period</b><br>200.00                 |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Russell Bent<br>PO Box 643<br>Willingboro, NJ 08048<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                       | <b>Name of Employer</b><br>Self<br><br><b>Occupation</b><br>Gov't Relations<br><b>Aggregate Year-to-Date</b> > \$ 800.00                      | <b>Date (month, day, year)</b><br>3-30-98 | <b>Amount of Each Receipt this Period</b><br>300.00                 |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Joseph Foster<br>717 Schoolhouse Rd.<br>Brielle, NJ 08730<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                 | <b>Name of Employer</b><br>McLaughlin, Bennett<br>Gelson<br><br><b>Occupation</b><br>Attorney<br><b>Aggregate Year-to-Date</b> > \$ 250.00    | <b>Date (month, day, year)</b><br>3-30-98 | <b>Amount of Each Receipt this Period</b><br>250.00                 |

SUBTOTAL of Receipts This Page (optional)

1,750.00

TOTAL This Period (last page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
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Detailed Summary PagePAGE 18 OF 26  
FOR LINE NUMBER  
11 a (i)

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## NAME OF COMMITTEE (in Full)

PALLONE FOR CONGRESS (C00226928)

|                                                                                                                                        |                                                         |                            |                                       |
|----------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|----------------------------|---------------------------------------|
| A. Full Name, Mailing Address and ZIP Code<br>Lillian Harris<br>117 Prospect Ave.<br>Red Bank, NJ 07701                                | Name of Employer<br>Self                                | Date (month,<br>day, year) | Amount of Each<br>Receipt this Period |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>Attorney                                  | 3-30-98                    | 250.00                                |
| Aggregate Year-to-Date > \$ 250.00                                                                                                     |                                                         |                            |                                       |
| B. Full Name, Mailing Address and ZIP Code<br>Eleanor Izdebski<br>713 Green Valley Rd.<br>Jackson, NJ 08527                            | Name of Employer<br>Brouwer &<br>Izdebski               | Date (month,<br>day, year) | Amount of Each<br>Receipt this Period |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>Owner/Insurance                           | 3-30-98                    | 1,000.00                              |
| Aggregate Year-to-Date > \$ 1,000.00                                                                                                   |                                                         |                            |                                       |
| C. Full Name, Mailing Address and ZIP Code<br>Charlotte Lomell<br>9 Haines Cove Dr.<br>Toms River, NJ 08753                            | Name of Employer<br>N/A                                 | Date (month,<br>day, year) | Amount of Each<br>Receipt this Period |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>Retired                                   | 3-30-98                    | 500.00                                |
| Aggregate Year-to-Date > \$ 500.00                                                                                                     |                                                         |                            |                                       |
| D. Full Name, Mailing Address and ZIP Code<br>Charles Mandell<br>48 Norse Dr.<br>Howell, NJ 07731                                      | Name of Employer<br>Rothstein Mandell<br>Strohm Must... | Date (month,<br>day, year) | Amount of Each<br>Receipt this Period |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>Attorney                                  | 3-30-98                    | 500.00                                |
| Aggregate Year-to-Date > \$ 500.00                                                                                                     |                                                         |                            |                                       |
| E. Full Name, Mailing Address and ZIP Code<br>Dorothy Mazza<br>PO Box 189<br>Spring Lake, NJ 07762                                     | Name of Employer<br>Best efforts<br>see attached        | Date (month,<br>day, year) | Amount of Each<br>Receipt this Period |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation                                              | 3-30-98                    | 250.00                                |
| Aggregate Year-to-Date > \$ 250.00                                                                                                     |                                                         |                            |                                       |
| F. Full Name, Mailing Address and ZIP Code<br>Karin Menser<br>1680 Glendola Rd.<br>Wall, NJ 07719                                      | Name of Employer<br>NJ State Police                     | Date (month,<br>day, year) | Amount of Each<br>Receipt this Period |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>Forensic Scientist                        | 3-30-98                    | 500.00                                |
| Aggregate Year-to-Date > \$ 500.00                                                                                                     |                                                         |                            |                                       |
| G. Full Name, Mailing Address and ZIP Code<br>Valter Must<br>165 Regent Pl.<br>Lakewood, NJ 08701                                      | Name of Employer<br>Rothstein Mandell<br>Strohm Must    | Date (month,<br>day, year) | Amount of Each<br>Receipt this Period |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>Attorney                                  | 3-30-98                    | 500.00                                |
| Aggregate Year-to-Date > \$ 500.00                                                                                                     |                                                         |                            |                                       |

SUBTOTAL of Receipts This Page (optional)

3,500.00

TOTAL This Period (last page this line number only)

**PALLONE FOR CONGRESS**

P.O. Box 3176  
Long Branch, NJ 07740  
Tel: (908) 571-4141 • Fax (908) 571-9488

March 30, 1998

Mrs. Dorothy Mazza  
PO Box 189  
Spring Lake, NJ 07762

Dear Mrs. Mazza:

On behalf of Congressman Frank Pallone, I want to express my appreciation for your recent contribution to his campaign.

Federal Law requires that our Committee report the full name, address, occupation and name of employer for each individual who contributes in excess of \$200.00 in a calendar year.

In that regard, I have enclosed a card and return envelope for your convenience.

Thank you again for your support and cooperation.

sincerely,

Special Agent Ragan

Marilyn Regan, Asst. Treas.  
Pallone for Congress

ENC: 2

Please complete all of the following information regarding your contribution.

Please complete all of the following information regarding \_\_\_\_\_  
**Dorothy Mazza**  
 Full Name \_\_\_\_\_ **X**  
 Mailing Address **PO Box 189** Del. **07762**  
**Spring Lake** NJ  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

The Federal Election Campaign Act also requires the following

Occupation \_\_\_\_\_ Self-Employment? (check) \_\_\_\_\_

Employer/Business Name \_\_\_\_\_

**Business Address** \_\_\_\_\_

PLEASE MAKE CHECKS PAYABLE TO: PAYOR FOR CONGRESS

Please return to: P.O. Box 3175, Long Branch, NJ 07740

Amount: \$ 250.00 \_\_\_\_\_

**We cannot accept Corporate Checks**

Paid for by Pallone for Congress J. Tully, Treas. Political Contributions are Non-tax Deductible

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
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Detailed Summary Page

PAGE 19 OF 26

FOR LINE NUMBER  
11 a (1)

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## NAME OF COMMITTEE (in Full)

PALLONE FOR CONGRESS (C00226928)

|                                                                                                                                                                                                                                                                        |                                                                                                                                                                    |                                           |                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-----------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Gary Pieringer<br>33 Strauss Dr.<br>Shrewsbury, NJ 07702<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):            | <b>Name of Employer</b><br>Shoreline<br>Reclamation, Inc.<br><br><b>Occupation</b><br>Reducing Beach Ero-<br>sion<br><br><b>Aggregate Year-to-Date</b> > \$ 250.00 | <b>Date (month, day, year)</b><br>3-30-98 | <b>Amount of Each Receipt this Period</b><br>250.00 |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Sylvia Potter<br>145 Carasaljo Dr.<br>Lakewood, NJ 08701<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):            | <b>Name of Employer</b><br>N/A<br><br><b>Occupation</b><br>Retired<br><br><b>Aggregate Year-to-Date</b> > \$ 250.00                                                | <b>Date (month, day, year)</b><br>3-30-98 | <b>Amount of Each Receipt this Period</b><br>250.00 |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>John Wauters<br>942 Tunesbrook Dr.<br>Toms River, NJ 08753<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):          | <b>Name of Employer</b><br>Waters, Walling & Co.<br><br><b>Occupation</b><br>CPA<br><br><b>Aggregate Year-to-Date</b> > \$ 500.00                                  | <b>Date (month, day, year)</b><br>3-30-98 | <b>Amount of Each Receipt this Period</b><br>500.00 |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Caro Danielian<br>PO Box 9664<br>Newport Beach, CA 92658<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):            | <b>Name of Employer</b><br>Danielian<br>Consultant Corp.<br><br><b>Occupation</b><br>Consultant<br><br><b>Aggregate Year-to-Date</b> > \$ 250.00                   | <b>Date (month, day, year)</b><br>3-31-98 | <b>Amount of Each Receipt this Period</b><br>250.00 |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Edele Hovnanian<br>600 Navesink River Rd.<br>Middletown, NJ 07701<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):   | <b>Name of Employer</b><br>Hovsons, Inc.<br><br><b>Occupation</b><br>Real Estate<br><br><b>Aggregate Year-to-Date</b> > \$ 500.00                                  | <b>Date (month, day, year)</b><br>3-31-98 | <b>Amount of Each Receipt this Period</b><br>500.00 |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Edna Keleshian<br>Stallion Trails<br>Greenwich, CT 06831<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):            | <b>Name of Employer</b><br>Best efforts<br>see attached<br><br><b>Occupation</b><br>see attached<br><br><b>Aggregate Year-to-Date</b> > \$ 300.00                  | <b>Date (month, day, year)</b><br>3-31-98 | <b>Amount of Each Receipt this Period</b><br>100.00 |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Krikor Zadourian<br>159 Demarest Ave.<br>Englewood Cliffs, NJ 07632<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br>Lyko Mfg. Corp<br><br><b>Occupation</b><br>Machinist<br><br><b>Aggregate Year-to-Date</b> > \$ 700.00                                   | <b>Date (month, day, year)</b><br>3-31-98 | <b>Amount of Each Receipt this Period</b><br>200.00 |

SUBTOTAL of Receipts This Page (optional)

2,050.00

TOTAL This Period (last page this line number only)

P.O. Box 3176  
Long Branch, NJ 07740  
Tel: (908) 571-4141 • Fax (908) 571-9488

Mrs. Edna Keleshian  
Stallion Trails  
Greenwich, CT 06831

On behalf of Congressman Frank Pallone, I want to express my appreciation for your recent contribution to his campaign.

Federal Law requires that our Committee report the full name, address, occupation and name of employer for each individual who contributes in excess of \$200.00 in a calendar year.

In that regard, I have enclosed a card and return envelope for your convenience.

Thank you again for your support and cooperation.

**Marilyn Regan, Asst. Treas.  
Pallone for Congress**

Please complete all of the following information regarding your contribution

Full Name Edna Keleshian

Mailing Address Stallion Trails Apt. \_\_\_\_\_  
Greenwich, State CT Zip 06831

The Federal Election Campaign Act also requires the following:

X Occupation \_\_\_\_\_ Self-Employed? (check) \_\_\_\_\_

X Employer/Business Name \_\_\_\_\_

X Business Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

PLEASE MAKE CHECKS PAYABLE TO: PALLONE FOR CONGRESS

Please return to: P.O. Box 3176, Long Branch, NJ 07740

Amount \$ 200.00 and 100.00 Date 3-13-98 and 3-31-98

**We cannot accept Corporate Checks**



Paid for by Pullano for Congress, J. Tully, Treas. Political Contributions are Non-tax deductible.

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary PagePAGE 20 OF 26  
FOR LINE NUMBER  
11 a (1)

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

## NAME OF COMMITTEE (in Full)

PALLONE FOR CONGRESS (C00226928)

|                                                                                                                                                                                                                                                                           |                                                                                                                                  |                                    |                                                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Hermine Menakian<br>5 Maryann Ct.<br>Paramus, NJ 07652<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                 | Name of Employer<br>N/A<br><br>Occupation<br>Retired<br><br>Aggregate Year-to-Date > \$ 250.00                                   | Date (month, day, year)<br>3-31-98 | Amount of Each Receipt this Period<br>150.00                 |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Arhontoulis Enterprises<br>34 Todd Ridge Rd.<br>Titusville, NJ 08560<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):   | Name of Employer<br>Partnership - see "C" & "D" below<br><br>Occupation<br>Real Estate<br><br>Aggregate Year-to-Date > \$ 250.00 | Date (month, day, year)<br>3-31-98 | Amount of Each Receipt this Period<br>250.00                 |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>(1) Anatasios Arhontoulis<br>34 Todd Ridge Rd.<br>Titusville, NJ 08560<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Name of Employer<br>Arhontoulis Enterprises<br><br>Occupation<br>Real Estate/Partner<br><br>Aggregate Year-to-Date > \$ 125.00   | Date (month, day, year)<br>3-31-98 | Amount of Each Receipt this Period<br>125.00<br>(MEMO ENTRY) |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>(2) Demetrios Arhontoulis<br>34 Todd Ridge Rd.<br>Titusville, NJ 08560<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Name of Employer<br>Arhontoulis Enterprises<br><br>Occupation<br>Real Estate/Partner<br><br>Aggregate Year-to-Date > \$ 125.00   | Date (month, day, year)<br>3-31-98 | Amount of Each Receipt this Period<br>125.00<br>(MEMO ENTRY) |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Harish Chander<br>191 Landan Lane<br>Toms River, NJ 08753<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):              | Name of Employer<br>Shore Medl Spec.<br><br>Occupation<br>Physician<br><br>Aggregate Year-to-Date > \$ 250.00                    | Date (month, day, year)<br>3-31-98 | Amount of Each Receipt this Period<br>250.00                 |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Anna Hovnanian<br>600 Navesink River Rd.<br>Middletown, NJ 07701<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):       | Name of Employer<br>N/A<br><br>Occupation<br>Retired<br><br>Aggregate Year-to-Date > \$ 1,000.00                                 | Date (month, day, year)<br>3-31-98 | Amount of Each Receipt this Period<br>1,000.00               |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Armen Hovnanian<br>1266 Ocean Ave.<br>Sea Bright, NJ 07760<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):             | Name of Employer<br>Hovsons, Inc.<br><br>Occupation<br>VP<br><br>Aggregate Year-to-Date > \$ 315.00                              | Date (month, day, year)<br>3-31-98 | Amount of Each Receipt this Period<br>315.00                 |

SUBTOTAL of Receipts This Page (optional)

1,965.00

TOTAL This Period (last page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary PagePAGE 21 OF 26  
FOR LINE NUMBER 11 A (1)

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## NAME OF COMMITTEE (in Full)

PALLONE FOR CONGRESS (C00226928)

|                                                                                                                                                                                                                                                                   |                                                                                                                                         |                                           |                                                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-----------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Armen Hovnanian<br>1266 Ocean Ave.<br>Sea Bright, NJ 07760<br><br>Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General        | <b>Name of Employer</b><br>Hovsons, Inc.<br><br><b>Occupation</b><br>VP<br><br><b>Aggregate Year-to-Date</b> > \$ 1,000.00              | <b>Date (month, day, year)</b><br>3-31-98 | <b>Amount of Each Receipt this Period</b><br><br>685.00   |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Edele Hovnanian<br>600 Navesink River Rd.<br>Middletown, NJ 07701<br><br>Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General | <b>Name of Employer</b><br>Hovsons, Inc.<br><br><b>Occupation</b><br>Real Estate<br><br><b>Aggregate Year-to-Date</b> > \$ 1,000.00     | <b>Date (month, day, year)</b><br>3-31-98 | <b>Amount of Each Receipt this Period</b><br><br>500.00   |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>George Mason<br>1999 Ave. of the Stars<br>Los Angeles, CA 90067<br><br>Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General   | <b>Name of Employer</b><br>Bear, Stearns & Co.<br><br><b>Occupation</b><br>Stockbroker<br><br><b>Aggregate Year-to-Date</b> > \$ 250.00 | <b>Date (month, day, year)</b><br>3-31-98 | <b>Amount of Each Receipt this Period</b><br><br>250.00   |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Salvatore Raspa<br>101 N. 9th Ave.<br>Highland Park, NJ 08904<br><br>Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General     | <b>Name of Employer</b><br>Raspa Jewelers<br><br><b>Occupation</b><br>Owner<br><br><b>Aggregate Year-to-Date</b> > \$ 250.00            | <b>Date (month, day, year)</b><br>3-31-98 | <b>Amount of Each Receipt this Period</b><br><br>250.00   |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Siran Sahakian<br>195 Rumson Rd.<br>Rumson, NJ 07760<br><br>Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General              | <b>Name of Employer</b><br>N/A<br><br><b>Occupation</b><br>Homemaker<br><br><b>Aggregate Year-to-Date</b> > \$ 1,000.00                 | <b>Date (month, day, year)</b><br>3-31-98 | <b>Amount of Each Receipt this Period</b><br><br>1,000.00 |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Kalpalatha Guntupalli<br>4140 Oberlin Dr.<br>Houston, TX 77005<br><br>Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General    | <b>Name of Employer</b><br>Best efforts<br>see attached<br><br><b>Occupation</b><br><br><br><b>Aggregate Year-to-Date</b> > \$ 1,000.00 | <b>Date (month, day, year)</b><br>3-31-98 | <b>Amount of Each Receipt this Period</b><br><br>1,000.00 |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Jagat Kamdar<br>14314 Verde Mar Lane<br>Houston, TX 77095<br><br>Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General         | <b>Name of Employer</b><br>Best efforts<br>see attached<br><br><b>Occupation</b><br><br><br><b>Aggregate Year-to-Date</b> > \$ 500.00   | <b>Date (month, day, year)</b><br>3-31-98 | <b>Amount of Each Receipt this Period</b><br><br>500.00   |

SUBTOTAL of Receipts This Page (optional)

4,185.00

TOTAL This Period (last page this line number only)

# PALLONE FOR CONGRESS

P.O. Box 3176  
Long Branch, NJ 07740  
Tel: (908) 571-4141 • Fax (908) 571-9488

March 31, 1998

Kalpalatha Guntupalli  
4140 Oberlin Dr.  
Houston, TX 77005-3523

Dear Kalpalatha:

On behalf of Congressman Frank Pallone, I want to express my appreciation for your recent contribution to his campaign.

Federal Law requires that our Committee report the full name, address, occupation and name of employer for each individual who contributes in excess of \$200.00 in a calendar year.

In that regard, I have enclosed a card and return envelope for your convenience.

Thank you again for your support and cooperation.

Sincerely,

Marilyn Regan, Asst. Treas.  
Pallone for Congress

Enc: 3

Please complete all of the following information regarding your contribution:

|                 |                       |       |            |
|-----------------|-----------------------|-------|------------|
| Full Name       | Kalpalatha Guntupalli |       |            |
| Mailing Address | 4140 Oberlin Dr.      |       |            |
| City            | Houston,              | State | TX         |
|                 |                       | Zip   | 77005-3523 |

The Federal Election Campaign Act also requires the following:

|                                                            |  |                                                            |  |
|------------------------------------------------------------|--|------------------------------------------------------------|--|
| <input checked="" type="checkbox"/> Occupation             |  | <input checked="" type="checkbox"/> Self-Employed? (check) |  |
| <input checked="" type="checkbox"/> Employer/Business Name |  |                                                            |  |
| <input checked="" type="checkbox"/> Business Address       |  |                                                            |  |
| <input checked="" type="checkbox"/>                        |  |                                                            |  |

PLEASE MAKE CHECKS PAYABLE TO: PALLONE FOR CONGRESS

Please return to: P.O. Box 3176, Long Branch, NJ 07740

|           |          |       |         |
|-----------|----------|-------|---------|
| Amount \$ | 1,000.00 | Date: | 3-31-98 |
|-----------|----------|-------|---------|

We cannot accept Corporate Checks

 Paid for by Pallone for Congress, J. Tully, Treas. Political Contributions are Non-tax deductible

# PALLONE FOR CONGRESS

P.O. Box 8176  
Long Branch, NJ 07740  
Tel: (908) 571-4141 • Fax (908) 571-9488

March 31, 1998

Jagat P. Kamdar  
14314 Verde Mar Lane  
Houston, TX 77095

Dear Jagat:

On behalf of Congressman Frank Pallone, I want to express my appreciation for your recent contribution to his campaign.

Federal Law requires that our Committee report the full name, address, occupation and name of employer for each individual who contributes in excess of \$200.00 in a calendar year.

In that regard, I have enclosed a card and return envelope for your convenience.

Thank you again for your support and cooperation.

Sincerely,

Marilyn Regan, Asst. Treas.  
Pallone for Congress

Enc: 3

Please complete all of the following information regarding your contribution.

Full Name Jagat Kamdar  
Mailing Address 14314 Verde Mar Lane  
Houston TX 77095  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

☒ The Federal Election Campaign Act also requires the following:  
☒ Occupation \_\_\_\_\_ Self-Employed? (check) ☐  
☒ Employer/Business Name \_\_\_\_\_  
☒ Business Address \_\_\_\_\_  
☒ \_\_\_\_\_

PLEASE MAKE CHECKS PAYABLE TO: PALLONE FOR CONGRESS

Please return to: P.O. Box 8176, Long Branch, NJ 07740  
Amount \$ 500.00 Date: 3-31-98

We cannot accept Corporate Checks

 Paid for by Pallone for Congress J. Tully, Treas. Political Contributions are Non-tax deductible

## SCHEDULE A

## ITEMIZED RECEIPTS

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

PAGE 22 OF 26

FOR LINE NUMBER  
11 a (1)

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## NAME OF COMMITTEE (in Full)

PALLONE FOR CONGRESS (C00226928)

|                                                                                                                                                                                                                                                                     |                                                                                                                                   |                                           |                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Snelhal Mehta<br>10 Swallow Tail Ct.<br>The Woodlands, TX 77381<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):  | <b>Name of Employer</b><br>Best efforts<br>see attached<br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 500.00 | <b>Date (month, day, year)</b><br>3-31-98 | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Balwanthrao Ratnala<br>22706 Two Rivers Lane<br>Katy, TX 77450<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):   | <b>Name of Employer</b><br>Ratnala & Bahl, Inc.<br><br><b>Occupation</b><br>Engineer<br><b>Aggregate Year-to-Date</b> > \$ 500.00 | <b>Date (month, day, year)</b><br>3-31-98 | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Amrit Kalotra<br>1449 Woodhurst Blvd.<br>McLean, VA 22102<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):        | <b>Name of Employer</b><br>Best efforts<br>see attached<br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 500.00 | <b>Date (month, day, year)</b><br>3-31-98 | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Jayant Kalotra<br>1449 Woodhurst Blvd.<br>McLean, VA 22102<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):       | <b>Name of Employer</b><br>Best efforts<br>see attached<br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 500.00 | <b>Date (month, day, year)</b><br>3-31-98 | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Satish Kumar<br>1459 Mayhurst Blvd.<br>McLean, VA 22102<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):          | <b>Name of Employer</b><br>Microtech-tel, Inc.<br><br><b>Occupation</b><br>Pres.<br><b>Aggregate Year-to-Date</b> > \$ 1,000.00   | <b>Date (month, day, year)</b><br>3-31-98 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Shaahi Vishweshwariah<br>1459 Mayhurst Blvd.<br>McLean, VA 22102<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br>N/A<br><br><b>Occupation</b><br>Housewife<br><b>Aggregate Year-to-Date</b> > \$ 1,000.00               | <b>Date (month, day, year)</b><br>3-31-98 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Ranvir Trehan<br>6309 Dunaway Ct.<br>McLean, VA 22101<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):            | <b>Name of Employer</b><br>SETA Corp.<br><br><b>Occupation</b><br>Engineer<br><b>Aggregate Year-to-Date</b> > \$ 300.00           | <b>Date (month, day, year)</b><br>3-31-98 | <b>Amount of Each Receipt this Period</b><br>300.00   |

SUBTOTAL of Receipts This Page (optional)

4,300.00

TOTAL This Period (last page this line number only)

# PALLONE FOR CONGRESS

P.O. Box 3176  
Long Branch, NJ 07740  
Tel: (908) 571-4141 • Fax (908) 571-9488

March 31, 1998

Snehal D. Mehta  
10 Swallow Tail Ct.  
The Woodlands, TX 77381

Dear Snehal:

On behalf of Congressman Frank Pallone, I want to express my appreciation for your recent contribution to his campaign.

Federal Law requires that our Committee report the full name, address, occupation and name of employer for each individual who contributes in excess of \$200.00 in a calendar year.

In that regard, I have enclosed a card and return envelope for your convenience.

Thank you again for your support and cooperation.

Sincerely,

Marilyn Regan, Asst. Treas.  
Pallone for Congress

Enc: 3

Please complete all of the following information regarding your contribution:

Full Name Snehal Mehta

Mailing Address 10 Swallow Tail Ct.

City The Woodlands State TX Zip 77381

The Federal Election Campaign Act also requires the following:

☒ Occupation \_\_\_\_\_

☒ Employer/Business Name \_\_\_\_\_

☒ Business Address \_\_\_\_\_

PLEASE MAKE CHECKS PAYABLE TO: PALLONE FOR CONGRESS

Please return to: P.O. Box 3176, Long Branch, NJ 07740

Amount: \$ 500.00 Date: 3-31-98

We cannot accept Corporate Checks

 Paid for by Pallone for Congress. J. July. 1986. Political Contributions are Non-tax deductible.

# PALLONE FOR CONGRESS

P.O. Box 3176  
Long Branch, NJ 07740  
Tel: (908) 571-4141 • Fax (908) 571-9488

March 31, 1998

Jayant & Amrit Kalotra  
1449 Woodhurst Blvd.  
McLean, VA 22102

Dear Jayant & Amrit:

On behalf of Congressman Frank Pallone, I want to express my appreciation for your recent contribution to his campaign.

Federal Law requires that our Committee report the full name, address, occupation and name of employer for each individual who contributes in excess of \$200.00 in a calendar year.

In that regard, I have enclosed a card and return envelope for your convenience.

Thank you again for your support and cooperation.

Sincerely,

Marilyn Regan, Asst. Treas.  
Pallone for Congress

Please complete all of the following information regarding your contribution

Full Name Amrit Kalotra

Mailing Address 1449 Woodhurst Blvd. MC

City McLean State VA Zip 22102

The Federal Election Campaign Act also requires the following:

Occupation \_\_\_\_\_ Self-Employed? (check) ☐

Employer/Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

PLEASE MAKE CHECKS PAYABLE TO: PALLONE FOR CONGRESS

Please return to: P.O. Box 3176, Long Branch, NJ 07740

Amount: \$ 500.00 Date: 3-31-98

We cannot accept Corporate Checks

 Paid for by Pallone for Congress. J. Tully, Treas. Political Contributions are Not

Please complete all of the following information regarding your contribution

Full Name Jayant Kalotra

Mailing Address 1449 Woodhurst Blvd. MC

City McLean State VA Zip 22102

The Federal Election Campaign Act also requires the following:

Occupation \_\_\_\_\_ Self-Employed? (check) ☒

Employer/Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

PLEASE MAKE CHECKS PAYABLE TO: PALLONE FOR CONGRESS

Please return to: P.O. Box 3176, Long Branch, NJ 07740

Amount: \$ 500.00 Date: 3-31-98

We cannot accept Corporate Checks

 Paid for by Pallone for Congress. J. Tully, Treas. Political Contributions are Not

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
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Detailed Summary PagePAGE 23 OF 26  
FOR LINE NUMBER  
11 & (1)

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## NAME OF COMMITTEE (in Full)

PALLONE FOR CONGRESS (C00226928)

|                                                                                                                                                                                                                                                                  |                                                                                                                                       |                                           |                                                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Sevada Badalian<br>43 Riverbend Dr.<br>No. Brunswick, NJ 08902<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):    | <b>Name of Employer</b><br>Tretech Solutions<br><b>Occupation</b><br>Program Analyst<br><b>Aggregate Year-to-Date</b> > \$ 400.00     | <b>Date (month, day, year)</b><br>3-31-98 | <b>Amount of Each Receipt this Period</b><br>200.00   |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Dennis Drazin<br>25 Reckless Pl.<br>Red Bank, NJ 07701<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):            | <b>Name of Employer</b><br>Drazin & Warshaw<br><b>Occupation</b><br>Attorney<br><b>Aggregate Year-to-Date</b> > \$ 1,000.00           | <b>Date (month, day, year)</b><br>3-31-98 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>James Johnston<br>25 Ireland Brook Dr.<br>No. Brunswick, NJ 08902<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br>PMK Group<br><b>Occupation</b><br>Engr.<br><b>Aggregate Year-to-Date</b> > \$ 500.00                       | <b>Date (month, day, year)</b><br>3-31-98 | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Bedros Bandazian<br>2 Foxmere Dr.<br>Richmond, VA 23233<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):           | <b>Name of Employer</b><br>Bandazian Co.<br><b>Occupation</b><br>Pres.<br><b>Aggregate Year-to-Date</b> > \$ 250.00                   | <b>Date (month, day, year)</b><br>3-31-98 | <b>Amount of Each Receipt this Period</b><br>250.00   |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Dr. Hartoutune Mekhjian<br>PO Box 355<br>Alpine, NJ 07620<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):         | <b>Name of Employer</b><br>St. Joseph's Medical Center<br><b>Occupation</b><br>Physician<br><b>Aggregate Year-to-Date</b> > \$ 500.00 | <b>Date (month, day, year)</b><br>3-31-98 | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>David Rockoff<br>967 Hoover Dr.<br>No. Brunswick, NJ 08902<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):        | <b>Name of Employer</b><br>Reliabel Transp. Co.<br><b>Occupation</b><br>Bus. Exec.<br><b>Aggregate Year-to-Date</b> > \$ 250.00       | <b>Date (month, day, year)</b><br>3-31-98 | <b>Amount of Each Receipt this Period</b><br>250.00   |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>David Samuel<br>99 Winkler Rd.<br>Sayreville, NJ 08872<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):            | <b>Name of Employer</b><br>CME Assoc.<br><b>Occupation</b><br>Engr<br><b>Aggregate Year-to-Date</b> > \$ 1,000.00                     | <b>Date (month, day, year)</b><br>3-31-98 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |

SUBTOTAL of Receipts This Page (optional)

3,700.00

TOTAL This Period (last page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary PagePAGE 24 OF 26  
FOR LINE NUMBER  
11 a (i)

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## NAME OF COMMITTEE (in Full)

PALLONE FOR CONGRESS (C00226928)

|                                                                                                                                                                                                                                                                     |                                                                                                                                                           |                                           |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Tavit Najarian<br>7 Blueberry Lane<br>Leonardo, NJ 07737<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):         | <b>Name of Employer</b><br>Najarian Assoc.<br><br><b>Occupation</b><br>Engr.<br><br><b>Aggregate Year-to-Date</b> > \$ 1,434.60                           | <b>Date (month, day, year)</b><br>3-31-98 | <b>Amount of Each Receipt this Period</b><br>1,000.00<br>(MEMO)<br>Re-attributed to spouse |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Sossie Najarian<br>7 Blueberry Lane<br>Leonardo, NJ 07737<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):        | <b>Name of Employer</b><br>N/A<br><br><b>Occupation</b><br>Homemaker<br><br><b>Aggregate Year-to-Date</b> > \$ 1,000.00                                   | <b>Date (month, day, year)</b><br>3-31-98 | <b>Amount of Each Receipt this Period</b><br>1,000.00<br>Re-attribution                    |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Madan Gupta<br>13140 Loth Lorain Dr.<br>Clifton, VA 20124<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):        | <b>Name of Employer</b><br>Best efforts<br>see attached<br><br><b>Occupation</b><br><br><br><b>Aggregate Year-to-Date</b> > \$ 500.00                     | <b>Date (month, day, year)</b><br>3-31-98 | <b>Amount of Each Receipt this Period</b><br>500.00                                        |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Mary Mushegain<br>7208 Chino Ave.<br>Ontario, CA 91761<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):           | <b>Name of Employer</b><br>N/A<br><br><b>Occupation</b><br>Retired<br><br><b>Aggregate Year-to-Date</b> > \$ 250.00                                       | <b>Date (month, day, year)</b><br>3-31-98 | <b>Amount of Each Receipt this Period</b><br>250.00                                        |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Ravinda Sannareddy<br>1838 Clover Meadow Dr.<br>Vienna, VA 22182<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br>Best efforts<br>see attached<br><br><b>Occupation</b><br><br><br><b>Aggregate Year-to-Date</b> > \$ 300.00                     | <b>Date (month, day, year)</b><br>3-31-98 | <b>Amount of Each Receipt this Period</b><br>300.00                                        |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Karu Santhanam<br>3109 Sleepy Hollow Dr.<br>Plano, TX 75093<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):      | <b>Name of Employer</b><br>US Rehab Resources<br>Int'l<br><br><b>Occupation</b><br>Pres. & CEO<br><br><b>Aggregate Year-to-Date</b> > \$ 750.00           | <b>Date (month, day, year)</b><br>3-31-98 | <b>Amount of Each Receipt this Period</b><br>750.00                                        |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Peter Strohm<br>960 Ocean Ave.<br>Mantoloking, NJ 08738<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):          | <b>Name of Employer</b><br>Rothstein, Mandell,<br>Strohm & Gelson<br><br><b>Occupation</b><br>Attorney<br><br><b>Aggregate Year-to-Date</b> > \$ 1,000.00 | <b>Date (month, day, year)</b><br>3-31-98 | <b>Amount of Each Receipt this Period</b><br>1,000.00                                      |

SUBTOTAL of Receipts This Page (optional)

3,800.00

TOTAL This Period (last page this line number only)

# PALLONE FOR CONGRESS

P.O. Box 3176  
Long Branch, NJ 07740  
Tel: (908) 571-4141 • Fax (908) 571-9488

March 31, 1998

Mr. Madan Gupta  
13140 Loth Lorain Dr.  
Clifton, VA 20124

Dear Mr. Gupta:

On behalf of Congressman Frank Pallone, I want to express my appreciation for your recent contribution to his campaign.

Federal Law requires that our Committee report the full name, address, occupation and name of employer for each individual who contributes in excess of \$200.00 in a calendar year.

In that regard, I have enclosed a card and return envelope for your convenience.

Thank you again for your support and cooperation.

Sincerely,

*Marilyn Regan*

Marilyn Regan, Asst. Treas.  
Pallone for Congress

Enc: 2

Please complete all of the following information regarding your contribution

Full Name Madan Gupta

Mailing Address 13140 Loth Lorain Dr. tel: X

City Clifton State VA Zip 20124

The Federal Election Campaign Act also requires the following

☒ Occupation  ☒ Self-Employed? (check)

☒ Employer/Business Name

☒ Business Address  tel: X

PLEASE MAKE CHECKS PAYABLE TO: PALLONE FOR CONGRESS

Please return to: P.O. Box 3176, Long Branch, NJ 07740

Amount \$ 500.00 Date: 3-31-98

We cannot accept Corporate Checks



Paid for by Pallone for Congress, J. Lully, Treas. Political Contributions are Non-tax deductible

# PALLONE FOR CONGRESS

P.O. Box 3176  
Long Branch, NJ 07740  
Tel: (908) 571-4141 • Fax (908) 571-9488

March 31, 1998

Mr. Ravindra Sannereddy  
1838 Clover Meadow Dr.  
Vienna, VA 22182

Dear Mr. Sannareddy:

On behalf of Congressman Frank Pallone, I want to express my appreciation for your recent contribution to his campaign.

Federal Law requires that our Committee report the full name, address, occupation and name of employer for each individual who contributes in excess of \$200.00 in a calendar year.

In that regard, I have enclosed a card and return envelope for your convenience.

Thank you again for your support and cooperation.

Sincerely,

*Marilyn Regan*  
Marilyn Regan, Asst. Treas.  
Pallone for Congress

ENC: 2

Please complete all of the following information regarding your contribution:

Full Name Ravindra Sannereddy

Mailing Address 1838 Clover Meadow Dr. ☒ Vienna, VA 22182 State VA Zip 22182

The Federal Election Campaign Act also requires the following:

☒ Occupation Self-Employed (check) ☐

☒ Employer/Business Name

☒ Business Address

☒

PLEASE MAKE CHECKS PAYABLE TO: PALLONE FOR CONGRESS

Please return to: P.O. Box 3176, Long Branch, NJ 07740

Amount: \$ 250.00 Date: 3-31-98

We cannot accept Corporate Checks



Paid for by Pallone for Congress J. Tully Treas. Political Contributions are Non-tax deductible

## SCHEDULE A

## ITEMIZED RECEIPTS

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

PAGE 25 OF 26

FOR LINE NUMBER  
11 a (i)

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## NAME OF COMMITTEE (In Full)

PALLONE FOR CONGRESS (C00226928)

|                                                                                                                                                                                                                                                          |                                                                                                                                       |                                           |                                                                                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Edward Segall<br>787 Ocean Ave.<br>Long Branch, NJ 07740<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):  | <b>Name of Employer</b><br>Seagull's Nest<br><b>Occupation</b><br>Owner<br><b>Aggregate Year-to-Date</b> > \$ 1,000.00                | <b>Date (month, day, year)</b><br>3-31-98 | <b>Amount of Each Receipt this Period</b><br>1,000.00<br>(MEMO)<br>Re-attributed to spouse |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Natalie Segall<br>787 Ocean Ave.<br>Long Branch, NJ 07740<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br>HS Concessions, Inc<br><b>Occupation</b><br>Business Person<br><b>Aggregate Year-to-Date</b> > \$ 1,000.00 | <b>Date (month, day, year)</b><br>3-31-98 | <b>Amount of Each Receipt this Period</b><br>1,000.00<br>Re-Attribution                    |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br><br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                                                     | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$                                            | <b>Date (month, day, year)</b>            | <b>Amount of Each Receipt this Period</b>                                                  |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br><br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                                                     | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$                                            | <b>Date (month, day, year)</b>            | <b>Amount of Each Receipt this Period</b>                                                  |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br><br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                                                     | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$                                            | <b>Date (month, day, year)</b>            | <b>Amount of Each Receipt this Period</b>                                                  |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br><br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                                                     | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$                                            | <b>Date (month, day, year)</b>            | <b>Amount of Each Receipt this Period</b>                                                  |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br><br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                                                     | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$                                            | <b>Date (month, day, year)</b>            | <b>Amount of Each Receipt this Period</b>                                                  |

SUBTOTAL of Receipts This Page (optional)

1,000.00

TOTAL This Period (last page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
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Detailed Summary Page

PAGE 26 OF 26

FOR LINE NUMBER  
11 a (1)

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## NAME OF COMMITTEE (in full)

PALLONE FOR CONGRESS (C00226928)

|                                                                                                                                                                                                                                                                   |                                                                                                                                                                |                                           |                                                                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|----------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>William Kessler<br>13 Bath Ave.<br>Ocean Grove, NJ 07756<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):       | <b>Name of Employer</b><br>Kessler's Catering<br>IN KIND Food/Bev.<br><br><b>Occupation</b><br>Owner/Partner<br><br><b>Aggregate Year-to-Date</b> > \$ 857.50  | <b>Date (month, day, year)</b><br>2-15-98 | <b>Amount of Each Receipt this Period</b><br>857.50<br>IN KIND |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>David Martocci<br>13 Bath Ave.<br>Ocean Grove, NJ 07756<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):        | <b>Name of Employer</b><br>Kessler's Catering<br>INKIND-Staff work<br><br><b>Occupation</b><br>Owner/Partner<br><br><b>Aggregate Year-to-Date</b> > \$         | <b>Date (month, day, year)</b><br>2-15-98 | <b>Amount of Each Receipt this Period</b><br>718.00<br>IN KIND |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Andre Pampanini<br>965 5th Ave.<br>New York, NY 10021<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):          | <b>Name of Employer</b><br>Turnaround Assoc.<br>IN KIND Food/Bev/Inv.<br><br><b>Occupation</b><br>Owner<br><br><b>Aggregate Year-to-Date</b> > \$ 762.13       | <b>Date (month, day, year)</b><br>3-1-98  | <b>Amount of Each Receipt this Period</b><br>762.13<br>IN KIND |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Anne Pampanini<br>965 5th Ave.<br>New York, NY 10021<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):           | <b>Name of Employer</b><br>N/A<br>IN KIND Food/Bev/Inv.<br><br><b>Occupation</b><br>Homemaker<br><br><b>Aggregate Year-to-Date</b> > \$ 762.12                 | <b>Date (month, day, year)</b><br>3-1-98  | <b>Amount of Each Receipt this Period</b><br>762.12<br>IN KIND |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Tavit Najarian<br>7 Blueberry Lane<br>Leonardo, NJ 07737<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):       | <b>Name of Employer</b><br>Najarian Assoc.<br>IN KIND Inv/Postage<br><br><b>Occupation</b><br>Engr/Consultant<br><br><b>Aggregate Year-to-Date</b> > \$ 434.60 | <b>Date (month, day, year)</b><br>2-8-98  | <b>Amount of Each Receipt this Period</b><br>434.60<br>IN KIND |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Gail Cerminaro<br>244 Harrison Ave.<br>Highland Park, NJ 08904<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br>Sawtooth Group<br>IN KIND Food/Bev<br><br><b>Occupation</b><br>Exec. VP<br><br><b>Aggregate Year-to-Date</b> > \$ 635.88            | <b>Date (month, day, year)</b><br>3-22-98 | <b>Amount of Each Receipt this Period</b><br>635.88<br>IN KIND |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br><br><br><br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                                                      | <b>Name of Employer</b><br><br><br><br><b>Occupation</b><br><br><br><b>Aggregate Year-to-Date</b> > \$                                                         | <b>Date (month, day, year)</b><br>        | <b>Amount of Each Receipt this Period</b><br>                  |

SUBTOTAL of Receipts This Page (optional)

4,170.23

TOTAL This Period (last page this line number only)

79,370.23

## SCHEDULE A

## ITEMIZED RECEIPTS

 Use separate schedule(s)  
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Detailed Summary Page

PAGE 1 OF 32

FOR LINE NUMBER  
11 a (11)

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NAME OF COMMITTEE (in Full)

FALLONE FOR CONGRESS (C00226928)

|                                                                                                                                                                                                                                                                     |                                                                              |                                    |                                                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|------------------------------------|--------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Patricia Lowthrop<br>530 Hwy 71<br>Spring Lake Heights, NJ 07762<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Name of Employer<br><br>Occupation<br><br>Aggregate Year-to-Date > \$ 150.00 | Date (month, day, year)<br>1-16-98 | Amount of Each Receipt this Period<br><br>150.00 |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Hermine Menakian<br>5 Maryann Ct.<br>Paramus, NJ 07652<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):           | Name of Employer<br><br>Occupation<br><br>Aggregate Year-to-Date > \$ 100.00 | Date (month, day, year)<br>2-4-98  | Amount of Each Receipt this Period<br><br>100.00 |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Gerard DeSapio<br>228 Hollywood Ave.<br>Long Branch, NJ 07740<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):    | Name of Employer<br><br>Occupation<br><br>Aggregate Year-to-Date > \$ 25.00  | Date (month, day, year)<br>2-12-98 | Amount of Each Receipt this Period<br><br>25.00  |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Howard Birdsall<br>1700 F St.<br>Belmar, NJ 07719<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                | Name of Employer<br><br>Occupation<br><br>Aggregate Year-to-Date > \$ 200.00 | Date (month, day, year)<br>2-13-98 | Amount of Each Receipt this Period<br><br>200.00 |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Mary Dorsey<br>1907 Baltimore Ave.<br>Lavallette, NJ 08735<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):       | Name of Employer<br><br>Occupation<br><br>Aggregate Year-to-Date > \$ 10.00  | Date (month, day, year)<br>2-13-98 | Amount of Each Receipt this Period<br><br>10.00  |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Herbert Tanzman<br>717 Ocean Ave.<br>West End, NJ 07740<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):          | Name of Employer<br><br>Occupation<br><br>Aggregate Year-to-Date > \$ 100.00 | Date (month, day, year)<br>2-17-98 | Amount of Each Receipt this Period<br><br>100.00 |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Earl Dorman<br>182 Szymanski Dr.<br>Spotswood, NJ 08884<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):          | Name of Employer<br><br>Occupation<br><br>Aggregate Year-to-Date > \$ 100.00 | Date (month, day, year)<br>2-20-98 | Amount of Each Receipt this Period<br><br>100.00 |

SUBTOTAL of Receipts This Page (optional)

685.00

TOTAL This Period (last page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
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Detailed Summary Page

PAGE 2 OF 32

FOR LINE NUMBER  
11 a (ii)

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NAME OF COMMITTEE (in Full)

PALLONE FOR CONGRESS (C00226928)

|                                                                                                                                               |                                                  |                                           |                                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-------------------------------------------|---------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Juliet Cozzi<br>27 Club Way<br>Red Bank, NJ 07701                                        | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>2-23-98 | <b>Amount of Each Receipt this Period</b><br><br>200.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Aggregate Year-to-Date</b> > \$ 200.00        |                                           |                                                         |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Anahid Kalayjian<br>5024 Baltic Ave.<br>Rockville, MD 20853                              | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>2-23-98 | <b>Amount of Each Receipt this Period</b><br><br>100.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Aggregate Year-to-Date</b> > \$ 100.00        |                                           |                                                         |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Elizabeth Apelian<br>23-17 160th St.<br>Whitestone, NY 11357                             | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>2-24-98 | <b>Amount of Each Receipt this Period</b><br><br>50.00  |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Aggregate Year-to-Date</b> > \$ 50.00         |                                           |                                                         |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Edward Balassanian<br>81 Murray St.<br>New York, NY 10007                                | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>2-24-98 | <b>Amount of Each Receipt this Period</b><br><br>100.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Aggregate Year-to-Date</b> > \$ 100.00        |                                           |                                                         |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Lionel Galstaun<br>3530 Henry Hudson Pkwy E.<br>Riverdale, NY 10463                      | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>2-24-98 | <b>Amount of Each Receipt this Period</b><br><br>100.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Aggregate Year-to-Date</b> > \$ 100.00        |                                           |                                                         |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Robert Lubrano<br>64 Grand Ave.<br>Long Branch, NJ 07740                                 | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>2-24-98 | <b>Amount of Each Receipt this Period</b><br><br>50.00  |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Aggregate Year-to-Date</b> > \$ 50.00         |                                           |                                                         |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Richard Sambol<br>PO Box 5110 Toms River, NJ 08754                                       | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>2-24-98 | <b>Amount of Each Receipt this Period</b><br><br>200.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Aggregate Year-to-Date</b> > \$ 200.00        |                                           |                                                         |

SUBTOTAL of Receipts This Page (optional)

800.00

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 32

FOR LINE NUMBER  
11a (11)

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## NAME OF COMMITTEE (in Full)

PALLONE FOR CONGRESS (C00226928)

|                                                                                                                                                                                                                                                                     |                                                                                                   |                                           |                                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-------------------------------------------|---------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Harry Stark<br>350 N. 4th Ave.<br>Highland Park, NJ 08904<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):            | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 100.00 | <b>Date (month, day, year)</b><br>2-24-98 | <b>Amount of Each Receipt this Period</b><br><br>100.00 |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Warren Goode<br>1025 Hwy 35<br>Ocean, NJ 07712<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                       | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 100.00 | <b>Date (month, day, year)</b><br>2-25-98 | <b>Amount of Each Receipt this Period</b><br><br>100.00 |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Edward Martone<br>5 M Riverview Gardens<br>North Arlington, NJ 07032<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 100.00 | <b>Date (month, day, year)</b><br>2-25-98 | <b>Amount of Each Receipt this Period</b><br><br>100.00 |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Michael Halebian<br>7 Stratford Rd.<br>Englewood Cliffs, NJ 07632<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):    | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 100.00 | <b>Date (month, day, year)</b><br>2-26-98 | <b>Amount of Each Receipt this Period</b><br><br>100.00 |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>David Harvie<br>80 Albert Ave.<br>Edison, NJ 08837<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                   | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 200.00 | <b>Date (month, day, year)</b><br>2-26-98 | <b>Amount of Each Receipt this Period</b><br><br>200.00 |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Eric Murday<br>6 Windsor Terr.<br>Neptune City, NJ 07753<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):             | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 100.00 | <b>Date (month, day, year)</b><br>2-26-98 | <b>Amount of Each Receipt this Period</b><br><br>100.00 |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Madhav Phadke<br>1 Shawnee Ct.<br>Colts Neck, NJ 07722<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):               | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 100.00 | <b>Date (month, day, year)</b><br>2-26-98 | <b>Amount of Each Receipt this Period</b><br><br>100.00 |

SUBTOTAL of Receipts This Page (optional)

800.00

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 4 OF 32

FOR LINE NUMBER  
11 a (ii)

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NAME OF COMMITTEE (in Full)

PALLONE FOR CONGRESS (C00226928)

|                                                                                                                                                                                                                                                               |                                                                                                   |                                          |                                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------|---------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Sahag Baghdassarian<br>1960 Starvale Rd.<br>Glendale, CA 91207<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 100.00 | <b>Date (month, day, year)</b><br>3-2-98 | <b>Amount of Each Receipt this Period</b><br><br>100.00 |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Satiprasad<br>117 Plymouth Rd.<br>Plainview, NY 11803<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):          | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 100.00 | <b>Date (month, day, year)</b><br>3-2-98 | <b>Amount of Each Receipt this Period</b><br><br>100.00 |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Rita Starr<br>1810 Michigan Ave.<br>Miami Beach, FL 33139<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):      | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 50.00  | <b>Date (month, day, year)</b><br>3-2-98 | <b>Amount of Each Receipt this Period</b><br><br>50.00  |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Tony Tanashian<br>5733 Bucknell Ave.<br>N. Hollywood, CA 91607<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 100.00 | <b>Date (month, day, year)</b><br>3-2-98 | <b>Amount of Each Receipt this Period</b><br><br>100.00 |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Paul Brady<br>844 Church Lane<br>Middletown, NJ 07748<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):          | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 25.00  | <b>Date (month, day, year)</b><br>3-4-98 | <b>Amount of Each Receipt this Period</b><br><br>25.00  |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Anne Sarkissian<br>890 Jordan Dr.<br>Bensalem, PA 19020<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):        | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 200.00 | <b>Date (month, day, year)</b><br>3-4-98 | <b>Amount of Each Receipt this Period</b><br><br>200.00 |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Benzion Schachter<br>622 Laurel Ave.<br>Hazlet, NJ 07730<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):       | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 100.00 | <b>Date (month, day, year)</b><br>3-4-98 | <b>Amount of Each Receipt this Period</b><br><br>100.00 |

SUBTOTAL of Receipts This Page (optional)

675.00

TOTAL This Period (last page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
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PAGE 5 OF 32

FOR LINE NUMBER

11 a (ii)

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NAME OF COMMITTEE (in Full)

PALLONE FOR CONGRESS (C00226928)

|                                                                                                                                                                                                                                                                        |                                                                                                            |                                           |                                                         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|-------------------------------------------|---------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Francis Stevens<br>1501 W. Atlantic Ave.<br>Manasquan, NJ 08736<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):     | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 100.00          | <b>Date (month, day, year)</b><br>3-4-98  | <b>Amount of Each Receipt this Period</b><br><br>100.00 |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>John Jay Perrone<br>308 Main St.<br>Allenhurst, NJ 07711<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):            | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 200.00          | <b>Date (month, day, year)</b><br>3-6-98  | <b>Amount of Each Receipt this Period</b><br><br>200.00 |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Frank Keegan<br>605 Cherokee Lane<br>Brielle, NJ 08730<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):              | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 100.00          | <b>Date (month, day, year)</b><br>3-10-98 | <b>Amount of Each Receipt this Period</b><br><br>100.00 |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>M. Amin<br>2 English Ct.<br>Belmont, CA 94002<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                       | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 150.00          | <b>Date (month, day, year)</b><br>3-8-98  | <b>Amount of Each Receipt this Period</b><br><br>150.00 |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Nira Baxi<br>101 California St.<br>San Francisco, CA 94111<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):          | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 75.00           | <b>Date (month, day, year)</b><br>3-8-98  | <b>Amount of Each Receipt this Period</b><br><br>75.00  |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Amrat Kuverji-Horizon Inn<br>1378 Oakland Rd.<br>San Jose, CA 95112<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br><br><b>Occupation</b><br>Sole Prop.<br><b>Aggregate Year-to-Date</b> > \$ 75.00 | <b>Date (month, day, year)</b><br>3-8-98  | <b>Amount of Each Receipt this Period</b><br><br>75.00  |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Anil Pandya<br>3505 Ranch Pl.<br>San Jose, CA 95132<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                 | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 75.00           | <b>Date (month, day, year)</b><br>3-8-98  | <b>Amount of Each Receipt this Period</b><br><br>75.00  |

SUBTOTAL of Receipts This Page (optional)

775.00

TOTAL This Period (last page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
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Detailed Summary Page

PAGE 6 OF 32

FOR LINE NUMBER  
11 'a (ii)

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## NAME OF COMMITTEE (In Full)

PALLONE FOR CONGRESS (C00226928)

|                                                                                                                                                                                                                                                                              |                                                                                                      |                                          |                                                         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|------------------------------------------|---------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>B.B. Patel-Best Western Riv.<br>15 El Camino Real<br>Menlo Park, CA 94025<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br><br><b>Occupation</b><br>Sole Prop.<br>Aggregate Year-to-Date > \$ 125.00 | <b>Date (month, day, year)</b><br>3-8-98 | <b>Amount of Each Receipt this Period</b><br><br>125.00 |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Dilip Patel<br>2908 Hallmark Dr.<br>Belmont, CA 94002<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                     | <b>Name of Employer</b><br><br><b>Occupation</b><br>Aggregate Year-to-Date > \$ 150.00               | <b>Date (month, day, year)</b><br>3-8-98 | <b>Amount of Each Receipt this Period</b><br><br>150.00 |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Paresh Patel<br>895 Oak Park Dr.<br>Morgan Hill, CA 95037<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                 | <b>Name of Employer</b><br><br><b>Occupation</b><br>Aggregate Year-to-Date > \$ 75.00                | <b>Date (month, day, year)</b><br>3-8-98 | <b>Amount of Each Receipt this Period</b><br><br>75.00  |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Prumad Patel-San Simeon<br>35 Chadwick Ct.<br>Millbrae, CA 94030<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):          | <b>Name of Employer</b><br><br><b>Occupation</b><br>Sole Prop.<br>Aggregate Year-to-Date > \$ 150.00 | <b>Date (month, day, year)</b><br>3-8-98 | <b>Amount of Each Receipt this Period</b><br><br>150.00 |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Suresh Patel-Days Inn<br>4238 El Camino Real<br>Palo Alto, CA 94306<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):       | <b>Name of Employer</b><br><br><b>Occupation</b><br>Sole Prop.<br>Aggregate Year-to-Date > \$ 200.00 | <b>Date (month, day, year)</b><br>3-8-98 | <b>Amount of Each Receipt this Period</b><br><br>200.00 |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Tarun Patel<br>1370 Scenicview Dr.<br>San Leandro, CA 94677<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):               | <b>Name of Employer</b><br><br><b>Occupation</b><br>Aggregate Year-to-Date > \$ 125.00               | <b>Date (month, day, year)</b><br>3-8-98 | <b>Amount of Each Receipt this Period</b><br><br>125.00 |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Dharam Salwan-Amer Animal Hosp<br>3660 Peralta Blvd.<br>Fremont, CA 94536<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br><br><b>Occupation</b><br>Sole Prop.<br>Aggregate Year-to-Date > \$ 75.00  | <b>Date (month, day, year)</b><br>3-8-98 | <b>Amount of Each Receipt this Period</b><br><br>75.00  |

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
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Detailed Summary Page

PAGE 7 OF 32

FOR LINE NUMBER  
11 a (11)

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## NAME OF COMMITTEE (in Full)

PALLONE FOR CONGRESS (C00226928)

|                                                                                                                                                                                                                                                                   |                                                                              |                                    |                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|------------------------------------|----------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Devendra Verma<br>25194 LaRena Ln<br>Los Altos Hills, CA 94022<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Name of Employer<br><br>Occupation<br><br>Aggregate Year-to-Date > \$ 125.00 | Date (month, day, year)<br>3-8-98  | Amount of Each Receipt this Period<br>125.00 |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Amerjit Walla<br>1078 Cross Springs Ct.<br>San Jose, CA 95120<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):  | Name of Employer<br><br>Occupation<br><br>Aggregate Year-to-Date > \$ 125.00 | Date (month, day, year)<br>3-8-98  | Amount of Each Receipt this Period<br>125.00 |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Jeevan Zutshi<br>719 Boar Cir.<br>Fremont, CA 94539<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):            | Name of Employer<br><br>Occupation<br><br>Aggregate Year-to-Date > \$ 125.00 | Date (month, day, year)<br>3-8-98  | Amount of Each Receipt this Period<br>125.00 |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Dikran Abajian<br>4 Shadowbrook Dr.<br>Clifton Park, NY 12065<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):  | Name of Employer<br><br>Occupation<br><br>Aggregate Year-to-Date > \$ 200.00 | Date (month, day, year)<br>3-11-98 | Amount of Each Receipt this Period<br>200.00 |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Murat Acemoglu<br>PO Box 438<br>Newtonville, NY 12128<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):          | Name of Employer<br><br>Occupation<br><br>Aggregate Year-to-Date > \$ 200.00 | Date (month, day, year)<br>3-11-98 | Amount of Each Receipt this Period<br>200.00 |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Aram Adishian<br>1441 Anderson Ave.<br>Fort Lee, NJ 07024<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):      | Name of Employer<br><br>Occupation<br><br>Aggregate Year-to-Date > \$ 100.00 | Date (month, day, year)<br>3-11-98 | Amount of Each Receipt this Period<br>100.00 |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Adrienne Alexanian<br>305 E. 40th St.<br>New York, NY 10016<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):    | Name of Employer<br><br>Occupation<br><br>Aggregate Year-to-Date > \$ 100.00 | Date (month, day, year)<br>3-11-98 | Amount of Each Receipt this Period<br>100.00 |

SUBTOTAL of Receipts This Page (optional)

975.00

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 32

FOR LINE NUMBER  
11 a (11)

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NAME OF COMMITTEE (In Full)

PALLONE FOR CONGRESS (C00226928)

|                                                                                                                                                                                                                                                                   |                                                                                                   |                                           |                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-------------------------------------------|---------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Seda Andrikan<br>110-11 Queens Blvd.<br>Forest Hills, NY 11375<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 100.00 | <b>Date (month, day, year)</b><br>3-11-98 | <b>Amount of Each Receipt this Period</b><br><br>100.00 |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Berc Araz<br>66 Stephenville Pkwy<br>Edison, NJ 08820<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):          | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 100.00 | <b>Date (month, day, year)</b><br>3-11-98 | <b>Amount of Each Receipt this Period</b><br><br>100.00 |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Raffy Ardhaljian<br>250 E. 54th St.<br>New York, NY 10020<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):      | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 100.00 | <b>Date (month, day, year)</b><br>3-11-98 | <b>Amount of Each Receipt this Period</b><br><br>100.00 |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Mesrob Ashjian<br>188 E. 39th St.<br>New York, NY 10016<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):        | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 100.00 | <b>Date (month, day, year)</b><br>3-11-98 | <b>Amount of Each Receipt this Period</b><br><br>100.00 |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>David Attarian<br>39-68 64th St.<br>Woodside, NY 11377<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):         | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 100.00 | <b>Date (month, day, year)</b><br>3-11-98 | <b>Amount of Each Receipt this Period</b><br><br>100.00 |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Levon Baghdassarian<br>103 Trimble Ave.<br>Clifton, NJ 07011<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):   | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 200.00 | <b>Date (month, day, year)</b><br>3-11-98 | <b>Amount of Each Receipt this Period</b><br><br>200.00 |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Zivart Balikjian<br>1032 Woodland Ave.<br>Oradell, NJ 07649<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):    | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 100.00 | <b>Date (month, day, year)</b><br>3-11-98 | <b>Amount of Each Receipt this Period</b><br><br>100.00 |

SUBTOTAL of Receipts This Page (optional)

800.00

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 9 OF 32

 FOR LINE NUMBER  
11 a (11)

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NAME OF COMMITTEE (in Full)

PALLONE FOR CONGRESS (C00226928)

|                                                                                                                                                                                                                                                                     |                                                                                                   |                                           |                                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-------------------------------------------|---------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Alex Christianian<br>3910 Longwood Ave.<br>Boulder, CO 80303<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):     | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 100.00 | <b>Date (month, day, year)</b><br>3-11-98 | <b>Amount of Each Receipt this Period</b><br><br>100.00 |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Tamara Dermksian<br>1115 Fifth Ave.<br>New York, NY 10028<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):        | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 200.00 | <b>Date (month, day, year)</b><br>3-11-98 | <b>Amount of Each Receipt this Period</b><br><br>200.00 |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Aghavni Ellian<br>201 E. 37th St.<br>New York, NY 10016<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):          | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 25.00  | <b>Date (month, day, year)</b><br>3-11-98 | <b>Amount of Each Receipt this Period</b><br><br>25.00  |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Alyce Hovsepien<br>PO Box 1157<br>Fort Lee, NJ 07024<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):             | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 100.00 | <b>Date (month, day, year)</b><br>3-11-98 | <b>Amount of Each Receipt this Period</b><br><br>100.00 |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Lucy Ishkanian<br>25 Central Park West<br>New York, NY 10023<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):     | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 200.00 | <b>Date (month, day, year)</b><br>3-11-98 | <b>Amount of Each Receipt this Period</b><br><br>200.00 |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Nazareth Karakachian<br>131 Coolidge Ave.<br>Watertown, MA 02172<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 200.00 | <b>Date (month, day, year)</b><br>3-11-98 | <b>Amount of Each Receipt this Period</b><br><br>200.00 |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br><br><br><br><br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                                                    | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$        | <b>Date (month, day, year)</b>            | <b>Amount of Each Receipt this Period</b>               |

SUBTOTAL of Receipts This Page (optional)

825.00

TOTAL This Period (last page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

 Use separate schedule(s)  
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Detailed Summary Page

PAGE 10 OF 32

 FOR LINE NUMBER  
11 a (ii)

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NAME OF COMMITTEE (in full)

PALLONE FOR CONGRESS (CDD226928)

|                                                                                                                                                                                                                                                            |                                                                                                                                                                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>John Kasbarian<br>294 Frances St.<br>Teaneck, NJ 07666<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):      | Name of Employer<br><br>Occupation<br><br>Date (month, day, year)<br>3-11-98<br>Amount of Each Receipt this Period<br>100.00<br>Aggregate Year-to-Date > \$ 100.00 |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Lucine Kasbarian<br>294 Frances St.<br>Teaneck, NJ 07666<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):    | Name of Employer<br><br>Occupation<br><br>Date (month, day, year)<br>3-11-98<br>Amount of Each Receipt this Period<br>50.00<br>Aggregate Year-to-Date > \$ 50.00   |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Edna Keleshian<br>15 Stallion Trails<br>Greenwich, CT 06831<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Name of Employer<br><br>Occupation<br><br>Date (month, day, year)<br>3-11-98<br>Amount of Each Receipt this Period<br>200.00<br>Aggregate Year-to-Date > \$ 200.00 |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Maryann Kibarian<br>401 E. 34th St.<br>New York, NY 10016<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):   | Name of Employer<br><br>Occupation<br><br>Date (month, day, year)<br>3-11-98<br>Amount of Each Receipt this Period<br>100.00<br>Aggregate Year-to-Date > \$ 100.00 |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Arpi Koulaian<br>515 E. 79th St.<br>New York, NY 10021<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):      | Name of Employer<br><br>Occupation<br><br>Date (month, day, year)<br>3-11-98<br>Amount of Each Receipt this Period<br>100.00<br>Aggregate Year-to-Date > \$ 100.00 |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Eranica Kouyoumdjian<br>14 Lori Lane<br>Holmdel, NJ 07733<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):   | Name of Employer<br><br>Occupation<br><br>Date (month, day, year)<br>3-11-98<br>Amount of Each Receipt this Period<br>200.00<br>Aggregate Year-to-Date > \$ 200.00 |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>George Leylegian<br>432 Westhill Rd.<br>Stamford, CT 06902<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):  | Name of Employer<br><br>Occupation<br><br>Date (month, day, year)<br>3-11-98<br>Amount of Each Receipt this Period<br>200.00<br>Aggregate Year-to-Date > \$ 200.00 |

SUBTOTAL of Receipts This Page (optional)

950.00

TOTAL This Period (last page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
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Detailed Summary Page

PAGE 11 OF 32

FOR LINE NUMBER  
11 a (ii)

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## NAME OF COMMITTEE (in Full)

PALLONE FOR CONGRESS (C00226928)

|                                                                                                                                                                                                                                                                     |                                                                                                   |                                           |                                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-------------------------------------------|---------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Kathryn Manuelian<br>344 E. 85th St.<br>New York, NY 10028<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):           | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 100.00 | <b>Date (month, day, year)</b><br>3-11-98 | <b>Amount of Each Receipt this Period</b><br><br>100.00 |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Hilda Melconian<br>12 Nelson Ridge Rd.<br>Princeton, NJ 08540<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):        | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 200.00 | <b>Date (month, day, year)</b><br>3-11-98 | <b>Amount of Each Receipt this Period</b><br><br>200.00 |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Silva Mesrobian<br>745 Prospect St.<br>Glen Rock, NJ 07452<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):           | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 100.00 | <b>Date (month, day, year)</b><br>3-11-98 | <b>Amount of Each Receipt this Period</b><br><br>100.00 |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Haroutune Misserlian<br>7 Carolyn Ct.<br>Holmdel, NJ 07733<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):           | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 200.00 | <b>Date (month, day, year)</b><br>3-11-98 | <b>Amount of Each Receipt this Period</b><br><br>200.00 |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Alice Movsesian<br>765 Anderson Ave.<br>Cliffside Park, NJ 07010<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):     | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 100.00 | <b>Date (month, day, year)</b><br>3-11-98 | <b>Amount of Each Receipt this Period</b><br><br>100.00 |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Artemis Nazerian<br>186039 Midland Pkwy<br>Jamaica Estates, NY 11432<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 50.00  | <b>Date (month, day, year)</b><br>3-11-98 | <b>Amount of Each Receipt this Period</b><br><br>50.00  |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Marian Nigebosian<br>51 W. 81st St.<br>New York, NY 10024<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):            | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 100.00 | <b>Date (month, day, year)</b><br>3-11-98 | <b>Amount of Each Receipt this Period</b><br><br>100.00 |

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
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Detailed Summary Page

PAGE 12 OF 32

FOR LINE NUMBER  
11 a (11)

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## NAME OF COMMITTEE (in Full)

PALLONE FOR CONGRESS (C00226928)

|                                                                                                                                                                                                                                                                         |                                                                                                           |                                           |                                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-------------------------------------------|-------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Mary Ohanessian<br>80 Maryland Rd.<br>Paramus, NJ 07652<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):              | <b>Name of Employer</b><br><br><br><b>Occupation</b><br><br><br><b>Aggregate Year-to-Date</b> > \$ 200.00 | <b>Date (month, day, year)</b><br>3-11-98 | <b>Amount of Each Receipt this Period</b><br><br><br>200.00 |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>John Gunjian<br>65-30 108th St.<br>Forest Hills, NY 11375<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):            | <b>Name of Employer</b><br><br><br><b>Occupation</b><br><br><br><b>Aggregate Year-to-Date</b> > \$ 100.00 | <b>Date (month, day, year)</b><br>3-11-98 | <b>Amount of Each Receipt this Period</b><br><br><br>100.00 |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Christopher Parnagian<br>370 Central Park West<br>New York, NY 10025<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br><br><br><b>Occupation</b><br><br><br><b>Aggregate Year-to-Date</b> > \$ 200.00 | <b>Date (month, day, year)</b><br>3-11-98 | <b>Amount of Each Receipt this Period</b><br><br><br>200.00 |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Tro Piliguian<br>350 E 79th St.<br>New York, NY 10021<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                | <b>Name of Employer</b><br><br><br><b>Occupation</b><br><br><br><b>Aggregate Year-to-Date</b> > \$ 200.00 | <b>Date (month, day, year)</b><br>3-11-98 | <b>Amount of Each Receipt this Period</b><br><br><br>200.00 |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Eugenie Sandrik<br>300 E. 75th St.<br>New York, NY 10021<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):             | <b>Name of Employer</b><br><br><br><b>Occupation</b><br><br><br><b>Aggregate Year-to-Date</b> > \$ 100.00 | <b>Date (month, day, year)</b><br>3-11-98 | <b>Amount of Each Receipt this Period</b><br><br><br>100.00 |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Alex Sarafian<br>130 Dickerman Rd.<br>Newton, MA 02161<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):               | <b>Name of Employer</b><br><br><br><b>Occupation</b><br><br><br><b>Aggregate Year-to-Date</b> > \$ 100.00 | <b>Date (month, day, year)</b><br>3-11-98 | <b>Amount of Each Receipt this Period</b><br><br><br>100.00 |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Richard Sarajian<br>730 S. Pascack Rd.<br>Chestnut Ridge, NY 10977<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):   | <b>Name of Employer</b><br><br><br><b>Occupation</b><br><br><br><b>Aggregate Year-to-Date</b> > \$ 100.00 | <b>Date (month, day, year)</b><br>3-11-98 | <b>Amount of Each Receipt this Period</b><br><br><br>100.00 |

SUBTOTAL of Receipts This Page (optional)

1,000.00

TOTAL This Period (last page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
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Detailed Summary Page

PAGE 13 OF 32

FOR LINE NUMBER  
11 a (ii)

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## NAME OF COMMITTEE (in Full)

FALLONE FOR CONGRESS (C00226928)

|                                                                                                                                                                                                                                                               |                                                                                                   |                                           |                                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-------------------------------------------|---------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Andranig Sarkissian<br>16 Long Ridge Rd.<br>Plandome, NY 11030<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 200.00 | <b>Date (month, day, year)</b><br>3-11-98 | <b>Amount of Each Receipt this Period</b><br><br>200.00 |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Lucille Sarkissian<br>9 Henry St.<br>Westmere, NY 12203<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):        | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 200.00 | <b>Date (month, day, year)</b><br>3-11-98 | <b>Amount of Each Receipt this Period</b><br><br>200.00 |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Zvart Sarkuni<br>66 Cranbury Neck Rd.<br>Cranbury, NJ 08512<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):    | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 200.00 | <b>Date (month, day, year)</b><br>3-11-98 | <b>Amount of Each Receipt this Period</b><br><br>200.00 |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Robert Setrakian<br>170 E 87th St. #15A<br>New York, NY 10128<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):  | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 100.00 | <b>Date (month, day, year)</b><br>3-11-98 | <b>Amount of Each Receipt this Period</b><br><br>100.00 |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Adrienne Tcheyan<br>910 Fifth Ave.<br>New York, NY 10021<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):       | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 100.00 | <b>Date (month, day, year)</b><br>3-11-98 | <b>Amount of Each Receipt this Period</b><br><br>100.00 |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Kevork Toroyan<br>65 Sunset Hill Rd.<br>New Canaan, CT 06840<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):   | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 100.00 | <b>Date (month, day, year)</b><br>3-11-98 | <b>Amount of Each Receipt this Period</b><br><br>100.00 |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Mary Toumayan<br>192-04 37th Ave.<br>Flushing, NY 11358<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):        | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 100.00 | <b>Date (month, day, year)</b><br>3-11-98 | <b>Amount of Each Receipt this Period</b><br><br>100.00 |

SUBTOTAL of Receipts This Page (optional)

1,000.00

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 14 OF 32

FOR LINE NUMBER  
11 a (ii)

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NAME OF COMMITTEE (In Full)

PALLONE FOR CONGRESS (C00226928)

|                                                                                                                                                                                                                                                                        |                                                                              |                                    |                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|------------------------------------|--------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Katherine James<br>107 Highland Ave.<br>Highlands, NJ 07732<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):             | Name of Employer<br><br>Occupation<br><br>Aggregate Year-to-Date > \$ 25.00  | Date (month, day, year)<br>3-13-98 | Amount of Each Receipt this Period<br><br>25.00  |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>James Jordan<br>52 Baruch Dr.<br>Long Branch, NJ 07740<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                  | Name of Employer<br><br>Occupation<br><br>Aggregate Year-to-Date > \$ 100.00 | Date (month, day, year)<br>3-13-98 | Amount of Each Receipt this Period<br><br>100.00 |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Philip Silver<br>863 Red Oaks Dr.<br>Elberon, NJ 07740<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                  | Name of Employer<br><br>Occupation<br><br>Aggregate Year-to-Date > \$ 25.00  | Date (month, day, year)<br>3-13-98 | Amount of Each Receipt this Period<br><br>25.00  |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Ramesh Gupta<br>2201 High Country Dr.<br>Carrollton, TX 75007<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):           | Name of Employer<br><br>Occupation<br><br>Aggregate Year-to-Date > \$ 100.00 | Date (month, day, year)<br>3-15-98 | Amount of Each Receipt this Period<br><br>100.00 |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Shrikrishna Hallur<br>4308 Echo Bluff Dr.<br>Plano, TX 75024<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):            | Name of Employer<br><br>Occupation<br><br>Aggregate Year-to-Date > \$ 100.00 | Date (month, day, year)<br>3-15-98 | Amount of Each Receipt this Period<br><br>100.00 |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Rajyalakshmi Kakarla<br>2801 Bolton Boone<br>Desoto, TX 75115<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):           | Name of Employer<br><br>Occupation<br><br>Aggregate Year-to-Date > \$ 100.00 | Date (month, day, year)<br>3-15-98 | Amount of Each Receipt this Period<br><br>100.00 |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Seeday V. Kumar<br>3813 Diamond Loch W.<br>No. Richland Hills, TX 76180<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Name of Employer<br><br>Occupation<br><br>Aggregate Year-to-Date > \$ 100.00 | Date (month, day, year)<br>3-15-98 | Amount of Each Receipt this Period<br><br>100.00 |

SUBTOTAL of Receipts This Page (optional)

550.00

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 15 OF 32

FOR LINE NUMBER  
11: a (ii)

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NAME OF COMMITTEE (In Full)

PALLONE FOR CONGRESS (C00226928)

|                                                                                                                                                                                                                                                           |                                                                                            |                                               |                                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------|---------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Sharad Lakhanpal<br>5320 Royal Lane<br>Dallas, TX 75229<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):    | <b>Name of Employer</b><br><br><b>Occupation</b><br><br>Aggregate Year-to-Date > \$ 100.00 | <b>Date (month, day, year)</b><br><br>3-15-98 | <b>Amount of Each Receipt this Period</b><br><br>100.00 |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Sunil Maini<br>1304 Kentshire Cir.<br>Plano, TX 75025<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):      | <b>Name of Employer</b><br><br><b>Occupation</b><br><br>Aggregate Year-to-Date > \$ 100.00 | <b>Date (month, day, year)</b><br><br>3-15-98 | <b>Amount of Each Receipt this Period</b><br><br>100.00 |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Raghavan Rajaji<br>2612 Regatta Dr.<br>Plano, TX 75093<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):     | <b>Name of Employer</b><br><br><b>Occupation</b><br><br>Aggregate Year-to-Date > \$ 200.00 | <b>Date (month, day, year)</b><br><br>3-15-98 | <b>Amount of Each Receipt this Period</b><br><br>200.00 |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Harivadan Shah<br>2813 Amesbury Dr.<br>Plano, TX 75093<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):     | <b>Name of Employer</b><br><br><b>Occupation</b><br><br>Aggregate Year-to-Date > \$ 100.00 | <b>Date (month, day, year)</b><br><br>3-15-98 | <b>Amount of Each Receipt this Period</b><br><br>100.00 |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Rajindar Sawhney<br>47 Talbot Ct.<br>Short Hills, NJ 07079<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br><br><b>Occupation</b><br><br>Aggregate Year-to-Date > \$ 100.00 | <b>Date (month, day, year)</b><br><br>3-16-98 | <b>Amount of Each Receipt this Period</b><br><br>100.00 |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Onic Zeronian<br>38-16 30th Ave.<br>Astoria, NY 11103<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):      | <b>Name of Employer</b><br><br><b>Occupation</b><br><br>Aggregate Year-to-Date > \$ 100.00 | <b>Date (month, day, year)</b><br><br>3-16-98 | <b>Amount of Each Receipt this Period</b><br><br>100.00 |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br><br><br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                                                  | <b>Name of Employer</b><br><br><b>Occupation</b><br><br>Aggregate Year-to-Date > \$        | <b>Date (month, day, year)</b>                | <b>Amount of Each Receipt this Period</b>               |

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
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Detailed Summary Page

PAGE 16 OF 32

FOR LINE NUMBER  
11 a (11)

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NAME OF COMMITTEE (in Full)

PALLONE FOR CONGRESS (C00226928)

|                                                                                                                                                                                                                                                                  |                                                                              |                                    |                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|------------------------------------|--------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Hrair Atikian<br>13207 Addison St.<br>Sherman Oaks, CA 91423<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):  | Name of Employer<br><br>Occupation<br><br>Aggregate Year-to-Date > \$ 20.00  | Date (month, day, year)<br>3-17-98 | Amount of Each Receipt this Period<br><br>20.00  |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Aram Bassenian<br>840 Emerald Bay<br>Laguna Beach, CA 92651<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):   | Name of Employer<br><br>Occupation<br><br>Aggregate Year-to-Date > \$ 150.00 | Date (month, day, year)<br>3-17-98 | Amount of Each Receipt this Period<br><br>150.00 |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Bernard Hollander<br>787 Ocean Ave.<br>West End, NJ 07740<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):     | Name of Employer<br><br>Occupation<br><br>Aggregate Year-to-Date > \$ 100.00 | Date (month, day, year)<br>3-17-98 | Amount of Each Receipt this Period<br><br>100.00 |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>George Mekjian<br>11167 Montana Ave.<br>Los Angeles, CA 90049<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Name of Employer<br><br>Occupation<br><br>Aggregate Year-to-Date > \$ 100.00 | Date (month, day, year)<br>3-17-98 | Amount of Each Receipt this Period<br><br>100.00 |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Marie Sherbell<br>717 Ocean Ave.<br>West End, NJ 07740<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):        | Name of Employer<br><br>Occupation<br><br>Aggregate Year-to-Date > \$ 50.00  | Date (month, day, year)<br>3-17-98 | Amount of Each Receipt this Period<br><br>50.00  |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Gary Takessian<br>3957 Pacific Hwy<br>San Diego, CA 92110<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):     | Name of Employer<br><br>Occupation<br><br>Aggregate Year-to-Date > \$ 100.00 | Date (month, day, year)<br>3-17-98 | Amount of Each Receipt this Period<br><br>100.00 |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br><br><br><br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                                                     | Name of Employer<br><br>Occupation<br><br>Aggregate Year-to-Date > \$        | Date (month, day, year)            | Amount of Each Receipt this Period               |

SUBTOTAL of Receipts This Page (optional)

520.00

TOTAL This Period (last page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
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Detailed Summary Page

PAGE 7 OF 32

FOR LINE NUMBER  
11 a (ii)

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NAME OF COMMITTEE (in Full)

PALLONE FOR CONGRESS (C00226928)

|                                                                                                                                                                                                                                                                       |                                                                                                   |                                           |                                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-------------------------------------------|---------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Harold J. Gerr<br>24 No. 3rd Ave.<br>Highland Park, NJ 08904<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):       | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 75.00  | <b>Date (month, day, year)</b><br>3-19-98 | <b>Amount of Each Receipt this Period</b><br><br>75.00  |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>James Jordan<br>52 Baruch Dr.<br>Long Branch, NJ 07740<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):             | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 150.00 | <b>Date (month, day, year)</b><br>3-19-98 | <b>Amount of Each Receipt this Period</b><br><br>50.00  |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>John Karlin<br>73 Wigwam Rd.<br>Locust, NJ 07760<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                   | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 100.00 | <b>Date (month, day, year)</b><br>3-19-98 | <b>Amount of Each Receipt this Period</b><br><br>100.00 |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Irving Haleh<br>787 Ocean Ave.<br>Long Branch, NJ 07740<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):            | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 50.00  | <b>Date (month, day, year)</b><br>3-19-98 | <b>Amount of Each Receipt this Period</b><br><br>50.00  |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Susie Santanello<br>290 Poole Ave.<br>Long Branch, NJ 07740<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):        | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 200.00 | <b>Date (month, day, year)</b><br>3-19-98 | <b>Amount of Each Receipt this Period</b><br><br>200.00 |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Ann Hughes Daniels<br>34 S. Arlene Dr.<br>W. Long Branch, NJ 07764<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 100.00 | <b>Date (month, day, year)</b><br>3-20-98 | <b>Amount of Each Receipt this Period</b><br><br>100.00 |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Noubar Ouzounian<br>2068 Rimcrest Dr.<br>Glendale, CA 91207<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):        | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 100.00 | <b>Date (month, day, year)</b><br>3-20-98 | <b>Amount of Each Receipt this Period</b><br><br>100.00 |

SUBTOTAL of Receipts This Page (optional)

675.00

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 18 OF 32

FOR LINE NUMBER  
11 a (ii)

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## NAME OF COMMITTEE (in Full)

FALLONE FOR CONGRESS (C00226928)

|                                                                                                                                                                                                                                                                    |                                                                              |                                    |                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|------------------------------------|----------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Armen Haig Ovhanesian<br>17309 Roxbury Ave.<br>Southfield, MI 48075<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Name of Employer<br><br>Occupation<br><br>Aggregate Year-to-Date > \$ 100.00 | Date (month, day, year)<br>3-20-98 | Amount of Each Receipt this Period<br>100.00 |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Alan Silvers<br>787 Ocean Ave.<br>West End, NJ 07740<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                | Name of Employer<br><br>Occupation<br><br>Aggregate Year-to-Date > \$ 100.00 | Date (month, day, year)<br>3-20-98 | Amount of Each Receipt this Period<br>100.00 |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>David Bole<br>3231 Allen Pkwy<br>Houston, TX 77019<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                  | Name of Employer<br><br>Occupation<br><br>Aggregate Year-to-Date > \$ 200.00 | Date (month, day, year)<br>3-23-98 | Amount of Each Receipt this Period<br>200.00 |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Harry Stark<br>350 North 4th Ave.<br>Highland Park, NJ 08904<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):        | Name of Employer<br><br>Occupation<br><br>Aggregate Year-to-Date > \$ 175.00 | Date (month, day, year)<br>3-23-98 | Amount of Each Receipt this Period<br>75.00  |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Wm. DeCamp<br>11 Barberry Lane<br>Short Hills, NJ 07078<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):             | Name of Employer<br><br>Occupation<br><br>Aggregate Year-to-Date > \$ 100.00 | Date (month, day, year)<br>3-24-98 | Amount of Each Receipt this Period<br>100.00 |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Florence Farber<br>15 Pleasant Pl.<br>Deal, NJ 07723<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                | Name of Employer<br><br>Occupation<br><br>Aggregate Year-to-Date > \$ 100.00 | Date (month, day, year)<br>3-24-98 | Amount of Each Receipt this Period<br>100.00 |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Bernard Gorcey<br>36 Second Ave.<br>Long Branch, NJ 07740<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):           | Name of Employer<br><br>Occupation<br><br>Aggregate Year-to-Date > \$ 200.00 | Date (month, day, year)<br>3-24-98 | Amount of Each Receipt this Period<br>200.00 |

SUBTOTAL of Receipts This Page (optional)

875.00

TOTAL This Period (last page this line number only)

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

PAGE 19 OF 32

FOR LINE NUMBER  
11 a (ii)

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NAME OF COMMITTEE (in Full)

PALLONE FOR CONGRESS (C00226928)

|                                                                                                                                               |                                                  |                                           |                                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-------------------------------------------|---------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Jean Marshall<br>301 Wales Lane<br>Toms River, NJ 08753                                  | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>3-24-98 | <b>Amount of Each Receipt this Period</b><br><br>150.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Aggregate Year-to-Date</b> > \$ 150.00        |                                           |                                                         |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Ellen Schwartz<br>12 Adams Rd.<br>Kendall Park, NJ 08824                                 | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>3-24-98 | <b>Amount of Each Receipt this Period</b><br><br>75.00  |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Aggregate Year-to-Date</b> > \$ 75.00         |                                           |                                                         |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Larry Loris Zarian<br>1770 Golf Club Dr.<br>Glendale, CA 91206                           | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>3-24-98 | <b>Amount of Each Receipt this Period</b><br><br>20.00  |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Aggregate Year-to-Date</b> > \$ 20.00         |                                           |                                                         |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Zohrab Andonian<br>970 Stoney Ct.<br>Millbrae, CA 94030                                  | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>3-24-98 | <b>Amount of Each Receipt this Period</b><br><br>50.00  |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Aggregate Year-to-Date</b> > \$ 50.00         |                                           |                                                         |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>George Atashkarian<br>320 Calle LeMesa<br>Moraga, CA 94556                               | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>3-24-98 | <b>Amount of Each Receipt this Period</b><br><br>100.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Aggregate Year-to-Date</b> > \$ 100.00        |                                           |                                                         |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>O. H. Bezirjian                                                                          | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>3-24-98 | <b>Amount of Each Receipt this Period</b><br><br>50.00  |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Aggregate Year-to-Date</b> > \$ 50.00         |                                           |                                                         |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Kegham Boghossian<br>4121 Midvale Ave.<br>Oakland, CA 94602                              | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>3-24-98 | <b>Amount of Each Receipt this Period</b><br><br>50.00  |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Aggregate Year-to-Date</b> > \$ 50.00         |                                           |                                                         |

SUBTOTAL of Receipts This Page (optional)

495.00

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 20 OF 32

FOR LINE NUMBER  
11 a (ii)

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NAME OF COMMITTEE (in Full)

PALLONE FOR CONGRESS (C00226928)

|                                                                                                                                                                                                                                                                              |                                                                                        |                                            |                                                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|--------------------------------------------|------------------------------------------------------|
| <p>A. Full Name, Mailing Address and ZIP Code<br/>Sirarpi Chakalian<br/>1140 Tartan Trail<br/>Hillsborough, CA 94010</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>      | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 100.00</p> | <p>Date (month, day, year)<br/>3-24-98</p> | <p>Amount of Each Receipt this Period<br/>100.00</p> |
| <p>B. Full Name, Mailing Address and ZIP Code<br/>Thomas Chanchanian<br/>2080 Kent Dr.<br/>Los Altos, CA 94020</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>            | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 100.00</p> | <p>Date (month, day, year)<br/>3-24-98</p> | <p>Amount of Each Receipt this Period<br/>100.00</p> |
| <p>C. Full Name, Mailing Address and ZIP Code<br/>Armen Der Kiureghian<br/>1974 18th Ave.<br/>San Francisco, CA 94116</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>     | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 50.00</p>  | <p>Date (month, day, year)<br/>3-24-98</p> | <p>Amount of Each Receipt this Period<br/>50.00</p>  |
| <p>D. Full Name, Mailing Address and ZIP Code<br/>Yermant Der Torossian<br/>72 Barcelona Ave.<br/>San Francisco, CA 94115</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p> | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 50.00</p>  | <p>Date (month, day, year)<br/>3-24-98</p> | <p>Amount of Each Receipt this Period<br/>50.00</p>  |
| <p>E. Full Name, Mailing Address and ZIP Code<br/>Minass Karpanian<br/>570 Mastick Ave.<br/>San Bruno, CA 94066</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>           | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 50.00</p>  | <p>Date (month, day, year)<br/>3-24-98</p> | <p>Amount of Each Receipt this Period<br/>50.00</p>  |
| <p>F. Full Name, Mailing Address and ZIP Code<br/>Ara Makasdjian<br/>3770 24th St.<br/>San Francisco, CA 94114</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>            | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 100.00</p> | <p>Date (month, day, year)<br/>3-24-98</p> | <p>Amount of Each Receipt this Period<br/>100.00</p> |
| <p>G. Full Name, Mailing Address and ZIP Code<br/>Hagop Makasdjian<br/>440 Arguello Blvd.<br/>San Francisco, CA 94116</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>     | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 100.00</p> | <p>Date (month, day, year)<br/>3-24-98</p> | <p>Amount of Each Receipt this Period<br/>100.00</p> |

SUBTOTAL of Receipts This Page (optional)

550.00

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 21 OF 32

FOR LINE NUMBER  
11 a (ii)

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## NAME OF COMMITTEE (In Full)

PALLONE FOR CONGRESS {C00226928}

|                                                                                                                                                                                                                                                                        |                                                                                        |                                           |                                                         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-------------------------------------------|---------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Charles Manzigian<br>631 Sutton Ct.<br>Walnut Creek, CA 94598<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):           | <b>Name of Employer</b><br><br><b>Occupation</b><br>Aggregate Year-to-Date > \$ 100.00 | <b>Date (month, day, year)</b><br>3-24-98 | <b>Amount of Each Receipt this Period</b><br><br>100.00 |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Arthur Minassian<br>2809 Tiburon Way<br>Burlingame, CA 94010<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):            | <b>Name of Employer</b><br><br><b>Occupation</b><br>Aggregate Year-to-Date > \$ 50.00  | <b>Date (month, day, year)</b><br>3-24-98 | <b>Amount of Each Receipt this Period</b><br><br>50.00  |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Edward Misserlian<br>1925 15th Ave.<br>San Francisco, CA 94116<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):          | <b>Name of Employer</b><br><br><b>Occupation</b><br>Aggregate Year-to-Date > \$ 100.00 | <b>Date (month, day, year)</b><br>3-24-98 | <b>Amount of Each Receipt this Period</b><br><br>100.00 |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Anoushavan Muradian<br>329 Quintara St.<br>San Francisco, CA 94116<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):      | <b>Name of Employer</b><br><br><b>Occupation</b><br>Aggregate Year-to-Date > \$ 50.00  | <b>Date (month, day, year)</b><br>3-24-98 | <b>Amount of Each Receipt this Period</b><br><br>50.00  |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Odette Panossian<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                                        | <b>Name of Employer</b><br><br><b>Occupation</b><br>Aggregate Year-to-Date > \$ 100.00 | <b>Date (month, day, year)</b><br>3-24-98 | <b>Amount of Each Receipt this Period</b><br><br>100.00 |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Khajag Sarkissian<br>279 30th Ave.<br>San Francisco, CA 94121<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):           | <b>Name of Employer</b><br><br><b>Occupation</b><br>Aggregate Year-to-Date > \$ 200.00 | <b>Date (month, day, year)</b><br>3-24-98 | <b>Amount of Each Receipt this Period</b><br><br>200.00 |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Hrayr Sarkissian<br>752 Junipero Serra Blvd.<br>San Francisco, CA 94127<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br><br><b>Occupation</b><br>Aggregate Year-to-Date > \$ 100.00 | <b>Date (month, day, year)</b><br>3-24-98 | <b>Amount of Each Receipt this Period</b><br><br>100.00 |
| <b>SUBTOTAL of Receipts This Page (optional)</b>                                                                                                                                                                                                                       |                                                                                        |                                           | 700.00                                                  |
| <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 22 OF 32  
FOR LINE NUMBER 11a (11)

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NAME OF COMMITTEE (In Full)

FALLONE FOR CONGRESS (C00226928)

|                                                                                                                                                                                                                                                                        |                                                                                        |                                            |                                                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|--------------------------------------------|------------------------------------------------------|
| <p>A. Full Name, Mailing Address and ZIP Code<br/>Paul Tour-Sarkissian<br/>33 21st Ave.<br/>San Francisco, CA 94121</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p> | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 100.00</p> | <p>Date (month, day, year)<br/>3-24-98</p> | <p>Amount of Each Receipt this Period<br/>100.00</p> |
| <p>B. Full Name, Mailing Address and ZIP Code<br/>V. Vartanian<br/>945 Macadamia Dr.<br/>Hillsborough, CA 94010</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>     | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 100.00</p> | <p>Date (month, day, year)<br/>3-24-98</p> | <p>Amount of Each Receipt this Period<br/>100.00</p> |
| <p>C. Full Name, Mailing Address and ZIP Code<br/>Mary Wiley<br/>2279 Tice Creek Dr.<br/>Walnut Creek, CA 94595</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>     | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 25.00</p>  | <p>Date (month, day, year)<br/>3-24-98</p> | <p>Amount of Each Receipt this Period<br/>25.00</p>  |
| <p>D. Full Name, Mailing Address and ZIP Code<br/>Jack Gardy<br/>215 Edgemont Dr.<br/>Loch Arbour, NJ 07711</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>         | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 100.00</p> | <p>Date (month, day, year)<br/>3-25-98</p> | <p>Amount of Each Receipt this Period<br/>100.00</p> |
| <p>E. Full Name, Mailing Address and ZIP Code<br/>Jerry Jason<br/>305 Alameda Dr.<br/>Brick, NJ 08723</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>               | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 25.00</p>  | <p>Date (month, day, year)<br/>3-25-98</p> | <p>Amount of Each Receipt this Period<br/>25.00</p>  |
| <p>F. Full Name, Mailing Address and ZIP Code<br/>Robert Manselian<br/>5235 E. Hamilton<br/>Presno, CA 93727</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>        | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 100.00</p> | <p>Date (month, day, year)<br/>3-25-98</p> | <p>Amount of Each Receipt this Period<br/>100.00</p> |
| <p>G. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>                                                                                  | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$</p>        | <p>Date (month, day, year)</p>             | <p>Amount of Each Receipt this Period</p>            |

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (Use page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
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Detailed Summary Page

PAGE 23 OF 32

FOR LINE NUMBER  
11 a (ii)

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NAME OF COMMITTEE (in full)

PALLONE FOR CONGRESS (C00226928)

|                                                                                                                                        |  |                        |                            |                                       |
|----------------------------------------------------------------------------------------------------------------------------------------|--|------------------------|----------------------------|---------------------------------------|
| A. Full Name, Mailing Address and ZIP Code<br>Madeline Adrian<br>139 Quintara St.<br>San Francisco, CA 94116                           |  | Name of Employer       | Date (month,<br>day, year) | Amount of Each<br>Receipt this Period |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): |  | Occupation             | 3-27-98                    |                                       |
|                                                                                                                                        |  | Aggregate Year-to-Date | \$ 100.00                  |                                       |
| B. Full Name, Mailing Address and ZIP Code<br>Walter Fee<br>62 Commercial Ave.<br>Avenel, NJ 07001                                     |  | Name of Employer       | Date (month,<br>day, year) | Amount of Each<br>Receipt this Period |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): |  | Occupation             | 3-31-98                    |                                       |
|                                                                                                                                        |  | Aggregate Year-to-Date | \$ 200.00                  |                                       |
| C. Full Name, Mailing Address and ZIP Code<br>Paul Hibbitt<br>143 Valencia Dr.<br>Brick, NJ 08723                                      |  | Name of Employer       | Date (month,<br>day, year) | Amount of Each<br>Receipt this Period |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): |  | Occupation             | 3-31-98                    |                                       |
|                                                                                                                                        |  | Aggregate Year-to-Date | \$ 50.00                   |                                       |
| D. Full Name, Mailing Address and ZIP Code<br>Hrand Minassian<br>7302 Aqua Lane<br>Houston, TX 77072                                   |  | Name of Employer       | Date (month,<br>day, year) | Amount of Each<br>Receipt this Period |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): |  | Occupation             | 3-31-98                    |                                       |
|                                                                                                                                        |  | Aggregate Year-to-Date | \$ 150.00                  |                                       |
| E. Full Name, Mailing Address and ZIP Code<br>Nan Safran<br>787 Ocean Ave.<br>Long Branch, NJ 07740                                    |  | Name of Employer       | Date (month,<br>day, year) | Amount of Each<br>Receipt this Period |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): |  | Occupation             | 3-31-98                    |                                       |
|                                                                                                                                        |  | Aggregate Year-to-Date | \$ 100.00                  |                                       |
| F. Full Name, Mailing Address and ZIP Code<br>George Tumanjan<br>1341 Via Coronel<br>Palos Verdes Estates, CA 90274                    |  | Name of Employer       | Date (month,<br>day, year) | Amount of Each<br>Receipt this Period |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): |  | Occupation             | 3-31-98                    |                                       |
|                                                                                                                                        |  | Aggregate Year-to-Date | \$ 100.00                  |                                       |
| G. Full Name, Mailing Address and ZIP Code<br>Seymour Wenger<br>787 Ocean Ave.<br>Long Branch, NJ 07740                                |  | Name of Employer       | Date (month,<br>day, year) | Amount of Each<br>Receipt this Period |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): |  | Occupation             | 3-31-98                    |                                       |
|                                                                                                                                        |  | Aggregate Year-to-Date | \$ 200.00                  |                                       |

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

PAGE 24 OF 32  
FOR LINE NUMBER 11 1a (11)

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NAME OF COMMITTEE (In Full)

FALLONE FOR CONGRESS (C00226928)

|                                                                                                                          |  |                                                                                                                           |                                           |                                                     |
|--------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-----------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Mary Aivazian<br>91-22 245th St.<br>Bellerose, NY 11426             |  | <b>Name of Employer</b><br><br><b>Occupation</b>                                                                          | <b>Date (month, day, year)</b><br>3-31-98 | <b>Amount of Each Receipt this Period</b><br>100.00 |
| <b>Receipt For:</b><br><input type="checkbox"/> Other (specify):                                                         |  | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><b>Aggregate Year-to-Date</b> > \$ 100.00 |                                           |                                                     |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Jack Arisian<br>179 Honey Hill Rd.<br>Watertown, CT 06795           |  | <b>Name of Employer</b><br><br><b>Occupation</b>                                                                          | <b>Date (month, day, year)</b><br>3-31-98 | <b>Amount of Each Receipt this Period</b><br>15.00  |
| <b>Receipt For:</b><br><input type="checkbox"/> Other (specify):                                                         |  | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><b>Aggregate Year-to-Date</b> > \$ 15.00  |                                           |                                                     |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Anelka Baboornian<br>74-10 Little Neck Pkwy<br>Glen Oaks, NY 11004  |  | <b>Name of Employer</b><br><br><b>Occupation</b>                                                                          | <b>Date (month, day, year)</b><br>3-31-98 | <b>Amount of Each Receipt this Period</b><br>100.00 |
| <b>Receipt For:</b><br><input type="checkbox"/> Other (specify):                                                         |  | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><b>Aggregate Year-to-Date</b> > \$ 100.00 |                                           |                                                     |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Sevada Badalian<br>43 Riverbend Dr.<br>No. Brunswick, NJ 08902      |  | <b>Name of Employer</b><br><br><b>Occupation</b>                                                                          | <b>Date (month, day, year)</b><br>3-31-98 | <b>Amount of Each Receipt this Period</b><br>200.00 |
| <b>Receipt For:</b><br><input type="checkbox"/> Other (specify):                                                         |  | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><b>Aggregate Year-to-Date</b> > \$ 200.00 |                                           |                                                     |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Armand Bedikian<br>26 Galloping Hill Circle<br>Holmdel, NJ 07733    |  | <b>Name of Employer</b><br><br><b>Occupation</b>                                                                          | <b>Date (month, day, year)</b><br>3-31-98 | <b>Amount of Each Receipt this Period</b><br>150.00 |
| <b>Receipt For:</b><br><input type="checkbox"/> Other (specify):                                                         |  | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><b>Aggregate Year-to-Date</b> > \$ 150.00 |                                           |                                                     |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Isabel Bedrosian<br>23 Washington St.<br>Long Branch, NJ 07740      |  | <b>Name of Employer</b><br><br><b>Occupation</b>                                                                          | <b>Date (month, day, year)</b><br>3-31-98 | <b>Amount of Each Receipt this Period</b><br>50.00  |
| <b>Receipt For:</b><br><input type="checkbox"/> Other (specify):                                                         |  | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><b>Aggregate Year-to-Date</b> > \$ 50.00  |                                           |                                                     |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>George Berberian<br>37 Old Chestnut Ridge Rd.<br>Montvale, NJ 07645 |  | <b>Name of Employer</b><br><br><b>Occupation</b>                                                                          | <b>Date (month, day, year)</b><br>3-31-98 | <b>Amount of Each Receipt this Period</b><br>25.00  |
| <b>Receipt For:</b><br><input type="checkbox"/> Other (specify):                                                         |  | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><b>Aggregate Year-to-Date</b> > \$ 25.00  |                                           |                                                     |
| <b>SUBTOTAL of Receipts This Page (optional)</b>                                                                         |  |                                                                                                                           |                                           | 640.00                                              |
| <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 25 OF 32

FOR LINE NUMBER  
11 a (ii)

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## NAME OF COMMITTEE (in Full)

PALLONE FOR CONGRESS (C00226928)

|                                                                                                                                                                                                                                                                          |                                                                                                   |                                           |                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-------------------------------------------|-----------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Manuel Berberian<br>1224 Fox Hollow Dr.<br>Toms River, NJ 08755<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):       | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 200.00 | <b>Date (month, day, year)</b><br>3-31-98 | <b>Amount of Each Receipt this Period</b><br>200.00 |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Valerie Bogart<br>6 Cokesbury Rd.<br>Lebanon, NJ 08833<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 150.00 | <b>Date (month, day, year)</b><br>3-31-98 | <b>Amount of Each Receipt this Period</b><br>150.00 |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Michael Gross<br>7 Old Weathersfield Rd.<br>Ocean, NJ 07712<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):           | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 200.00 | <b>Date (month, day, year)</b><br>3-31-98 | <b>Amount of Each Receipt this Period</b><br>200.00 |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Vajira Gunawardana<br>52 Glendale Ave.<br>Staten Island, NY 10304<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):     | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 200.00 | <b>Date (month, day, year)</b><br>3-31-98 | <b>Amount of Each Receipt this Period</b><br>200.00 |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Edgar Hagopian<br>3755 W. Pemberton Rd.<br>Bloomfield Hills, MI 48302<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 200.00 | <b>Date (month, day, year)</b><br>3-31-98 | <b>Amount of Each Receipt this Period</b><br>200.00 |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Timothy Holmes<br>89 Circle Dr.<br>Toms River, NJ 08753<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):               | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 200.00 | <b>Date (month, day, year)</b><br>3-31-98 | <b>Amount of Each Receipt this Period</b><br>200.00 |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Edgar Housepian<br>531 Next Day Hill<br>Englewood, NJ 07631<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):           | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 100.00 | <b>Date (month, day, year)</b><br>3-31-98 | <b>Amount of Each Receipt this Period</b><br>100.00 |

SUBTOTAL of Receipts This Page (optional)

1,250.00

TOTAL This Period (last page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary PagePAGE 26 OF 32  
FOR LINE NUMBER 11 a (11)

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## NAME OF COMMITTEE (in Full)

PALLONE FOR CONGRESS (CD0226928)

|                                                                                                                                                                                                                                                                             |                                                                                                            |                                            |                                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|--------------------------------------------|---------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Ara Hovnanian<br>445 Locust Pt. Rd.<br>Locust, NJ 07760<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                  | <b>Name of Employer</b><br><br><br><b>Occupation</b><br><br><br><b>Aggregate Year-to-Date</b> > \$ 200.00  | <b>Date (month, day, year)</b><br>3-31-98  | <b>Amount of Each Receipt this Period</b><br><br>200.00 |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Paris Hovnanian<br>520 Navesink River Rd.<br>Red Bank, NJ 07701<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):          | <b>Name of Employer</b><br><br><br><b>Occupation</b><br><br><br><b>Aggregate Year-to-Date</b> > \$ 200.00  | <b>Date (month, day, year)</b><br>3-31-98  | <b>Amount of Each Receipt this Period</b><br><br>200.00 |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Leslie Hunt<br>400 Little Silver Pt. Rd.<br>Little Silver, NJ 07739<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):      | <b>Name of Employer</b><br><br><br><b>Occupation</b><br><br><br><b>Aggregate Year-to-Date</b> > \$ 200.00  | <b>Date (month, day, year)</b><br>3-31-98  | <b>Amount of Each Receipt this Period</b><br><br>200.00 |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Noubar Jessourian<br>1019 Franklin Lakes Rd.<br>Franklin Lakes, NJ 07417<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br><br><br><b>Occupation</b><br><br><br><b>Aggregate Year-to-Date</b> > \$ 100.00  | <b>Date (month, day, year)</b><br>3-31-98  | <b>Amount of Each Receipt this Period</b><br><br>100.00 |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Emmanuel Kado<br>6 Winding Woods Way<br>Manalapan, NJ 07726<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):              | <b>Name of Employer</b><br><br><br><b>Occupation</b><br><br><br><b>Aggregate Year-to-Date</b> > \$ 200.00  | <b>Date (month, day, year)</b><br>3-31-98  | <b>Amount of Each Receipt this Period</b><br><br>200.00 |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Mazin Kallian<br>15 Sailors Way<br>Rumson, NJ 07760<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                      | <b>Name of Employer</b><br><br><br><b>Occupation</b><br><br><br><b>Aggregate Year-to-Date</b> > \$ 150.00  | <b>Date (month, day, year)</b><br>3-31-98  | <b>Amount of Each Receipt this Period</b><br><br>150.00 |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br><br><br><br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                                                                | <b>Name of Employer</b><br><br><br><br><b>Occupation</b><br><br><br><br><b>Aggregate Year-to-Date</b> > \$ | <b>Date (month, day, year)</b><br><br><br> | <b>Amount of Each Receipt this Period</b><br><br><br>   |

SUBTOTAL of Receipts This Page (optional)

1,050.00

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 27 OF 32

FOR LINE NUMBER  
11 a (11)

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NAME OF COMMITTEE (in Full)

PALLONE FOR CONGRESS (C00226928)

|                                                                                                                                        |                                    |                                                  |                                           |                                                         |
|----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------------|-------------------------------------------|---------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Barbara Karen<br>5 Old Weathersfield Rd.<br>Wayside, NJ 07712                     |                                    | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>3-31-98 | <b>Amount of Each Receipt this Period</b><br><br>200.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 200.00 |                                                  |                                           |                                                         |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Nerses Kazanjian<br>29 Clavedon Ct.<br>Middletown, NJ 07748                       |                                    | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>3-31-98 | <b>Amount of Each Receipt this Period</b><br><br>150.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 150.00 |                                                  |                                           |                                                         |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Howard Litwack<br>58 Sunset Ave.<br>Long Branch, NJ 07740                         |                                    | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>3-31-98 | <b>Amount of Each Receipt this Period</b><br><br>150.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 150.00 |                                                  |                                           |                                                         |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Georgia Marino<br>735 Knollwood Terr.<br>Westfield, NJ 07090                      |                                    | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>3-31-98 | <b>Amount of Each Receipt this Period</b><br><br>150.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 150.00 |                                                  |                                           |                                                         |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Alexander Markarian<br>300 Winston Dr.<br>Cliffside Park, NJ 07010                |                                    | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>3-31-98 | <b>Amount of Each Receipt this Period</b><br><br>200.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 200.00 |                                                  |                                           |                                                         |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Puzant Markarian<br>300 Winston Dr.<br>Cliffside Park, NJ 07010                   |                                    | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>3-31-98 | <b>Amount of Each Receipt this Period</b><br><br>150.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 150.00 |                                                  |                                           |                                                         |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Thomas Muir<br>52 Charleston Spring Rd.<br>Freehold, NJ 07728                     |                                    | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>3-31-98 | <b>Amount of Each Receipt this Period</b><br><br>200.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 200.00 |                                                  |                                           |                                                         |

SUBTOTAL of Receipts This Page (optional)

1,200.00

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 28 OF 32

FOR LINE NUMBER  
11 a (ii)

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NAME OF COMMITTEE (in full)

PALLONE FOR CONGRESS (C00226928)

|                                                                                                                        |                                                                                                                           |                                           |                                                         |
|------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|---------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Lawrence Najarian<br>PO Box 925<br>Far Hills, NJ 07931            | <b>Name of Employer</b><br><br><b>Occupation</b>                                                                          | <b>Date (month, day, year)</b><br>3-31-98 | <b>Amount of Each Receipt this Period</b><br><br>200.00 |
| <b>Receipt For:</b><br><input type="checkbox"/> Other (specify):                                                       | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><b>Aggregate Year-to-Date</b> > \$ 200.00 |                                           |                                                         |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Sarkis Najarian<br>55 Farwell St.<br>Newtonville, MA 02160        | <b>Name of Employer</b><br><br><b>Occupation</b>                                                                          | <b>Date (month, day, year)</b><br>3-31-98 | <b>Amount of Each Receipt this Period</b><br><br>150.00 |
| <b>Receipt For:</b><br><input type="checkbox"/> Other (specify):                                                       | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><b>Aggregate Year-to-Date</b> > \$ 150.00 |                                           |                                                         |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Jacques Nalbanian<br>520 Bennington Terr.<br>Ridgewood, NJ 07450  | <b>Name of Employer</b><br><br><b>Occupation</b>                                                                          | <b>Date (month, day, year)</b><br>3-31-98 | <b>Amount of Each Receipt this Period</b><br><br>100.00 |
| <b>Receipt For:</b><br><input type="checkbox"/> Other (specify):                                                       | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><b>Aggregate Year-to-Date</b> > \$ 100.00 |                                           |                                                         |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Nazar Nazarian<br>147 Demarest Ave.<br>Englewood Cliffs, NJ 07632 | <b>Name of Employer</b><br><br><b>Occupation</b>                                                                          | <b>Date (month, day, year)</b><br>3-31-98 | <b>Amount of Each Receipt this Period</b><br><br>200.00 |
| <b>Receipt For:</b><br><input type="checkbox"/> Other (specify):                                                       | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><b>Aggregate Year-to-Date</b> > \$ 200.00 |                                           |                                                         |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Levon Nazarian<br>67 Adams Dr.<br>Cresskill, NJ 07626             | <b>Name of Employer</b><br><br><b>Occupation</b>                                                                          | <b>Date (month, day, year)</b><br>3-31-98 | <b>Amount of Each Receipt this Period</b><br><br>200.00 |
| <b>Receipt For:</b><br><input type="checkbox"/> Other (specify):                                                       | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><b>Aggregate Year-to-Date</b> > \$ 200.00 |                                           |                                                         |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Douglas Odolecki<br>63 Laurel St.<br>Hopelawn, NJ 08861           | <b>Name of Employer</b><br><br><b>Occupation</b>                                                                          | <b>Date (month, day, year)</b><br>3-31-98 | <b>Amount of Each Receipt this Period</b><br><br>200.00 |
| <b>Receipt For:</b><br><input type="checkbox"/> Other (specify):                                                       | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><b>Aggregate Year-to-Date</b> > \$ 200.00 |                                           |                                                         |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Nikit Ordjanian<br>71-49 170th St.<br>Fresh Meadows, NY 11365     | <b>Name of Employer</b><br><br><b>Occupation</b>                                                                          | <b>Date (month, day, year)</b><br>3-31-98 | <b>Amount of Each Receipt this Period</b><br><br>100.00 |
| <b>Receipt For:</b><br><input type="checkbox"/> Other (specify):                                                       | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><b>Aggregate Year-to-Date</b> > \$ 100.00 |                                           |                                                         |

SUBTOTAL of Receipts This Page (optional)

1,150.00

TOTAL This Period (last page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary PagePAGE 29 OF 32  
FOR LINE NUMBER  
11 a (ii)

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## NAME OF COMMITTEE (In Full)

PALLONE FOR CONGRESS (C00226928)

|                                                                                                                |                                                                                                                           |                                           |                                                         |
|----------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|---------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Raymond Papa<br>11 English Lane<br>Lincroft, NJ 07738     | <b>Name of Employer</b><br><br><b>Occupation</b>                                                                          | <b>Date (month, day, year)</b><br>3-31-98 | <b>Amount of Each Receipt this Period</b><br><br>150.00 |
| <b>Receipt For:</b><br><input type="checkbox"/> Other (specify):                                               | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><b>Aggregate Year-to-Date</b> > \$ 150.00 |                                           |                                                         |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>John Vartan<br>PO Box 600005<br>Harrisburg, PA 17106      | <b>Name of Employer</b><br><br><b>Occupation</b>                                                                          | <b>Date (month, day, year)</b><br>3-31-98 | <b>Amount of Each Receipt this Period</b><br><br>200.00 |
| <b>Receipt For:</b><br><input type="checkbox"/> Other (specify):                                               | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><b>Aggregate Year-to-Date</b> > \$ 200.00 |                                           |                                                         |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Asbed Vassilian<br>41 Church Rd.<br>Morganville, NJ 07751 | <b>Name of Employer</b><br><br><b>Occupation</b>                                                                          | <b>Date (month, day, year)</b><br>3-31-98 | <b>Amount of Each Receipt this Period</b><br><br>200.00 |
| <b>Receipt For:</b><br><input type="checkbox"/> Other (specify):                                               | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><b>Aggregate Year-to-Date</b> > \$ 200.00 |                                           |                                                         |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Laura Vento<br>30 Venus Rd.<br>S. Amboy, NJ 08879         | <b>Name of Employer</b><br><br><b>Occupation</b>                                                                          | <b>Date (month, day, year)</b><br>3-31-98 | <b>Amount of Each Receipt this Period</b><br><br>200.00 |
| <b>Receipt For:</b><br><input type="checkbox"/> Other (specify):                                               | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><b>Aggregate Year-to-Date</b> > \$ 200.00 |                                           |                                                         |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Peter West<br>38 West St.<br>Monmouth Beach, NJ 07750     | <b>Name of Employer</b><br><br><b>Occupation</b>                                                                          | <b>Date (month, day, year)</b><br>3-31-98 | <b>Amount of Each Receipt this Period</b><br><br>150.00 |
| <b>Receipt For:</b><br><input type="checkbox"/> Other (specify):                                               | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><b>Aggregate Year-to-Date</b> > \$ 150.00 |                                           |                                                         |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Zare Agazaryan<br>PO Box 9008<br>Glendale, CA 91226       | <b>Name of Employer</b><br><br><b>Occupation</b>                                                                          | <b>Date (month, day, year)</b><br>3-31-98 | <b>Amount of Each Receipt this Period</b><br><br>200.00 |
| <b>Receipt For:</b><br><input type="checkbox"/> Other (specify):                                               | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><b>Aggregate Year-to-Date</b> > \$ 200.00 |                                           |                                                         |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Joseph Edel<br>787 Ocean Ave.<br>West End, NJ 07740       | <b>Name of Employer</b><br><br><b>Occupation</b>                                                                          | <b>Date (month, day, year)</b><br>3-31-98 | <b>Amount of Each Receipt this Period</b><br><br>100.00 |
| <b>Receipt For:</b><br><input type="checkbox"/> Other (specify):                                               | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><b>Aggregate Year-to-Date</b> > \$ 100.00 |                                           |                                                         |

SUBTOTAL of Receipts This Page (optional)

1,200.00

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 30 OF 32

FOR LINE NUMBER  
11 a (11)

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## NAME OF COMMITTEE (In Full)

PALLONE FOR CONGRESS (C00226928)

|                                                                                                                                        |  |                                    |                            |                                       |
|----------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------|----------------------------|---------------------------------------|
| A. Full Name, Mailing Address and ZIP Code<br>Sergey Khachatryan<br>353 B Crowells Rd.<br>Highland Park, NJ 08904                      |  | Name of Employer                   | Date (month,<br>day, year) | Amount of Each<br>Receipt this Period |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): |  | Occupation                         | 3-31-98                    | 200.00                                |
|                                                                                                                                        |  | Aggregate Year-to-Date > \$ 200.00 |                            |                                       |
| B. Full Name, Mailing Address and ZIP Code<br>Larisa Khalatian<br>26 Berkeley Ct.<br>Morganville, NJ 07751                             |  | Name of Employer                   | Date (month,<br>day, year) | Amount of Each<br>Receipt this Period |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): |  | Occupation                         | 3-31-98                    | 100.00                                |
|                                                                                                                                        |  | Aggregate Year-to-Date > \$ 100.00 |                            |                                       |
| C. Full Name, Mailing Address and ZIP Code<br>Ala Monokian<br>404 Ironwood Lane<br>Morganville, NJ 07751                               |  | Name of Employer                   | Date (month,<br>day, year) | Amount of Each<br>Receipt this Period |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): |  | Occupation                         | 3-31-98                    | 100.00                                |
|                                                                                                                                        |  | Aggregate Year-to-Date > \$ 100.00 |                            |                                       |
| D. Full Name, Mailing Address and ZIP Code<br>Halappa Hakkai<br>1406 Layman St.<br>McLean, VA 22101                                    |  | Name of Employer                   | Date (month,<br>day, year) | Amount of Each<br>Receipt this Period |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): |  | Occupation                         | 3-31-98                    | 100.00                                |
|                                                                                                                                        |  | Aggregate Year-to-Date > \$ 100.00 |                            |                                       |
| E. Full Name, Mailing Address and ZIP Code<br>C. B. Hiremath<br>1001 Cup Leaf Holly Ct.<br>Great Falls, VA 22066                       |  | Name of Employer                   | Date (month,<br>day, year) | Amount of Each<br>Receipt this Period |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): |  | Occupation                         | 3-31-98                    | 50.00                                 |
|                                                                                                                                        |  | Aggregate Year-to-Date > \$ 50.00  |                            |                                       |
| F. Full Name, Mailing Address and ZIP Code<br>G. Madhiraju<br>201 Ballard Ave.<br>Baltimore, MD 21220                                  |  | Name of Employer                   | Date (month,<br>day, year) | Amount of Each<br>Receipt this Period |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): |  | Occupation                         | 3-31-98                    | 100.00                                |
|                                                                                                                                        |  | Aggregate Year-to-Date > \$ 100.00 |                            |                                       |
| G. Full Name, Mailing Address and ZIP Code<br>Koosappa Rajasekhara<br>4511 Ambermill Rd.<br>Baltimore, MD 21236                        |  | Name of Employer                   | Date (month,<br>day, year) | Amount of Each<br>Receipt this Period |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): |  | Occupation                         | 3-31-98                    | 100.00                                |
|                                                                                                                                        |  | Aggregate Year-to-Date > \$ 100.00 |                            |                                       |

SUBTOTAL of Receipts This Page (optional)

750.00

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 31 OF 32  
FOR LINE NUMBER  
11 a (ii)

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NAME OF COMMITTEE (in Full)

PALLONE FOR CONGRESS (C00226928)

|                                                                                                                                                                                                                                                                            |                                                                                        |                                            |                                                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|--------------------------------------------|------------------------------------------------------|
| <p><b>A. Full Name, Mailing Address and ZIP Code</b><br/>Jay Raman<br/>6 White Pillars Lane<br/>Houston, TX 77024</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>       | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 100.00</p> | <p>Date (month, day, year)<br/>3-31-98</p> | <p>Amount of Each Receipt this Period<br/>100.00</p> |
| <p><b>B. Full Name, Mailing Address and ZIP Code</b><br/>Lisa Blackwell<br/>9509 Foxcroft Ave.<br/>Clinton, MD 20735</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>    | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 50.00</p>  | <p>Date (month, day, year)<br/>3-31-98</p> | <p>Amount of Each Receipt this Period<br/>50.00</p>  |
| <p><b>C. Full Name, Mailing Address and ZIP Code</b><br/>Andrew Lovett<br/>10 Holly St.<br/>Keansburg, NJ 07734</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>         | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 100.00</p> | <p>Date (month, day, year)<br/>3-31-98</p> | <p>Amount of Each Receipt this Period<br/>100.00</p> |
| <p><b>D. Full Name, Mailing Address and ZIP Code</b><br/>O. Bozoyan<br/>3 Toboggan Ridge Rd.<br/>Saddle River, NJ 07458</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p> | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 200.00</p> | <p>Date (month, day, year)<br/>3-31-98</p> | <p>Amount of Each Receipt this Period<br/>200.00</p> |
| <p><b>E. Full Name, Mailing Address and ZIP Code</b><br/>Arda Haratunian<br/>496 Park Ave.<br/>Manhasset, NY 11030</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>      | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 50.00</p>  | <p>Date (month, day, year)<br/>3-31-98</p> | <p>Amount of Each Receipt this Period<br/>50.00</p>  |
| <p><b>F. Full Name, Mailing Address and ZIP Code</b><br/>Vahe Karapetian<br/>750 E. Slauson<br/>Los Angeles, CA 90011</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>   | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 200.00</p> | <p>Date (month, day, year)<br/>3-31-98</p> | <p>Amount of Each Receipt this Period<br/>200.00</p> |
| <p><b>G. Full Name, Mailing Address and ZIP Code</b><br/>Iris Papazian<br/>220 E. Madison Ave.<br/>Dumont, NJ 07628</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>     | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 50.00</p>  | <p>Date (month, day, year)<br/>3-31-98</p> | <p>Amount of Each Receipt this Period<br/>50.00</p>  |

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

750.00

**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 32 OF 32

FOR LINE NUMBER  
11 a (ii)

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NAME OF COMMITTEE (in full)

PALLONE FOR CONGRESS (C00226928)

|                                                                                                                                               |                                                  |                                           |                                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-------------------------------------------|---------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Jessica Landman<br>232 Park Ave.<br>Takoma Park, MD 20912                                | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>3-31-98 | <b>Amount of Each Receipt this Period</b><br><br>25.00  |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Aggregate Year-to-Date</b> > \$ 25.00         |                                           |                                                         |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Eugene Lowy<br>787 Ocean Ave.<br>Long Branch, NJ 07740                                   | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>3-31-98 | <b>Amount of Each Receipt this Period</b><br><br>100.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Aggregate Year-to-Date</b> > \$ 100.00        |                                           |                                                         |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Subroto Mitro<br>13563 Melville Lane<br>Fairfax, VA 20151                                | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>3-31-98 | <b>Amount of Each Receipt this Period</b><br><br>51.00  |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Aggregate Year-to-Date</b> > \$ 51.00         |                                           |                                                         |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Richard Mushegain<br>14281 Whittram<br>Fontana, CA 92335                                 | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>3-31-98 | <b>Amount of Each Receipt this Period</b><br><br>200.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Aggregate Year-to-Date</b> > \$ 200.00        |                                           |                                                         |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Sanmukh Patel<br>10806 Hunt Club Rd.<br>Reston, VA 20190                                 | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>3-31-98 | <b>Amount of Each Receipt this Period</b><br><br>150.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Aggregate Year-to-Date</b> > \$ 150.00        |                                           |                                                         |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Ashok Siddhanti<br>1345 Lancia Rd.<br>McLean, VA 22102                                   | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>3-31-98 | <b>Amount of Each Receipt this Period</b><br><br>200.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Aggregate Year-to-Date</b> > \$ 200.00        |                                           |                                                         |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br><br>                                                                                     | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>        | <b>Amount of Each Receipt this Period</b><br><br>       |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):            | <b>Aggregate Year-to-Date</b> > \$               |                                           |                                                         |

SUBTOTAL of Receipts This Page, (optional)

726.00

TOTAL This Period (last page this line number only)

26,166.00

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

PAGE 1 OF 1

FOR LINE NUMBER  
11 b

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NAME OF COMMITTEE (in full)

PALLONE FOR CONGRESS (C00226928)

|                                                                                                                                                                                                                                                                                 |                                                                                                                     |                                                     |                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|-------------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Election Fund of James Poles<br>850 Rt 1<br>North Brunswick, NJ 08902<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):            | Name of Employer<br><br>Occupation<br>Aggregate Year-to-Date > \$ 500.00                                            | Date (month, day, year)<br>3-24-98                  | Amount of Each Receipt this Period<br>500.00<br>Permissible funds |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br><br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                                                                            | Name of Employer<br><br>Occupation<br>Aggregate Year-to-Date > \$                                                   | Date (month, day, year)                             | Amount of Each Receipt this Period                                |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br><br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                                                                            | Name of Employer<br><br>Occupation<br>Aggregate Year-to-Date > \$                                                   | Date (month, day, year)                             | Amount of Each Receipt this Period                                |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Dem. Congressional Campg. Cmte.<br>430 South Capitol St.<br>Washington, DC 20003<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Name of Employer<br>IN KIND (from DCCC)<br>Fundraising services<br>Occupation<br>Aggregate Year-to-Date > \$ 114.63 | Date (month, day, year)<br>Jan 98<br>thru<br>Mar 98 | Amount of Each Receipt this Period<br>114.63<br>IN KIND           |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br><br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                                                                            | Name of Employer<br><br>Occupation<br>Aggregate Year-to-Date > \$                                                   | Date (month, day, year)                             | Amount of Each Receipt this Period                                |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br><br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                                                                            | Name of Employer<br><br>Occupation<br>Aggregate Year-to-Date > \$                                                   | Date (month, day, year)                             | Amount of Each Receipt this Period                                |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br><br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                                                                            | Name of Employer<br><br>Occupation<br>Aggregate Year-to-Date > \$                                                   | Date (month, day, year)                             | Amount of Each Receipt this Period                                |

SUBTOTAL of Receipts This Page (optional)

614.63

TOTAL This Period (last page this line number only)

614.63

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 13

FOR LINE NUMBER  
11 C

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NAME OF COMMITTEE (In Full)

PALLONE FOR CONGRESS (C00226928)

A. Full Name, Mailing Address and ZIP Code  
Dist. 3 I.U.E. AFL-CIO Exchange  
Acct., 355 Murray Hill Pkwy  
E. Rutherford, NJ 07073

Receipt For: ☒ Primary ☐ General  
☐ Other (specify):

Name of Employer

Occupation

Aggregate Year-to-Date > \$ 1,000.00

Date (month,  
day, year)

1-23-98

Amount of Each  
Receipt this Period

1,000.00

B. Full Name, Mailing Address and ZIP Code  
Boilermakers-Blacksmiths LEAP  
753 State Ave.  
Kansas City, Kansas, 66101

Receipt For: ☒ Primary ☐ General  
☐ Other (specify):

Name of Employer

Occupation

Aggregate Year-to-Date > \$ 1,000.00

Date (month,  
day, year)

1-30-98

Amount of Each  
Receipt this Period

1,000.00

C. Full Name, Mailing Address and ZIP Code  
Armenian Nat'l Cmte PAC  
104 N. Belmont St.  
Glendale, CA 91206

Receipt For: ☒ Primary ☐ General  
☐ Other (specify):

Name of Employer

Occupation

Aggregate Year-to-Date > \$ 700.00

Date (month,  
day, year)

2-4-98

Amount of Each  
Receipt this Period

700.00

D. Full Name, Mailing Address and ZIP Code  
Plumbers & Pipefitters #9 PAA  
2 Iron Ore Rd.  
Englishtown, NJ 07726

Receipt For: ☒ Primary ☐ General  
☐ Other (specify):

Name of Employer

Occupation

Aggregate Year-to-Date > \$ 2,500.00

Date (month,  
day, year)

2-9-98

Amount of Each  
Receipt this Period

2,500.00

E. Full Name, Mailing Address and ZIP Code  
Transp. Pol. Ed. League  
14600 Detroit Ave.  
Cleveland, OH 44107

Receipt For: ☒ Primary ☐ General  
☐ Other (specify):

Name of Employer

Occupation

Aggregate Year-to-Date > \$ 1,000.00

Date (month,  
day, year)

2-9-98

Amount of Each  
Receipt this Period

500.00

F. Full Name, Mailing Address and ZIP Code  
Plumbers & Pipefitters #9 PAA  
2 Iron Ore Rd.  
Englishtown, NJ 07726

Receipt For: ☐ Primary ☒ General  
☐ Other (specify):

Name of Employer

Occupation

Aggregate Year-to-Date > \$ 3,000.00

Date (month,  
day, year)

2-11-98

Amount of Each  
Receipt this Period

500.00

G. Full Name, Mailing Address and ZIP Code  
NJ Pharmacists PAC  
3B Marlen Dr.  
Robbinsville, NJ 08691

Receipt For: ☒ Primary ☐ General  
☐ Other (specify):

Name of Employer

Occupation

Aggregate Year-to-Date > \$ 350.00

Date (month,  
day, year)

2-12-98

Amount of Each  
Receipt this Period

350.00

Permissible  
Funds

SUBTOTAL of Receipts This Page (optional)

6,550.00

TOTAL This Period (last page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary PagePAGE 2 OF 13  
FOR LINE NUMBER  
11 c

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## NAME OF COMMITTEE (In Full)

PALLONE FOR CONGRESS (C00226928)

|                                                                                                                                                                                                                                                                                         |                                                                                                     |                                               |                                                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-----------------------------------------------|-----------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Nat'l Education PAC<br>1201 16th St. NW<br>Washington, DC 20036<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                      | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 350.00   | <b>Date (month, day, year)</b><br><br>2-13-98 | <b>Amount of Each Receipt This Period</b><br><br>350.00   |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Natl Assn of Life Underwriters PAC<br>1922 F St. NW<br>Washington, DC 20005<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):          | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 500.00   | <b>Date (month, day, year)</b><br><br>2-17-98 | <b>Amount of Each Receipt This Period</b><br><br>500.00   |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Natl Funeral Directors Assn. PAC<br>11121 W. Oklahoma Ave.<br>Milwaukee, WI 53227<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):    | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 350.00   | <b>Date (month, day, year)</b><br><br>2-23-98 | <b>Amount of Each Receipt This Period</b><br><br>350.00   |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Drive Political Fund<br>25 Louisiana Ave. NW<br>Washington, DC 20001<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                 | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 1,000.00 | <b>Date (month, day, year)</b><br><br>2-24-98 | <b>Amount of Each Receipt This Period</b><br><br>1,000.00 |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Bro'd of Locomotive Engrs PAC<br>1370 Ontario St.<br>Cleveland, OH 44113<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):             | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 500.00   | <b>Date (month, day, year)</b><br><br>2-26-98 | <b>Amount of Each Receipt This Period</b><br><br>500.00   |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Machinists Non-Partisan Pol. Lge<br>9000 Machinist Place<br>Upper Marlboro, MD 20772<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 500.00   | <b>Date (month, day, year)</b><br><br>3-2-98  | <b>Amount of Each Receipt This Period</b><br><br>500.00   |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Maintenance of Way Pol. League<br>26555 Evergreen Rd.<br>Southfield, MI 48076<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):        | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 350.00   | <b>Date (month, day, year)</b><br><br>3-2-98  | <b>Amount of Each Receipt This Period</b><br><br>350.00   |

SUBTOTAL of Receipts This Page (optional)

3,550.00

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 13

FOR LINE NUMBER  
11 c

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NAME OF COMMITTEE (in full)

PALLONE FOR CONGRESS (C00226928)

|                                                                                                                                                  |                                                  |                                              |                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|----------------------------------------------|-----------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Amer. Podiatry PAC<br>9312 Old Georgetown Rd.<br>Bethesda, MD 20814                         | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br><br>3-4-98 | <b>Amount of Each Receipt this Period</b><br><br>1,000.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):    | <b>Aggregate Year-to-Date</b> > \$ 1,000.00      |                                              |                                                           |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Psychologists for Leg. Action<br>PO Box 38129<br>Colorado Springs, CO 80937                 | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br><br>3-4-98 | <b>Amount of Each Receipt this Period</b><br><br>500.00   |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):    | <b>Aggregate Year-to-Date</b> > \$ 500.00        |                                              |                                                           |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Amer Pilots Assn. PAC<br>499 S. Capitol St. SW<br>Washington, DC 20003                      | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br><br>3-6-98 | <b>Amount of Each Receipt this Period</b><br><br>1,000.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):    | <b>Aggregate Year-to-Date</b> > \$ 1,000.00      |                                              |                                                           |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Oppenheimer, Wolff & Donnelly<br>Federal Pol. Fund<br>45 South St.<br>Minneapolis, MN 55101 | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br><br>3-6-98 | <b>Amount of Each Receipt this Period</b><br><br>500.00   |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):    | <b>Aggregate Year-to-Date</b> > \$ 500.00        |                                              |                                                           |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Philips Electronics No.Amer PAC<br>1300 I St. NW<br>Washington, DC 20005                    | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br><br>3-6-98 | <b>Amount of Each Receipt this Period</b><br><br>500.00   |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):    | <b>Aggregate Year-to-Date</b> > \$ 500.00        |                                              |                                                           |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Realtors PAC<br>430 N. Michigan Ave.<br>Chicago, IL 60611                                   | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br><br>3-6-98 | <b>Amount of Each Receipt this Period</b><br><br>250.00   |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):    | <b>Aggregate Year-to-Date</b> > \$ 250.00        |                                              |                                                           |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br><br><br>                                                                                    | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br><br>       | <b>Amount of Each Receipt this Period</b><br><br>         |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):               | <b>Aggregate Year-to-Date</b> > \$               |                                              |                                                           |

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

3,750.00

**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 4 OF 13

FOR LINE NUMBER  
11 C

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

NAME OF COMMITTEE (In Full)

PALLONE FOR CONGRESS (C00226928)

A. Full Name, Mailing Address and ZIP Code

ATLA PAC  
1050 31st St. NW  
Washington, DC 20007

Receipt For: ☒ Primary ☐ General  
☐ Other (specify):

Name of Employer

Occupation

Date (month,  
day, year)

3-5-98

Amount of Each  
Receipt this Period

4,500.00

Aggregate Year-to-Date > \$ 4,500.00

B. Full Name, Mailing Address and ZIP Code

Transp. Pol. Ed. League  
14600 Detroit Ave.  
Cleveland, OH 44107

Receipt For: ☒ Primary ☐ General  
☐ Other (specify):

Name of Employer

Occupation

Date (month,  
day, year)

3-10-98

Amount of Each  
Receipt this Period

500.00

Aggregate Year-to-Date > \$ 1,500.00

C. Full Name, Mailing Address and ZIP Code

Ironworkers Pol. Action League  
1750 New York Ave. NW  
Washington, DC 20006

Receipt For: ☒ Primary ☐ General  
☐ Other (specify):

Name of Employer

Occupation

Date (month,  
day, year)

3-11-98

Amount of Each  
Receipt this Period

1,000.00

Aggregate Year-to-Date > \$ 1,000.00

D. Full Name, Mailing Address and ZIP Code

Amer. Maritime Officers Vol.  
Pol. Fund, 650 4th Ave.  
Brooklyn, NY 11232

Receipt For: ☒ Primary ☐ General  
☐ Other (specify):

Name of Employer

Occupation

Date (month,  
day, year)

3-11-98

Amount of Each  
Receipt this Period

500.00

Aggregate Year-to-Date > \$ 500.00

E. Full Name, Mailing Address and ZIP Code

Continental Airlines Empl. Fund  
1350 I St. NW  
Washington, DC 20005

Receipt For: ☒ Primary ☐ General  
☐ Other (specify):

Name of Employer

Occupation

Date (month,  
day, year)

3-11-98

Amount of Each  
Receipt this Period

500.00

Aggregate Year-to-Date > \$ 500.00

F. Full Name, Mailing Address and ZIP Code

Elec. Power Supply Assn. PAC  
1401 H St. NW  
Washington, DC 20005

Receipt For: ☒ Primary ☐ General  
☐ Other (specify):

Name of Employer

Occupation

Date (month,  
day, year)

3-11-98

Amount of Each  
Receipt this Period

500.00

Aggregate Year-to-Date > \$ 500.00

G. Full Name, Mailing Address and ZIP Code

Ind. Ins. Agents of AMER PAC  
412 1st St. SE  
Washington, DC 20003

Receipt For: ☒ Primary ☐ General  
☐ Other (specify):

Name of Employer

Occupation

Date (month,  
day, year)

3-11-98

Amount of Each  
Receipt this Period

500.00

Aggregate Year-to-Date > \$ 500.00

SUBTOTAL of Receipts This Page (optional)

8,000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

PAGE 5 OF 13

FOR LINE NUMBER  
11 C

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NAME OF COMMITTEE (In Full)

PALLONE FOR CONGRESS (C00226928)

A. Full Name, Mailing Address and ZIP Code  
Inst. Scrap Recycl. Ind. PAC  
1325 G St. NW  
Washington, DC 20005

Name of Employer

Date (month,  
day, year)

Amount of Each  
Receipt this Period

Receipt For: ☒ Primary ☐ General  
☐ Other (specify):

Occupation

3-11-98

500.00

Aggregate Year-to-Date > \$ 500.00

B. Full Name, Mailing Address and ZIP Code  
Northeast Utilities PAC  
PO Box 270  
Hartford, CT 06141

Name of Employer

Date (month,  
day, year)

Amount of Each  
Receipt this Period

Receipt For: ☒ Primary ☐ General  
☐ Other (specify):

Occupation

3-11-98

500.00

Aggregate Year-to-Date > \$ 500.00

C. Full Name, Mailing Address and ZIP Code  
UAW V CAP  
8000 E. Jefferson St.  
Detroit, MI 48214

Name of Employer

Date (month,  
day, year)

Amount of Each  
Receipt this Period

Receipt For: ☒ Primary ☐ General  
☐ Other (specify):

Occupation

3-11-98

500.00

Aggregate Year-to-Date > \$ 500.00

D. Full Name, Mailing Address and ZIP Code  
Amer. Fed. of Teachers COPE  
555 New Jersey Ave. NW  
Washington, DC 20001

Name of Employer

Date (month,  
day, year)

Amount of Each  
Receipt this Period

Receipt For: ☒ Primary ☐ General  
☐ Other (specify):

Occupation

3-17-98

1,000.00

Aggregate Year-to-Date > \$ 1,000.00

E. Full Name, Mailing Address and ZIP Code  
Amer. Nurses Assn. PAC  
600 Maryland Ave. SW  
Washington, DC 20024

Name of Employer

Date (month,  
day, year)

Amount of Each  
Receipt this Period

Receipt For: ☒ Primary ☐ General  
☐ Other (specify):

Occupation

3-17-98

500.00

Aggregate Year-to-Date > \$ 500.00

F. Full Name, Mailing Address and ZIP Code  
Amer. Speech-Language-Hearing  
Assn. PAC  
10801 Rockville Pike  
Rockville, MD 20852

Name of Employer

Date (month,  
day, year)

Amount of Each  
Receipt this Period

Receipt For: ☒ Primary ☐ General  
☐ Other (specify):

Occupation

3-17-98

750.00

Aggregate Year-to-Date > \$ 750.00

G. Full Name, Mailing Address and ZIP Code  
Edison Intl Companies Fed. PAC  
2244 Walnut Grove Ave.  
Rosemead, CA 91770

Name of Employer

Date (month,  
day, year)

Amount of Each  
Receipt this Period

Receipt For: ☒ Primary ☐ General  
☐ Other (specify):

Occupation

3-17-98

3,000.00

Aggregate Year-to-Date > \$ 3,000.00

SUBTOTAL of Receipts This Page (optional)

6,750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

PAGE 6 OF 13

FOR LINE NUMBER  
11 C

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NAME OF COMMITTEE (In Full)

PALLONE FOR CONGRESS (C00226928)

|                                                                                                                                                                                                                                                                                               |                                                                                |                                    |                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|------------------------------------|------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Ernst & Young PAC<br>1225 Conn. Ave. NW<br>Washington, DC 20036<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                            | Name of Employer<br><br>Occupation<br><br>Aggregate Year-to-Date > \$ 500.00   | Date (month, day, year)<br>3-17-98 | Amount of Each Receipt this Period<br>500.00   |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Laborers' Political League<br>905 16th St. NW<br>Washington, DC 20006<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                      | Name of Employer<br><br>Occupation<br><br>Aggregate Year-to-Date > \$ 500.00   | Date (month, day, year)<br>3-17-98 | Amount of Each Receipt this Period<br>500.00   |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>American Dental PAC<br>1111 14th St. NW<br>Washington, DC 20005<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                            | Name of Employer<br><br>Occupation<br><br>Aggregate Year-to-Date > \$ 500.00   | Date (month, day, year)<br>3-20-98 | Amount of Each Receipt this Period<br>500.00   |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>News-America-Fox PAC<br>444 N. Capitol St. NW<br>Washington, DC 20001<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                      | Name of Employer<br><br>Occupation<br><br>Aggregate Year-to-Date > \$ 500.00   | Date (month, day, year)<br>3-20-98 | Amount of Each Receipt this Period<br>500.00   |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Responsible Citizens Pol. Lge<br>3Research Pl.<br>Rockville, MD 20850<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                      | Name of Employer<br><br>Occupation<br><br>Aggregate Year-to-Date > \$ 500.00   | Date (month, day, year)<br>3-20-98 | Amount of Each Receipt this Period<br>500.00   |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Machinists Non-Partisan Pol. Lg.<br>9000 Machinist Pl.<br>Upper Marlboro, MD 20772<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):         | Name of Employer<br><br>Occupation<br><br>Aggregate Year-to-Date > \$ 4,500.00 | Date (month, day, year)<br>3-23-98 | Amount of Each Receipt this Period<br>4,000.00 |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Natl Assn Chain Drug Stores PAC<br>413 No. Lee St., POBox 1417-D49<br>Alexandria, VA 22314<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Name of Employer<br><br>Occupation<br><br>Aggregate Year-to-Date > \$ 500.00   | Date (month, day, year)<br>3-23-98 | Amount of Each Receipt this Period<br>500.00   |

SUBTOTAL of Receipts This Page (optional)

7,000.00

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 7 OF 13

FOR LINE NUMBER  
11 C

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NAME OF COMMITTEE (In Full)

PALLONE FOR CONGRESS (C00226928)

|                                                                                                                                               |                                                  |                                           |                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Amer. Soc. Anesthesiologists PAC<br>520 N. Northwest Hwy<br>Park Ridge, IL 60068         | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>3-24-98 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Aggregate Year-to-Date</b> > \$ 1,000.00      |                                           |                                                       |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>OPHTHPAC<br>1101 Vermont Ave. NW<br>Washington, DC 20005                                 | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>3-24-98 | <b>Amount of Each Receipt this Period</b><br>4,000.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Aggregate Year-to-Date</b> > \$ 4,000.00      |                                           |                                                       |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Transport Workers Union PCC<br>80 West End Ave.<br>New York, NY 10023                    | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>3-24-98 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Aggregate Year-to-Date</b> > \$ 1,000.00      |                                           |                                                       |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>UNITE Campaign Cmte<br>1710 Broadway<br>New York, NY 10019                               | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>3-24-98 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Aggregate Year-to-Date</b> > \$ 1,500.00      |                                           |                                                       |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Asbestos Workers PAC<br>1776 Mass Ave. NW<br>Washington, DC 20006                        | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>3-26-98 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Aggregate Year-to-Date</b> > \$ 1,000.00      |                                           |                                                       |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Amalgamated Transit Union COPE<br>5025 Wisconsin Ave. NW<br>Washington, DC 20016         | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>3-27-98 | <b>Amount of Each Receipt this Period</b><br>2,500.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Aggregate Year-to-Date</b> > \$ 2,500.00      |                                           |                                                       |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br><br><br>                                                                                 | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>        | <b>Amount of Each Receipt this Period</b><br>         |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):            | <b>Aggregate Year-to-Date</b> > \$               |                                           |                                                       |

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

10,500.00

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

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
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Detailed Summary Page

PAGE 8 OF 13

FOR LINE NUMBER

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## NAME OF COMMITTEE (In Full)

PALLONE FOR CONGRESS (C00226928)

## A. Full Name, Mailing Address and ZIP Code

Amalgamated Transit Union COPE  
5025 Wisconsin Ave. NW  
Washington, DC 20016

Receipt For:

☐ Other (specify):☒ Primary☐ General

Name of Employer

Occupation

Date (month,  
day, year)

3-30-98

Amount of Each  
Receipt this Period

500.00

Aggregate Year-to-Date &gt; \$ 3,000.00

## B. Full Name, Mailing Address and ZIP Code

ENT PAC  
One Prince St.  
Alexandria, VA 22314

Receipt For:

☐ Other (specify):☒ Primary☐ General

Name of Employer

Occupation

Date (month,  
day, year)

3-30-98

Amount of Each  
Receipt this Period

1,000.00

Aggregate Year-to-Date &gt; \$ 1,000.00

## C. Full Name, Mailing Address and ZIP Code

Amer. Dietetic Assn. PAC  
1225 Eye St. NW  
Washington, DC 20005

Receipt For:

☐ Other (specify):☒ Primary☐ General

Name of Employer

Occupation

Date (month,  
day, year)

3-30-98

Amount of Each  
Receipt this Period

500.00

Aggregate Year-to-Date &gt; \$ 500.00

## D. Full Name, Mailing Address and ZIP Code

Amer Society of Internal Med.  
2011 Penn Ave. NW  
Washington, DC 20006

Receipt For:

☐ Other (specify):☒ Primary☐ General

Name of Employer

Occupation

Date (month,  
day, year)

3-30-98

Amount of Each  
Receipt this Period

500.00

Aggregate Year-to-Date &gt; \$ 500.00

## E. Full Name, Mailing Address and ZIP Code

Ail Lines Pilots Assn. PAC  
1625 Mass. Ave. NW  
Washington, DC 20036

Receipt For:

☐ Other (specify):☒ Primary☐ General

Name of Employer

Occupation

Date (month,  
day, year)

3-30-98

Amount of Each  
Receipt this Period

500.00

Aggregate Year-to-Date &gt; \$ 500.00

## F. Full Name, Mailing Address and ZIP Code

Boilermakers-Blacksmiths LEAP  
753 State Ave.  
Kansas City, KS 66101

Receipt For:

☐ Other (specify):☒ Primary☐ General

Name of Employer

Occupation

Date (month,  
day, year)

3-30-98

Amount of Each  
Receipt this Period

1,000.00

Aggregate Year-to-Date &gt; \$ 2,000.00

## G. Full Name, Mailing Address and ZIP Code

GPU Power PAC  
801 Penn. Ave. NW  
Washington, DC 20004

Receipt For:

☐ Other (specify):☒ Primary☐ General

Name of Employer

Occupation

Date (month,  
day, year)

3-30-98

Amount of Each  
Receipt this Period

500.00

Aggregate Year-to-Date &gt; \$ 500.00

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 PagePAGE 9 OF 13  
FOR LINE NUMBER 11 C

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## NAME OF COMMITTEE (In Full)

PALLONE FOR CONGRESS (C002269)

|                                                                                                                                                                                                                                                                                                   |                                                                                |                                           |                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|-------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Dealers Election Cmte of the<br>Nat'l Auto Dealers Assn.<br>8400 Westpark Dr., McLean, VA<br>22102<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Name of Employer<br><br>Occupation<br><br>Aggregate Year-to-Date > \$ 500.00   | Date (month,<br>day, year)<br><br>3-30-98 | Amount of Each<br>Receipt this Period<br><br>500.00   |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Operating Engrs Local 825 PAC<br>535 Rt 46E<br>Little Falls, NJ 07424<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                              | Name of Employer<br><br>Occupation<br><br>Aggregate Year-to-Date > \$ 500.00   | Date (month,<br>day, year)<br><br>3-30-98 | Amount of Each<br>Receipt this Period<br><br>500.00   |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Physical Therapy PAC<br>1111 N. Fairfax St.<br>Alexandria, VA 22314<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                | Name of Employer<br><br>Occupation<br><br>Aggregate Year-to-Date > \$ 500.00   | Date (month,<br>day, year)<br><br>3-30-98 | Amount of Each<br>Receipt this Period<br><br>500.00   |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Universal Studios PAC<br>100 Universal City Plaza<br>Universal City, CA 91608<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                      | Name of Employer<br><br>Occupation<br><br>Aggregate Year-to-Date > \$ 500.00   | Date (month,<br>day, year)<br><br>3-30-98 | Amount of Each<br>Receipt this Period<br><br>500.00   |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>American Medical Assn. PAC<br>1101 Vermont Ave. NW<br>Washington, DC 20005<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                         | Name of Employer<br><br>Occupation<br><br>Aggregate Year-to-Date > \$ 1,000.00 | Date (month,<br>day, year)<br><br>3-31-98 | Amount of Each<br>Receipt this Period<br><br>1,000.00 |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Archi-PAC<br>1735 New York Ave. NW<br>Washington, DC 20006<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                         | Name of Employer<br><br>Occupation<br><br>Aggregate Year-to-Date > \$ 500.00   | Date (month,<br>day, year)<br><br>3-31-98 | Amount of Each<br>Receipt this Period<br><br>500.00   |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Nat'l Assn of Life Underwriters<br>1922 F St. NW<br>Washington, DC 20006<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                           | Name of Employer<br><br>Occupation<br><br>Aggregate Year-to-Date > \$ 2,500.00 | Date (month,<br>day, year)<br><br>3-31-98 | Amount of Each<br>Receipt this Period<br><br>2,000.00 |

SUBTOTAL of Receipts This Page (optional)

5,500.00

TOTAL This Period (last page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

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

PAGE 10 OF 13

FOR LINE NUMBER  
11.C

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## NAME OF COMMITTEE (In Full)

PALLONE FOR CONGRESS (C00226928)

A. Full Name, Mailing Address and ZIP Code  
Sheet Metal Workers Int'l PAL  
1750 New York Ave. NW  
Washington, DC 20006

Name of Employer

Date (month,  
day, year)Amount of Each  
Receipt this PeriodReceipt For: ☒ Primary ☐ General  
☐ Other (specify):

Occupation

3-31-98

2,500.00

Aggregate Year-to-Date &gt; \$ 2,500.00

B. Full Name, Mailing Address and ZIP Code  
Credit Union Leg. Action Council  
805 15th St. NW  
Washington, DC 20005

Name of Employer

Date (month,  
day, year)Amount of Each  
Receipt this PeriodReceipt For: ☒ Primary ☐ General  
☐ Other (specify):

Occupation

3-31-98

1,000.00

Aggregate Year-to-Date &gt; \$ 1,000.00

C. Full Name, Mailing Address and ZIP Code  
Indo-American PAC  
PO Box 924367  
Houston, TX 77292-4367

Name of Employer

Date (month,  
day, year)Amount of Each  
Receipt this PeriodReceipt For: ☒ Primary ☐ General  
☐ Other (specify):

Occupation

3-31-98

1,000.00

Aggregate Year-to-Date &gt; \$ 1,000.00

D. Full Name, Mailing Address and ZIP Code  
Natl Cmte Preserve SS & Med PAC  
10 G St. NE  
Washington, DC 20002

Name of Employer

Date (month,  
day, year)Amount of Each  
Receipt this PeriodReceipt For: ☒ Primary ☐ General  
☐ Other (specify):

Occupation

3-31-98

500.00

Aggregate Year-to-Date &gt; \$ 500.00

E. Full Name, Mailing Address and ZIP Code  
Above contribution earmarked through:  
Dem. Congr. Campaign Cmte  
430 So. Capitol St.  
Washington, DC 20003

Name of Employer

Date (month,  
day, year)Amount of Each  
Receipt this PeriodReceipt For: ☐ Primary ☐ General  
☐ Other (specify):

Occupation

3-31-98

500.00  
MEMO TOTAL  
FROM  
CONDUIT

Aggregate Year-to-Date &gt; \$

F. Full Name, Mailing Address and ZIP Code  
UAW V CAP  
8000 E. Jefferson St.  
Detroit, MI 48214

Name of Employer

Date (month,  
day, year)Amount of Each  
Receipt this PeriodReceipt For: ☒ Primary ☐ General  
☐ Other (specify):

Occupation

3-31-98

1,000.00

Aggregate Year-to-Date &gt; \$ 1,500.00

G. Full Name, Mailing Address and ZIP Code  
Amer. Sportfishing Assn. PAC  
1033 N. Fairfax St. #200  
Alexandria, VA 22314

Name of Employer

Date (month,  
day, year)Amount of Each  
Receipt this PeriodReceipt For: ☒ Primary ☐ General  
☐ Other (specify):

Occupation

3-31-98

500.00

Aggregate Year-to-Date &gt; \$ 500.00

SUBTOTAL of Receipts This Page (optional)

6,500.00

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 11 OF 13

FOR LINE NUMBER  
11 C

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## NAME OF COMMITTEE (in Full)

PALLONE FOR CONGRESS (C00226928)

|                                                                                                                                                                                                                                                                                    |                                                                                                     |                                           |                                                                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-------------------------------------------|-----------------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Human Rights Campaign Fund<br>1101 14th St. NW<br>Washington, DC 20005<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):          | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 500.00   | <b>Date (month, day, year)</b><br>3-31-98 | <b>Amount of Each Receipt this Period</b><br><br>500.00               |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>IBEW-COPE<br>1125 15th St. NW<br>Washington, DC 20005<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                           | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 2,000.00 | <b>Date (month, day, year)</b><br>3-31-98 | <b>Amount of Each Receipt this Period</b><br><br>1,000.00<br>1,000.00 |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Cmte on Letter Carriers Pol. Ed.<br>100 Indiana Ave. NW<br>Washington, DC 20001<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 1,000.00 | <b>Date (month, day, year)</b><br>3-31-98 | <b>Amount of Each Receipt this Period</b><br><br>1,000.00             |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>MCI PAC<br>1801 Penn Ave. NW<br>Washington, DC 20006<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                            | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 1,000.00 | <b>Date (month, day, year)</b><br>3-31-98 | <b>Amount of Each Receipt this Period</b><br><br>500.00<br>500.00     |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>NARFE-PAC<br>606 N. Washington St.<br>Alexandria, VA 22314<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                      | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 1,000.00 | <b>Date (month, day, year)</b><br>3-31-98 | <b>Amount of Each Receipt this Period</b><br><br>1,000.00             |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Realtors PAC<br>430 N. Michigan Ave.<br>Chicago, IL 60611<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                       | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 1,250.00 | <b>Date (month, day, year)</b><br>3-31-98 | <b>Amount of Each Receipt this Period</b><br><br>1,000.00             |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Active Ballot Club<br>1775 K St. NW<br>Washington, DC 20006<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                     | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 1,500.00 | <b>Date (month, day, year)</b><br>3-31-98 | <b>Amount of Each Receipt this Period</b><br><br>1,500.00             |

SUBTOTAL of Receipts This Page (optional)

8,000.00

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 12 OF 13  
FOR LINE NUMBER 11 c

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NAME OF COMMITTEE (in Full)

PALLONE FOR CONGRESS (C00226928)

|                                                                                                                                                                                                                                                                                   |                                                                                                     |                                           |                                                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-------------------------------------------|-----------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Carpenters Leg. Impr. Cmte<br>101 Constitution Ave. NW<br>Washington, DC 20001<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 4,000.00 | <b>Date (month, day, year)</b><br>3-31-98 | <b>Amount of Each Receipt this Period</b><br><br>2,500.00 |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>IAFF FIRE PAC<br>1750 New York Ave. NW<br>Washington, DC 20006<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                 | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 1,000.00 | <b>Date (month, day, year)</b><br>3-31-98 | <b>Amount of Each Receipt this Period</b><br><br>1,000.00 |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>SUN PAC<br>PO BOX 13924<br>Philadelphia, PA 19101<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                              | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 500.00   | <b>Date (month, day, year)</b><br>3-31-98 | <b>Amount of Each Receipt this Period</b><br><br>500.00   |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>The Committee for Working Families<br>94 Green St.<br>Woodbridge, NJ 07095<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):     | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 1,000.00 | <b>Date (month, day, year)</b><br>3-31-98 | <b>Amount of Each Receipt this Period</b><br><br>1,000.00 |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Amer Fed. Gov't Empl. PAC<br>80 F St. NW<br>Washington, DC 20001<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):               | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 500.00   | <b>Date (month, day, year)</b><br>3-31-98 | <b>Amount of Each Receipt this Period</b><br><br>500.00   |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Dealers' Election Action Cmte.<br>8400 Westpark Dr.<br>McLean, VA 22102<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):        | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 2,000.00 | <b>Date (month, day, year)</b><br>3-31-98 | <b>Amount of Each Receipt this Period</b><br><br>1,500.00 |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>AFSCME - PEOPLE<br>1625 L St. NW<br>Washington, DC 20036<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                       | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 1,500.00 | <b>Date (month, day, year)</b><br>3-31-98 | <b>Amount of Each Receipt this Period</b><br><br>1,500.00 |

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

8,500.00

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

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary PagePAGE 13 OF 13  
FOR LINE NUMBER  
11 c

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NAME OF COMMITTEE (in Full)

PALLONE FOR CONGRESS (C00226928)

|                                                                                                                                                                                                                                                                                             |                                                                          |                                               |                                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|-----------------------------------------------|---------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Motorcycle Rights Fund<br>Politically Active Cyclists<br>PO Box 1808<br>Washington, DC 20013<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Name of Employer<br><br>Occupation<br>Aggregate Year-to-Date > \$ 250.00 | Date (month, day, year)<br>3-31-98            | Amount of Each Receipt this Period<br>250.00            |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br><br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                                                                                        | Name of Employer<br><br>Occupation<br>Aggregate Year-to-Date > \$        | Date (month, day, year)                       | Amount of Each Receipt this Period                      |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Democratic Majority PAC<br>PO Box 3037<br>Long Branch, NJ 07740<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify): 1998 State Campg.            | Name of Employer<br><br>Occupation<br>Aggregate Year-to-Date > \$ 150.00 | Date (month, day, year)<br>Jan 98 thru Mar 98 | Amount of Each Receipt this Period<br>150.00<br>IN KIND |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br><br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                                                                                        | Name of Employer<br><br>Occupation<br>Aggregate Year-to-Date > \$        | Date (month, day, year)                       | Amount of Each Receipt this Period                      |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br><br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                                                                                        | Name of Employer<br><br>Occupation<br>Aggregate Year-to-Date > \$        | Date (month, day, year)                       | Amount of Each Receipt this Period                      |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br><br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                                                                                        | Name of Employer<br><br>Occupation<br>Aggregate Year-to-Date > \$        | Date (month, day, year)                       | Amount of Each Receipt this Period                      |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br><br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                                                                                        | Name of Employer<br><br>Occupation<br>Aggregate Year-to-Date > \$        | Date (month, day, year)                       | Amount of Each Receipt this Period                      |

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (list page this line number only)

79,500.00

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedules  
for each category of the  
Detailed Summary Page

PAGE 1 OF 1

FOR LINE NUMBER  
14

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NAME OF COMMITTEE (in full)

PALLONE FOR CONGRESS (C00226928)

|                                                                                                                                                                                                                                                                                            |                                                                                                          |                                                      |                                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|------------------------------------------------------|-------------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Bell Atlantic-NJ<br>1717 Arch St.<br>Philadelphia, PA 19103<br><br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify): <b>DEPOSIT REFUND</b>       | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ <b>826.18</b> | <b>Date (month, day, year)</b><br>1-21-98<br>1-21-98 | <b>Amount of Each Receipt this Period</b><br><br>358.82<br>457.36 |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Franklin Mutual Ins. Co.<br>PO Box 400 Branchville, NJ 07826<br><br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify): <b>Insurance refund</b>    | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ <b>139.00</b> | <b>Date (month, day, year)</b><br>2-20-98            | <b>Amount of Each Receipt this Period</b><br><br>139.00           |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Franklin Mutual Ins. Co.<br>PO Box 400<br>Branchville, NJ 07826<br><br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify): <b>Insurance refund</b> | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ <b>145.00</b> | <b>Date (month, day, year)</b><br>3-19-98            | <b>Amount of Each Receipt this Period</b><br><br>6.00             |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br><br><br><br><br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                                                                           | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$               | <b>Date (month, day, year)</b>                       | <b>Amount of Each Receipt this Period</b>                         |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br><br><br><br><br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                                                                           | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$               | <b>Date (month, day, year)</b>                       | <b>Amount of Each Receipt this Period</b>                         |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br><br><br><br><br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                                                                           | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$               | <b>Date (month, day, year)</b>                       | <b>Amount of Each Receipt this Period</b>                         |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br><br><br><br><br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                                                                           | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$               | <b>Date (month, day, year)</b>                       | <b>Amount of Each Receipt this Period</b>                         |

SUBTOTAL of Receipts This Page (optional)

971.18

TOTAL This Period (last page this line number only)

971.18

**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)

PALLONE FOR CONGRESS (C00226928)

|                                                                                                                                                                                                                                                                        |                                                                                                   |                                           |                                                         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-------------------------------------------|---------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Fleet Bank<br>577 Broadway<br>Long Branch, NJ 07740<br><br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify): Interest earned | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 306.60 | <b>Date (month, day, year)</b><br>3-31-98 | <b>Amount of Each Receipt this Period</b><br><br>306.60 |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br><br><br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                                                               | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$        | <b>Date (month, day, year)</b>            | <b>Amount of Each Receipt this Period</b>               |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br><br><br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                                                               | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$        | <b>Date (month, day, year)</b>            | <b>Amount of Each Receipt this Period</b>               |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br><br><br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                                                               | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$        | <b>Date (month, day, year)</b>            | <b>Amount of Each Receipt this Period</b>               |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br><br><br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                                                               | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$        | <b>Date (month, day, year)</b>            | <b>Amount of Each Receipt this Period</b>               |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br><br><br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                                                               | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$        | <b>Date (month, day, year)</b>            | <b>Amount of Each Receipt this Period</b>               |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br><br><br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                                                               | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$        | <b>Date (month, day, year)</b>            | <b>Amount of Each Receipt this Period</b>               |

SUBTOTAL of Receipts This Page (optional)

306.60

TOTAL This Period (last page this line number only)

306.60

## SCHEDULE B

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary PagePAGE 1 OF 19  
FOR LINE NUMBER 17

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## NAME OF COMMITTEE (In Full)

PALLONE FOR CONGRESS (C00226928)

| A. Full Name, Mailing Address and ZIP Code                           | Purpose of Disbursement                                                                                                                                     | Date (month, day, year) | Amount of Each Disbursement This Period |
|----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------|
| Julia Roginsky<br>105 Cookman Ave.<br>Ocean Grove, NJ 07756          | Salary<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                   | 1-2-98                  | 1,238.15                                |
| B. Full Name, Mailing Address and ZIP Code                           | Purpose of Disbursement                                                                                                                                     | Date (month, day, year) | Amount of Each Disbursement This Period |
| Marilyn Regan<br>41 Werah Place<br>Oceanport, NJ 07757               | Salary<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                   | 1-2-98                  | 515.29                                  |
| C. Full Name, Mailing Address and ZIP Code                           | Purpose of Disbursement                                                                                                                                     | Date (month, day, year) | Amount of Each Disbursement This Period |
| Michael Hagan<br>620 Broadway<br>Long Branch, NJ 07740               | Rent & Security<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)          | 1-2-98                  | 500.00                                  |
| D. Full Name, Mailing Address and ZIP Code                           | Purpose of Disbursement                                                                                                                                     | Date (month, day, year) | Amount of Each Disbursement This Period |
| Atlanticville<br>PO Box 59<br>Long Branch, NJ 07740                  | Ads<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                      | 1-2-98                  | 520.00                                  |
| E. Full Name, Mailing Address and ZIP Code                           | Purpose of Disbursement                                                                                                                                     | Date (month, day, year) | Amount of Each Disbursement This Period |
| U.S. Postal Service<br>307 Industrial Way West<br>Red Bank, NJ 07799 | Renewal Bulk Rate Permit<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | 1-2-98                  | 85.00                                   |
| F. Full Name, Mailing Address and ZIP Code                           | Purpose of Disbursement                                                                                                                                     | Date (month, day, year) | Amount of Each Disbursement This Period |
| Satellite Self Storage<br>2120 Kings Hwy<br>Ocean, NJ 07712          | Storage<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                  | 1-2-98                  | 105.00                                  |
| G. Full Name, Mailing Address and ZIP Code                           | Purpose of Disbursement                                                                                                                                     | Date (month, day, year) | Amount of Each Disbursement This Period |
| Tamarack Self Storage<br>610 Joline Ave.<br>Long Branch, NJ 07740    | Storage<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                  | 1-2-98                  | 104.00                                  |
| H. Full Name, Mailing Address and ZIP Code                           | Purpose of Disbursement                                                                                                                                     | Date (month, day, year) | Amount of Each Disbursement This Period |
| Cellular One-New Brunswick<br>PO Box 27851<br>Newark, NJ 07101       | Tel. service<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)             | 1-2-98                  | 172.99                                  |
| I. Full Name, Mailing Address and ZIP Code                           | Purpose of Disbursement                                                                                                                                     | Date (month, day, year) | Amount of Each Disbursement This Period |
| Coordinated Graphics<br>777 New Durham Rd.<br>Edison, NJ 08817       | Holiday cards<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)            | 1-2-98                  | 1,861.00                                |

SUBTOTAL of Disbursements This Page (optional)

5,101.43

TOTAL This Period (last page this line number only)

## SCHEDULE B

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary PagePAGE 2 OF 19  
FOR LINE NUMBER 17

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## NAME OF COMMITTEE (In Full)

PALLONE FOR CONGRESS (C00226928)

| A. Full Name, Mailing Address and ZIP Code                                                                                    | Purpose of Disbursement                                                                                                                                    | Date (month, day, year) | Amount of Each Disbursement This Period |
|-------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------|
| Nat'l Tel. Communications<br>Dept. #7722<br>Los Angeles, CA 90084                                                             | Tel. Service<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)            | 1-2-98                  | 237.57                                  |
| B. Full Name, Mailing Address and ZIP Code<br>Fedex<br>PO Box 1140<br>Memphis, TN 38101                                       | Deliveries<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)              | 1-2-98                  | 21.75                                   |
| C. Full Name, Mailing Address and ZIP Code<br>Cash                                                                            | Replenish petty cash<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)    | 1-2-98                  | 200.00                                  |
| D. Full Name, Mailing Address and ZIP Code<br>Fleet Bank<br>577 Broadway<br>Long Branch, NJ 07740                             | Federal Tax Deposit<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)     | 1-13-98                 | 1,704.42                                |
| E. Full Name, Mailing Address and ZIP Code<br>Gross Income Tax<br>PO Box 248<br>Trenton, NJ 08646                             | 4th Quarter tax payment<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | 1-13-98                 | 367.50                                  |
| F. Full Name, Mailing Address and ZIP Code<br>NJ Employment Security Agency<br>PO Box 939<br>Trenton, NJ 08625                | 4th Quarter payment<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)     | 1-13-98                 | 236.25                                  |
| G. Full Name, Mailing Address and ZIP Code<br>Internal Revenue Service<br>PO Box 210<br>Newark, NJ 07101                      | Federal FUTA tax<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)        | 1-13-98                 | 14.34                                   |
| H. Full Name, Mailing Address and ZIP Code<br>Bell Atlantic-NJ<br>PO Box 4833<br>Trenton, NJ 08650                            | Tel. service<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)            | 1-13-98                 | 294.96                                  |
| I. Full Name, Mailing Address and ZIP Code<br>LBBS S. African-Amer Culture Club<br>391 Westwood Ave.<br>Long Branch, NJ 07740 | Ticket<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                  | 1-15-98                 | 7.00                                    |

SUBTOTAL of Disbursements This Page (optional)

3,083.79

TOTAL This Period (last page this line number only)

## SCHEDULE B

## ITEMIZED DISBURSEMENTS

 Use separate schedule(s)  
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Detailed Summary Page

 PAGE 3 OF 19  
 FOR LINE NUMBER 17

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## NAME OF COMMITTEE (In Full)

PALLONE FOR CONGRESS (CD0226928)

|                                                                                                                      |                                                                                                                                                                                        |                                           |                                                            |
|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>The Community YMCA<br>166 Maple Ave.<br>Red Bank, NJ 07701      | <b>Purpose of Disbursement</b><br>Ticket<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)            | <b>Date (month, day, year)</b><br>1-15-98 | <b>Amount of Each Disbursement This Period</b><br>15.00    |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Marilyn Regan<br>41 Werah Place<br>Oceanport, NJ 07757          | <b>Purpose of Disbursement</b><br>Salary<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)            | <b>Date (month, day, year)</b><br>1-15-98 | <b>Amount of Each Disbursement This Period</b><br>583.00   |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Julia Roginsky<br>105 Cookman Ave.<br>Ocean Grove, NJ 07756     | <b>Purpose of Disbursement</b><br>Salary<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)            | <b>Date (month, day, year)</b><br>1-15-98 | <b>Amount of Each Disbursement This Period</b><br>1,238.15 |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Jerry Casciano<br>85 Bingham Ave.<br>Rumson, NJ 07760           | <b>Purpose of Disbursement</b><br>Photo service<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)     | <b>Date (month, day, year)</b><br>1-15-98 | <b>Amount of Each Disbursement This Period</b><br>150.00   |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>650 Realty LLC<br>3455 Rt 66<br>Neptune, NJ 07753               | <b>Purpose of Disbursement</b><br>Rent<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)              | <b>Date (month, day, year)</b><br>1-16-98 | <b>Amount of Each Disbursement This Period</b><br>900.00   |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Charles Sylvester<br>206 7th Ave.<br>Belmar, NJ 07719           | <b>Purpose of Disbursement</b><br>Installing phones<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Date (month, day, year)</b><br>1-16-98 | <b>Amount of Each Disbursement This Period</b><br>3,492.70 |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Dial R Stationery & Printing<br>PO Box 1573<br>Linden, NJ 07036 | <b>Purpose of Disbursement</b><br>Printing<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)          | <b>Date (month, day, year)</b><br>1-16-98 | <b>Amount of Each Disbursement This Period</b><br>71.02    |
| <b>H. Full Name, Mailing Address and ZIP Code</b><br>Monmouth Processing Co.<br>3418 Sunset Ave.<br>Ocean, NJ 07712  | <b>Purpose of Disbursement</b><br>Paper recycling<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   | <b>Date (month, day, year)</b><br>1-16-98 | <b>Amount of Each Disbursement This Period</b><br>38.00    |
| <b>I. Full Name, Mailing Address and ZIP Code</b><br>Mon. Cty Urban League<br>170 Broad St.<br>Red Bank, NJ 07701    | <b>Purpose of Disbursement</b><br>Dues<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)              | <b>Date (month, day, year)</b><br>1-16-98 | <b>Amount of Each Disbursement This Period</b><br>125.00   |

SUBTOTAL of Disbursements This Page (optional)

6,612.87

TOTAL This Period (last page this line number only)

## SCHEDULE B

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
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Detailed Summary Page

PAGE 4 OF 19

FOR LINE NUMBER  
17

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NAME OF COMMITTEE (in full)

PALLONE FOR CONGRESS (C00226928)

|                                                                                                                               |                                                                                                                                                                                        |                                           |                                                                            |
|-------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|----------------------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Universal Mailing Service<br>10 New England Ave.<br>Piscataway, NJ 08854 | <b>Purpose of Disbursement</b><br>Postage<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)           | <b>Date (month, day, year)</b><br>1-16-98 | <b>Amount of Each Disbursement This Period</b><br>1,347.00                 |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>American Express<br>PO Box 114<br>Newark, NJ 07101                       | <b>Purpose of Disbursement</b><br>see next 15 items<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Date (month, day, year)</b><br>1-16-98 | <b>Amount of Each Disbursement This Period</b><br>3,037.12                 |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>(1) Central Parking<br>New York, NY 10001<br>230 W 31st St.              | <b>Purpose of Disbursement</b><br>Parking<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)           | <b>Date (month, day, year)</b><br>12-2-97 | <b>Amount of Each Disbursement This Period</b><br>15.50<br>(MEMO ENTRY)    |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>(2) Andrews Coffee Shop<br>463 7th Ave.<br>New York, NY 10018            | <b>Purpose of Disbursement</b><br>Food/Bev<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)          | <b>Date (month, day, year)</b><br>12-2-97 | <b>Amount of Each Disbursement This Period</b><br>12.12<br>(MEMO ENTRY)    |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>(3) Continental Airlines<br>Bethesda, MD                                 | <b>Purpose of Disbursement</b><br>Plane tickets<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)     | <b>Date (month, day, year)</b><br>12-2-97 | <b>Amount of Each Disbursement This Period</b><br>1,873.00<br>(MEMO ENTRY) |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>(4) Avis-Rent-A-Car<br>PO Box 8021<br>San Francisco, CA 94128            | <b>Purpose of Disbursement</b><br>car rental<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)        | <b>Date (month, day, year)</b><br>12-4-97 | <b>Amount of Each Disbursement This Period</b><br>80.95<br>(MEMO ENTRY)    |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>(5) Fairmont Hotels<br>170 So. Market St.<br>San Jose, CA 95113          | <b>Purpose of Disbursement</b><br>Room accom.<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)       | <b>Date (month, day, year)</b><br>12-5-97 | <b>Amount of Each Disbursement This Period</b><br>299.15<br>(MEMO ENTRY)   |
| <b>H. Full Name, Mailing Address and ZIP Code</b><br>(6) Avis-Rent-A-Car<br>Houston, TX                                       | <b>Purpose of Disbursement</b><br>car rental<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)        | <b>Date (month, day, year)</b><br>12-7-97 | <b>Amount of Each Disbursement This Period</b><br>46.28<br>(MEMO ENTRY)    |
| <b>I. Full Name, Mailing Address and ZIP Code</b><br>(7) Microsoft Network<br>One Microsoft Way<br>Redmond, WA 98052          | <b>Purpose of Disbursement</b><br>Online service<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)    | <b>Date (month, day, year)</b><br>12-9-97 | <b>Amount of Each Disbursement This Period</b><br>4.95<br>(MEMO ENTRY)     |

SUBTOTAL of Disbursements This Page (optional)

4,384.12

TOTAL This Period (last page this line number only)

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

PAGE 5 OF 19  
FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)  
PALLONE FOR CONGRESS (C00226928)

|                                                                                                                        |                                                                                                                                 |                                                  |                                                                              |
|------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|------------------------------------------------------------------------------|
| A. Full Name, Mailing Address and ZIP Code<br>(8) 800 Flowers<br>New York                                              | Purpose of Disbursement<br>Flowers                                                                                              | Date (month,<br>day, year)<br>12-8-97            | Amount of Each<br>Disbursement This Period<br>42.21<br>63.85<br>(MEMO ENTRY) |
|                                                                                                                        | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                                                  |                                                                              |
| B. Full Name, Mailing Address and ZIP Code<br>(9) Continental Airlines<br>Houston, TX                                  | Purpose of Disbursement<br>One Pass Charges                                                                                     | Date (month,<br>day, year)<br>12-2-97<br>12-2-97 | Amount of Each<br>Disbursement This Period<br>99.95<br>99.95<br>(MEMO ENTRY) |
|                                                                                                                        | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                                                  |                                                                              |
| C. Full Name, Mailing Address and ZIP Code<br>(10) Carey Company<br>Dallas, TX                                         | Purpose of Disbursement<br>Limo service                                                                                         | Date (month,<br>day, year)<br>12-10-97           | Amount of Each<br>Disbursement This Period<br>62.50<br>(MEMO ENTRY)          |
|                                                                                                                        | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                                                  |                                                                              |
| D. Full Name, Mailing Address and ZIP Code<br>(11) Watchung Spring Water<br>1900 Swarthmore Ave.<br>Lakewood, NJ 08701 | Purpose of Disbursement<br>Water                                                                                                | Date (month,<br>day, year)<br>12-11-97           | Amount of Each<br>Disbursement This Period<br>8.48<br>(MEMO ENTRY)           |
|                                                                                                                        | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                                                  |                                                                              |
| E. Full Name, Mailing Address and ZIP Code<br>(12) Petro SStopping Center<br>221 Belle Hill Rd.<br>Elkton, MD 21921    | Purpose of Disbursement<br>Food                                                                                                 | Date (month,<br>day, year)<br>12-16-97           | Amount of Each<br>Disbursement This Period<br>25.17<br>(MEMO ENTRY)          |
|                                                                                                                        | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                                                  |                                                                              |
| F. Full Name, Mailing Address and ZIP Code<br>(13) Schneiders of Capitol Hill<br>300 Mass. Ave. NE<br>Washington, DC   | Purpose of Disbursement<br>Beverages                                                                                            | Date (month,<br>day, year)<br>12-19-97           | Amount of Each<br>Disbursement This Period<br>105.76<br>(MEMO ENTRY)         |
|                                                                                                                        | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                                                  |                                                                              |
| G. Full Name, Mailing Address and ZIP Code<br>(14) K Mart<br>Hwy 36<br>W. Long Branch, NJ 07764                        | Purpose of Disbursement<br>Supplies                                                                                             | Date (month,<br>day, year)<br>12-16-97           | Amount of Each<br>Disbursement This Period<br>152.78<br>(MEMO ENTRY)         |
|                                                                                                                        | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                                                  |                                                                              |
| H. Full Name, Mailing Address and ZIP Code<br>(15) Valenzano's<br>Locust Ave.<br>W. Long Branch, NJ 07764              | Purpose of Disbursement<br>Supplies                                                                                             | Date (month,<br>day, year)<br>12-22-97           | Amount of Each<br>Disbursement This Period<br>44.52<br>(MEMO ENTRY)          |
|                                                                                                                        | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                                                  |                                                                              |
| I. Full Name, Mailing Address and ZIP Code<br>Quinn Chapel AME Church<br>PO Box 56<br>Atlantic Highlands, NJ 07716     | Purpose of Disbursement<br>Ad                                                                                                   | Date (month,<br>day, year)<br>1-20-98            | Amount of Each<br>Disbursement This Period<br>30.00                          |
|                                                                                                                        | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                                                  |                                                                              |

SUBTOTAL of Disbursements This Page (optional)

30.00

TOTAL This Period (last page this line number only)

## SCHEDULE B

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
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Detailed Summary PagePAGE 6 OF 19  
FOR LINE NUMBER  
17

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## NAME OF COMMITTEE (In Full)

PALLONE FOR CONGRESS (C0022692B)

|                                                                                                                    |                                                                                                                                                                                              |                                       |                                                      |
|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|------------------------------------------------------|
| A. Full Name, Mailing Address and ZIP Code<br>Amerigo Vespucci<br>286 Willow Ave.<br>Long Branch, NJ 07740         | Purpose of Disbursement<br>Hall rental<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                    | Date (month,<br>day, year)<br>1-20-98 | Amount of Each<br>Disbursement This Period<br>75.00  |
| B. Full Name, Mailing Address and ZIP Code<br>Julia Roginsky<br>105 Cookman Ave.<br>Ocean Grove, NJ 07756          | Purpose of Disbursement<br>Reimb. gas, tolls,<br>supplies<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month,<br>day, year)<br>1-21-98 | Amount of Each<br>Disbursement This Period<br>177.14 |
| C. Full Name, Mailing Address and ZIP Code<br>Postmaster<br>Long Branch, NJ 07740                                  | Purpose of Disbursement<br>Stamps<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                         | Date (month,<br>day, year)<br>1-26-98 | Amount of Each<br>Disbursement This Period<br>480.00 |
| D. Full Name, Mailing Address and ZIP Code<br>Marilyn Regan<br>41 Werah Place<br>Oceanport, NJ 07757               | Purpose of Disbursement<br>Salary<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                         | Date (month,<br>day, year)<br>1-26-98 | Amount of Each<br>Disbursement This Period<br>665.07 |
| E. Full Name, Mailing Address and ZIP Code<br>Cash                                                                 | Purpose of Disbursement<br>Replenish Petty<br>Cash<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)        | Date (month,<br>day, year)<br>1-27-98 | Amount of Each<br>Disbursement This Period<br>200.00 |
| F. Full Name, Mailing Address and ZIP Code<br>Julia Roginsky<br>105 Cookman Ave.<br>Ocean Grove, NJ 07756          | Purpose of Disbursement<br>Reimb. taxi<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                    | Date (month,<br>day, year)<br>1-27-98 | Amount of Each<br>Disbursement This Period<br>25.80  |
| G. Full Name, Mailing Address and ZIP Code<br>Profession Apartment Service<br>2000 Bering Dr.<br>Houston, TX 77057 | Purpose of Disbursement<br>Printing & postage<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)             | Date (month,<br>day, year)<br>1-28-98 | Amount of Each<br>Disbursement This Period<br>166.68 |
| H. Full Name, Mailing Address and ZIP Code<br>Mellon First United Leasing<br>Dept. CM-10655<br>Palatine, IL 60055  | Purpose of Disbursement<br>Copier Lease<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                   | Date (month,<br>day, year)<br>1-28-98 | Amount of Each<br>Disbursement This Period<br>134.29 |
| I. Full Name, Mailing Address and ZIP Code<br>LWV of NJ Education Fund<br>204 W. State St.<br>Trenton, NJ 08608    | Purpose of Disbursement<br>NJ Citizens Guides<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)             | Date (month,<br>day, year)<br>1-28-98 | Amount of Each<br>Disbursement This Period<br>30.00  |

SUBTOTAL of Disbursements This Page (optional)

1,953.98

TOTAL This Period (last page this line number only)

## SCHEDULE B

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
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Detailed Summary PagePAGE 7 OF 19  
FOR LINE NUMBER  
17

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## NAME OF COMMITTEE (in Full)

PALLONE FOR CONGRESS (C00226928)

|                                                                                                                         |                                                                                                                                                                                   |                                       |                                                      |
|-------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|------------------------------------------------------|
| A. Full Name, Mailing Address and ZIP Code<br>Interstate Electronics, Inc.<br>Airport Plaza, Hwy 36<br>Hazlet, NJ 07730 | Purpose of Disbursement<br>Pager rental<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)        | Date (month,<br>day, year)<br>1-28-98 | Amount of Each<br>Disbursement This Period<br>22.10  |
| B. Full Name, Mailing Address and ZIP Code<br>Atlanticville<br>PO Box 59<br>Long Branch, NJ 07740                       | Purpose of Disbursement<br>Ads<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                 | Date (month,<br>day, year)<br>1-28-98 | Amount of Each<br>Disbursement This Period<br>390.00 |
| C. Full Name, Mailing Address and ZIP Code<br>Franklin Mutual Ins. Co.<br>PO Box 400<br>Branchville, NJ 07826           | Purpose of Disbursement<br>Liability Insurance<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month,<br>day, year)<br>1-28-98 | Amount of Each<br>Disbursement This Period<br>249.00 |
| D. Full Name, Mailing Address and ZIP Code<br>Cellular One-New Brunswick<br>PO Box 27851<br>Newark, NJ 07101            | Purpose of Disbursement<br>Tel. Service<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)        | Date (month,<br>day, year)<br>1-28-98 | Amount of Each<br>Disbursement This Period<br>179.06 |
| E. Full Name, Mailing Address and ZIP Code<br>AT&T<br>PO Box 371397<br>Pittsburgh, PA 15250-7397                        | Purpose of Disbursement<br>Tel. service<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)        | Date (month,<br>day, year)<br>1-28-98 | Amount of Each<br>Disbursement This Period<br>6.68   |
| F. Full Name, Mailing Address and ZIP Code<br>Nat'l Tel. Communications<br>Dept. #7722<br>Los Angeles, CA 90084         | Purpose of Disbursement<br>Tel. service<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)        | Date (month,<br>day, year)<br>1-28-98 | Amount of Each<br>Disbursement This Period<br>163.34 |
| G. Full Name, Mailing Address and ZIP Code<br>Fed Ex<br>PO Box 1140<br>Memphis, TN 38101                                | Purpose of Disbursement<br>Deliveries<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)          | Date (month,<br>day, year)<br>1-28-98 | Amount of Each<br>Disbursement This Period<br>78.75  |
| H. Full Name, Mailing Address and ZIP Code<br>Staples Credit Plan<br>PO Box 30292<br>Salt Lake City, UT 84120-0292      | Purpose of Disbursement<br>Supplies<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)            | Date (month,<br>day, year)<br>1-28-98 | Amount of Each<br>Disbursement This Period<br>158.40 |
| I. Full Name, Mailing Address and ZIP Code<br>Michael Hagan<br>620 Broadway<br>Long Branch, NJ 07740                    | Purpose of Disbursement<br>Rent<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                | Date (month,<br>day, year)<br>1-28-98 | Amount of Each<br>Disbursement This Period<br>250.00 |

SUBTOTAL of Disbursements This Page (optional)

1,497.33

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 8 OF 19

FOR LINE NUMBER 17

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## NAME OF COMMITTEE (in Full)

FALLONE FOR CONGRESS (C00226928)

|                                                                                                                 |                                                                                                                                                                                      |                                       |                                                        |
|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|--------------------------------------------------------|
| A. Full Name, Mailing Address and ZIP Code<br>650 Realty LLC<br>3455 Rt 66<br>Neptune, NJ 07753                 | Purpose of Disbursement<br>Rent<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                   | Date (month,<br>day, year)<br>1-28-98 | Amount of Each<br>Disbursement This Period<br>900.00   |
| B. Full Name, Mailing Address and ZIP Code<br>Tamarack Self Storage<br>610 Joline Ave.<br>Long Branch, NJ 07740 | Purpose of Disbursement<br>Storage unit<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)           | Date (month,<br>day, year)<br>1-28-98 | Amount of Each<br>Disbursement This Period<br>104.00   |
| C. Full Name, Mailing Address and ZIP Code<br>Satellite Self Storage<br>2120 Kings Hwy<br>Ocean, NJ 07712       | Purpose of Disbursement<br>Storage unit<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)           | Date (month,<br>day, year)<br>1-28-98 | Amount of Each<br>Disbursement This Period<br>105.00   |
| D. Full Name, Mailing Address and ZIP Code<br>Postmaster<br>Long Branch, NJ 07740                               | Purpose of Disbursement<br>Postage<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                | Date (month,<br>day, year)<br>1-30-98 | Amount of Each<br>Disbursement This Period<br>10.90    |
| E. Full Name, Mailing Address and ZIP Code<br>Bell Atlantic-NJ<br>PO Box 4833<br>Trenton, NJ 08650              | Purpose of Disbursement<br>Tel service<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)            | Date (month,<br>day, year)<br>1-30-98 | Amount of Each<br>Disbursement This Period<br>208.06   |
| F. Full Name, Mailing Address and ZIP Code<br>Bell Atlantic-NJ<br>PO BOX 4833<br>Trenton, NJ 08650              | Purpose of Disbursement<br>Tel. Service<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)           | Date (month,<br>day, year)<br>1-30-98 | Amount of Each<br>Disbursement This Period<br>457.56   |
| G. Full Name, Mailing Address and ZIP Code<br>Julia Roginsky<br>105 Cookman Ave.<br>Ocean Grove, NJ 07756       | Purpose of Disbursement<br>Salary<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                 | Date (month,<br>day, year)<br>2-4-98  | Amount of Each<br>Disbursement This Period<br>1,238.15 |
| H. Full Name, Mailing Address and ZIP Code<br>Lorraine Gimblett<br>13 Oxford St.<br>New Brunswick, NJ 08901     | Purpose of Disbursement<br>Reimb. computer repair<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month,<br>day, year)<br>2-4-98  | Amount of Each<br>Disbursement This Period<br>132.50   |
| I. Full Name, Mailing Address and ZIP Code<br>Lorraine Gimblett<br>13 Oxford St.<br>New Brunswick, NJ 08901     | Purpose of Disbursement<br>Salary<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                 | Date (month,<br>day, year)<br>2-5-98  | Amount of Each<br>Disbursement This Period<br>772.05   |

SUBTOTAL of Disbursements This Page (optional)

3,928.22

TOTAL This Period (last page this line number only)

## SCHEDULE B

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
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Detailed Summary Page

PAGE 9 OF 19

FOR LINE NUMBER  
17

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## NAME OF COMMITTEE (in full)

PALLONE FOR CONGRESS (CD0226928)

|                                                                                                                   |                                                                                                                                                                                                   |                                       |                                                        |
|-------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|--------------------------------------------------------|
| A. Full Name, Mailing Address and ZIP Code<br>DCCC<br>430 So. Capitol St.<br>Washington, DC 20003                 | Purpose of Disbursement<br>Dues<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                | Date (month,<br>day, year)<br>2-10-98 | Amount of Each<br>Disbursement This Period<br>5,000.00 |
| B. Full Name, Mailing Address and ZIP Code<br>Julia Roginsky<br>105 Cookman Ave.<br>Ocean Grove, NJ 07756         | Purpose of Disbursement<br>Reimb. travel, gas,<br>tolls, meals<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month,<br>day, year)<br>2-9-98  | Amount of Each<br>Disbursement This Period<br>191.30   |
| C. Full Name, Mailing Address and ZIP Code<br>Marilyn Regan<br>41 Werah Place<br>Oceanport, NJ 07757              | Purpose of Disbursement<br>Salary<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                              | Date (month,<br>day, year)<br>2-9-98  | Amount of Each<br>Disbursement This Period<br>634.05   |
| D. Full Name, Mailing Address and ZIP Code<br>North Brunswick Dem. Org.<br>PO Box 7146<br>No. Brunswick, NJ 08902 | Purpose of Disbursement<br>Ad<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                  | Date (month,<br>day, year)<br>2-10-98 | Amount of Each<br>Disbursement This Period<br>65.00    |
| E. Full Name, Mailing Address and ZIP Code<br>Kappa Alpha Psi<br>PO Box 1051<br>Neptune, NJ 07753                 | Purpose of Disbursement<br>Ticket<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                              | Date (month,<br>day, year)<br>2-10-98 | Amount of Each<br>Disbursement This Period<br>15.00    |
| F. Full Name, Mailing Address and ZIP Code<br>Congregation Ahavas Achim<br>PO Box 4242<br>Highland Park, NJ 08904 | Purpose of Disbursement<br>Ad<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                  | Date (month,<br>day, year)<br>2-10-98 | Amount of Each<br>Disbursement This Period<br>75.00    |
| G. Full Name, Mailing Address and ZIP Code<br>Ramada Inn<br>109 Hwy 36<br>W. Long Branch, NJ 07764                | Purpose of Disbursement<br>Food/Bev./Room<br>rental<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)            | Date (month,<br>day, year)<br>2-10-98 | Amount of Each<br>Disbursement This Period<br>200.00   |
| H. Full Name, Mailing Address and ZIP Code                                                                        | Purpose of Disbursement<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                        | Date (month,<br>day, year)            | Amount of Each<br>Disbursement This Period             |
| I. Full Name, Mailing Address and ZIP Code                                                                        | Purpose of Disbursement<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                        | Date (month,<br>day, year)            | Amount of Each<br>Disbursement This Period             |

SUBTOTAL of Disbursements This Page (optional)

6,180.35

TOTAL This Period (last page this line number only)

## SCHEDULE B

## ITEMIZED DISBURSEMENTS

 Use separate schedule(s)  
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Detailed Summary Page

PAGE 10 OF 19

FOR LINE NUMBER  
17

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## NAME OF COMMITTEE (In Full)

PALLONE FOR CONGRESS (C00226928)

|                                                                                                                           |                                                                                                                                                                                          |                                       |                                                        |
|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|--------------------------------------------------------|
| A. Full Name, Mailing Address and ZIP Code<br>Mon. Cty Cotillion Cmte<br>PO Box 1441<br>Asbury Park, NJ 07712             | Purpose of Disbursement<br>Ad<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                         | Date (month,<br>day, year)<br>2-10-98 | Amount of Each<br>Disbursement This Period<br>100.00   |
| B. Full Name, Mailing Address and ZIP Code<br>Asbury Park Press<br>PO Box 1550<br>Neptune, NJ 07753                       | Purpose of Disbursement<br>Subscription<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)               | Date (month,<br>day, year)<br>2-10-98 | Amount of Each<br>Disbursement This Period<br>117.00   |
| C. Full Name, Mailing Address and ZIP Code<br>Fleet Bank<br>577 Broadway<br>Long Branch, NJ 07740                         | Purpose of Disbursement<br>Fed. Tax deposit<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)           | Date (month,<br>day, year)<br>2-11-98 | Amount of Each<br>Disbursement This Period<br>2,280.92 |
| D. Full Name, Mailing Address and ZIP Code<br>Postmaster<br>Long Branch, NJ 07740                                         | Purpose of Disbursement<br>Stamps<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                     | Date (month,<br>day, year)<br>2-11-98 | Amount of Each<br>Disbursement This Period<br>224.00   |
| E. Full Name, Mailing Address and ZIP Code<br>Mon. County Democrats<br>IBI Bldg, Rm 31<br>Airport Plaza, Hazlet, NJ 07730 | Purpose of Disbursement<br>Ad<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                         | Date (month,<br>day, year)<br>2-13-98 | Amount of Each<br>Disbursement This Period<br>125.00   |
| F. Full Name, Mailing Address and ZIP Code<br>Formex, Inc.<br>620 Broadway<br>Long Branch, NJ 07740                       | Purpose of Disbursement<br>Printing<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                   | Date (month,<br>day, year)<br>2-13-98 | Amount of Each<br>Disbursement This Period<br>641.69   |
| G. Full Name, Mailing Address and ZIP Code<br>Cash                                                                        | Purpose of Disbursement<br>Replenish Petty<br>Cash<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)    | Date (month,<br>day, year)<br>2-13-98 | Amount of Each<br>Disbursement This Period<br>200.00   |
| H. Full Name, Mailing Address and ZIP Code<br>Postmaster<br>Long Branch, NJ 07740                                         | Purpose of Disbursement<br>Stamps<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                     | Date (month,<br>day, year)<br>2-18-98 | Amount of Each<br>Disbursement This Period<br>160.00   |
| I. Full Name, Mailing Address and ZIP Code<br>Lorraine Gimblett<br>13 Oxford St.<br>New Brunswick, NJ 08901               | Purpose of Disbursement<br>Reimb. computer<br>repairs<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month,<br>day, year)<br>2-18-98 | Amount of Each<br>Disbursement This Period<br>79.50    |

SUBTOTAL of Disbursements This Page (optional)

3,928.11

TOTAL This Period (last page this line number only)

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

PAGE 11 OF 19  
FOR LINE NUMBER 17

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**NAME OF COMMITTEE (in full)**

PALLONE FOR CONGRESS (C00226928)

|                                                                                                                                     |                                                                                                                                                                                                   |                                            |                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-------------------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Nat'l Democratic Club<br>30 Ivy St. SE<br>Washington, DC 20003                 | <b>Purpose of Disbursement</b><br>Dues<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                         | <b>Date (month, day, year)</b><br>2-18-98  | <b>Amount of Each Disbursement This Period</b><br>150.00                |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Search Auxiliary for Autistic Children<br>73 Wickapecko Dr.<br>Ocean, NJ 07712 | <b>Purpose of Disbursement</b><br>Dues<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                         | <b>Date (month, day, year)</b><br>2-18-98  | <b>Amount of Each Disbursement This Period</b><br>5.00                  |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Lorraine Gimblett<br>13 Oxford St.<br>New Brunswick, NJ 08901                  | <b>Purpose of Disbursement</b><br>Salary<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                       | <b>Date (month, day, year)</b><br>2-18-98  | <b>Amount of Each Disbursement This Period</b><br>772.05                |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Marilyn Regan<br>41 Werah Place<br>Oceanport, NJ 07757                         | <b>Purpose of Disbursement</b><br>Reimb. - tips for Fundraiser<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Date (month, day, year)</b><br>2-20-98  | <b>Amount of Each Disbursement This Period</b><br>200.00                |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Fleet Bank<br>577 Broadway<br>Long Branch, NJ 07740                            | <b>Purpose of Disbursement</b><br>Bank charge-deposit slips<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)    | <b>Date (month, day, year)</b><br>2-19-98  | <b>Amount of Each Disbursement This Period</b><br>22.10                 |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Chase Gold Visa<br>PO Box 15836<br>Wilmington, DE 19886                        | <b>Purpose of Disbursement</b><br>see next 4 items<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)             | <b>Date (month, day, year)</b><br>2-20-98  | <b>Amount of Each Disbursement This Period</b><br>162.44                |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>(1) Newark Airport<br>Newark, NJ                                               | <b>Purpose of Disbursement</b><br>Parking<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                      | <b>Date (month, day, year)</b><br>12-4-97  | <b>Amount of Each Disbursement This Period</b><br>68.00<br>(MEMO ENTRY) |
| <b>H. Full Name, Mailing Address and ZIP Code</b><br>(2) NJ Transit<br>Penn Station<br>New York, NY                                 | <b>Purpose of Disbursement</b><br>Train ticket<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                 | <b>Date (month, day, year)</b><br>12-10-97 | <b>Amount of Each Disbursement This Period</b><br>18.30<br>(MEMO ENTRY) |
| <b>I. Full Name, Mailing Address and ZIP Code</b><br>(3) Church St. Tratoria<br>New Brunswick, NJ 08901                             | <b>Purpose of Disbursement</b><br>Food/ Bev.<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                   | <b>Date (month, day, year)</b><br>12-13-97 | <b>Amount of Each Disbursement This Period</b><br>26.53<br>(MEMO ENTRY) |

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

1,311.59

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

## SCHEDULE B

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
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Detailed Summary PagePAGE 12 OF 19  
FOR LINE NUMBER 17

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## NAME OF COMMITTEE (In Full)

PALLONE FOR CONGRESS (C00226928)

|                                                                                                                       |                                                                                                                                                                                   |                                       |                                                                      |
|-----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|----------------------------------------------------------------------|
| A. Full Name, Mailing Address and ZIP Code<br>(4) All Seasons Diner<br>176 Wyckoff Rd.<br>Eatontown, NJ 07724         | Purpose of Disbursement<br>Food/Bev.<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)           | Date (month,<br>day, year)<br>1-14-98 | Amount of Each<br>Disbursement This Period<br>49.61<br>(MEMO ENTRY)  |
| B. Full Name, Mailing Address and ZIP Code<br>NJ State AFL-CIO<br>106 W. State St.<br>Trenton, NJ 08608               | Purpose of Disbursement<br>Ad<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                  | Date (month,<br>day, year)<br>2-23-98 | Amount of Each<br>Disbursement This Period<br>250.00                 |
| C. Full Name, Mailing Address and ZIP Code<br>Federal Election Commission<br>999 E St. NW<br>Washington, DC 20463     | Purpose of Disbursement<br>B-All Index<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)         | Date (month,<br>day, year)<br>2-25-98 | Amount of Each<br>Disbursement This Period<br>19.25                  |
| D. Full Name, Mailing Address and ZIP Code<br>Fleet Bank<br>577 Broadway<br>Long Branch, NJ 07740                     | Purpose of Disbursement<br>Income Tax 1120 POL<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month,<br>day, year)<br>2-27-98 | Amount of Each<br>Disbursement This Period<br>59.00                  |
| E. Full Name, Mailing Address and ZIP Code<br>American Express<br>PO Box 1270<br>Newark, NJ 07101                     | Purpose of Disbursement<br>see next 5 items<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)    | Date (month,<br>day, year)<br>2-27-98 | Amount of Each<br>Disbursement This Period<br>686.86                 |
| F. Full Name, Mailing Address and ZIP Code<br>(1) Microsoft Network<br>One Microsoft Way<br>Redmond, WA 98052         | Purpose of Disbursement<br>On line service<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)     | Date (month,<br>day, year)<br>1-9-98  | Amount of Each<br>Disbursement This Period<br>4.95<br>(MEMO ENTRY)   |
| G. Full Name, Mailing Address and ZIP Code<br>(2) Wintergreen Resort<br>Wintergreen, VA                               | Purpose of Disbursement<br>Lodging<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)             | Date (month,<br>day, year)<br>1-14-98 | Amount of Each<br>Disbursement This Period<br>608.00<br>(MEMO ENTRY) |
| H. Full Name, Mailing Address and ZIP Code<br>(3) Watchung Spring Water<br>1900 Swarthmore Ave.<br>Lakewood, NJ 08701 | Purpose of Disbursement<br>water<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)               | Date (month,<br>day, year)<br>1-19-98 | Amount of Each<br>Disbursement This Period<br>8.48<br>(MEMO ENTRY)   |
| I. Full Name, Mailing Address and ZIP Code<br>(4) Church St. Trattoria<br>New Brunswick, NJ 08901                     | Purpose of Disbursement<br>Food/Bev.<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)           | Date (month,<br>day, year)<br>1-22-98 | Amount of Each<br>Disbursement This Period<br>35.53<br>(MEMO ENTRY)  |

SUBTOTAL of Disbursements This Page (optional)

1,015.11

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 13 OF 19  
FOR LINE NUMBER 17

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**NAME OF COMMITTEE (in Full)**

PALLONE FOR CONGRESS (C00226928)

|                                                                                                                |                                                                                                                                                                                    |                                       |                                                                     |
|----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------------------------------------------------------|
| A. Full Name, Mailing Address and ZIP Code<br>(5) Hotel St. Moritz<br>New York, NY                             | Purpose of Disbursement<br>Food/Bev<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)             | Date (month,<br>day, year)<br>1-23-98 | Amount of Each<br>Disbursement This Period<br>29.90<br>(MEMO ENTRY) |
| B. Full Name, Mailing Address and ZIP Code<br>Computech<br>845 Hwy 36<br>Union Beach, NJ 07735                 | Purpose of Disbursement<br>Computer repair<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)      | Date (month,<br>day, year)<br>3-2-98  | Amount of Each<br>Disbursement This Period<br>90.10                 |
| C. Full Name, Mailing Address and ZIP Code<br>Lorraine Gimblett<br>13 Oxford St.<br>New Brunswick, NJ 08901    | Purpose of Disbursement<br>Salary<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)               | Date (month,<br>day, year)<br>3-2-98  | Amount of Each<br>Disbursement This Period<br>772.05                |
| D. Full Name, Mailing Address and ZIP Code<br>Julia Roginsky<br>6 Sea View Ave.<br>Ocean Grove, NJ 07756       | Purpose of Disbursement<br>Salary<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)               | Date (month,<br>day, year)<br>3-2-98  | Amount of Each<br>Disbursement This Period<br>1,257.25              |
| E. Full Name, Mailing Address and ZIP Code<br>Marilyn Regan<br>41 Werah Place<br>Oceanport, NJ 07757           | Purpose of Disbursement<br>Salary<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)               | Date (month,<br>day, year)<br>3-2-98  | Amount of Each<br>Disbursement This Period<br>641.23                |
| F. Full Name, Mailing Address and ZIP Code<br>Julia Roginsky<br>6 Sea View Ave.<br>Ocean Grove, NJ 07756       | Purpose of Disbursement<br>Reimb. gas, tolls<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)    | Date (month,<br>day, year)<br>3-2-98  | Amount of Each<br>Disbursement This Period<br>87.73                 |
| G. Full Name, Mailing Address and ZIP Code<br>Cash                                                             | Purpose of Disbursement<br>Replenish petty cash<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month,<br>day, year)<br>3-4-98  | Amount of Each<br>Disbursement This Period<br>200.00                |
| H. Full Name, Mailing Address and ZIP Code<br>Satellite Self Storage<br>2120 Kings Hwy<br>Ocean, NJ 07712      | Purpose of Disbursement<br>Storage<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)              | Date (month,<br>day, year)<br>3-5-98  | Amount of Each<br>Disbursement This Period<br>105.00                |
| I. Full Name, Mailing Address and ZIP Code<br>Interstate Electronics Inc.<br>Aorport Plaza<br>Hazlet, NJ 07730 | Purpose of Disbursement<br>Pager rental<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)         | Date (month,<br>day, year)<br>3-5-98  | Amount of Each<br>Disbursement This Period<br>38.00                 |

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

3,191.36

**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 14 OF 19  
FOR LINE NUMBER 17

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## NAME OF COMMITTEE (in Full)

PALLONE FOR CONGRESS (C00226928)

|                                                                                                                             |                                                                                                                                                                                    |                                           |                                                                          |
|-----------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Staples Credit Plan<br>PO Box 30292<br>Salt Lake City, UT 84130        | <b>Purpose of Disbursement</b><br>Supplies<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)      | <b>Date (month, day, year)</b><br>3-5-98  | <b>Amount of Each Disbursement This Period</b><br>87.57                  |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Quill Corp.<br>PO Box 94081<br>Palatine, IL 60094                      | <b>Purpose of Disbursement</b><br>Supplies<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)      | <b>Date (month, day, year)</b><br>3-6-98  | <b>Amount of Each Disbursement This Period</b><br>73.39                  |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Salute to Women Leaders<br>NJAWBO, PO Box 437<br>Marlboro, NJ 07746    | <b>Purpose of Disbursement</b><br>Ticket<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)        | <b>Date (month, day, year)</b><br>3-6-98  | <b>Amount of Each Disbursement This Period</b><br>38.00                  |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Central Jersey Club NANBPWC<br>207 Hollywood Ave.<br>Neptune, NJ 07753 | <b>Purpose of Disbursement</b><br>Ticket<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)        | <b>Date (month, day, year)</b><br>3-6-98  | <b>Amount of Each Disbursement This Period</b><br>35.00                  |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>People's Bank Visa<br>PO Box 1500<br>Bridgeport, CT 06601              | <b>Purpose of Disbursement</b><br>see next item<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Date (month, day, year)</b><br>3-9-98  | <b>Amount of Each Disbursement This Period</b><br>195.00                 |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>(1) NJ Chamber of Commerce<br>Trenton, NJ                              | <b>Purpose of Disbursement</b><br>Train ticket<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)  | <b>Date (month, day, year)</b><br>2-5-98  | <b>Amount of Each Disbursement This Period</b><br>195.00<br>(MEMO ENTRY) |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>DCCC<br>430 S. Capitol St.<br>Washington, DC 20003                     | <b>Purpose of Disbursement</b><br>Dues<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)          | <b>Date (month, day, year)</b><br>3-10-98 | <b>Amount of Each Disbursement This Period</b><br>5,000.00               |
| <b>H. Full Name, Mailing Address and ZIP Code</b><br>Postmaster<br>Long Branch, NJ 07740                                    | <b>Purpose of Disbursement</b><br>Stamps<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)        | <b>Date (month, day, year)</b><br>3-11-98 | <b>Amount of Each Disbursement This Period</b><br>160.00                 |
| <b>I. Full Name, Mailing Address and ZIP Code</b><br>Fleet Bank<br>577 Broadway<br>Long Branch, NJ 07740                    | <b>Purpose of Disbursement</b><br>Bank Charge<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   | <b>Date (month, day, year)</b><br>3-19-98 | <b>Amount of Each Disbursement This Period</b><br>8.00                   |

SUBTOTAL of Disbursements This Page (optional)

5,596.96

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 15 OF 19  
FOR LINE NUMBER 17

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**NAME OF COMMITTEE (In Full)**

PALLONE FOR CONGRESS (C00226928)

|                                                                                                                      |                                                                                                                                                                                          |                                                    |                                                                                   |
|----------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Fleet Bank<br>577 Broadway<br>Long Branch, NJ 07740             | <b>Purpose of Disbursement</b><br>Federal tax deposit<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Date (month, day, year)</b><br>3-12-98          | <b>Amount of Each Disbursement This Period</b><br>1,673.46                        |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Gross Income Tax<br>PO Box 248<br>Trenton, NJ 08646             | <b>Purpose of Disbursement</b><br>NJ State Tax<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)        | <b>Date (month, day, year)</b><br>3-13-98          | <b>Amount of Each Disbursement This Period</b><br>347.10                          |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Figli Di Colombo<br>146 S. 7th Ave.<br>Long Branch, NJ 07740    | <b>Purpose of Disbursement</b><br>Ad<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                  | <b>Date (month, day, year)</b><br>3-13-98          | <b>Amount of Each Disbursement This Period</b><br>85.00                           |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Postmaster<br>Long Branch, NJ 07740                             | <b>Purpose of Disbursement</b><br>Stamps<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)              | <b>Date (month, day, year)</b><br>3-16-98          | <b>Amount of Each Disbursement This Period</b><br>160.00                          |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>American Express<br>PO Box 114<br>Newark, NJ 07101              | <b>Purpose of Disbursement</b><br>see next 19 items<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   | <b>Date (month, day, year)</b><br>3-17-98          | <b>Amount of Each Disbursement This Period</b><br>2,790.64                        |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>(1) 800 Flowers<br>New York, NY                                 | <b>Purpose of Disbursement</b><br>Flowers<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)             | <b>Date (month, day, year)</b><br>2-6-98           | <b>Amount of Each Disbursement This Period</b><br>52.41<br>(MEMO ENTRY)           |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>(2) Marriott<br>Glenpoint<br>Teaneck, NJ                        | <b>Purpose of Disbursement</b><br>Lodging<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)             | <b>Date (month, day, year)</b><br>2-6-98           | <b>Amount of Each Disbursement This Period</b><br>93.23<br>(MEMO ENTRY)           |
| <b>H. Full Name, Mailing Address and ZIP Code</b><br>(3) Microsoft Network<br>One Microsoft Way<br>Redmond, WA 98052 | <b>Purpose of Disbursement</b><br>On line service<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)     | <b>Date (month, day, year)</b><br>2-9-98           | <b>Amount of Each Disbursement This Period</b><br>4.95<br>(MEMO ENTRY)            |
| <b>I. Full Name, Mailing Address and ZIP Code</b><br>(4) Continental Airlines<br>Bethesda, MD                        | <b>Purpose of Disbursement</b><br>Tickets<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)             | <b>Date (month, day, year)</b><br>2-9-98<br>2-9-98 | <b>Amount of Each Disbursement This Period</b><br>378.00<br>99.00<br>(MEMO ENTRY) |

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

5,056.20

**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 16 OF 19

FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

PALLONE FOR CONGRESS (C0022692B)

|                                                                                                                                  |                                                                                                                                                                                           |                                                        |                                                                                       |
|----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|---------------------------------------------------------------------------------------|
| <p>A. Full Name, Mailing Address and ZIP Code<br/>(5) Wintergreen Resort<br/>Wintergreen, VA</p>                                 | <p>Purpose of Disbursement<br/>Lodging</p> <p>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify)</p>        | <p>Date (month, day, year)<br/>2-10-98</p>             | <p>Amount of Each Disbursement This Period<br/>378.00<br/>(MEMO ENTRY)</p>            |
| <p>B. Full Name, Mailing Address and ZIP Code<br/>(6) American Airlines<br/>Bethesda, MD</p>                                     | <p>Purpose of Disbursement<br/>Tickets</p> <p>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify)</p>        | <p>Date (month, day, year)<br/>2-10-98<br/>2-10-98</p> | <p>Amount of Each Disbursement This Period<br/>166.00<br/>166.00<br/>(MEMO ENTRY)</p> |
| <p>C. Full Name, Mailing Address and ZIP Code<br/>(7) Watchung Water Springs<br/>1900 Swarthmore Ave.<br/>Lakewood, NJ 08701</p> | <p>Purpose of Disbursement<br/>Water Service</p> <p>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify)</p>  | <p>Date (month, day, year)<br/>2-12-98</p>             | <p>Amount of Each Disbursement This Period<br/>19.33<br/>(MEMO ENTRY)</p>             |
| <p>D. Full Name, Mailing Address and ZIP Code<br/>(8) All Seasons Diner<br/>176 Wyckoff Rd.<br/>Eatontown, NJ 07724</p>          | <p>Purpose of Disbursement<br/>Food/Bev</p> <p>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify)</p>       | <p>Date (month, day, year)<br/>2-17-98<br/>2-18-98</p> | <p>Amount of Each Disbursement This Period<br/>28.75<br/>33.92<br/>(MEMO ENTRY)</p>   |
| <p>E. Full Name, Mailing Address and ZIP Code<br/>(9) Host Intl Inc.<br/>Newark Airport<br/>Newark, NJ</p>                       | <p>Purpose of Disbursement<br/>Food/bev</p> <p>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify)</p>       | <p>Date (month, day, year)<br/>2-21-98</p>             | <p>Amount of Each Disbursement This Period<br/>14.01<br/>(MEMO ENTRY)</p>             |
| <p>F. Full Name, Mailing Address and ZIP Code<br/>(10) Greek Island Restaurant<br/>Chicago, IL</p>                               | <p>Purpose of Disbursement<br/>Food &amp; Bev</p> <p>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify)</p> | <p>Date (month, day, year)<br/>2-22-98<br/>2-22-98</p> | <p>Amount of Each Disbursement This Period<br/>6.50<br/>48.11<br/>(MEMO ENTRY)</p>    |
| <p>G. Full Name, Mailing Address and ZIP Code<br/>(11) Pizza Capri<br/>Chicago, IL</p>                                           | <p>Purpose of Disbursement<br/>Food &amp; Bev</p> <p>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify)</p> | <p>Date (month, day, year)<br/>2-23-98</p>             | <p>Amount of Each Disbursement This Period<br/>30.83<br/>(MEMO ENTRY)</p>             |
| <p>H. Full Name, Mailing Address and ZIP Code<br/>(12) Avis-Rent-A-Car<br/>Chicago, IL</p>                                       | <p>Purpose of Disbursement<br/>car rental</p> <p>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify)</p>     | <p>Date (month, day, year)<br/>2-23-98</p>             | <p>Amount of Each Disbursement This Period<br/>115.09<br/>(MEMO ENTRY)</p>            |
| <p>I. Full Name, Mailing Address and ZIP Code<br/>(13) Midland Hotel<br/>Chicago, IL</p>                                         | <p>Purpose of Disbursement<br/>Lodging</p> <p>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify)</p>        | <p>Date (month, day, year)<br/>2-23-98</p>             | <p>Amount of Each Disbursement This Period<br/>349.64<br/>(MEMO ENTRY)</p>            |

SUBTOTAL of Disbursements This Page (optional)

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 17 OF 19

FOR LINE NUMBER  
17

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**NAME OF COMMITTEE (In Full)**

PALLONE FOR CONGRESS (C00226928)

|                                                                                                                          |                                                                                                                                                                                   |                                                      |                                                                                  |
|--------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|----------------------------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>(14) Petro Stopping Center<br>Elkton, MD                            | <b>Purpose of Disbursement</b><br>Supplies<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)     | <b>Date (month, day, year)</b><br>2-24-98            | <b>Amount of Each Disbursement This Period</b><br>16.72<br>(MEMO ENTRY)          |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>(15) Barnes & Noble<br>Hwy 36<br>W. Long Branch, NJ 07764           | <b>Purpose of Disbursement</b><br>Book<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)         | <b>Date (month, day, year)</b><br>1-30-98            | <b>Amount of Each Disbursement This Period</b><br>28.62<br>(MEMO ENTRY)          |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>(16) Kinko's<br>Hwy 35<br>Eatontown, NJ 07724                       | <b>Purpose of Disbursement</b><br>Copies<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)       | <b>Date (month, day, year)</b><br>2-6-98             | <b>Amount of Each Disbursement This Period</b><br>65.85<br>(MEMO ENTRY)          |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>(17) Spirits<br>Red Bank, NJ                                        | <b>Purpose of Disbursement</b><br>Refreshments<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Date (month, day, year)</b><br>2-14-98            | <b>Amount of Each Disbursement This Period</b><br>80.90<br>(MEMO ENTRY)          |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>(18) Tiger Lily Florist<br>Long Branch, NJ 07740                    | <b>Purpose of Disbursement</b><br>Flowers<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)      | <b>Date (month, day, year)</b><br>2-20-98<br>2-23-98 | <b>Amount of Each Disbursement This Period</b><br>43.40<br>46.40<br>(MEMO ENTRY) |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>(19) Spring Lake Florist<br>Spring Lake, NJ 07762                   | <b>Purpose of Disbursement</b><br>Flowers<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)      | <b>Date (month, day, year)</b><br>2-25-98            | <b>Amount of Each Disbursement This Period</b><br>45.58<br>(MEMO ENTRY)          |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Staples Credit Plan<br>PO Box 30292<br>Salt Lake City, UT           | <b>Purpose of Disbursement</b><br>Supplies<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)     | <b>Date (month, day, year)</b><br>3-17-98            | <b>Amount of Each Disbursement This Period</b><br>422.02                         |
| <b>H. Full Name, Mailing Address and ZIP Code</b><br>Lorraine Gimblett<br>13 Oxford St.<br>New Brunswick, NJ 08901       | <b>Purpose of Disbursement</b><br>Salary<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)       | <b>Date (month, day, year)</b><br>3-18-98            | <b>Amount of Each Disbursement This Period</b><br>772.05                         |
| <b>I. Full Name, Mailing Address and ZIP Code</b><br>ARC, Middlesex Cty<br>225 No. Center Dr.<br>No. Brunswick, NJ 08902 | <b>Purpose of Disbursement</b><br>Ad<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)           | <b>Date (month, day, year)</b><br>3-18-98            | <b>Amount of Each Disbursement This Period</b><br>125.00                         |

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

1,319.07

**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 18 OF 19

FOR LINE NUMBER  
17

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## NAME OF COMMITTEE (In Full)

PALLONE FOR CONGRESS (C00226928)

| A. Full Name, Mailing Address and ZIP Code                                                                               | Purpose of Disbursement                                                                                                                                    | Date (month, day, year) | Amount of Each Disbursement This Period |
|--------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------|
| Postmaster<br>Long Branch, NJ 07740                                                                                      | Stamps<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                  | 3-19-98                 | 320.00                                  |
| B. Full Name, Mailing Address and ZIP Code<br>American Diabetes Assn.<br>200 Cotton Tail Lane<br>Somerset, NJ 08873      | Ticket<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                  | 3-20-98                 | 150.00                                  |
| C. Full Name, Mailing Address and ZIP Code<br>Clean Ocean Action<br>PO Box 505<br>Highlands, NJ 07732                    | Tickets<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                 | 3-20-98                 | 150.00                                  |
| D. Full Name, Mailing Address and ZIP Code<br>United Way of Monmouth County<br>1415 Wyckoff Rd.<br>Farmingdale, NJ 07727 | Ticket<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                  | 3-24-98                 | 24.00                                   |
| E. Full Name, Mailing Address and ZIP Code<br>Monmouth Processing Co.<br>3418 Sunset Ave.<br>Ocean, NJ 07712             | Paper recycling<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)         | 3-31-98                 | 38.00                                   |
| F. Full Name, Mailing Address and ZIP Code                                                                               | Purpose of Disbursement<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><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<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><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<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><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<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |

SUBTOTAL of Disbursements This Page (optional)

682.00

TOTAL This Period (last page this line number only)

## SCHEDULE B

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary PagePAGE 19 OF 19  
FOR LINE NUMBER  
17

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## NAME OF COMMITTEE (In Full)

PALLONE FOR CONGRESS (C00226928)

| A. Full Name, Mailing Address and ZIP Code                                                                   | Purpose of Disbursement<br>IN KIND: Food/Bev                                                                                                                                                 | Date (month,<br>day, year) | Amount of Each<br>Disbursement This Period |
|--------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------------------------------------------|
| William Kessler<br>13 Bath Ave.<br>Ocean Grove, NJ 07756                                                     | Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                                   | 2-15-98                    | 857.50<br>IN KIND                          |
| B. Full Name, Mailing Address and ZIP Code<br>David Martocci<br>13 Bath Ave.<br>Ocean Grove, NJ 07756        | Purpose of Disbursement<br>IN KIND: Staff help<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | 2-15-98                    | 718.00<br>IN KIND                          |
| C. Full Name, Mailing Address and ZIP Code<br>Andre Pampanini<br>965 5th Ave.<br>New York, NY 10021          | Purpose of Disbursement<br>IN KIND Food/Bev./Inv.<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)         | 3-1-98                     | 762.13<br>IN KIND                          |
| D. Full Name, Mailing Address and ZIP Code<br>Anne Pampanini<br>965 5th Ave.<br>New York, NY 10021           | Purpose of Disbursement<br>IN KIND Food/Bev/Inv.<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)          | 3-1-98                     | 762.12<br>IN KIND                          |
| E. Full Name, Mailing Address and ZIP Code<br>Tavit Najarian<br>7 Blueberry Lane<br>Leonardo, NJ 07737       | Purpose of Disbursement<br>IN KIND Inv. &<br>Postage<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)      | 2-8-98                     | 434.60<br>IN KIND                          |
| F. Full Name, Mailing Address and ZIP Code<br>Gail Cerminaro<br>244 Harrison Ave.<br>Highland Park, NJ 08904 | Purpose of Disbursement<br>IN KIND Food/Bev.<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)              | 3-22-98                    | 635.88<br>IN KIND                          |
| G. Full Name, Mailing Address and ZIP Code                                                                   | Purpose of Disbursement<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                   | Date (month,<br>day, year) | Amount of Each<br>Disbursement This Period |
| H. Full Name, Mailing Address and ZIP Code                                                                   | Purpose of Disbursement<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                   | Date (month,<br>day, year) | Amount of Each<br>Disbursement This Period |
| I. Full Name, Mailing Address and ZIP Code                                                                   | Purpose of Disbursement<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                   | Date (month,<br>day, year) | Amount of Each<br>Disbursement This Period |

SUBTOTAL of Disbursements This Page (optional)

4,170.23

TOTAL This Period (last page this line number only)

59,042.72

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER  
20 (a)

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NAME OF COMMITTEE (In Full)

PALLONE FOR CONGRESS (C00226928)

A. Full Name, Mailing Address and ZIP Code

Veena Gandhi  
PO Box 4735  
Cerritos, CA 90403

Purpose of Disbursement  
Contribution over  
limit allowed

Disbursement for: ☒ Primary ☐ General  
☐ Other (specify)

Date (month,  
day, year)

3-16-98

Amount of Each  
Disbursement This Period

250.00

B. Full Name, Mailing Address and ZIP Code

Veena Gandhi  
PO Box 4735  
Cerritos, CA 90703

Purpose of Disbursement  
Contribution over  
limit allowed

Disbursement for: ☐ Primary ☒ General  
☐ Other (specify)

Date (month,  
day, year)

3-16-98

Amount of Each  
Disbursement This Period

1,000.00

C. Full Name, Mailing Address and ZIP Code

Purpose of Disbursement

Disbursement for: ☐ Primary ☐ General  
☐ 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: ☐ Primary ☐ General  
☐ 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: ☐ Primary ☐ General  
☐ 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: ☐ Primary ☐ General  
☐ 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: ☐ Primary ☐ General  
☐ 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: ☐ Primary ☐ General  
☐ 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: ☐ Primary ☐ General  
☐ Other (specify)

Date (month,  
day, year)

Amount of Each  
Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

1,250.00

TOTAL This Period (last page this line number only)

1,250.00

## SCHEDULE B

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary PagePAGE 1 OF 1  
FOR LINE NUMBER 21

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## NAME OF COMMITTEE (In Full)

PALLONE FOR CONGRESS (C00226928)

|                                                                                                                             |                                                                                                                                                                                                           |                                                     |                                                              |
|-----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|--------------------------------------------------------------|
| A. Full Name, Mailing Address and ZIP Code<br>Catholic Worker House<br>545 Cassia St.<br>Redwood City, CA 94063             | Purpose of Disbursement<br>Donation<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                    | Date (month, day, year)<br>2-5-98                   | Amount of Each Disbursement This Period<br>50.00             |
| B. Full Name, Mailing Address and ZIP Code<br>Friends of Lois Capps<br>25 W. Anapama<br>Santa Barbara, CA 93101             | Purpose of Disbursement<br>Contribution<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                | Date (month, day, year)<br>2-8-98                   | Amount of Each Disbursement This Period<br>1,000.00          |
| C. Full Name, Mailing Address and ZIP Code                                                                                  | Purpose of Disbursement<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><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<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                                | Date (month, day, year)                             | Amount of Each Disbursement This Period                      |
| E. Full Name, Mailing Address and ZIP Code<br>Dem. Congress. Campaign Cmte<br>430 South Capitol St.<br>Washington, DC 20003 | Purpose of Disbursement<br>IN KIND (from DCCC)<br>Fundraising services<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month, day, year)<br>Jan 98<br>thru<br>Mar 98 | Amount of Each Disbursement This Period<br>114.63<br>IN KIND |
| F. Full Name, Mailing Address and ZIP Code<br>Democratic Majority PAC<br>PO Box 3037<br>Long Branch, NJ 07740               | Purpose of Disbursement<br>IN KIND Use of office<br>& utilities<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)        | Date (month, day, year)<br>Jan 98<br>thru<br>Mar 98 | Amount of Each Disbursement This Period<br>150.00<br>IN KIND |
| G. Full Name, Mailing Address and ZIP Code                                                                                  | Purpose of Disbursement<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><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<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><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<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                                | Date (month, day, year)                             | Amount of Each Disbursement This Period                      |

SUBTOTAL of Disbursements This Page (optional)

1,314.63

TOTAL This Period (last page this line number only)

1,314.63

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

**LOANS**

Page 1 of 3 for  
LINE NUMBER 9  
(Use separate schedules  
for each numbered line)

Name of Committee (in full)  
**PALLONE FOR CONGRESS (C00226928)**

A. Full Name, Mailing Address and ZIP Code of Loan Source  
**Election Fund of John Pallone**  
**PO Box 3037**  
**Long Branch, NJ 07740 Municipal**

Original Amount  
of Loan

**1,000.00**

Cumulative Payment  
To Date

---

Balance Outstanding  
at Close of This Period

**1,000.00**

Election: ☐ Primary ☐ General ☒ Other (specify):

**Election see below**

Term: Date Incurred **5-3-94**

Date Due **None**

Interest Rate **None** (applies)

Secured

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

1. Full Name, Mailing Address and ZIP Code

**This loan was made to the**  
**Committee of a New Jersey**  
**Municipal Mayoral Candidate.**

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  
**Election Fund of Celli, Gorcey**  
**& Schwartz**  
**PO Box 3037**  
**Long Branch, NJ 07740 Municipal**

Original Amount  
of Loan

**2,000.00**

Cumulative Payment  
To Date

---

Balance Outstanding  
at Close of This Period

**2,000.00**

Election: ☐ Primary ☐ General ☒ Other (specify):

**Election see below**

Term: Date Incurred **5-3-94**

Date Due **None**

Interest Rate **None** (applies)

Secured

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

1. Full Name, Mailing Address and ZIP Code

**This loan was made to the**  
**Committee of New Jersey**  
**Municipal Council Candidates.**

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)

**3,000.00**

TOTALS This Period (last page in this line only)

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

**LOANS**

|                                                                                                                                                                         |                                                                                |                                          |                                                                       |                                                 |                                          |                                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|------------------------------------------|-----------------------------------------------------------------------|-------------------------------------------------|------------------------------------------|---------------------------------------------------------------------|
| Name of Committee (in Full)<br><b>PALLONE FOR CONGRESS (C00226928)</b>                                                                                                  |                                                                                |                                          |                                                                       |                                                 |                                          |                                                                     |
| <b>A. Full Name, Mailing Address and ZIP Code of Loan Source</b><br>Election Fund of Celli, Gorcey<br>& Schwartz, PO Box 3037<br>Long Branch, NJ 07740 <b>Municipal</b> | Original Amount<br>of Loan<br><br><b>2,000.00</b>                              | Cumulative Payment<br>To Date<br><br>--- | Balance Outstanding<br>at Close of This Period<br><br><b>2,000.00</b> |                                                 |                                          |                                                                     |
| Election: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) <b>Election on see below</b>            |                                                                                |                                          |                                                                       |                                                 |                                          |                                                                     |
| Terms: Date Incurred <u>5-5-94</u> Date Due <u>none</u> Interest Rate <u>none</u> Secured <input type="checkbox"/>                                                      |                                                                                |                                          |                                                                       |                                                 |                                          |                                                                     |
| List All Endorsers or Guarantors (if any) to Item A                                                                                                                     |                                                                                |                                          |                                                                       |                                                 |                                          |                                                                     |
| 1. Full Name, Mailing Address and ZIP Code<br><br>This loan was made to the<br>Committee of New Jersey<br>Municipal Council Candidates                                  | Name of Employer<br><br>Occupation<br><br>Amount Guaranteed Outstanding:<br>\$ |                                          |                                                                       |                                                 |                                          |                                                                     |
| 2. Full Name, Mailing Address and ZIP Code<br><br>                                                                                                                      | Name of Employer<br><br>Occupation<br><br>Amount Guaranteed Outstanding:<br>\$ |                                          |                                                                       |                                                 |                                          |                                                                     |
| 3. Full Name, Mailing Address and ZIP Code<br><br>                                                                                                                      | Name of Employer<br><br>Occupation<br><br>Amount Guaranteed Outstanding:<br>\$ |                                          |                                                                       |                                                 |                                          |                                                                     |
| <b>B. Full Name, Mailing Address and ZIP Code of Loan Source</b><br>Election Fund of Celli, Gorcey<br>& Schwartz, PO Box 3037<br>Long Branch, NJ 07740 <b>Municipal</b> |                                                                                |                                          |                                                                       | Original Amount<br>of Loan<br><br><b>470.78</b> | Cumulative Payment<br>To Date<br><br>--- | Balance Outstanding<br>at Close of This Period<br><br><b>470.78</b> |
| Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <b>Election</b>                        |                                                                                |                                          |                                                                       |                                                 |                                          |                                                                     |
| Terms: Date Incurred <u>5-5-94</u> Date Due <u>None</u> Interest Rate <u>None</u> Secured <input type="checkbox"/>                                                      |                                                                                |                                          |                                                                       |                                                 |                                          |                                                                     |
| List All Endorsers or Guarantors (if any) to Item B                                                                                                                     |                                                                                |                                          |                                                                       |                                                 |                                          |                                                                     |
| 1. Full Name, Mailing Address and ZIP Code<br><br>This loan was made to the<br>Committee of New Jersey<br>Municipal Council Candidates                                  | Name of Employer<br><br>Occupation<br><br>Amount Guaranteed Outstanding:<br>\$ |                                          |                                                                       |                                                 |                                          |                                                                     |
| 2. Full Name, Mailing Address and ZIP Code<br><br>                                                                                                                      | Name of Employer<br><br>Occupation<br><br>Amount Guaranteed Outstanding:<br>\$ |                                          |                                                                       |                                                 |                                          |                                                                     |
| 3. Full Name, Mailing Address and ZIP Code<br><br>                                                                                                                      | Name of Employer<br><br>Occupation<br><br>Amount Guaranteed Outstanding:<br>\$ |                                          |                                                                       |                                                 |                                          |                                                                     |
| <b>SUBTOTALS This Period This Page (optional)</b>                                                                                                                       |                                                                                |                                          |                                                                       | <b>2,470.78</b>                                 |                                          |                                                                     |
| <b>TOTALS This Period (last page in this line only)</b>                                                                                                                 |                                                                                |                                          |                                                                       |                                                 |                                          |                                                                     |
| Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.                                    |                                                                                |                                          |                                                                       |                                                 |                                          |                                                                     |

**LOANS**

|                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                       |                                                                                   |                                                                                             |                                                                                   |                            |                                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------|---------------------------------------------|
| Name of Committee (in Full)<br><b>PALLONE FOR CONGRESS (C00226928)</b>                                                                                                                                                                                                                                                                                                                                                |                                                                                                                       |                                                                                   |                                                                                             |                                                                                   |                            |                                             |
| <b>A. Full Name, Mailing Address and ZIP Code of Loan Source</b><br>Election Fund of John Pallone<br>PO Box 3037<br>Long Branch, NJ 07740 Municipal<br>Election: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): <u>Election see below</u><br>Terms: Date Incurred <u>11-28-94</u> Date Due <u>None</u> Interest Rate <u>None</u> (ap) Secured | Original Amount of Loan<br><div style="text-align: center;">95.77</div>                                               | Cumulative Payment To Date<br><div style="text-align: center;">---</div>          | Balance Outstanding at Close of This Period<br><div style="text-align: center;">95.77</div> |                                                                                   |                            |                                             |
| List All Endorsers or Guarantors (if any) to Item A                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                       |                                                                                   |                                                                                             |                                                                                   |                            |                                             |
| 1. Full Name, Mailing Address and ZIP Code<br>This loan was made to the Committee of a New Jersey Municipal Mayoral Candidate.                                                                                                                                                                                                                                                                                        | Name of Employer<br><br>Occupation<br><br>Amount Guaranteed Outstanding:<br><div style="text-align: center;">\$</div> | (This area is intentionally left blank for endorsement or guarantor information.) |                                                                                             |                                                                                   |                            |                                             |
| 2. Full Name, Mailing Address and ZIP Code                                                                                                                                                                                                                                                                                                                                                                            | Name of Employer<br><br>Occupation<br><br>Amount Guaranteed Outstanding:<br><div style="text-align: center;">\$</div> |                                                                                   |                                                                                             |                                                                                   |                            |                                             |
| 3. Full Name, Mailing Address and ZIP Code                                                                                                                                                                                                                                                                                                                                                                            | Name of Employer<br><br>Occupation<br><br>Amount Guaranteed Outstanding:<br><div style="text-align: center;">\$</div> |                                                                                   |                                                                                             |                                                                                   |                            |                                             |
| <b>B. Full Name, Mailing Address and ZIP Code of Loan Source</b>                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                       |                                                                                   |                                                                                             | 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):<br>Terms: Date Incurred _____ Date Due _____ Interest Rate _____ % (ap) Secured                                                                                                                                                                                                                 |                                                                                                                       |                                                                                   |                                                                                             | List All Endorsers or Guarantors (if any) to Item B                               |                            |                                             |
| 1. Full Name, Mailing Address and ZIP Code                                                                                                                                                                                                                                                                                                                                                                            | Name of Employer<br><br>Occupation<br><br>Amount Guaranteed Outstanding:<br><div style="text-align: center;">\$</div> |                                                                                   |                                                                                             | (This area is intentionally left blank for endorsement or guarantor information.) |                            |                                             |
| 2. Full Name, Mailing Address and ZIP Code                                                                                                                                                                                                                                                                                                                                                                            | Name of Employer<br><br>Occupation<br><br>Amount Guaranteed Outstanding:<br><div style="text-align: center;">\$</div> |                                                                                   |                                                                                             |                                                                                   |                            |                                             |
| 3. Full Name, Mailing Address and ZIP Code                                                                                                                                                                                                                                                                                                                                                                            | Name of Employer<br><br>Occupation<br><br>Amount Guaranteed Outstanding:<br><div style="text-align: center;">\$</div> |                                                                                   |                                                                                             |                                                                                   |                            |                                             |
| <b>SUBTOTALS This Period This Page (optional)</b>                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                       | <div style="text-align: right;">95.77</div>                                       |                                                                                             |                                                                                   |                            |                                             |
| <b>TOTALS This Period (last page in this line only)</b>                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                       | <div style="text-align: right;">5,566.55</div>                                    |                                                                                             |                                                                                   |                            |                                             |
| Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.                                                                                                                                                                                                                                                                                  |                                                                                                                       |                                                                                   |                                                                                             |                                                                                   |                            |                                             |

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

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

|                                                                                     |                                      |
|-------------------------------------------------------------------------------------|--------------------------------------|
| <input type="checkbox"/> Hand Delivered                                             | Date of Receipt                      |
| <input type="checkbox"/> First Class Mail                                           | POSTMARKED                           |
| <input checked="" type="checkbox"/> Registered/Certified Mail                       | POSTMARKED<br>4/15/98                |
| <input type="checkbox"/> No Postmark                                                |                                      |
| <input type="checkbox"/> Postmark Illegible                                         |                                      |
| <input type="checkbox"/> Received from the House office of Records and Registration | Date of Receipt                      |
| <input type="checkbox"/> Received from the Senate Office of Public Records          | Date of Receipt                      |
| <input type="checkbox"/> Other ( Specify):                                          | Postmarked<br>and/or Date of Receipt |
| <input type="checkbox"/> Electronic Filing                                          |                                      |
| <u>D.A.O.</u><br>PREPARER                                                           | 4/17/98<br>DATE PREPARED             |