

REPORT OF RECEIPTS AND DISBURSEMENTS

RECEIVED
FEC MAIL ROOM

For Other Than An Authorized Committee
(Summary Page)

2000 NOV -9 A 10:10

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (In full) SILLS FEDERAL PAC, INC.		2. FEC IDENTIFICATION NUMBER C00343194
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported ONE RIVERFRONT PLAZA 10th FLOOR		
CITY, STATE and ZIP CODE NEWARK, NJ 07102		
3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)		

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

12-Day Pre-Election Report for the _____
(Type of Election)
election on _____ in the State of _____

30-Day Post-Election 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>07/01/99</u> through <u>12/31/99</u>		This Period	Calendar Year-to-Date
6. (a)	Cash on Hand January 1, 19 <u>99</u>		\$ 0
(b)	Cash on Hand at Beginning of Reporting Period	\$ 16,750	
(c)	Total Receipts (from Line 19)	\$ 24,985	\$ 49,735
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 41,735	\$ 49,735
7.	Total Disbursements (from Line 30)	\$ 28,900	\$ 36,900
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 12,835	\$ 12,835
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0	For further information contact: Federal Election Commission 888 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0	

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

Type or Print Name of Treasurer
WILLIAM P. REBARICK

Signature of Treasurer

Date
01/28/99

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 9/99)

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X**

(revised 1/7/91)

NAME OF COMMITTEE		REPORT COVERING PERIOD	
SILLS FEDERAL PAC, INC.		FROM 7/1/99	TO: 12/31/99
		COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts			
11.	Contributions (other than loans) From:		
a.	Individual/Persons Other Than Political Committees	24,985	49,735
i.	Itemized (use Schedule A)	0	0
ii.	Unitemized	0	0
iii.	Total (add i and ii) >	0	0
b.	Political Party Committees	0	0
c.	Other Political Committees (such as PACs)	0	0
d.	Total Contributions (add a, b, and c) >	24,985	49,735
12.	Transfers From Affiliated/Other Party Committees	0	0
13.	All Loans Received	0	0
14.	Loan Repayments Received	0	0
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0	0
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees	0	0
17.	Other Federal Receipts (Dividends, Interest, etc.)	0	0
18.	Transfers from Nonfederal Accounts for Joint Activity	0	0
19.	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	24,985	49,735
20.	Total Federal Receipts (subtract line 18 from line 19) >	24,985	49,735
II. Disbursements			
21.	Operating Expenditures:		
a.	Shared Federal/Non-Federal Activity (from Schedule H4):	0	0
i.	Federal Share	0	0
ii.	Non-Federal Share	0	0
b.	Other Federal Operating Expenditures	0	0
c.	Total Operating Expenditures (add a, i, ii, and b) >	0	0
22.	Transfers to Affiliated/Other Party Committees	0	0
23.	Contributions to Federal Candidates/Committees and Other Political Committees	28,900	36,900
24.	Independent Expenditures (use Schedule E)	0	0
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0	0
26.	Loan Repayments Made	0	0
27.	Loans Made	0	0
28.	Refunds of Contributions To:	0	0
a.	Individuals/Persons Other Than Political Committees	0	0
b.	Political Party Committees	0	0
c.	Other Political Committees (such as PACs)	0	0
d.	Total Contribution Refunds (add a, b and c) >	0	0
29.	Other Disbursements	0	0
30.	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 28) >	28,900	36,900
31.	Total Federal Disbursements (subtract line 21 a ii from line 30) >	28,900	36,900
III. Net Contributions/Operating Expenditures			
32.	Total Contributions (other than loans)(from line 11d)	24,985	49,735
33.	Total Contribution Refunds (from line 28d)	0	0
34.	Net Contributions (other than loans)(subtract line 33 from 32)	24,985	49,735
35.	Total Federal Operating Expenditures (add 21 a i and 21 b) >	0	0
36.	Offsets to Operating Expenditures (from line 15)	0	0
37.	Net Operating Expenditures (subtract line 35 from 36) >	0	0

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE **1** OF **6**
FOR LINE NUMBER **1**

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

NAME OF COMMITTEE (In Full)
SILLS FEDERAL PAC, INC.

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ALLAN C. BELL ONE RIVERFRONT PLAZA, 10th FLOOR NEWARK, NJ 07102	SILLS CUMMIS RADIN TISCHMAN EPSTEIN & GROSS, P.A. ATTORNEY	7/9/99	\$575
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 575		
B. Full Name, Mailing Address and ZIP Code JEFFREY H. NEWMAN ONE RIVERFRONT PLAZA, 10th floor NEWARK, NJ 07102	Name of Employer Sills Cummis Radin Tischman Epstein & Gross, P.A. Occupation Attorney	Date (month, day, year) 7/9/99	Amount of Each Receipt this Period \$1,350
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,350		
C. Full Name, Mailing Address and ZIP Code RONALD C. RAK ONE RIVERFRONT PLAZA, 10th FLOOR NEWARK, NJ 07102	Name of Employer SILLS CUMMIS RADIN TISCHMAN EPSTEIN & GROSS, P.A. Occupation ATTORNEY	Date (month, day, year) 7/9/99	Amount of Each Receipt this Period \$750
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 750		
D. Full Name, Mailing Address and ZIP Code PETER GARINO ONE RIVERFRONT PLAZA, 10th FLOOR NEWARK, NJ 07102	Name of Employer SILLS CUMMIS RADIN TISCHMAN EPSTEIN & GROSS, P.A. Occupation DATABASE MANAGER	Date (month, day, year) 9/23/99	Amount of Each Receipt this Period \$50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 50		
E. Full Name, Mailing Address and ZIP Code KERRY JEAN MOORE ONE RIVERFRONT PLAZA, 10th FLOOR NEWARK, NJ 07102	Name of Employer SILLS CUMMIS RADIN TISCHMAN EPSTEIN & GROSS, P.A. Occupation DIRECTOR/RECRUITING	Date (month, day, year) 9/23/99	Amount of Each Receipt this Period \$50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 50		
F. Full Name, Mailing Address and ZIP Code BETH S. ROSE ONE RIVERFRONT PLAZA, 10TH FLOOR NEWARK, NJ 07102	Name of Employer SILLS CUMMIS RADIN TISCHMAN EPSTEIN & GROSS, P.A. Occupation ATTORNEY	Date (month, day, year) 10/14/99	Amount of Each Receipt this Period \$425
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 425		
G. Full Name, Mailing Address and ZIP Code LESTER ARUN ONE RIVERFRONT PLAZA, 10TH FLOOR NEWARK, NJ 07102	Name of Employer SILLS CUMMIS RADIN TISCHMAN EPSTEIN & GROSS, P.A. Occupation ATTORNEY	Date (month, day, year) 10/14/99	Amount of Each Receipt this Period \$800
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,600		

SUBTOTAL of Receipts This Page (optional) **\$4,000**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

NAME OF COMMITTEE (in Full)

SILLS FEDERAL PAC, INC.

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
THOMAS JAY HALL ONE RIVERFRONT PLAZA, 10th FLOOR NEWARK, NJ 07102	SILLS CUMMIS RADIN TISCHMAN EPSTEIN & GROSS, P.A.	10/14/99	\$350
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	Aggregate Year-to-Date > \$ 350	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
STUART J. GLICK ONE RIVERFRONT PLAZA, 10th FLOOR NEWARK, NJ 07102	SILLS CUMMIS RADIN TISCHMAN EPSTEIN & GROSS, P.A.	10/14/99	\$375
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	Aggregate Year-to-Date > \$ 375	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
VICTOR H. BOYAJIAN ONE RIVERFRONT PLAZA, 10th FLOOR NEWARK, NJ 07102	SILLS CUMMIS RADIN TISCHMAN EPSTEIN & GROSS, P.A.	10/14/99	\$725
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	Aggregate Year-to-Date > \$ 1,300	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MARGARET F. BLACK ONE RIVERFRONT PLAZA, 10th FLOOR NEWARK, NJ 07102	SILLS CUMMIS RADIN TISCHMAN EPSTEIN & GROSS, P.A.	10/14/99	\$550
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	Aggregate Year-to-Date > \$ 1,075	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JERRY GENBERG ONE RIVERFRONT PLAZA 10 TH FLOOR NEWARK, NJ 07102	SILLS CUMMIS RADIN TISCHMAN EPSTEIN & GROSS, P.A.	10/14/99	\$600
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	Aggregate Year-to-Date > \$ 1,175	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JEFFREY J. GREENBAUM ONE RIVERFRONT PLAZA, 10 TH FLOOR NEWARK, NJ 07102	SILLS CUMMIS RADIN TISCHMAN EPSTEIN & GROSS, P.A.	10/14/999	\$1,450
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	Aggregate Year-to-Date > \$ 1,450	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
STEVEN M. GOLDMAN ONE RIVERFRONT PLAZA, 10th FLOOR NEWARK, NJ 07102	SILLS CUMMIS RADIN TISCHMAN EPSTEIN & GROSS, P.A.	10/14/99	\$1,025
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	Aggregate Year-to-Date > \$ 1,025	

SUBTOTAL of Receipts This Page (optional) \$5,075

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 3 OF 6
FOR LINE NUMBER 19

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)

SILLS FEDERAL PAC, INC.

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MICHAEL B. TISCHMAN ONE RIVERFRONT PLAZA, 10th FLOOR NEWARK, NJ 07102	SILLS CUMMIS RADIN TISCHMAN EPSTEIN & GROSS, P.A.	10/14/99	\$700
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	Aggregate Year-to-Date > \$ 1,350	
B. Full Name, Mailing Address and ZIP Code Simon Levin ONE RIVERFRONT PLAZA, 10TH FLOOR NEWARK, NJ 07102	SILLS CUMMIS RADIN TISCHMAN EPSTEIN & GROSS, P.A.	10/14/99	\$800
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	Aggregate Year-to-Date > \$ 1,800	
C. Full Name, Mailing Address and ZIP Code DAVID GARLAND ONE RIVERFRONT PLAZA, 10th FLOOR NEWARK, NJ 07102	SILLS CUMMIS RADIN TISCHMAN EPSTEIN & GROSS, P.A.	10/14/99	\$600
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	Aggregate Year-to-Date > \$ 600	
D. Full Name, Mailing Address and ZIP Code Jack M. Zackin ONE RIVERFRONT PLAZA 10TH FLOOR NEWARK, NJ 07102	SILLS CUMMIS RADIN TISCHMAN EPSTEIN & GROSS, P.A.	10/14/99	\$600
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	Aggregate Year-to-Date > \$ 1,175	
E. Full Name, Mailing Address and ZIP Code MORRIS YAMNER ONE RIVERFRONT PLAZA, 10th FLOOR NEWARK, NJ 07102	SILLS CUMMIS RADIN TISCHMAN EPSTEIN & GROSS, P.A.	10/14/99	\$750
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	Aggregate Year-to-Date > \$ 1,400	
F. Full Name, Mailing Address and ZIP Code TED ZANGARI ONE RIVERFRONT PLAZA, 10 TH FLOOR NEWARK, NJ 07102	SILLS CUMMIS RADIN TISCHMAN EPSTEIN & GROSS, P.A.	10/14/99	\$375
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	Aggregate Year-to-Date > \$ 700	
G. Full Name, Mailing Address and ZIP Code Kenneth F. Oattle ONE RIVERFRONT PLAZA, 10th FLOOR NEWARK, NJ 07102	SILLS CUMMIS RADIN TISCHMAN EPSTEIN & GROSS, P.A.	10/14/99	\$575
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	Aggregate Year-to-Date > \$ 1,125	

SUBTOTAL of Receipts This Page (optional)

\$4,400

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 4 OF 6
FOR LINE NUMBER 11

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

NAME OF COMMITTEE (In Full)

SILLS FEDERAL PAC, INC.

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JEFREY B. CARW ONE RIVERFRONT PLAZA, 10TH FLOOR NEWARK, NJ 07102	SILLS CUMMIS RADIN TISCHMAN EPSTEIN & GROSS, P.A.	10/15/99	\$325
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	Aggregate Year-to-Date > \$ 325	
Morton S. Bunis ONE RIVERFRONT PLAZA, 10TH FLOOR NEWARK, NJ 07102	SILLS CUMMIS RADIN TISCHMAN EPSTEIN & GROSS, P.A.	10/28/99	\$550
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	Aggregate Year-to-Date > \$ 1,075	
JOSEPH L. BUCKLEY ONE RIVERFRONT PLAZA, 10th floor Newark, NJ 07102	SILLS CUMMIS RADIN TISCHMAN EPSTEIN & GROSS, P.A.	10/28/99	\$300
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	Aggregate Year-to-Date > \$ 1,550	
STUART M. FEINBLATT ONE RIVERFRONT PLAZA, 10th floor NEWARK, NJ 07102	SILLS CUMMIS RADIN TISCHMAN EPSTEIN & GROSS, P.A.	10/28/99	\$575
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	Aggregate Year-to-Date > \$ 1,125	
LORI G. SINGER ONE RIVERFRONT PLAZA, 10th FLOOR NEWARK, NJ 07102	SILLS CUMMIS RADIN TISCHMAN EPSTEIN & GROSS, P.A.	10/28/99	\$175
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	Aggregate Year-to-Date > \$ 325	
GERALD SPAN ONE RIVERFRONT PLAZA, 10th FLOOR NEWARK, NJ 07102	SILL CUMMIS RADIN TISCHMAN EPSTEIN & GROSS, P.A.	0/28/99	\$500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	Aggregate Year-to-Date > \$ 1,000	
Laurence S. Horn ONE RIVERFRONT PLAZA, 10th FLOOR NEWARK, NJ 07102	SILLS CUMMIS RADIN TISCHMAN EPSTEIN & GROSS, P.A.	0/28/99	\$750
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	Aggregate Year-to-Date > \$ 1,450	

SUBTOTAL of Receipts This Page (optional) \$3,675

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 5 OF 6
FOR LINE NUMBER 1

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

NAME OF COMMITTEE (In Full)
SILLS FEDERAL PAC, INC.

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ARLENE E. MIRSKY ONE RIVERFRONT PLAZA, 10th floor NEWARK, NJ 07102	SILLS CUMMIS RADIN TISCHMAN EPSTEIN & GROSS, P.A.	11/12/99	\$625
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY		Aggregate Year-to-Date > \$ 625
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Trent S. Dickey ONE RIVERFRONT PLAZA, 10th FLOOR NEWARK, NJ 07102	SILLS CUMMIS RADIN TISCHMAN EPSTEIN & GROSS, P.A.	11/12/99	\$525
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY		Aggregate Year-to-Date > \$ 1,050
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PAUL P. JOSEPHSON ONE RIVERFRONT PLAZA, 10th floor NEWARK, NJ 07102	SILLS CUMMIS RADIN TISCHMAN EPSTEIN & GROSS, P.A.	12/7/99	\$200
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY		Aggregate Year-to-Date > \$ 200
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GLORIA MARTINI 68 ADAMS TERRACE CLIFTON, NJ 07013	Novartis Pharmaceutical	12/7/99	\$50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation MANAGER		Aggregate Year-to-Date > \$ 50
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
STEPHEN J. MOSES ONE RIVERFRONT PLAZA, 10th floor NEWARK, NJ 07102	SILLS CUMMIS RADIN TISCHMAN EPSTEIN & GROSS, P.A.	12/7/99	\$850
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY		Aggregate Year-to-Date > \$ 1,700
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ERIC I. ABRAHAM ONE RIVERFRONT PLAZA, 10TH FLOOR NEWARK, NJ 07102	SILLS CUMMIS RADIN TISCHMAN EPSTEIN & GROSS, P.A.	12/7/99	\$100
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY		Aggregate Year-to-Date > \$ 100
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NICOLE BEDER 305 EAST 24TH ST., APT. 5R NEW YORK, NY 10010	Queens County District Attorney's Office	12/7/99	\$200
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ASST. DISTRICT ATTY		Aggregate Year-to-Date > \$ 200

SUBTOTAL of Receipts This Page (optional) \$2,550

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 6 OF 6
FOR LINE NUMBER 11

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

NAME OF COMMITTEE (In Full)

SILLS FEDERAL PAC, INC.

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JONNI PADULA ONE RIVERFRONT PLAZA, 10th FLOOR NEWARK, NJ 07102	SILLS CUMMIS RADIN TISCHMAN EPSTEIN & GROSS, P.A.	12/7/99	\$50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DIR. OF PUBLISHING	Aggregate Year-to-Date > \$ 50	
B. Full Name, Mailing Address and ZIP Code BARRY M. EPSTEIN ONE RIVERFRONT PLAZA, 10TH FLOOR NEWARK, NJ 07102	SILLS CUMMIS RADIN TISCHMAN EPSTEIN & GROSS, P.A.	12/7/99	\$1,925
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	Aggregate Year-to-Date > \$ 1,925	
C. Full Name, Mailing Address and ZIP Code ELNARDO J. WEBSTER II ONE RIVERFRONT PLAZA, 10TH FLOOR NEWARK, NJ 07102	SILLS CUMMIS RADIN TISCHMAN EPSTEIN & GROSS, P.A.	12/7/99	\$200
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	Aggregate Year-to-Date > \$ 200	
D. Full Name, Mailing Address and ZIP Code WILLIAM J. MARTINI ONE RIVERFRONT PLAZA, 10th FLOOR NEWARK, NJ 07102	SILLS CUMMIS RADIN TISCHMAN EPSTEIN & GROSS, P.A.	12/7/99	\$3,000
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	Aggregate Year-to-Date > \$ 4,250	
E. Full Name, Mailing Address and ZIP Code DINA CAPPuccio ONE RIVERFRONT PLAZA, 10TH FLOOR NEWARK, NJ 07102	SILLS CUMMIS RADIN TISCHMAN EPSTEIN & GROSS, P.A.	12/9/99	\$50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation MANAGER	Aggregate Year-to-Date > \$ 50	
F. Full Name, Mailing Address and ZIP Code YUN HUI KWON ONE RIVERFRONT PLAZA, 10th FLOOR NEWARK, NJ 07102	SILLS CUMMIS RADIN TISCHMAN EPSTEIN & GROSS, P.A.	12/10/99	\$10
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation SENIOR ACCOUNTANT	Aggregate Year-to-Date > \$ 10	
G. Full Name, Mailing Address and ZIP Code ERIC S. ARONSON ONE RIVERFRONT PLAZA 10th FLOOR NEWARK, NJ 07102	SILLS CUMMIS RADIN TISCHMAN EPSTEIN & GROSS, P.A.	12/20/99	\$50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	Aggregate Year-to-Date > \$ 50	

SUBTOTAL of Receipts This Page (optional)

\$5,285

TOTAL This Period (last page this line number only)

\$24,985

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 2
FOR LINE NUMBER 23

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)

SILLS FEDERAL PAC, INC.

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
GOV. GEORGE W. BUSH, PRESIDENTIAL EXPLANATORY COM. PO BOX 154 SKILLMAN, NJ 08558	GEORGE W. BUSH PRESIDENT Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/9/99	\$1000
B. Full Name, Mailing Address and ZIP Code FRELINGHUYSEN FOR CONGRESS PO BOX 826 MORRISTOWN, NJ 07960	RODNEY FRELINGHUYSEN HOUSE CANDIDATE (NJ) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/31/99	\$1000
C. Full Name, Mailing Address and ZIP Code ZIMMER 2000 PO BOX 6888 LAWRENCEVILLE, NJ 08648	DICK ZIMMER, HOUSE CANDIDATE (NJ) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/21/99	\$500
D. Full Name, Mailing Address and ZIP Code PASCRELL FOR CONGRESS 63 QUARTZ LANE PATERSON, NJ 07501	BILL PASCELL JR. HOUSE CANDIDATE (NJ, 8) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/3/99	\$600
E. Full Name, Mailing Address and ZIP Code DEMOCRATIC CONGRESSIONAL CAMPAIGN 430 S. CAPITOL STREET, SE WASHINGTON, DC 20003	CONTRIBUTION COM. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/10/99	\$5000
F. Full Name, Mailing Address and ZIP Code ZIMMER 2000 PO BOX 6888 LAWRENCEVILLE, NJ 08648	DICK ZIMMER, HOUSE CANDIDATE (NJ) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/16/99	\$800
G. Full Name, Mailing Address and ZIP Code HOLT FOR CONGRESS 50 WASHINGTON ROAD PRINCETON JCTN., NJ 08550	RUSH HOLT, HOUSE CANDIDATE (NJ, 12) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/16/99	\$1000
H. Full Name, Mailing Address and ZIP Code HOLT FOR CONGRESS 50 WASHINGTON ROAD PRINCETON JCTN, NJ 08550	RUSH HOLT, HOUSE CANDIDATE (NJ, 12) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/16/99	\$1000
I. Full Name, Mailing Address and ZIP Code GORMLEY FOR US SENATE 2507 BIRCH STREET POINT PLEASANT, NJ 08742	WILLIAM GORMLEY US SENATE, (NJ) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/16/99	\$1000

SUBTOTAL of Disbursements This Page (optional)

\$11,900

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules for each category of the Detailed Summary Page

PAGE 2 OF 2
FOR LINE NUMBER 23

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)

SILLS FEDERAL PAC, INC.

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
GORMLEY FOR US SENATE 2507 BIRCH STREET POINT PLEASANT, NJ 08742	WILLIAM GORMLEY US SENATE (NJ) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/16/99	\$1000
BERKLEY FOR CONGRESS 64 QUIET DESERT LANE HENDERSON, NV 89014	SHELLEY BERKLEY, HOUSE CANDIDATE (NV, I) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/16/99	\$1000
BERKLEY FOR CONGRESS 64 QUIET DESERT LANE HENDERSON, NV 89014	SHELLEY BERKLEY, HOUSE CANDIDATE (NV, I) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/16/99	\$1000
FLORIO FOR SENATE 371 HOES LANE, 2ND FLOOR PISCATAWAY, NJ 08854	JAMES J. FLORIO US SENATE (NJ) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/13/99	\$4000
FLORIO FOR SENATE 371 HOES LANE, 2ND FLOOR PISCATAWAY NJ 08854	JAMES J. FLORIO US SENATE (NJ) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/13/99	\$4000
BUSH FOR PRESIDENT INC. PO BOX 154 SKILLMAN, NJ 08558	GEORGE W. BUSH PRESIDENT Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/13/99	\$4000
TOM KEAN JR. FOR CONGRESS 205 W. MILTON AVENUE RAHWAY, NJ 07065	TOM KEAN JR. HOUSE CANDIDATE (NJ) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/20/99	\$1000
DICK ZIMMER PO BOX 6888 LAWRENCEVILLE, NJ 08648	DICK ZIMMER, HOUSE CANDIDATE (NJ) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/20/99	\$1000
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)

\$17,000

TOTAL This Period (last page this line number only)

\$28,900

LOANS

Name of Committee (in Full)

SILLS FEDERAL PAC, INC.

A. Full Name, Mailing Address and ZIP Code of Loan Source <p style="text-align: center;">NONE</p>	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Terms: Date Incurred _____ Date Due _____ Interest Rate _____ % (aprx) <input type="checkbox"/> Secured			

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

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

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

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

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

SUBTOTALS This Period This Page (optional)	
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

NAME OF COMMITTEE (IN FULL) SILLS FEDERAL PAC, INC.		FED IDENTIFICATION NUMBER C00343194	
FULL NAME, MAILING ADDRESS AND ZIP CODE OF LENDING INSTITUTION (LENDER) NONE	AMOUNT OF LOAN	INTEREST RATE (APR)	
	DATE INCURRED OR ESTABLISHED	DATE DUE	

A. Has loan been restructured? No Yes If yes, date originally incurred: _____

B. If line of credit, amount of this draw: _____; total outstanding balance: _____

C. Are other parties secondarily liable for the debt incurred?
 No Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?
 No Yes If yes, specify: _____

What is the value of this collateral? _____

Does the lender have a perfected security interest in it? No Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan?
 No Yes If yes, specify: _____ What is the estimated value? _____

A depository account must be established pursuant to 11 CFR 100.7(b)(11)(i)(B) and 100.8(b)(12)(i)(B). Date account established: _____ Location of account: _____

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.

G. COMMITTEE TREASURER		DATE
TYPED NAME	SIGNATURE	

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:

I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.

II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.

III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.7(b)(11) and 100.8(b)(12) in making this loan.

AUTHORIZED REPRESENTATIVE		TITLE	DATE
TYPED NAME	SIGNATURE		

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

Name of Committee (in Full) SILLS FEDERAL PAC, INC.	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor NONE				
Nature of Debt (Purpose):				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
1) SUBTOTALS This Period This Page (optional)				
2) TOTALS This Period (last page in this line only)				
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				

ITEMIZED INDEPENDENT EXPENDITURES

(See Reverse Side for Instructions)

Name of Committee (in Full)		C00343194		
SILLS FEDERAL PAC, INC.				
Full Name, Mailing Address & ZIP Code of Each Payee	Purpose of Expenditure	Date (month, day, year)	Amount	Name of Federal Candidate supported or opposed by the expenditure & office sought
NONE				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
(a) SUBTOTAL of Itemized Independent Expenditures			\$ _____	
(b) SUBTOTAL of Unitemized Independent Expenditures			\$ _____	
(c) TOTAL Independent Expenditures			\$ _____	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, contact with, or at the request or suggestion of any candidate or any authorized committee or agent of such candidate or authorized committee. Furthermore, these expenditures did not involve the financing or dissemination, distribution or republication in whole or in part of any campaign materials prepared by the candidate, his campaign committee, or their agent.

Subscribed and sworn to before me this _____ day of _____, 10 _____

My Commission expires: _____

NOTARY PUBLIC

Signature

Date

SCHEDULE F

**ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENTS(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d))**

Page 1 of 1 or
LINE NUMBER 25

(To be used only by Political Committees in the General Election)

Name of Political Committee (In Full)				
SILLS FEDERAL PAC, INC.				
Has your Committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
If YES, name the designating committee:				
Full Name, Mailing Address and ZIP Code of Subordinate Committee				
NONE				
Full Name, Mailing Address and ZIP Code of Each Payee	Name of Federal Candidate Supported, State, District & Office Sought	Purpose of Expenditure	Date (month, day, year)	Amount
	Aggregate General Election Expenditure for this Candidate—\$			
Full Name, Mailing Address and ZIP Code of Each Payee	Name of Federal Candidate Supported, State, District & Office Sought	Purpose of Expenditure	Date (month, day, year)	Amount
	Aggregate General Election Expenditure for this Candidate—\$			
Full Name, Mailing Address and ZIP Code of Each Payee	Name of Federal Candidate Supported, State, District & Office Sought	Purpose of Expenditure	Date (month, day, year)	Amount
	Aggregate General Election Expenditure for this Candidate—\$			
Full Name, Mailing Address and ZIP Code of Each Payee	Name of Federal Candidate Supported, State, District & Office Sought	Purpose of Expenditure	Date (month, day, year)	Amount
	Aggregate General Election Expenditure for this Candidate—\$			
SUBTOTAL of Expenditures This Page (optional)				
TOTAL This Period (Use page this line number only)				

**METHOD OF ALLOCATION FOR SHARED FEDERAL
AND NON-FEDERAL ADMINISTRATIVE EXPENSES
AND GENERIC VOTER DRIVE COSTS**

NAME OF COMMITTEE
SILLS FEDERAL PAC, INC.

NATIONAL PARTY COMMITTEES

FIXED FEDERAL PERCENTAGE (CHECK THE APPROPRIATE LINE AND ENTER % IN BOX TO RIGHT) %

PRESIDENTIAL YEAR (65%)

ALL OTHER YEARS (80%)

HOUSE AND SENATE PARTY CAMPAIGN COMMITTEES

MINIMUM FEDERAL PERCENTAGE (65%) (IF CHECKED, ENTER 65% IN BOX TO RIGHT) %

OR

FUNDS EXPENDED:

- ESTIMATED DIRECT CANDIDATE SUPPORT — FEDERAL %
- ESTIMATED DIRECT CANDIDATE SUPPORT — NON-FEDERAL %

ADJUSTMENTS TO FUNDS EXPENDED:

ACTUAL DIRECT CANDIDATE SUPPORT — FEDERAL \$ %

ACTUAL DIRECT CANDIDATE SUPPORT — NON-FEDERAL \$

NOTE: FUNDS EXPENDED MUST BE USED IF THE FEDERAL PROPORTION IS GREATER THAN 65% IN ANY YEAR.

SEPARATE SEGREGATED FUNDS AND NON-CONNECTED COMMITTEES

FUNDS EXPENDED:

- ESTIMATED DIRECT CANDIDATE SUPPORT — FEDERAL 100 %
- ESTIMATED DIRECT CANDIDATE SUPPORT — NON-FEDERAL 0 %

ADJUSTMENTS TO FUNDS EXPENDED:

ACTUAL DIRECT CANDIDATE SUPPORT — FEDERAL \$ 28,900 100 %

ACTUAL DIRECT CANDIDATE SUPPORT — NON-FEDERAL \$

STATE AND LOCAL PARTY COMMITTEES

BALLOT COMPOSITION

CHECK ALL OFFICES APPEARING ON THE NEXT GENERAL ELECTION BALLOT:

	NUMBER OF POINTS
1. PRESIDENT <input type="checkbox"/> (1 POINT)	
2. U.S. SENATE <input type="checkbox"/> (1 POINT)	
3. U.S. CONGRESS <input type="checkbox"/> (1 POINT)	
4. SUBTOTAL — FEDERAL (ADD 1, 2, AND 3)	
5. GOVERNOR <input type="checkbox"/> (1 POINT)	
6. OTHER STATEWIDE OFFICE(S) <input type="checkbox"/> (1 OR 2 POINTS)	
7. STATE SENATE <input type="checkbox"/> (1 POINT)	
8. STATE REPRESENTATIVE <input type="checkbox"/> (1 POINT)	
9. LOCAL CANDIDATES <input type="checkbox"/> (1 OR 2 POINTS)	
10. EXTRA NON-FEDERAL POINT <input type="checkbox"/> (1 POINT)	
11. SUBTOTAL — NON-FEDERAL (ADD 5, 6, 7, 8, 9, AND 10)	
12. TOTAL POINTS (LINE 4 PLUS LINE 11)	

FEDERAL ALLOCATION = LINE 4 DIVIDED BY LINE 12 %

ALLOCATION RATIOS

NAME OF COMMITTEE
SILLS FEDERAL PAC, INC.

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 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	FEDERAL %	NON-FEDERAL %
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	FEDERAL %	NON-FEDERAL %
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	FEDERAL %	NON-FEDERAL %
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	FEDERAL %	NON-FEDERAL %
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	FEDERAL %	NON-FEDERAL %
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	FEDERAL %	NON-FEDERAL %
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	FEDERAL %	NON-FEDERAL %

RECEIPT SCHEDULE H3
(effective 1/1/81)

**TRANSFERS FROM
NON-FEDERAL ACCOUNTS**

NAME OF COMMITTEE SILLS FEDERAL PAC, INC.	TOTAL AMOUNT TRANSFERRED
---	--------------------------

NAME OF ACCOUNT NONE	DATE OF RECEIPT	\$
--------------------------------	-----------------	----

	BREAKDOWN OF TRANSFER RECEIVED			
	ADMIN./VOTER DRIVE AMOUNT	DIRECT FUND-RAISING AMOUNT	EXEMPT ACTIVITY/DIRECT CANDIDATE SUPPORT	
i) Total Administrative/Voter Drive				
ii) Direct Fundraising (List Events-Amount for Each)				
a) _____				
b) _____				
c) _____				
d) _____				
e) Total Amount Transferred For Direct Fundraising.....				
iii) Exempt Activity/Direct Candidate Support (List Events-Amount For Each)				
a) _____				
b) _____				
c) _____				
d) _____				
e) Total Amount Transferred For Exempt Activity/Direct Candidate Support				

NAME OF ACCOUNT	DATE OF RECEIPT	\$
-----------------	-----------------	----

	BREAKDOWN OF TRANSFER RECEIVED			
	ADMIN./VOTER DRIVE AMOUNT	DIRECT FUND-RAISING AMOUNT	EXEMPT ACTIVITY/DIRECT CANDIDATE SUPPORT	
i) Total Administrative/Voter Drive				
ii) Direct Fundraising (List Events-Amount for Each)				
a) _____				
b) _____				
c) _____				
d) _____				
e) Total Amount Transferred For Direct Fundraising.....				
iii) Exempt Activity/Direct Candidate Support (List Events-Amount 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/DIRECT CANDIDATE SUPPORT	
SUBTOTAL THIS PAGE				
TOTAL THIS PERIOD				

DISBURSEMENT SCHEDULE H4
(effective 1/1/91)

**JOINT FEDERAL/NON-FEDERAL
ACTIVITY SCHEDULE**

NAME OF COMMITTEE
SILLS FEDERAL PAC, INC.

A. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
NONE					

CATEGORY: ADMINISTRATIVE/VOTER DRIVE FUNDRAISING EXEMPT
EVENT YEAR-TO-DATE: \$ DIRECT CANDIDATE SUPPORT

B. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE

CATEGORY: ADMINISTRATIVE/VOTER DRIVE FUNDRAISING EXEMPT
EVENT YEAR-TO-DATE: \$ DIRECT CANDIDATE SUPPORT

C. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE

CATEGORY: ADMINISTRATIVE/VOTER DRIVE FUNDRAISING EXEMPT
EVENT YEAR-TO-DATE: \$ DIRECT CANDIDATE SUPPORT

D. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE

CATEGORY: ADMINISTRATIVE/VOTER DRIVE FUNDRAISING EXEMPT
EVENT YEAR-TO-DATE: \$ DIRECT CANDIDATE SUPPORT

E. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE

CATEGORY: ADMINISTRATIVE/VOTER DRIVE FUNDRAISING EXEMPT
EVENT YEAR-TO-DATE: \$ DIRECT CANDIDATE SUPPORT

F. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE

CATEGORY: ADMINISTRATIVE/VOTER DRIVE FUNDRAISING EXEMPT
EVENT YEAR-TO-DATE: \$ DIRECT CANDIDATE SUPPORT

SUBTOTAL OF JOINT FEDERAL AND NON-FEDERAL ACTIVITY THIS PAGE

TOTAL THIS PERIOD (last page for each line only)(Fed. share to 21 a 1 and non-Fed. share to 21 a 1)

TOTAL THIS PERIOD FOR THE NON-FEDERAL SHARE (used for line 51 of the detailed summary page)

In your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
 NJ Dept. of State
 Division of Election
 25 Market St.
 PO Box 204
 Trenton, NJ 08646-0204

4a. Article Number
 P 052 748 087

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery

5. Received By: (Print Name)
 STATE OF NEW JERSEY
 CAPITOL POST OFFICE

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)
 X
 OCT 16 00

PS Form 3811, December 1994 Domestic Return Receipt

Thank you for using Return Receipt Service.

In your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
 NJ Election Law Enforcement
 Commission
 CN-185
 Trenton, NJ 08646-0185
 STATE OF NEW JERSEY
 CAPITOL POST OFFICE

4a. Article Number
 P 052 748 030

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)
 X
 OCT 16 00

PS Form 3811, December 1994 Domestic Return Receipt

Thank you for using Return Receipt Service.

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
NEW JERSEY DEPARTMENT OF STATE
DIVISION OF ELECTION
25 Market Street.
P.O. Box 804
Trenton, NEW JERSEY
08625-0304
STATE OF NEW JERSEY
CENTRAL POST OFFICE

2. Art
 PS Fc

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)	B. Date of Delivery
C. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No	

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PS95-98-M-1799

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
New Jersey Election Law
Enforcement Commission
CN-185
Trenton, New Jersey
08625-0185
STATE OF NEW JERSEY
CENTRAL POST OFFICE

JAN 20 1999

2. Artic
 PS For

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)	B. Date of Delivery
C. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No	

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PS95-98-M-1799

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

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

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C) 11/7/00
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
CR PREPARER	11/9/00 DATE PREPARED