

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

AUG 12 10 54 AM '99

1. NAME OF COMMITTEE (or IND)		2. FEC IDENTIFICATION NUMBER C00258277
The WISB List		
ADDRESS (number and street)	<input type="checkbox"/> Check if different than previously reported	
3205 W Street, NW		3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)
CITY, STATE and ZIP CODE		
Washington, DC 20007		

## 4. TYPE OF REPORT

(a)  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)

Termination Report

### Monthly Report Due On:

February 20

June 20

October 20

March 20

July 20

November 20

April 20

August 20

December 20

May 20

September 20

January 31

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 \_\_\_\_\_

(b) Is this Report an Amendment?

YES

NO

SUMMARY		COLUMN A	COLUMN B
5. Covering Period <u>7/1/99</u> through <u>7/31/99</u>		This Period	Calendar Year-to-Date
6. (a)	Cash on Hand January 1, 19 <u>99</u>		\$ 57,007.99
(b)	Cash on Hand at Beginning of Reporting Period	\$ 195,789.66	
(c)	Total Receipts (from Line 18)	\$ 36,661.95	\$ 378,183.20
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 232,451.61	\$ 435,191.19
7.	Total Disbursements (from Line 30)	\$ 29,203.77	\$ 231,943.35
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 203,247.84	\$ 203,247.84
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	For further information contact: Federal Election Commission 99B E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	

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

Type or Print Name of Treasurer

Kimberly R. Coupomas

Signature of Treasurer

*Kimberly R. Coupomas*

Date

August 12, 1999

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

FEC FORM 3X

(revised 9/93)

**DETAILED SUMMARY PAGE**

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE The NISK List	REPORT COVERING PERIOD	
	FROM: 7/1/99	TO: 7/31/99
	COLUMN A Total This Period	COLUMN B Calendar Year
<b>I. Receipts</b>		
11. Contributions (other than loans) From:		
a. Individuals/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	16,515.00	231,670.00
ii. Unitemized	9,510.00	76,434.43
iii. Total (add i and ii)	26,025.00	308,104.43
b. Political Party Committees		
c. Other Political Committees (such as PACs)	3,500.00	18,066.80
d. Total Contributions (add a ii, b and c)	29,525.00	326,171.23
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)		
18. Transfers from Nonfederal Account for Joint Activity	7,136.95	52,011.97
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18)	36,661.95	378,183.20
20. Total Federal Receipts (subtract line 18 from line 19)	29,525.00	326,171.23
<b>II. Disbursements</b>		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H-4)		
i. Federal Share	20,904.59	152,806.06
ii. Non-Federal Share	6,901.47	50,529.53
b. Other Federal Operating Expenditures	147.71	5,590.20
c. Total Operating Expenditures (Add a i, a ii, and b)	27,953.77	208,925.79
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees		19,867.56
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C 441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees	250.00	250.00
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contribution Refunds (Add a, b and c)	250.00	250.00
29. Other Disbursements	1,000.00	2,900.00
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29)	29,203.77	231,943.35
31. Total Federal Disbursements (subtract line 21 a ii from line 30)	22,302.30	181,413.82
<b>III. Net Contributions/Operating Expenditures</b>		
32. Total Contributions (other than loans) (from line 11d)	29,525.00	326,171.23
33. Total Contribution Refunds (from line 28d)	250.00	250.00
34. Net Contributions (other than loans) (subtract line 33 from 32)	29,275.00	325,921.23
35. Total Federal Operating Expenditures (add 21 a i and 21 b)	21,052.30	150,396.26
36. Offsets to Operating Expenditures (from line 15)		
37. Net Operating Expenditures (subtract line 36 from 35)	21,052.30	150,396.26

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 15  
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)**

The WSH List

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Judith Briles 14160 East Bellewood Drive Aurora, CO 80015-1180	The Briles Group, Inc.	07/22/99	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Author, Speaker, Researcher	Aggregate Year-to-Date > \$ 1,200.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer Requested	Date (month, day, year)	Amount of Each Receipt this Period
Barbara Carleton 315 Eleanor Drive Woodside, CA 94062-1117		07/22/99	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Requested	Aggregate Year-to-Date > \$ 1,500.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert Carpenter 610 N. West Street #804 Alexandria, VA 22314-2110		07/22/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation American Viewpoint	Aggregate Year-to-Date > \$ 250.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Debbie Carstens Box 2395 Telluride, CO 81435-2395	Self	07/13/99	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Property Management	Aggregate Year-to-Date > \$ 2,200.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Debbie Carstens Box 2395 Telluride, CO 81435-2395	Self	07/16/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Property Management	Aggregate Year-to-Date > \$ 0.00	(Memo Entry)
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Above contribution earmarked for Christie Whitman, GOVERNOR, N.J. and transmitted by contributor's original check.			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Debbie Carstens Box 2395 Telluride, CO 81435-2395	Self	07/16/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Property Management	Aggregate Year-to-Date > \$ 0.00	(Memo Entry)

**SUBTOTAL** of Receipts This Page (optional) ..... 1,550.00

**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 2 OF 15  
FOR LINE NUMBER 11 a 1

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NAME OF COMMITTEE (In Full)

The WISH List

A. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Olympia Snowe, U.S. SENATE ME and transmitted by contributor's original check.	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 0		
B. Full Name, Mailing Address and ZIP Code William W. Carstens P. O. Box 308 Telluride, CO 81435	Name of Employer Information Requested Occupation	Date (month, day, year) 07/28/99	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		
C. Full Name, Mailing Address and ZIP Code Jayne Ann Chambers 6634 Tammy Court Bethesda, MD 20817-4206	Name of Employer College of American Path. Occupation Lobbyist	Date (month, day, year) 07/22/99	Amount of Each Receipt this Period 300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 300.00		
D. Full Name, Mailing Address and ZIP Code Sally Cone 500 Country Club Drive Greensboro, NC 27408-5710	Name of Employer Occupation Volunteer professional	Date (month, day, year) 07/16/99	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 0.00		(Memo Entry)
E. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Christine Todd Whitman, U.S. SENATE NJ and transmitted by contributor's original check.	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 0		
F. Full Name, Mailing Address and ZIP Code Sally Cone 500 Country Club Drive Greensboro, NC 27408-5710	Name of Employer Occupation Volunteer professional	Date (month, day, year) 07/16/99	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 0.00		(Memo Entry)
G. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Olympia Snowe, U.S. SENATE ME and transmitted by contributor's original check.	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 0		

SUBTOTAL of Receipts This Page (optional)

1,300.00

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 **15**  
FOR LINE NUMBER **11 a I**

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NAME OF COMMITTEE (in Full)  
The WISH List

<b>A. Full Name, Mailing Address and ZIP Code</b> Kimberly Coupounas 1819 Piper Street Superior, CO 80027-4448	Name of Employer <b>self-employed</b>	Date (month, day, year) <b>07/22/99</b>	Amount of Each Receipt this Period  <b>100.00</b>
	Occupation <b>Consultant</b>	Aggregate Year-to-Date > \$ <b>1,100.00</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
<b>B. Full Name, Mailing Address and ZIP Code</b> Elizabeth Cox 142 W. Calle Manantial Kent Green Valley, AZ 85614-3714	Name of Employer <b>Lucent Technologies</b>	Date (month, day, year) <b>07/16/99</b>	Amount of Each Receipt this Period  <b>100.00</b>
	Occupation <b>Retired</b>	Aggregate Year-to-Date > \$ <b>0.00</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	(Memo Entry)		
<b>C. Full Name, Mailing Address and ZIP Code</b> Above contribution earmarked for <b>Christine Todd Whitman, U.S. SENATE NJ</b> and transmitted by contributor's original check.	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date > \$	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
<b>D. Full Name, Mailing Address and ZIP Code</b> Elizabeth Cox 142 W. Calle Manantial Kent Green Valley, AZ 85614-3714	Name of Employer <b>Lucent Technologies</b>	Date (month, day, year) <b>07/16/99</b>	Amount of Each Receipt this Period  <b>100.00</b>
	Occupation <b>Retired</b>	Aggregate Year-to-Date > \$ <b>0.00</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	(Memo Entry)		
<b>E. Full Name, Mailing Address and ZIP Code</b> Above contribution earmarked for <b>Olympia Snowe, U.S. SENATE ME</b> and transmitted by contributor's original check.	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date > \$	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
<b>F. Full Name, Mailing Address and ZIP Code</b> Betty Coykendall 19 Whispering Rod Rd. Unionville, CT 06085	Name of Employer	Date (month, day, year) <b>07/16/99</b>	Amount of Each Receipt this Period  <b>50.00</b>
	Occupation	Aggregate Year-to-Date > \$ <b>0.00</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	(Memo Entry)		
<b>G. Full Name, Mailing Address and ZIP Code</b> Above contribution earmarked for <b>Christine Todd Whitman, U.S. SENATE NJ</b> and transmitted by contributor's original check.	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date > \$	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional) ..... **100.00**

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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PAGE 4 OF 15  
FOR LINE NUMBER 11 a 1

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**NAME OF COMMITTEE (In Full)**  
The WISH List

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Betty Coykendall 15 Whispering Rod Rd. Unionville, CT 06085		07/18/99	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date \$ 0.00		(Memo Entry)
B. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Olympia Snowe, U.S. SENATE ME and transmitted by contributor's original check.			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date \$		
C. Full Name, Mailing Address and ZIP Code Cynthia B. Dallard 3270 Aberfoyle Place, NW Washington, DC 20015		07/29/99	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date \$ 0.00		(Memo Entry)
D. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Olympia Snowe, U.S. SENATE ME and transmitted by contributor's original check.			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date \$		
E. Full Name, Mailing Address and ZIP Code Susan A. Davis 1000 Vermont Avenue, NW No. 700 Washington, DC 20005-4903	Name of Employer Information Requested	07/16/99	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date \$ 1,000.00		
F. Full Name, Mailing Address and ZIP Code William Dobson 3550 Geddes Road Ann Arbor, MI 48105-2521	Name of Employer Dobson McSomer Insurance Avenue, Inc.	07/13/99	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Consultant Aggregate Year-to-Date \$ 950.00		
G. Full Name, Mailing Address and ZIP Code James Douglas 32 Lenox Rd. #C8 Brooklyn, NY 11226-2368		07/18/99	10.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date \$ 0.00		(Memo Entry)

**SUBTOTAL of Receipts This Page (optional)** ..... 1,100.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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FOR LINE NUMBER 11 a I

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NAME OF COMMITTEE (in Full)  
The WISH List

A. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Christine Todd Whitman, U.S. SENATE NJ and transmitted by contributor's original check.	Name of Employer  Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 5		
B. Full Name, Mailing Address and ZIP Code James Douglas 32 Lenox Rd. #C8 Brooklyn, NY 11226-2356	Name of Employer  Occupation	Date (month, day, year)  07/16/99	Amount of Each Receipt this Period  10.00  (Memo Entry)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 0.00		
C. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Olympia Snowe, U.S. SENATE ME and transmitted by contributor's original check.	Name of Employer  Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
D. Full Name, Mailing Address and ZIP Code Ralph Ebbott 409 Birchwood Avenue White Bear Lake, MN 55110-1802	Name of Employer  Occupation Retired	Date (month, day, year)  07/16/99	Amount of Each Receipt this Period  100.00  (Memo Entry)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 0.00		
E. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Christine Todd Whitman, U.S. SENATE NJ and transmitted by contributor's original check.	Name of Employer  Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code Ralph Ebbott 409 Birchwood Avenue White Bear Lake, MN 55110-1802	Name of Employer  Occupation Retired	Date (month, day, year)  07/16/99	Amount of Each Receipt this Period  100.00  (Memo Entry)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 0.00		
G. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Olympia Snowe, U.S. SENATE ME and transmitted by contributor's original check.	Name of Employer  Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

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

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 6 OF 15  
FOR LINE NUMBER 11 a 1

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NAME OF COMMITTEE (In Full)  
The WISH List

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sue Fisher 8093 S. Bellaire Way Littleton, CO 80121	Information Requested	07/29/99	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Alfred Flescher 3 Westwood Country Club St. Louis, MO 63131		07/16/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 0.00	(Memo Entry)
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Above contribution earmarked for Christine Todd Whitman, U.S. SENATE NJ and transmitted by contributor's original check.			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Alfred Flescher 3 Westwood Country Club St. Louis, MO 63131		07/16/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 0.00	(Memo Entry)
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Above contribution earmarked for Olympia Snowe, U.S. SENATE ME and transmitted by contributor's original check.			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RoyAnna Florence 97 Lebernun Road Atherton, CA 94027-2192	Caldwell Banker	07/16/99	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Realtor	Aggregate Year-to-Date > \$ 0.00	(Memo Entry)
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Above contribution earmarked for Christine Todd Whitman, U.S. SENATE NJ and transmitted by contributor's original check.			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

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 7 OF 15  
FOR LINE NUMBER 11 a i

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NAME OF COMMITTEE (In Full)  
The WISH List

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RoyAnna Florence 97 Labernum Road Atherton, CA 94027-2162	Caldwell Banker	07/16/99	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Realtor	Aggregate Year-to-Date \$ 0.00	(Memo Entry)
B. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Olympia Snowe, U.S. SENATE ME and transmitted by contributor's original check.	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date \$	
C. Full Name, Mailing Address and ZIP Code Marilyn Fox 23 Carrswold Drive Clayton, MO 63105-2813	Name of Employer Housewife	Date (month, day, year) 07/13/99	Amount of Each Receipt this Period 5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date \$ 5,000.00	
D. Full Name, Mailing Address and ZIP Code Carolyn Gargasz 127 N. Pepperell Road P.O. Box 6 Hollis, NH 03049-6433	Name of Employer	Date (month, day, year) 07/29/99	Amount of Each Receipt this Period 20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date \$ 0.00	(Memo Entry)
E. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Olympia Snowe, U.S. SENATE ME and transmitted by contributor's original check.	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date \$	
F. Full Name, Mailing Address and ZIP Code Carolyn Gargasz 127 N. Pepperell Road P.O. Box 6 Hollis, NH 03049-6433	Name of Employer	Date (month, day, year) 07/29/99	Amount of Each Receipt this Period 10.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date \$ 0.00	(Memo Entry)
G. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Christina Todd Whitman, U.S. SENATE NJ and transmitted by contributor's original check.	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date \$	

SUBTOTAL of Receipts This Page (optional) ..... 5,000.00

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

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

**NAME OF COMMITTEE (In Full)**

The WISH List

A. Full Name, Mailing Address and ZIP Code Judith Harper 1334 Neipsic Road Glastonbury, CT 06033  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation  Aggregate Year-to-Date > \$ 0.00	Date (month, day, year)  07/16/99	Amount of Each Receipt this Period  25.00  (Memo Entry)
B. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Christine Todd Whitman, U.S. SENATE NJ and transmitted by contributor's original check.  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation  Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Judith Harper 1334 Neipsic Road Glastonbury, CT 06033  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation  Aggregate Year-to-Date > \$ 0.00	Date (month, day, year)  07/18/99	Amount of Each Receipt this Period  25.00  (Memo Entry)
D. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Olympia Snowe, U.S. SENATE ME and transmitted by contributor's original check.  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation  Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Gene Harte P.O. Box 828 Depoe Bay, OR 97341  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation  Aggregate Year-to-Date > \$ 0.00	Date (month, day, year)  07/18/99	Amount of Each Receipt this Period  25.00  (Memo Entry)
F. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Christine Todd Whitman, U.S. SENATE NJ and transmitted by contributor's original check.  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation  Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Gene Harte P.O. Box 828 Depoe Bay, OR 97341  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation  Aggregate Year-to-Date > \$ 0.00	Date (month, day, year)  07/16/99	Amount of Each Receipt this Period  25.00  (Memo Entry)

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

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedules for each category of the Detailed Summary Page

PAGE 9 OF 15  
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

**NAME OF COMMITTEE (In Full)**

The Weiss List

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Above contribution earmarked for Olympia Snowe, U.S. SENATE ME and transmitted by contributor's original check.			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date	\$	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
M Annette Heinz 135 Maroon Drive Aspen, CO 81611-1060		07/16/99	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date	\$ 0.00	(Memo Entry)
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Above contribution earmarked for Christine Todd Whitman, U.S. SENATE NJ and transmitted by contributor's original check.			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date	\$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
M Annette Heinz 135 Maroon Drive Aspen, CO 81611-1060		07/16/99	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date	\$ 0.00	(Memo Entry)
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Above contribution earmarked for Olympia Snowe, U.S. SENATE ME and transmitted by contributor's original check.			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date	\$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gail Nilson 850 Madison Avenue Apt. 602 New York, NY 10021-7359		07/13/99	35.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Volunteer		
	Aggregate Year-to-Date	\$ 1,035.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jean Hurd P.O.Box 1336 Pebble Beach, CA 93953		07/13/99	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Volunteer		
	Aggregate Year-to-Date	\$ 2,000.00	

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

1,035.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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**NAME OF COMMITTEE (in Full)**

The WISH List

A. Full Name, Mailing Address and ZIP Code Anne Hale Johnson 10600 Rad Barn Lane Potomac, MD 20854-1953  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation Volunteer Aggregate Year-to-Date > \$ 1,100.00	Date (month, day, year) 07/13/99	Amount of Each Receipt this Period 100.00
B. Full Name, Mailing Address and ZIP Code Joseph Lee P.O. Box 478 Pebble Beach, CA 93953  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Information Requested Occupation Aggregate Year-to-Date > \$ 300.00	Date (month, day, year) 07/25/99	Amount of Each Receipt this Period 100.00
C. Full Name, Mailing Address and ZIP Code Mechlin Moore 1273 Grand Isle Ct. Naples, FL 34108  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 0.00	Date (month, day, year) 07/18/99	Amount of Each Receipt this Period 50.00  (Memo Entry)
D. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Christine Todd Whitman, U.S. SENATE NJ and transmitted by contributor's original check.  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Mechlin Moore 1273 Grand Isle Ct. Naples, FL 34108  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 0.00	Date (month, day, year) 07/16/99	Amount of Each Receipt this Period 50.00  (Memo Entry)
F. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Olympia Snowe, U.S. SENATE ME and transmitted by contributor's original check.  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Cynthia Newman 3535 Half Moon Circle Falls Church, VA 22044-1311  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Waters Travel Service Occupation Travel Agent Aggregate Year-to-Date > \$ 0.00	Date (month, day, year) 07/16/99	Amount of Each Receipt this Period 250.00  (Memo Entry)

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

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

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

**NAME OF COMMITTEE (in Full)**

The WISH List

<p><b>A. Full Name, Mailing Address and ZIP Code</b> Above contribution earmarked for Christina Todd Whitman, U.S. SENATE NJ and transmitted by contributor's original check.</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer  Occupation Aggregate Year-to-Date &gt; \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p><b>B. Full Name, Mailing Address and ZIP Code</b> Cynthia Newman 3535 Half Moon Circle Falls Church, VA 22044-1311</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer <b>Waters Travel Service</b>  Occupation <b>Travel Agent</b> Aggregate Year-to-Date &gt; \$ <b>0.00</b></p>	<p>Date (month, day, year) <b>07/16/99</b></p>	<p>Amount of Each Receipt this Period  <b>100.00</b>  (Memo Entry)</p>
<p><b>C. Full Name, Mailing Address and ZIP Code</b> Above contribution earmarked for Olympia Snowe, U.S. SENATE ME and transmitted by contributor's original check.</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer  Occupation Aggregate Year-to-Date &gt; \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p><b>D. Full Name, Mailing Address and ZIP Code</b> Donaldson Pillsbury 1100 Park Avenue New York, NY 10128-1202</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer <b>Davis Polk &amp; Wardwell</b>  Occupation <b>Attorney</b> Aggregate Year-to-Date &gt; \$ <b>0.00</b></p>	<p>Date (month, day, year) <b>07/16/99</b></p>	<p>Amount of Each Receipt this Period  <b>1,000.00</b>  (Memo Entry)</p>
<p><b>E. Full Name, Mailing Address and ZIP Code</b> Above contribution earmarked for Christina Todd Whitman, U.S. SENATE NJ and transmitted by contributor's original check.</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer  Occupation Aggregate Year-to-Date &gt; \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p><b>F. Full Name, Mailing Address and ZIP Code</b> Donaldson Pillsbury 1100 Park Avenue New York, NY 10128-1202</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer <b>Davis Polk &amp; Wardwell</b>  Occupation <b>Attorney</b> Aggregate Year-to-Date &gt; \$ <b>0.00</b></p>	<p>Date (month, day, year) <b>07/16/99</b></p>	<p>Amount of Each Receipt this Period  <b>1,000.00</b>  (Memo Entry)</p>
<p><b>G. Full Name, Mailing Address and ZIP Code</b> Above contribution earmarked for Olympia Snowe, U.S. SENATE ME and transmitted by contributor's original check.</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer  Occupation 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) .....

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

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)

The WISH List

A. Full Name, Mailing Address and ZIP Code Janet Richmond 3173 Wayside Plaza No. 315 Walnut Creek, CA 94596-7700 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Pacific Gas & Electric Co. Occupation Aggregate Year-to-Date > \$ 1,100.00	Date (month, day, year) 07/13/99	Amount of Each Receipt this Period 1,000.00
B. Full Name, Mailing Address and ZIP Code Rudolf Schweinberger Village of Pickering Sun Apt. F11 Phoenixville, PA 18460 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Information Requested Occupation Aggregate Year-to-Date > \$ 300.00	Date (month, day, year) 07/20/99	Amount of Each Receipt this Period 100.00
C. Full Name, Mailing Address and ZIP Code Lola Setterberg 2111 Pulaski Rd. Buffalo, MN 55313-5889 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Homemaker Occupation Aggregate Year-to-Date > \$ 0.00	Date (month, day, year) 07/16/99	Amount of Each Receipt this Period 100.00 (Memo Entry)
D. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Christine Todd Whitman, U.S. SENATE NJ and transmitted by contributor's original check. Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Lola Setterberg 2111 Pulaski Rd. Buffalo, MN 55313-5889 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Homemaker Occupation Aggregate Year-to-Date > \$ 0.00	Date (month, day, year) 07/16/99	Amount of Each Receipt this Period 100.00 (Memo Entry)
F. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Olympia Snowe, U.S. SENATE ME and transmitted by contributor's original check. Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Eve Slater 19 Kenilworth Drive Short Hills, NJ 07078-1806 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 0.00	Date (month, day, year) 07/18/99	Amount of Each Receipt this Period 500.00 (Memo Entry)

SUBTOTAL of Receipts This Page (optional)

1,100.00

TOTAL This Period (last page this line number only)

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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**NAME OF COMMITTEE (in Full)**

The WISH List

A. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Christine Todd Whitman, U.S. SENATE NJ and transmitted by contributor's original check.	Name of Employer  Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
B. Full Name, Mailing Address and ZIP Code Alice Snell 4515 N. Dromedary Road Phoenix, AZ 85018-2938	Name of Employer  Occupation Community Volunteer	Date (month, day, year)  07/16/99	Amount of Each Receipt this Period  150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 0.00		(Memo Entry)
C. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Christine Todd Whitman, U.S. SENATE NJ and transmitted by contributor's original check.	Name of Employer  Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
D. Full Name, Mailing Address and ZIP Code Alice Snell 4515 N. Dromedary Road Phoenix, AZ 85018-2938	Name of Employer  Occupation Community Volunteer	Date (month, day, year)  07/16/99	Amount of Each Receipt this Period  150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 0.00		(Memo Entry)
E. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Olympia Snowe, U.S. SENATE ME and transmitted by contributor's original check.	Name of Employer  Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code Judy Snyderman 158 Twin Lakes Drive Fairfield, OH 45014-5257	Name of Employer  Occupation	Date (month, day, year)  07/16/99	Amount of Each Receipt this Period  50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 0.00		(Memo Entry)
G. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Christine Todd Whitman, U.S. SENATE NJ and transmitted by contributor's original check.	Name of Employer  Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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**NAME OF COMMITTEE (in Full)**

The WISH List

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Judy Snyderman 156 Twin Lakes Drive Fairfield, OH 45014-5257		07/18/99	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 0.00	(Memo Entry)
B. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Olympia Snowe, U.S. SENATE ME and transmitted by contributor's original check.	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
C. Full Name, Mailing Address and ZIP Code Ann Stephens PO Box 1052 Ross, CA 94957-1052	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Volunteer	07/27/99	250.00
D. Full Name, Mailing Address and ZIP Code Alice Tetselman 3919 Watson Place, NW Washington, DC 20016-5417	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	07/19/99	100.00
E. Full Name, Mailing Address and ZIP Code Victoria Toensing 5807 Hillburne Way Chevy Chase, MD 20815-5530	Name of Employer DIGENOVA & TOENSING	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation LAWYER	07/22/99	250.00
F. Full Name, Mailing Address and ZIP Code Amber Turner 22 W. 66th Street #8 New York, NY 10023-6202	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Homemaker	07/16/99	15.00
G. Full Name, Mailing Address and ZIP Code Marjorie Von Stade Box 375 Locust Valley, NY 11560-0375	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Information Requested	07/20/99	500.00
	Occupation	Aggregate Year-to-Date > \$ 750.00	

**SUBTOTAL** of Receipts This Page (optional) ..... 1,115.00

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



**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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**NAME OF COMMITTEE (In Full)**

The Wisel List

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Barbara Voorhees 11 Glenbrook Drive Mandus, NJ 07945		07/18/99	15.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$	258.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Christine Todd Whitman State House Office of the Governor Trenton, NJ 08625	Self	07/13/99	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$	1,000.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Nancy Harris Wyatt AIA 98 Mulberry Lane Atherton, CA 94027		07/13/99	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$	1,000.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Frances Nelson 60 Hillside Mall San Mateo, CA 94403-3407	Bohannon Development Company	07/19/99	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Executive		
	Aggregate Year-to-Date > \$	5,000.00*	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)

3,015.00

TOTAL This Period (last page this line number only)

16,515.00

\*Transferred to non-federal 7/23/99 - See Line 29... \$1000.00

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 11c

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**NAME OF COMMITTEE (In Full)**

The WISH List

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Human Rights Campaign Human Rights Campaign 918 18th Street NW, ste 800 Washington, DC 20006	Occupation Political Director	07/22/89	2,500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 2,500.00		
B. Full Name, Mailing Address and ZIP Code Nat'l Committee to Preserve Social Security Nat'l Comm. to Preserve SS 10 G Street NW Washington, DC 20002-4215	Name of Employer  Occupation Deputy PAC Director	Date (month, day, year)  07/13/89	Amount of Each Receipt this Period  1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer  Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
D. Full Name, Mailing Address and ZIP Code	Name of Employer  Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer  Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer  Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer  Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

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

**TOTAL This Period (last page this line number only)** ..... 3,500.00

ALLOCATION RATIOS

NAME OF COMMITTEE

The WISX List

ALLOCATION RATIOS FOR INDIVIDUAL FUNDRAISING EVENTS, EXEMPT ACTIVITIES, AND SHARED DIRECT CANDIDATE SUPPORT APPEARING ON THIS REPORT.

Methods of allocation:

I. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.

II. EXEMPT activities are allocated using the "time and space method" where the federal proportion of disbursements is based on the proportion of time or space devoted to federal candidates.

III. Shared DIRECT CANDIDATE support activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity.

NAME OF ACTIVITY OR EVENT	FEDERAL %	NON-FEDERAL %
MA 5/10 ACTIVITY IS: . . . <input type="checkbox"/> FUNDRAISING . <input type="checkbox"/> EXEMPT. . . . <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: . . . <input type="checkbox"/> NEW . . . . . <input checked="" type="checkbox"/> REVISED . . . . <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED	97.00	3.00
CA 5/20 ACTIVITY IS: . . . <input type="checkbox"/> FUNDRAISING . <input type="checkbox"/> EXEMPT. . . . <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: . . . <input type="checkbox"/> NEW . . . . . <input checked="" type="checkbox"/> REVISED . . . . <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED	81.00	19.00
DC 7/21 ACTIVITY IS: . . . <input checked="" type="checkbox"/> FUNDRAISING . <input type="checkbox"/> EXEMPT. . . . <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: . . . <input type="checkbox"/> NEW . . . . . <input type="checkbox"/> REVISED . . . . <input checked="" type="checkbox"/> SAME AS PREVIOUSLY REPORTED	75.00	25.00
NAME OF ACTIVITY OR EVENT ACTIVITY IS: . . . <input type="checkbox"/> FUNDRAISING . <input type="checkbox"/> EXEMPT. . . . <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: . . . <input type="checkbox"/> NEW . . . . . <input type="checkbox"/> REVISED . . . . <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED		
NAME OF ACTIVITY OR EVENT ACTIVITY IS: . . . <input type="checkbox"/> FUNDRAISING . <input type="checkbox"/> EXEMPT. . . . <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: . . . <input type="checkbox"/> NEW . . . . . <input type="checkbox"/> REVISED . . . . <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED		
NAME OF ACTIVITY OR EVENT ACTIVITY IS: . . . <input type="checkbox"/> FUNDRAISING . <input type="checkbox"/> EXEMPT. . . . <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: . . . <input type="checkbox"/> NEW . . . . . <input type="checkbox"/> REVISED . . . . <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED		
NAME OF ACTIVITY OR EVENT ACTIVITY IS: . . . <input type="checkbox"/> FUNDRAISING . <input type="checkbox"/> EXEMPT. . . . <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: . . . <input type="checkbox"/> NEW . . . . . <input type="checkbox"/> REVISED . . . . <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED		
NAME OF ACTIVITY OR EVENT ACTIVITY IS: . . . <input type="checkbox"/> FUNDRAISING . <input type="checkbox"/> EXEMPT. . . . <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: . . . <input type="checkbox"/> NEW . . . . . <input type="checkbox"/> REVISED . . . . <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED		

TRANSFERS FROM  
NON-FEDERAL ACCOUNTS

NAME OF COMMITTEE			TOTAL AMOUNT TRANSFERRED
The WISH List			
NAME OF ACCOUNT		DATE OF RECEIPT	\$
The WISH List - Non Federal		7/20/99	4,212.91
BREAKDOWN OF TRANSFER RECEIVED			
	ADMIN/VOTER DRIVE AMOUNT	DIRECT FUND-RAISING AMOUNT	EXEMPT ACTIVITY/DIRECT CANDIDATE SUPPORT
i) Total Administrative/Voter Drive	3,233.98		
ii) Direct Fundraising (List Events-Amounts for Each)			
a) DC 7/21		978.93	
b)			
c)			
d)			
e) Total Amount Transferred for Direct Fundraising		978.93	
iii) Exempt Activity/Direct Candidate Support (List Events-Amounts for Each)			
a)			
b)			
c)			
d)			
e) Total Amount Transferred for Exempt Activity/Direct Candidate Support			
NAME OF ACCOUNT			DATE OF RECEIPT
The WISH List - Non Federal			7/30/99
			\$ 2,924.04
BREAKDOWN OF TRANSFER RECEIVED			
	ADMIN/VOTER DRIVE AMOUNT	DIRECT FUND-RAISING AMOUNT	EXEMPT ACTIVITY/DIRECT CANDIDATE SUPPORT
i) Total Administrative/Voter Drive	2,924.04		
ii) Direct Fundraising (List Events-Amounts for Each)			
a)			
b)			
c)			
d)			
e) Total Amount Transferred for Direct Fundraising			
iii) Exempt Activity/Direct Candidate Support (List Events-Amounts for Each)			
a)			
b)			
c)			
d)			
e) Total Amount Transferred for Exempt Activity/Direct Candidate Support			
TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED			
	ADMIN/VOTER DRIVE AMOUNT	DIRECT FUND-RAISING AMOUNT	EXEMPT ACTIVITY/DCS
SUBTOTAL THIS PAGE	6,158.02	978.93	7,136.95
TOTAL THIS PERIOD	6,158.02	978.93	7,136.95

JOINT FEDERAL/NON-FEDERAL  
ACTIVITY SCHEDULE

NAME OF COMMITTEE

The WISR List

A. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Jennifer H. Kimball 101 G Street, SW Apt. A114 Washington, DC 20024	Salary	7/9/99	457.60	343.35	114.45
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
B. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Raren K. Rave 6034 Munson Hill Road Falls Church, VA 22041	Salary	7/9/99	1,641.93	1,231.45	410.48
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
C. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Patrica E. Maguder 2402 9th Street, North Apartment 2 Arlington, VA 22201	Salary	7/9/99	620.53	615.40	205.13
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
D. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
BB&T 1300 Wisconsin Ave., NW Washington, DC 20007	Payroll Taxes	7/12/99	1,166.48	874.86	291.62
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
E. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
U.S. Postmaster 900 Brentwood Road, NE Washington, DC 20006	Postage	7/13/99	660.00	495.00	165.00
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
F. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Key Printing & Duplicating 14300 Cherry Lane Ct. Laurel, MD 20707	Printing	7/13/99	1,461.34	1,096.01	365.33
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
SUBTOTAL OF JOINT FEDERAL AND NON-FEDERAL ACTIVITY THIS PAGE			6,208.08	4,656.07	1,552.01
TOTAL THIS PERIOD (see page for each line only) (Fed. share to 21 a.i and non-Fed. share to 21 a.ii)					
TOTAL THIS PERIOD FOR THE NON-FEDERAL SHARE (used for line 31 of the detailed summary page)					

JOINT FEDERAL/NON-FEDERAL  
ACTIVITY SCHEDULE

NAME OF COMMITTEE

The WISH List

A. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
STL, Inc. 2030 Alton Court St. Louis, MO 63146	Telephone Equipment	7/13/99	234.00	175.50	58.50
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: 6 <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
American Express Suite 0001 Chicago, IL 60679-0001	****See Below****	7/15/99	110.75	83.06	27.69
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: 6 <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
Peacock Cafe 3251 Prospect St., NW Washington, DC 20007	Meals	7/15/99	18.65 Memo	13.99 Memo	4.66 Memo
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: 6 <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
Mail Boxes Etc. 3220 N Street, NW Washington, DC 20007	Shipping	7/15/99	70.15 Memo	52.61 Memo	17.54 Memo
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: 6 <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
AOI*Service Dulles, VA	Computer Service	7/15/99	21.95 Memo	16.46 Memo	5.49 Memo
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: 6 <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
Aquis Communications 11540G Rockville Pike Rockville, MD 20852	Pager Service	7/15/99	33.03	24.77	8.26
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: 6 <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
SUBTOTAL OF JOINT FEDERAL AND NON-FEDERAL ACTIVITY THIS PAGE			377.78	283.33	94.45
TOTAL THIS PERIOD (last page for each line only)(Fed. share to 21 a) and non-Fed. share to 21 b)					
TOTAL THIS PERIOD FOR THE NON-FEDERAL SHARE (used for line 31 of the detailed summary page)					

JOINT FEDERAL/NON-FEDERAL  
ACTIVITY SCHEDULE

NAME OF COMMITTEE					
The WIEK List					
A. FULL NAME, MAILING ADDRESS & ZIP CODE Bell Atlantic P.O. Box 646 Baltimore, MD 21265-0646	PURPOSE/EVENT Telephone	DATE 7/15/99	TOTAL AMOUNT 189.75	FEDERAL SHARE 142.31	NON-FEDERAL SHARE 47.44
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: 8 <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
B. FULL NAME, MAILING ADDRESS & ZIP CODE Carol Mayer Marshall 320 Claire Place Menlo Park, CA 94025	PURPOSE/EVENT Office supplies	DATE 7/15/99	TOTAL AMOUNT 217.43	FEDERAL SHARE 163.07	NON-FEDERAL SHARE 54.36
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: 8 <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
C. FULL NAME, MAILING ADDRESS & ZIP CODE Cable & Wireless P.O. Box 371968 Pittsburgh, PA 15250	PURPOSE/EVENT Telephone	DATE 7/15/99	TOTAL AMOUNT 555.64	FEDERAL SHARE 416.73	NON-FEDERAL SHARE 138.91
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: 8 <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
D. FULL NAME, MAILING ADDRESS & ZIP CODE Deborah Sline 4917 N. 35th Street Arlington, VA 22207	PURPOSE/EVENT Communication Consulting Fee	DATE 7/15/99	TOTAL AMOUNT 2,100.00	FEDERAL SHARE 1,575.00	NON-FEDERAL SHARE 525.00
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: 8 <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
E. FULL NAME, MAILING ADDRESS & ZIP CODE Federal Express P.O. Box 1140 Memphis, TN 38101	PURPOSE/EVENT Shipping	DATE 7/15/99	TOTAL AMOUNT 131.50	FEDERAL SHARE 98.63	NON-FEDERAL SHARE 32.87
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: 8 <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
F. FULL NAME, MAILING ADDRESS & ZIP CODE Federal Express P.O. Box 1140 Memphis, TN 38101	PURPOSE/EVENT shipping	DATE 7/15/99	TOTAL AMOUNT 34.50	FEDERAL SHARE 25.88	NON-FEDERAL SHARE 8.62
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: 8 <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
SUBTOTAL OF JOINT FEDERAL AND NON-FEDERAL ACTIVITY THIS PAGE			3,228.82	2,421.62	807.20
TOTAL THIS PERIOD (next page for each line only)(Fed. share to 21 a1 and non-Fed. share to 21 a7)					
TOTAL THIS PERIOD FOR THE NON-FEDERAL SHARE (used for line 31 of the detailed summary page)					

JOINT FEDERAL/NON-FEDERAL  
ACTIVITY SCHEDULE

NAME OF COMMITTEE

The WISR List

A. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Federal Express P.O. Box 1140 Memphis, TN 38101	Shipping	7/15/99	39.25	29.44	9.81
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
B. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Gilbert & Wolfand 2201 Wisconsin Ave., NW Washington, DC 20007	Accounting Services	7/15/99	2,249.75	1,667.31	562.44
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
C. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
The Levy Group, Ltd. 1321 1/2 Wisconsin Ave. NW Washington, DC 20007	Rent	7/15/99	1,650.00	1,237.50	412.50
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
D. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
MCI Telecommunications P.O. Box 371355 Pittsburgh, PA 15250	Telephone	7/15/99	247.04	185.28	61.76
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
E. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Polltemp 1244 19th Street, NW First Floor Washington, DC 20036	Temporary Office Staffing	7/15/99	920.50	690.38	230.12
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
F. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Quick Messenger Service P.O. Box 27378 Washington, DC 20038	Courier Services	7/15/99	64.05	48.04	16.01
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
SUBTOTAL OF JOINT FEDERAL AND NON-FEDERAL ACTIVITY THIS PAGE			5,170.59	3,877.95	1,292.64
TOTAL THIS PERIOD (last page for each line only) (Fed. share to 21 a) and non-Fed. share to 21 a) . . . . .					
TOTAL THIS PERIOD FOR THE NON-FEDERAL SHARE (used for line 31 of the detailed summary page) . . . . .					



JOINT FEDERAL/NON-FEDERAL  
ACTIVITY SCHEDULE

NAME OF COMMITTEE					
<b>The WISH List</b>					
A. FULL NAME, MAILING ADDRESS & ZIP CODE Snow Valley, Inc. P.O. Box 6639 Annapolis, MD 21401	PURPOSE/EVENT Office Supplies	DATE 7/15/99	TOTAL AMOUNT 12.69	FEDERAL SHARE 9.52	NON-FEDERAL SHARE 3.17
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
B. FULL NAME, MAILING ADDRESS & ZIP CODE Todd Allan Printing Co. 5670 Sunnyside Avenue Beltsville, MD 20705	PURPOSE/EVENT Printing DC 7/21	DATE 7/15/99	TOTAL AMOUNT 1,670.85	FEDERAL SHARE 1,253.14	NON-FEDERAL SHARE 417.71
CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input checked="" type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
C. FULL NAME, MAILING ADDRESS & ZIP CODE Waste Management of MD 4900 Beech Place Temple Hills, MD 20748	PURPOSE/EVENT Trash Removal	DATE 7/15/99	TOTAL AMOUNT 37.80	FEDERAL SHARE 28.35	NON-FEDERAL SHARE 9.45
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
D. FULL NAME, MAILING ADDRESS & ZIP CODE Wiley, Rein & Fielding 1776 K Street, NW Washington, DC 20006	PURPOSE/EVENT Legal Services	DATE 7/15/99	TOTAL AMOUNT 1,005.33	FEDERAL SHARE 754.00	NON-FEDERAL SHARE 251.33
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
E. FULL NAME, MAILING ADDRESS & ZIP CODE Xerox Corporation P.O. Box 7598 Philadelphia, PA 19101	PURPOSE/EVENT Equipment Rental	DATE 7/15/99	TOTAL AMOUNT 306.18	FEDERAL SHARE 219.64	NON-FEDERAL SHARE 76.54
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
F. FULL NAME, MAILING ADDRESS & ZIP CODE Kinko's 3329 K Street, NW Washington, DC 20007	PURPOSE/EVENT Printing DC 7/21	DATE 7/21/99	TOTAL AMOUNT 166.16	FEDERAL SHARE 124.62	NON-FEDERAL SHARE 41.54
CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input checked="" type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
SUBTOTAL OF JOINT FEDERAL AND NON-FEDERAL ACTIVITY THIS PAGE . . . . .			3,199.01	2,399.27	799.74
TOTAL THIS PERIOD (list page for each line ONLY Fed. share to 21 a) and non-Fed. share to 21 a i) . . . . .					
TOTAL THIS PERIOD FOR THE NON-FEDERAL SHARE (used for line 31 of the detailed summary page) . . . . .					

NAME OF COMMITTEE

The WISE List

A. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Safeway 1855 Wisconsin Avenue, NW Washington, DC 20007	Event Supplies DC 7/21	7/21/99	82.67	62.00	20.67
CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input checked="" type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
B. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
National Women's Party 144 Constitution Ave., NE Washington, DC 20002	Facilities DC 7/21	7/21/99	900.00	675.00	225.00
CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input checked="" type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
C. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
National Women's Party 144 Constitution Ave., NE Washington, DC 20002	Voided Check DC 7/21	7/21/99	(500.00)	(375.00)	(125.00)
CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input checked="" type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
D. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Towne Wine & Liquors 1326 Wisconsin Ave., NW Washington, DC 20007	Event Supplies DC 7/21	7/21/99	326.36	244.77	81.59
CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input checked="" type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ 3,915.72 <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
E. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Abigail L. Deering 921 Deerwander Road Rollie Center, NE 04042	Salary	7/22/99	648.80	486.60	162.20
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
F. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Comptroller of Treasury Revenue Administration P.O. Box 17132 Baltimore, MD 21297	Payroll Taxes	7/22/99	808.58	606.44	202.14
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
SUBTOTAL OF JOINT FEDERAL AND NON-FEDERAL ACTIVITY THIS PAGE			2,266.41	1,699.81	566.60
TOTAL THIS PERIOD (next page for each line only)(Fed. share to 21 a and non-Fed. share to 21 a)					
TOTAL THIS PERIOD FOR THE NON-FEDERAL SHARE (used for line 31 of the detailed summary page)					

JOINT FEDERAL/NON-FEDERAL  
ACTIVITY SCHEDULE

NAME OF COMMITTEE

The WISB List

A. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
DCDOES Office of Unemployment Compensation P.O. Box 96664 Washington, DC 20090	Payroll Taxes	7/22/99	99.95	74.96	24.99
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
B. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
D.C. Treasurer 441 Fourth Street, NW Washington, DC 20004	Payroll Taxes	7/22/99	307.26	230.45	76.81
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
C. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Hockaday Donatelli Campaign Solutions 1240 North Pitt St., #200 Alexandria, VA 22314	Computer Services	7/22/99	400.00	300.00	100.00
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
D. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Judith Singleton 3513 O Street, NW Washington, DC 20007	Salary	7/22/99	277.05	207.79	69.26
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
E. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Jennifer B. Kimball 101 G Street, NW Apt. A114 Washington, DC 20024	Salary	7/22/99	635.52	476.64	158.88
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
F. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Karen H. Payne 6034 Munson Hill Road Falls Church, VA 22041	Salary	7/22/99	1,641.93	1,231.45	410.48
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
SUBTOTAL OF JOINT FEDERAL AND NON-FEDERAL ACTIVITY THIS PAGE			3,361.71	2,521.29	840.42
TOTAL THIS PERIOD (last page for each line only) (Fed. share to 21 a 1 and non-Fed. share to 21 a 2)					
TOTAL THIS PERIOD FOR THE NON-FEDERAL SHARE (used for line 91 of the detailed summary page)					

JOINT FEDERAL/NON-FEDERAL  
ACTIVITY SCHEDULE

NAME OF COMMITTEE

The WISH List

A. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Lucent Technologies P.O. Box 371358 Pittsburgh, PA 15286	Telephone	7/22/99	35.58	26.69	8.89
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
B. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Patrica Maguder 2402 9th Street, North Apartment 2 Arlington, VA 22201	Salary	7/22/99	820.53	615.40	205.13
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
C. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Politemps 1244 19th Street, NW First Floor Washington, DC 20036	Temporary Office Staffing	7/22/99	450.00	337.50	112.50
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
D. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Virginia Dept of Taxation P.O. Box 27264 Richmond, VA 23261	Payroll Taxes	7/22/99	234.44	175.83	58.61
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
E. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
U.S. Postmaster 900 Brentwood Road, NE Washington, DC 20066	Postage	7/23/99	585.00	438.75	146.25
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
F. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
BB&T 1300 Wisconsin Ave., NW Washington, DC 20007	Payroll Taxes	7/26/99	1,502.62	1,126.97	375.65
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
SUBTOTAL OF JOINT FEDERAL AND NON-FEDERAL ACTIVITY THIS PAGE			3,628.17	2,721.10	907.03
TOTAL THIS PERIOD (use page for each line only) (Fed. share to 21 a) and non-Fed. share to 21 b)					
TOTAL THIS PERIOD FOR THE NON-FEDERAL SHARE (used for line 31 of the detailed summary page)					

JOINT FEDERAL/NON-FEDERAL  
ACTIVITY SCHEDULE

NAME OF COMMITTEE

The WISX List

A. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Copy General 1055 Thos Jefferson St. NW Washington, DC 20007	Printing	7/27/99	32.78	24.59	8.19
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ 6 <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
Moto Photo 1440 Wisconsin Ave, NW Washington, DC 20007	Photos	7/27/99	74.45	55.84	18.61
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ 6 <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
Northern Leasing 333 7th Avenue New York, NY 10001	Equipment Rental	7/1/99	50.09	37.57	12.52
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ 6 <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
BB&T Bank 1300 Wisconsin Ave., NW Washington, DC 20007	Bank charges	7/21/99	8.26	6.20	2.06
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ 177,693.41 <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
The WISX List-Non-Federal 3205 N Street, NW Washington, DC 20007	Transfer Ratio Adjustment MA 5/10	7/29/99	114.02	114.02	-0-
CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input checked="" type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ 767.11 <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
The WISX List-Non-Federal 3205 N Street, NW Washington, DC 20007	Transfer Ratio Adjustment CA 5/20	7/30/99	85.89	85.89	-0-
CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input checked="" type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ 3,769.19 <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
SUBTOTAL OF JOINT FEDERAL AND NON-FEDERAL ACTIVITY THIS PAGE . . . . .			365.49	324.11	41.38
TOTAL THIS PERIOD (list page for each line only)(Fed. share to 21 a and non-Fed. share to 21 a ii) . . . . .			27,806.06	20,904.59	
TOTAL THIS PERIOD FOR THE NON-FEDERAL SHARE (used for line 31 of the detailed summary page) . . . . .					6,901.47

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)  
 The WISE List

FEC ID No. C00258277

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
BB&T Bank 1300 Wisconsin Ave., NW Washington, DC 20007	Bank Charges	7/1/99 - 7/31/99	147.71
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
SUBTOTAL of Disbursements This Page (optional)			147.71
TOTAL This Period (last page this line number only)			147.71

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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**NAME OF COMMITTEE (In Full)**  
The VNBH List

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
OLYMPIA SNOWE FOR SENATE 337 Foreside Rd Falmouth, ME 04105	Unsolicited Direct Contribution: See Below Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	07/16/99	250.00 (Memo Entry)
B. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Debbie Carstens and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code OLYMPIA SNOWE FOR SENATE 337 Foreside Rd Falmouth, ME 04105	Unsolicited Direct Contribution: See Below Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	07/16/99	100.00 (Memo Entry)
D. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Elizabeth Cox and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code OLYMPIA SNOWE FOR SENATE 337 Foreside Rd Falmouth, ME 04105	Unsolicited Direct Contribution: See Below Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	07/16/99	50.00 (Memo Entry)
F. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Betty Coykendall and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code OLYMPIA SNOWE FOR SENATE 337 Foreside Rd Falmouth, ME 04105	Unsolicited Direct Contribution: See Below Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	07/16/99	10.00 (Memo Entry)
H. Full Name, Mailing Address and ZIP Code Above contribution earmarked by James Douglas and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code OLYMPIA SNOWE FOR SENATE 337 Foreside Rd Falmouth, ME 04105	Unsolicited Direct Contribution: See Below Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	07/16/99	100.00 (Memo Entry)

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE **2** OF **10**  
FOR LINE NUMBER **23**

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**NAME OF COMMITTEE (In Full)**

The WASH List

A. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Ralph Ebbott and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
B. Full Name, Mailing Address and ZIP Code <b>OLYMPIA SNOWE FOR SENATE</b> 337 Foreside Rd Falmouth, ME 04105	Purpose of Disbursement <b>Unsolicited Direct</b> Contribution: See Below Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	Date (month, day, year) <b>07/16/99</b>	Amount of Each Disbursement This Period <b>250.00</b> (Memo Entry)
C. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Alfred Fleischer and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code <b>OLYMPIA SNOWE FOR SENATE</b> 337 Foreside Rd Falmouth, ME 04105	Purpose of Disbursement <b>Unsolicited Direct</b> Contribution: See Below Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	Date (month, day, year) <b>07/16/99</b>	Amount of Each Disbursement This Period <b>100.00</b> (Memo Entry)
E. Full Name, Mailing Address and ZIP Code Above contribution earmarked by RoyAnne Florence and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code <b>OLYMPIA SNOWE FOR SENATE</b> 337 Foreside Rd Falmouth, ME 04105	Purpose of Disbursement <b>Unsolicited Direct</b> Contribution: See Below Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	Date (month, day, year) <b>07/16/99</b>	Amount of Each Disbursement This Period <b>25.00</b> (Memo Entry)
G. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Judith Harper and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code <b>OLYMPIA SNOWE FOR SENATE</b> 337 Foreside Rd Falmouth, ME 04105	Purpose of Disbursement <b>Unsolicited Direct</b> Contribution: See Below Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	Date (month, day, year) <b>07/16/99</b>	Amount of Each Disbursement This Period <b>25.00</b> (Memo Entry)
I. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Gene Harte and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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

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



**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 3 OF 10  
FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

The WISH List

A. Full Name, Mailing Address and ZIP Code <b>OLYMPIA SNOWE FOR SENATE</b> 337 Foreside Rd Falmouth, ME 04105	Purpose of Disbursement <b>Unsolicited Direct Contribution: See Below</b> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	Date (month, day, year) 07/16/99	Amount of Each Disbursement This Period 50.00 (Memo Entry)
B. Full Name, Mailing Address and ZIP Code Above contribution earmarked by M Annette Heinz and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code <b>OLYMPIA SNOWE FOR SENATE</b> 337 Foreside Rd Falmouth, ME 04105	Purpose of Disbursement <b>Unsolicited Direct Contribution: See Below</b> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	Date (month, day, year) 07/16/99	Amount of Each Disbursement This Period 50.00 (Memo Entry)
D. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Mechlin Moore and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code <b>OLYMPIA SNOWE FOR SENATE</b> 337 Foreside Rd Falmouth, ME 04105	Purpose of Disbursement <b>Unsolicited Direct Contribution: See Below</b> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	Date (month, day, year) 07/16/99	Amount of Each Disbursement This Period 100.00 (Memo Entry)
F. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Cynthia Newman and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code <b>OLYMPIA SNOWE FOR SENATE</b> 337 Foreside Rd Falmouth, ME 04105	Purpose of Disbursement <b>Unsolicited Direct Contribution: See Below</b> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	Date (month, day, year) 07/16/99	Amount of Each Disbursement This Period 1,000.00 (Memo Entry)
H. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Donaldson Pillsbury and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code <b>OLYMPIA SNOWE FOR SENATE</b> 337 Foreside Rd Falmouth, ME 04105	Purpose of Disbursement <b>Unsolicited Direct Contribution: See Below</b> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	Date (month, day, year) 07/16/99	Amount of Each Disbursement This Period 250.00 (Memo Entry)

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

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**NAME OF COMMITTEE (in Full)**

The WASH List

A. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Sally Cone and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
B. Full Name, Mailing Address and ZIP Code <b>OLYMPIA SNOWE FOR SENATE</b> 337 Foreside Rd Falmouth, ME 04105	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	07/16/99	Amount of Each Disbursement This Period <b>100.00</b> (Memo Entry)
C. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Lois Setterberg and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code <b>OLYMPIA SNOWE FOR SENATE</b> 337 Foreside Rd Falmouth, ME 04105	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	07/16/99	Amount of Each Disbursement This Period <b>150.00</b> (Memo Entry)
E. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Alice Snell and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code <b>OLYMPIA SNOWE FOR SENATE</b> 337 Foreside Rd Falmouth, ME 04105	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	07/16/99	Amount of Each Disbursement This Period <b>50.00</b> (Memo Entry)
G. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Judy Snyderman and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code <b>OLYMPIA SNOWE FOR SENATE</b> 337 Foreside Rd Falmouth, ME 04105	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	07/29/99	Amount of Each Disbursement This Period <b>100.00</b> (Memo Entry)
I. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Cynthia B. Dallard and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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FOR LINE NUMBER 23

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**NAME OF COMMITTEE (in Full)**

The WISH List

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
<b>OLYMPIA SNOWE FOR SENATE</b> 337 Foreside Rd Falmouth, ME 04105	Unsolicited Direct Contribution: See Below Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	07/28/99	20.00 (Memo Entry)
B. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Carolyn Gargaz and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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

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 6 OF 10  
FOR LINE NUMBER 23

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**NAME OF COMMITTEE (In Full)**

The WISH List

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	Date (month, day, year)	Amount of Each Disbursement This Period 250.00 (Memo Entry)
Whitman for U.S. Senate 3131 Princeton Pike Bldg 4 Suite 215 Lawrenceville, NJ 08648	Above contribution earmarked by Debbie Carstens and transmitted by contributor's original check.	07/16/99	Amount of Each Disbursement This Period
Whitman for U.S. Senate 3131 Princeton Pike Bldg. 4 Suite 215 Lawrenceville, NJ 08648	Above contribution earmarked by Elizabeth Cox and transmitted by contributor's original check.	07/16/99	Amount of Each Disbursement This Period 100.00 (Memo Entry)
Whitman for U.S. Senate 3131 Princeton Pike Bldg. 4 Suite 215 Lawrenceville, NJ 08648	Above contribution earmarked by Betty Coykendall and transmitted by contributor's original check.	07/16/99	Amount of Each Disbursement This Period 50.00 (Memo Entry)
Whitman for U.S. Senate 3131 Princeton Pike Bldg. 4 Suite 215 Lawrenceville, NJ 08648	Above contribution earmarked by James Douglas and transmitted by contributor's original check.	07/16/99	Amount of Each Disbursement This Period 10.00 (Memo Entry)
Whitman for U.S. Senate 3131 Princeton Pike Bldg. 4 Suite 215 Lawrenceville, NJ 08648	Above contribution earmarked by James Douglas and transmitted by contributor's original check.	07/16/99	Amount of Each Disbursement This Period 100.00 (Memo Entry)

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**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 7 OF 10  
FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

The WISE List

A. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Ralph Ebbott and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
B. Full Name, Mailing Address and ZIP Code Whitman for U.S. Senate 3131 Princeton Pike Bldg. 4 Suite 215 Lawrenceville, NJ 08648	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	07/16/99	Amount of Each Disbursement This Period 250.00 (Memo Entry)
C. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Alfred Fleischer and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code Whitman for U.S. Senate 3131 Princeton Pike Bldg. 4 Suite 215 Lawrenceville, NJ 08648	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	07/16/99	Amount of Each Disbursement This Period 100.00 (Memo Entry)
E. Full Name, Mailing Address and ZIP Code Above contribution earmarked by RoyAnne Florence and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code Whitman for U.S. Senate 3131 Princeton Pike Bldg. 4 Suite 215 Lawrenceville, NJ 08648	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	07/16/99	Amount of Each Disbursement This Period 25.00 (Memo Entry)
G. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Judith Harper and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code Whitman for U.S. Senate 3131 Princeton Pike Bldg. 4 Suite 215 Lawrenceville, NJ 08648	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	07/16/99	Amount of Each Disbursement This Period 25.00 (Memo Entry)
I. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Gene Harte and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Amount of Each Disbursement This Period

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

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**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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**NAME OF COMMITTEE (In Full)**

The WISH List

A. Full Name, Mailing Address and ZIP Code Whitman for U.S. Senate 3131 Princeton Pike Bldg. 4 Suite 215 Lawrenceville, NJ 08648	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	Date (month, day, year) 07/16/99	Amount of Each Disbursement This Period 50.00 (Memo Entry)
B. Full Name, Mailing Address and ZIP Code Above contribution earmarked by M Annette Heinz and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code Whitman for U.S. Senate 3131 Princeton Pike Bldg. 4 Suite 215 Lawrenceville, NJ 08648	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	Date (month, day, year) 07/16/99	Amount of Each Disbursement This Period 50.00 (Memo Entry)
D. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Mechlin Moore and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code Whitman for U.S. Senate 3131 Princeton Pike Bldg. 4 Suite 215 Lawrenceville, NJ 08648	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	Date (month, day, year) 07/16/99	Amount of Each Disbursement This Period 250.00 (Memo Entry)
F. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Cynthia Newman and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code Whitman for U.S. Senate 3131 Princeton Pike Bldg. 4 Suite 215 Lawrenceville, NJ 08648	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	Date (month, day, year) 07/16/99	Amount of Each Disbursement This Period 1,000.00 (Memo Entry)
H. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Donaldson Pillabury and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code Whitman for U.S. Senate 3131 Princeton Pike Bldg. 4 Suite 215 Lawrenceville, NJ 08648	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	Date (month, day, year) 07/18/99	Amount of Each Disbursement This Period 250.00 (Memo Entry)

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**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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**NAME OF COMMITTEE (in Full)**

The WISH List

A. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Sally Cone and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
B. Full Name, Mailing Address and ZIP Code Whitman for U.S. Senate 3131 Princeton Pike Bldg. 4 Suite 215 Lawrenceville, NJ 08648	Purpose of Disbursement <b>Unsolicited Direct Contribution: See Below</b> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	07/16/99	Amount of Each Disbursement This Period <b>100.00</b> (Memo Entry)
C. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Lois Setterberg and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code Whitman for U.S. Senate 3131 Princeton Pike Bldg. 4 Suite 215 Lawrenceville, NJ 08648	Purpose of Disbursement <b>Unsolicited Direct Contribution: See Below</b> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	07/16/99	Amount of Each Disbursement This Period <b>500.00</b> (Memo Entry)
E. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Eve Slater and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code Whitman for U.S. Senate 3131 Princeton Pike Bldg. 4 Suite 215 Lawrenceville, NJ 08648	Purpose of Disbursement <b>Unsolicited Direct Contribution: See Below</b> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	07/16/99	Amount of Each Disbursement This Period <b>150.00</b> (Memo Entry)
G. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Alice Snell and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code Whitman for U.S. Senate 3131 Princeton Pike Bldg. 4 Suite 215 Lawrenceville, NJ 08648	Purpose of Disbursement <b>Unsolicited Direct Contribution: See Below</b> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	07/16/99	Amount of Each Disbursement This Period <b>50.00</b> (Memo Entry)
I. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Judy Snyderman and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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

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**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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**NAME OF COMMITTEE (In Full)**

The WISH List

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	Date (month, day, year)	Amount of Each Disbursement This Period 10.00 (Memo Entry)
Whitman for U.S. Senate 3131 Princeton Pike Bldg. 4 Suite 215 Lawrenceville, NJ 08848		07/29/99	
B. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Carolyn Gargasz and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in full) FEC ID No. C00258277

The WISH List

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Victoria Toensing 5807 Billburne Way Chevy Chase, MD 20815	Contribution Refund Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/99	250.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	250.00
TOTAL This Period (last page this line number only)	250.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
	1	1
FOR LINE NUMBER		29

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NAME OF COMMITTEE (in full)  
**The WISX List**

FBC ID No. C00258277

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
The WISX List - Non-Federal 3205 N Street, NW Washington, DC 20007	Transfer Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/23/99	1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) . . . . . 1,000.00

TOTAL This Period (last page this line number only) . . . . . 1,000.00

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 checked="" type="checkbox"/> Hand Delivered	Date of Receipt <i>8-12-99</i>
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other ( Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>JM W</i> PREPARER	<i>8-12-99</i> DATE PREPARED