



Alex Rodriguez

The Committee to Elect Alex Rodriguez

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM
SEP 3 12 12 PM '98

September 2, 1998

Federal Election Commission
Pat Sheppard
Senior Reports Analysis
999 E Street N.W.
Washington D.C. 20463

To Whom It May Concern:

Enclosed please find our Pre-Primary report. If you have any questions or if I can be of any assistance, please contact me at 617/375-0060.

Thank you,

Mari B. Fierro
Assistant Treasurer



REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

SEP 3 12 12 PM '98

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
The Committee to Elect Alex Rodriguez

ADDRESS (number and street) Check if different than previously reported.
P.O. Box 180218

CITY, STATE and ZIP CODE *Boston, MA 02118* STATE/DISTRICT *MA/8th*

2. FEC IDENTIFICATION NUMBER
C00337543

3. IS THIS REPORT AN AMENDMENT?
 YES NO

4. TYPE OF REPORT

- April 15 Quarterly Report
- 12-Day Pre-Election Report for the House of Rep.
(Type of Election)
election on 9-15-98 in the State of MA.
- July 15 Quarterly Report
- October 15 Quarterly Report
- 30-Day Post-Election Report for the _____
(Type of Election)
election on _____ in the State of _____
- January 31 Year End Report
- July 31 Mid-Year Report (Non-election Year Only)
- Termination Report

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

SUMMARY

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>7-1-98</u> through <u>8-26-98</u>		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(a))	30,127	63,102
(b) Total Contribution Refunds (from Line 20(d))	0	0
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	30,127	63,102
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	31,512	53,590
(b) Total Offsets to Operating Expenditures (from Line 14)	0	0
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	31,512	53,590
8. Cash on Hand at Close of Reporting Period (from Line 27)	14,262	
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	0	
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	3,751	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

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
Syvalia Hyman, III

Signature of Treasurer *Syvalia Hyman III* Date *9/3/98*

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5497g.

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FEC FORM 3
(revised 4/87)

DETAILED SUMMARY PAGE

of Receipts and Disbursements

(Page 2, FEC FORM 3)

Name of Committee (in full)	Report Covering the Period:	
	From:	To:
I. RECEIPTS	COLUMN A Total This Period	COLUMN B Calendar Year-To-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) -----	13,310.	
(ii) Unitemized -----	11,827.	
(iii) Total of contributions from individuals -----	25,127.	58,102.
(b) Political Party Committees -----	0	0
(c) Other Political Committees (such as PACs) -----	5,000.	5,000.
(d) The Candidate -----	0	0
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(i)(ii), (b), (c) and (d)) -----	30,127	63,102
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES -----	0	0
13. LOANS:		
(a) Made or Guaranteed by the Candidate -----	0	6,751
(b) All Other Loans -----	0	0
(c) TOTAL LOANS (add 13(a) and (b)) -----	0	6,751
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) -----	0	0
15. OTHER RECEIPTS (Dividends, Interest, etc.) -----	0	0
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15) -----	30,127	69,853
II. DISBURSEMENTS		
17. OPERATING EXPENDITURES -----	9,357	31,435
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES -----	0	0
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate -----	3,000	3,000
(b) Of All Other Loans -----	0	0
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b)) -----	3,000	3,000
20. REFUNDS OF CONTRIBUTIONS TO:		
(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 20(a), (b) and (c)) -----	0	0
21. OTHER DISBURSEMENTS -----	22,155	22,155
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21) -----	34,512	56,590

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD -----	\$	18,647
24. TOTAL RECEIPTS THIS PERIOD (from Line 16) -----	\$	30,127
25. SUBTOTAL (add Line 23 and Line 24) -----	\$	48,774
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22) -----	\$	34,512
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25) -----	\$	14,262

LOANS

Name of Committee (in Full) <i>The Committee to Elect Alex Rodriguez</i>			
A. Full Name, Mailing Address and ZIP Code of Loan Source <i>Alex Rodriguez 17 Rutland Sq Boston MA 02118</i>	Original Amount of Loan <i>6,751</i>	Cumulative Payment To Date <i>3,000</i>	Balance Outstanding at Close of This Period <i>3,751</i>
Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Terms: Date Incurred <u><i>6-1-98</i></u> Date Due <u><i>None</i></u> Interest Rate <u><i>0</i></u> % (apr) <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			
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Terms: Date Incurred _____ Date Due _____ Interest Rate _____ % (apr) <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.

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 4
FOR LINE NUMBER 11A1

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 Committee to Elect Alex Rodriguez

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
<i>Fletcher Wiley 703 Boylston St. Brookline, MA 02146</i>	<i>P.R.W.T. Services, Inc</i>	<i>7-21-98</i>	<i>500.</i>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <i>V.P. / Gen. Counsel</i> Aggregate Year-to-Date > \$ <i>500.</i>		
<i>Mindy M. Turbov 1257 W. Ardmore Chicago IL 60660</i>	<i>P.R.W.T. Inc.</i>	<i>7-21-98</i>	<i>250.</i>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Aggregate Year-to-Date > \$ <i>250.</i>		
<i>Nicholas T. Mitropoulos 9 Coolidge Hill Rd. Cambridge MA 02138</i>	<i>Harvard University</i>	<i>7-27-98</i>	<i>250.</i>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <i>Administrator</i> Aggregate Year-to-Date > \$ <i>250.</i>		
<i>Miguel Lousell 257 San Sebastian St. San Juan, PR 00901</i>	<i>SELF-EMPLOYED</i>	<i>7-31-98</i>	<i>1000.</i>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <i>Attorney</i> Aggregate Year-to-Date > \$ <i>1000.</i>		
<i>Peter Krupp 55 Walnut St. Needham, MA 02192</i>	<i>Laurie & Krupp</i>	<i>7-31-98</i>	<i>250.</i>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <i>Attorney</i> Aggregate Year-to-Date > \$ <i>250.</i>		
<i>Gary S. Mena 69 Mechanic St. Canton, MA 02021</i>	<i>SELF-EMPLOYED</i>	<i>7-31-98</i>	<i>250.</i>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <i>Attorney</i> Aggregate Year-to-Date > \$ <i>250.</i>		
<i>Thomas P. Glynn III 15 Prentiss Ln. Belmont, MA 02178</i>	<i>Partner Health Care</i>	<i>8-5-98</i>	<i>250.</i>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <i>Manager</i> Aggregate Year-to-Date > \$ <i>250.</i>		

SUBTOTAL of Receipts This Page (optional) *2,750*

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 4

FOR LINE NUMBER 11 a 1

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

NAME OF COMMITTEE (in Full)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Juan S. Gutierrez 7926 Branch Drive McLean VA 22102	Inter-America	8-5-98	500.
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: President		
	Aggregate Year-to-Date > \$ 500.		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mary Sidani 15370 Tulsa Dr. Rogers AR 72756		8-10-98	1,000.
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:		
	Aggregate Year-to-Date > \$ 1000.		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Samir Sidani 15370 Tulsa Dr. Rogers, AR 72756		8-10-98	1,000.
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:		
	Aggregate Year-to-Date > \$ 1000.		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Esmeralda Canter 24 Cienny La Bella Vista AR 72714		8-10-98	1,000.
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:		
	Aggregate Year-to-Date > \$ 1000		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James Peters 4 Longwood Dr. Huntington Sta. NY 11746	Eastern Paralyzed Veterans Assoc.	8-5-98	1,000.
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Director		
	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
Joseph N. Alexander 800 Balboa Dr. Silver Spring, MD. 20905		8-5-98	500.
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:		
	Aggregate Year-to-Date > \$ 500.		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dawn M. Cardi 470 Park Ave. South NY, NY 10016-6819	Self Employed	8-10-98	500.
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Attorney		
	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)	5,500.
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 **4**
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)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sharon Parker 1005 Highland Sq Atlanta, GA 30306	American Institute for Managing Occupation: Executive.	8-17-98	250.
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Aida Alvarez 6374 Dockser Ter. Falls Church VA 22041	U.S. Government Occupation: Administrator; SBA	8-17-98	500.
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Carla B. Jentz 28 Nobscot Rd. Newton Etr. MA 02159	Winchester Public Schools Occupation: Administrator	8-17-98	250.
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Herman Hemmingway 294 Washington St. Boston MA 02108	Self Employed Occupation: Lawyer	8-19-98	250.
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Benarce Wiley 703 Boylston St. Brookline MA 02146	The Partnership Inc. Occupation: Executive	8-19-98	500.
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Apolo Catala 72 Day St. #2 Jamaica Plain, MA 02130	Self Employed Occupation: Attorney	8-19-98 8-27-98	300. 250.
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 550.		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Edna Ocasio 230 W. Canton St. Boston, MA 02116	Self-Employed Occupation: Optician	8-19-98	250.
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.		

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 4 OF 4
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)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas P. Sellers 43 Davis Ave. Brookline MA 02146	American Cancer Society Occupation C.F.O.	8-19-98	500.
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John B. Cruz, SR. 12 Schuyler St. Dorchester, MA 02121	Cruz Construction Occupation Manager	8-19-98	250.
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John B. Cruz III 56 Elliot St. Samaica Plain MA 02130	Cruz Construction Occupation Manager	8-19-98	250.
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Judith G. McEntyre RR1 Box 3351 Montpelier, VT 05602-9727		8-19-98	500.
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Roger Rivera 7407 Gadsby SQ Alexandria, VA 22315	Self-Employed Occupation Consultant	8-22-98	250.
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Arnold Krockmalnic 37 Beaumont Ave. Newton MA 02160	Self-Employed Occupation Architect	8-22-98	250.
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Fernando Domenech 161 Warren Ave. Boston, MA 02116	Self-Employed Occupation Architect	8-22-98	500.
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)

2500.

TOTAL This Period (last page this line number only)

13,300

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 11(c)

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NAME OF COMMITTEE (in Full)

A. Full Name, Mailing Address and ZIP Code Hispanic PAC USA. F.E.C. ID. # C00250217	Name of Employer Occupation	Date (month, day, year) 8-8-98	Amount of Each Receipt this Period 5,000.
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 5,000.		
B. 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 > \$		
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)

5,000.

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 1 OF 3
FOR LINE NUMBER 21

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

NAME OF COMMITTEE (In Full)

The Committee to Elect Alex Rodriguez

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period		
Benjamin Franklin Smith, Inc. 320 Stuart St. Boston, MA	Printing	7-9-98	151.00		
		7-11-98	76.00		
		7-20-98	91.98		
		7-31-98	32.13		
Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General					
<input type="checkbox"/> Other (specify)					
Same as above at A.	Printing	7-23-98	269.00		
		8-10-98	53.40		
		8-7-98	115.00		
		Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General			
<input type="checkbox"/> Other (specify)					
Keene Advertising 76 South St. Boston, MA 02111	Printing	8-1-98	500.00		
		Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General			
		<input type="checkbox"/> Other (specify)			
		Richard Advertising 35 Teneen Sq Dorchester MA 02122	Printing	7-7-98	500.00
7-11-98	1,333.00				
8-14-98	322.00				
Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General					
<input type="checkbox"/> Other (specify)					
East West Foundation 23 Drydock Ave. South Boston, MA 02210	Used Computer Equip.	7-7-98	500.00		
		Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General			
		<input type="checkbox"/> Other (specify)			
		Jane Bowers 17 Rutland Sq. Boston, MA 02118	Office Rental	7-8-98	400.00
8-10-98	400.00				
Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General					
<input type="checkbox"/> Other (specify)					
Dershaye Geseslu 434 Mass. Ave. Boston, MA 02118	office Rental	8-5-98	750.00		
		Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General			
		<input type="checkbox"/> Other (specify)			
		Boston Pride Committee Stoneham, MA	Parade Registration	7-9-98	300.00
Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General					
<input type="checkbox"/> Other (specify)					
Angel Abreu 1701 Washington St. #301 Boston, MA 02118	Field Consulting			8-17-98	235.00
		8-24-98	300.00		
		Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General			
		<input type="checkbox"/> Other (specify)			

SUBTOTAL of Disbursements This Page (optional)

6,328.51

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE **2** OF **3**
FOR LINE NUMBER **21**

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)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Benite Martinez 11 Homestead St. Dorchester, MA 02121	Media Consulting Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-15-98	350.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Carisa Hemming 4865 Elder Ave Seal Beach, CA	Operations Consulting Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-6-98 7-15-98 7-21-98 7-27-98	100.00 100.00 100.00 100.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Same as above at B.	Operations Consulting Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8-10-98 8-24-98	100.00 100.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Christine Nyereyegona 34 Irving St. #1 Cambridge MA 02138	Finance Consulting Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-15-98 8-1-98	250.00 450.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Elie Mystal 34 Irving St. #1 Cambridge, MA 02138	Media Consulting Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-15-98 8-1-98	250.00 450.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Giovanna Negretti 5 Forbes St #4 Jamaica Plain, MA 02130	Operations Consulting Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8-11-98	600.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Janis Pryor 12 Bond St. Cambridge, MA 02138	Media Consulting Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-22-98 8-10-98	500.00 500.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Jeff Kaban 5 Monument Sq Charlestown, MA 02129	Media Consulting Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8-10-98	500.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Jose Rojas P.O. Box 1534 Boston, MA 02118	Operations Consulting Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8-5-98 8-10-98	500.00 500.00

SUBTOTAL of Disbursements This Page (optional)

5,450

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Orlando Antigua 45 Fort Ave Roxbury, MA 02119	Field Consulting Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8-10-98 8-10-98	500.00 500.00
Mani Fierro 211 St. Paul St. Brookline, MA 02446	Financial Consulting Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-15-98 8-10-98	1,000.00 1,000.00
Roberto Ruiz 235 Talbot Ave. Dorchester, MA 02124	Media Consulting Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-11-98 8-10-98	2,575.00 1,000.00
Red Sun Press 94 Green St. Boston, MA 02130	Printing Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-22-98 7-24-98	500.00 529.00
Cellular One Baltimore, MD.	Telephone-cell Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-22-98	533.36
Bell Atlantic 350 Granite St. Braintree, MA 02104	Telephone-office Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8-10-98	1,140.
Sprint PCS P.O. Box 8077 London KY 40742	Telephone-cell Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8-1-98 8-24-98	141.27 154.92
Bethie Bacon 4011 Oxford St. Annandale, VA : 22003	Travel Expense Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-22-98	303.00
Puerto Rican Festival 142 School St. Roxbury, MA 02129	Parade Fee Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-26-98	500.00

SUBTOTAL of Disbursements This Page (optional)	10,376.55
TOTAL This Period (last page this line number only)	22,155

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 9/3/98
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J.A.D.
PREPARER

9/3/98
DATE PREPARED