

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

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USE FEC MAILING LABEL
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1. C00313254 082796
MARGARET C BOWLES
BOWLES FOR CONGRESS COMMITTEE
AC PO BOX 732
WOODS HOLE MA 02543
C11

2. FEC IDENTIFICATION NUMBER
3. IS THIS REPORT AN AMENDMENT?
 YES NO

4. TYPE OF REPORT

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

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

SUMMARY

5. Covering Period	COLUMN A This Period	COLUMN B Calendar Year-to-Date
8/29/96 through 9/30/96		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(a))	30,765	282,533.98
(b) Total Contribution Refunds (from Line 20(d))		
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	30,765	282,533.98
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	339,225.21	637,274.89
(b) Total Offsets to Operating Expenditures (from Line 14)	500.00	500.00
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	338,725.21	636,774.89
8. Cash on Hand at Close of Reporting Period (from Line 27)	19,353.36	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9590 Local 202-219-3420
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)	277,500	

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: Margaret C. Bowles
Signature of Treasurer: *Margaret C. Bowles* Date: 10/15/96

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

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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:		
Bowles for Congress Committee	From 8/29/96	To 9/30/96	
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) -----	23,895		11(a)(i)
(ii) Unitemized -----	6,370		11(a)(ii)
(iii) Total of contributions from individuals -----	30,265	266,491.16	11(a)(iii)
(b) Political Party Committees -----	0	350.00	11(b)
(c) Other Political Committees (such as PACs) -----	500	2,785.00	11(c)
(d) The Candidate -----	0	12,907.82	11(d)
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(ii), (b), (c) and (d)) -----	30,765	282,533.98	11(e)
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES -----	-	-	12
13. LOANS:			
(a) Made or Guaranteed by the Candidate -----	277,500	372,500	13(a)
(b) All Other Loans -----			13(b)
(c) TOTAL LOANS (add 13(a) and (b)) -----	277,500	372,500	13(c)
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) -----	500	500	14
15. OTHER RECEIPTS (Dividends, Interest, etc.) -----	142.88	1,094.27	15
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15) -----	308,907.88	656,628.25	16
II. DISBURSEMENTS			
17. OPERATING EXPENDITURES -----	339,225.21	637,274.89	17
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES -----	0	0	18
19. LOAN REPAYMENTS:			
(a) Of Loans Made or Guaranteed by the Candidate -----			19(a)
(b) Of All Other Loans -----			19(b)
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b)) -----	0	0	19(c)
20. REFUNDS OF CONTRIBUTIONS TO:			
(a) Individuals/Persons Other Than Political Committees -----			20(a)
(b) Political Party Committees -----			20(b)
(c) Other Political Committees (such as PACs) -----			20(c)
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c)) -----	0	0	20(d)
21. OTHER DISBURSEMENTS -----	0	0	21
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21) -----	339,225.21	637,274.89	22
III. CASH SUMMARY			
23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD -----	\$	49,670.69	23
24. TOTAL RECEIPTS THIS PERIOD (from Line 16) -----	\$	308,907.88	24
25. SUBTOTAL (add Line 23 and Line 24) -----	\$	358,578.57	25
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22) -----	\$	339,225.21	26
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25) -----	\$	19,353.36	27

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 7
FOR LINE NUMBER 11 (a) (i)

Contributions from Individuals/Persons other than political committees

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

NAME OF COMMITTEE (In Full)

Bowles for Congress Committee

000313254

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Christopher A. Heckscher 5 St. Charles Street Boston, MA 02116	Wellington Mgt. Co	8/28/96	100. memo entry
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: securities analyst Aggregate Year-to-Date > \$ 240.		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jennifer U. Johnson 3680 Richmond Street Jacksonville, FL 32205		8/28/96	500. memo entry
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: at home 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
Margaret Burden Childs 10 East 53rd Street, 32nd fl New York, NY 10022		8/28/96	500. memo entry
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: at home Aggregate Year-to-Date > \$ 500		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Marjorie W. Whittemore 5 Onawa Lane Falmouth, MA 02540		8/31/96	50.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: retired 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
Andrew M. Kennedy 1622 19th Street, NW Washington, D.C., 20009	M&R Strategic Services	8/31/96	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: consultant Aggregate Year-to-Date > \$ 1,000		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Charles U. Lowe, M.D. 14 Hubbard Park Road		8/31/96	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: retired Aggregate Year-to-Date > \$ 350		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Frank W. Hoch Seven Gates Farm Vineyard Haven, MA 02568		9/3/96	925.00 primary 75.00 general
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: retired Aggregate Year-to-Date > \$ 1,075		

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 7
FOR LINE NUMBER 11 (a) (i)

Contributions from Individuals/Persons other than political committees

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NAME OF COMMITTEE (in Full)

Bowles for Congress Committee

C00313254

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Thomas C. Eagan 5706 Chapman Mill Dr. Rockville, MD 20852	Connections TDI	9/3/96	150.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: travel manager		
	Aggregate Year-to-Date > \$ 365.		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Martha M. Watts 200 Park Avenue, 46th fl New York, NY 10166		9/3/96	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: homemaker		
	Aggregate Year-to-Date > \$ 1,000		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Lavinia M. Currier 84 State Street, Suite 900 Boston, MA 02109	self	9/3/96	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: film maker		
	Aggregate Year-to-Date > \$ 1,000		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Joel W. McCleary 84 State Street, Suite 900 Boston, MA 02109	self	9/3/96	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: investor		
	Aggregate Year-to-Date > \$ 1,000		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Robert J. Fisher One Harrison Street San Francisco, CA 94105	The Gap, Inc.	9/3/96	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: chief operating officer		
	Aggregate Year-to-Date > \$ 1,000.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Peter Palandjian 22 Wellesley Road Belmont, MA 02178	Intercontinental	9/3/96	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: chairman & CEO		
	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
John D. COnstable, M.D. 63 Bullard Street Sherborn, MA 01770	self	9/4/96	100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: surgeon		
	Aggregate Year-to-Date > \$ 250.		

SUBTOTAL of Receipts This Page (optional)

4,250.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 7
FOR LINE NUMBER 11 (a) (i)

Contributions from Individuals/Persons other than political committees

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NAME OF COMMITTEE (In Full)

Bowles for Congress Committee

C00313254

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
George Biddle 3606 Norton Pl. NW Washington, D.C. 20016	Inst. for Central Amer. Studies	9/4/96	150.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: executive	Aggregate Year-to-Date > \$400.	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Deborah Jackson Weiss 32 Clovelly Road Chestnut Hill, MA 02167-1238	Ropes & Gray	9/5/96	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: attorney	Aggregate Year-to-Date > \$600.	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Sharon I. Meers 2057 Broadway San Francisco, CA 94115	Goldman, Sachs & Co.	9/5/96	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: investment banker	Aggregate Year-to-Date > \$1,000	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Sara Dennis 297 Church Street, Apt. 2 New York, NY 10013	Calvin Klein, Inc.	9/5/96	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: design director	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
Byron Swift 3731 W Street NW Washington, D.C. 20007	Environmental Law Inst.	9/5/96	50.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: attorney	Aggregate Year-to-Date > \$450.	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Malcolm K. Fleschner 2155 Ibis Isle Road Palm Beach, FL 33480	self	9/5/96	200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: investor	Aggregate Year-to-Date > \$1,000	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Clara Bingham 3406 P Street NW Washington, D.C. 20007	self	9/5/96	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: writer	Aggregate Year-to-Date > \$1,000	

SUBTOTAL of Receipts This Page (optional)

3,150.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 4 OF 7
FOR LINE NUMBER 11 (a) (4)

Contributions from Individuals/Persons other than political committees

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NAME OF COMMITTEE (In Full)

Bowles for Congress Committee

000 313254

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jean Rudnick 20 Park Street Brookline, MA 02146		9/9/96	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: retired Aggregate Year-to-Date > \$ 1,000		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Marian F. Thornton 330 Garfield Road Concord, MA 01742		9/9/96	200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: volunteer Aggregate Year-to-Date > \$ 300.		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Charles J. Birdsey Box 1324 East Orleans, MA 02643	Speedwell Boatworks	9/9/96	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: boat builder Aggregate Year-to-Date > \$ 1,000		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Joshua B. Bernstein 4401 Cathedral Avenue NW Washington, D.C. 20016	Bernstein & Co.	9/10/96	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: real estate developer Aggregate Year-to-Date > \$ 1,000		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jane D. Hartley 444 Madison Avenue, Suite 2904 New York, NY 10022	chief executive officer	9/10/96	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: G7 Group Aggregate Year-to-Date > \$ 1,000		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Felicity Nitz Gund 4645 Independence Bronx, NY 10471		9/10/96	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: homemaker 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
Pamela Kohlberg Vinal 45 Block House Lane Norwell, MA 02061	Kohlberg & Co.	9/12/96	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: consultant Aggregate Year-to-Date > \$ 1,000		

SUBTOTAL of Receipts This Page (optional)

5,450.00

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 5 OF 7
FOR LINE NUMBER 11 (a) (1)

Contributions from Individuals/Persons other than political committees

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NAME OF COMMITTEE (In Full)

Bowles for Congress Committee

C:00313254

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Joseph B. Hall P.O. Box 2219 Vineyard Haven, MA 02568	self	9/3/96	900.00 (in-kind contrib.)
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: tavern owner	9/12/96	50.00 (Food)
	Aggregate Year-to-Date > \$ 950.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
John Abrams Box 359 Chilmark, MA 02535	South Mountain Co., Inc.	9/12/96	100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: executive		
	Aggregate Year-to-Date > \$ 350.		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Emily Bramhall RFD Box 333 Chilmark, MA 02535	Bramhall & Dunn	9/12/96	20.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: owner		
	Aggregate Year-to-Date > \$ 20.		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Meredith Auld Brokaw 941 Park Avenue New York, NY 10028	Pennywhistle Toys	9/12/96	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: principal		
	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
Douglas S. Clowes P.O. Box 166 Acworth, NH 03601		9/12/96	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: graduate student		
	Aggregate Year-to-Date > \$ 1,000		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Calvin H. Plimpton 4600 Palisade Avenue Riverdale, NY 10471-3508		9/12/96	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: retired		
	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
Frank J. Biondi, Jr. 455 Livingston Avenue Bronx, NY 10471	MCA, Inc.	9/12/96	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: chairman & CEO		
	Aggregate Year-to-Date > \$ 500		

SUBTOTAL of Receipts This Page (optional) 2,820.00

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 6 OF 7

FOR LINE NUMBER 11 (a) (i)

Contributions from Individuals/Persons other than political committees

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NAME OF COMMITTEE (In Full)

Bowles for Congress Committee

CGD313254

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
John E. Hobbie 52 McCallum Drive Falmouth, MA 02540	Marine Biological Lab	9/13/96	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: scientist	Aggregate Year-to-Date > \$500.	
Christopher I. Wright, MD 9 Florence Street Cambridge, MA 02139	Brigham & Women's Hosp.	9/13/96	100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: resident	Aggregate Year-to-Date > \$300.	
Gilbert Butler 767 Fifth Avenue New York, NY 10153	Butler Capital Corp.	9/14/96	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: president	Aggregate Year-to-Date > \$ 500.	
James H. Jackson, MD 356 Walnut Street Brookline, MA 02146		9/14/96	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: retired	Aggregate Year-to-Date > \$1,000	
Anthony D. Cortese 30 Maple Avenue Cambridge, MA 02139	Second Nature	9/14/96	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: administrator	Aggregate Year-to-Date > \$ 500.	
Carol Sawyer Parks 142 Berkeley Street Boston, MA 02116	self	9/14/96	950.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: investor	Aggregate Year-to-Date > \$ 1,000	
Elaine R. Wolfensohn 5305 N. Prince Place Jackson, WY 83001		9/16/96	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: at home	Aggregate Year-to-Date > \$ 500.	

SUBTOTAL of Receipts This Page (optional)

3,300

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 7

FOR LINE NUMBER 11 (a) (i)

Contributions from Individuals/Persons other than political committees

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NAME OF COMMITTEE (in Full)

Bowles for Congress Committee

000313254

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Edith S. Bingham P.O. Box 64 Glenview, KY 40025		9/16/96	275.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: at home		
	Aggregate Year-to-Date > \$ 425.		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Barbara Woll Jones 38 Locust Street Palmouth, MA 02540	self	9/16/96	100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: designer & builder		
	Aggregate Year-to-Date > \$ 300		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Priscilla Mason 4000 Cathedral Avenue NW Washington, D.C. 20016		9/17/96	750.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: retired		
	Aggregate Year-to-Date > \$ 1,000		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Lynda S. Trewn 111 W. 67th Street, 30C New York, NY 10023	self	9/17/96	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: playwright		
	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
Hansjörg Wyss 1690 Russell Street Paoli, PA 19301	Synthes North America	9/26/96	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: chairman & CEO		
	Aggregate Year-to-Date > \$ 1,000		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Anne Gilson Haney 61 Lincoln Road Wayland, MA 01778		9/30/96	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: at home		
	Aggregate Year-to-Date > \$ 1,000		
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)

3,375.00

TOTAL This Period (last page this line number only)

23,895.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1

FOR LINE NUMBER 11 (a)

Contributions from Other Political Committees

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

NAME OF COMMITTEE (in Full) **Bowles for Congress Committee** C00313254

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Sierra Club Committee on Political Education 730 Polk Street, San Francisco, CA 94109 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	9/4/96	500.00
Aggregate Year-to-Date \$ 500.			
B. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date \$ 0.			
C. Full Name, Mailing Address and ZIP Code 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 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 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 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 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) 500.00

TOTAL This Period (last page this line number only) 500.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 13 (a)

Loans Made or Guaranteed by the Candidate

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)

Bowles for Congress Committee

C00313254

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ian A. Bowles Box 732 Woods Hole, MA 02543	self	9/4/96	20,000 personal
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: candidate	9/9/96	150,000 funds
	Aggregate Year-to-Date > \$ 372,500	9/10/96	100,000 "
		9/16/96	7,500 "
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)

277,500

TOTAL This Period (last page this line number only)

277,500

SCHEDULE A

ITEMIZED RECEIPTS

Offsets to Operating Expenditures

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

PAGE 1 OF 1
FOR LINE NUMBER 14

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)

Bowles for Congress Committee

C00313254

A. Full Name, Mailing Address and ZIP Code	Name of Employer (partial refund of fee)	Date (month, day, year)	Amount of Each Receipt This Period
The Clinton Group, Inc. 1350 Connecticut Avenue, NW Washington, D.C. 20036 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$ 500.	9/9/21/96	500.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period

SUBTOTAL of Receipts This Page (optional) 500.00

TOTAL This Period (last page this line number only) 500.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1

FOR LINE NUMBER 15

Other Receipts: interest on bank account

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)

Bowles for Congress Committee

C00313254

A. Full Name, Mailing Address and ZIP Code Plymouth Savings Bank P.O. Box 1439 Middleboro, MA 02346 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date \$ 1,094.27	Date (month, day, year) 9/5/96	Amount of Each Receipt this Period 142.88
B. Full Name, Mailing Address and ZIP Code Receipt For: <input 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
C. Full Name, Mailing Address and ZIP Code Receipt For: <input 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
D. Full Name, Mailing Address and ZIP Code Receipt For: <input 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 Receipt For: <input 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
F. Full Name, Mailing Address and ZIP Code Receipt For: <input 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 Receipt For: <input 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
SUBTOTAL of Receipts This Page (optional)			142.88
TOTAL This Period (last page this line number only)			142.88

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 4
FOR LINE NUMBER 17

Operating Expenditures

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)

Bowles for Congress Committee

C00313254

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Robert L. Robbins 42 Cachalot Lane Falmouth, MA 02540	office rent and utilities	9/2/96	850.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/13/96	344.07
Atri Michael Signer 533 Palmer Avenue Falmouth, MA 02540	salary	8/30/96	940.33
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/13/96 9/20/96	940.33 500.99
C. Full Name, Mailing Address and ZIP Code Emily Fleschner Box 732 Woods Hole, MA 02543	salary	8/30/96	940.33
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/13/96 9/20/96	940.33 500.99
D. Full Name, Mailing Address and ZIP Code Emily Fleschner see above	reimbursement: postage U.S. Postal Service	9/5/96	128.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
E. Full Name, Mailing Address and ZIP Code James W. Bowen 23 Uncatena Road West Falmouth, MA 02574	salary	8/30/96	277.05
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
F. Full Name, Mailing Address and ZIP Code Neil P. Carpenter Box 732 Woods Hole, MA 02543	salary	8/30/96	680.62
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/13/96 9/20/96	680.62 235.37
G. Full Name, Mailing Address and ZIP Code Daniel M. Traim Box 732 Woods Hole, MA 02543	stipend	9/2/96	175.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/20/96	150.00
H. Full Name, Mailing Address and ZIP Code Dorothy Hahn P.O. Box 623 North Falmouth, MA 02556	rent: interns	9/2/96	200.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code Postmaster Falmouth U.S. Postal Service Falmouth, MA 02540	bulk mailing	9/5/96	218.19
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Operating Expenditures

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) **Bowles for Congress Committee** C00313254

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Plymouth Savings Bank P.O. Box 1439 Middleboro, MA 02346	federal tax deposits, bank fees	8/6/96	5.30
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	9/9/96	5.00
	<input type="checkbox"/> Other (specify)	9/9/96	15.00
Plymouth Savings Bank see above	see above	9/10/96	15.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	9/4/96	15.00
	<input type="checkbox"/> Other (specify)	9/13/96	15.00
Plymouth Savings Bank see above	see above	9/16/96	2,862.95
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
The Job Shop Box 305 Woods Hole, MA 02543	printing & copying	9/2/96	297.68
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
The Campaign Group, Inc. 1600 Locust Street Philadelphia, PA 19103	advertising time: purchase of television	9/4/96	40,000.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	9/9/96	150,000.00
	<input type="checkbox"/> Other (specify)	9/10/96	100,000.00
The Clinton Group, Inc. 1350 Connecticut Avenue NW Washington, D.C. 20036	report phone bank: calls &	9/13/96	10,000.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
Payday, Inc. 19 Falmouth Heights Road Falmouth, MA 02540	payroll service	9/2/96	59.80
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
AT&T P.O. Box 371302 Pittsburgh, PA 15250-7302	long-distance phone service	9/6/96	1,125.54
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
Business Machine Specialists 26 Barnstable Road Hyannis, MA 02601	service on copier	9/6/96	86.76
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Operating Expenditures

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) **Bowles for Congress Committee** C00313254

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Geo. W. King Company 1205 South Carey Street Baltimore, MD 21230	printing flyer Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/6/96	1005.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
The Penikese Island School Box 161 Woods Hole, MA 02543	rent: interns Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/6/96	250.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Martha's Vineyard Times Box 2171 Vineyard Haven, MA 02568	newspaper ad Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/11/96	348.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Vineyard Gazette Box 66 Edgartown, MA 02539	newspaper ad Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/11/96	366.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Jim's Package Store P.O. Box 160B Oak Bluffs, MA 02557	refreshments for event Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/13/96	231.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Commonwealth of Massachusetts	income tax state withholding Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/13/96	490.44
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
M&R Strategic Services 1815 H Street NW Washington, D.C. 20006	consulting, research & expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/16/96	15,075.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Decision Research 3911 5th Avenue, Suite 300 San Diego, CA 92103	public opinion poll Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/17/96 9/26/96	4,500.00 164.66
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Discount Office Supply 763 Main Street Falmouth, MA 02540	office supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/26/96	245.65

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 4 OF 4
FOR LINE NUMBER 17

Operating Expenditures

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 contributors from such committee.

NAME OF COMMITTEE (in Full)

Bowles for Congress Committee

C00313254

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
CellularOne P.O. Box 8904 Boston, MA 02266	cellular phone calls Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/26/96	499.99
B. Full Name, Mailing Address and ZIP Code The Village Printer 121 Locust Street Falmouth, MA 02540	printing & copying Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/26/96	740.25
C. Full Name, Mailing Address and ZIP Code Petty Cash 8/29/96-9/30/96	U.S. Postal Service Fed Express Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	photos; maps, books	Amount of Each Disbursement This Period 134.34 25.00 20.00 13.00
D. Full Name, Mailing Address and ZIP Code petty cash cont.	MV Steamship Authority Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	gas, parking & other travel	Amount of Each Disbursement This Period 66.50 359.03
E. Full Name, Mailing Address and ZIP Code petty cash cont.	office cleaning Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	supplies & food	Amount of Each Disbursement This Period 60.00 72.13
F. Full Name, Mailing Address and ZIP Code Joseph B. Hall (contributor) P.O. Box 2219 Vineyard Haven, MA 02568	in-kind contrib. food for fundraising event Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/3/96	Amount of Each Disbursement This Period 900.00 in-kind received
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)

338,770.14

LOANS

Name of Committee (in Full) Bowles for Congress Committee				C00313254
A. Full Name, Mailing Address and ZIP Code of Loan Source Ian A. Bowles Box 732 Woods Hole, MA 02543 Election: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Original Amount of Loan 20,000	Cumulative Payment To Date 0	Balance Outstanding at Close of This Period 20,000
Terms: Date Incurred <u>9/4/96</u> Date Due <u>none</u> Interest Rate <u>none</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: \$	(This area is shaded to indicate that the information is not required to be reported.)	
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 Ian A. Bowles Box 732 Woods Hole, MA 02543 Election: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Original Amount of Loan 150,000	Cumulative Payment To Date 0	Balance Outstanding at Close of This Period 150,000
Terms: Date Incurred <u>9/9/96</u> Date Due <u>none</u> Interest Rate <u>none</u> % (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: \$	(This area is shaded to indicate that the information is not required to be reported.)	
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 2, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.				

LOANS

Name of Committee (In Full) Bowles for Congress Committee		C00313254		
A. Full Name, Mailing Address and ZIP Code of Loan Source Ian A. Bowles Box 732 Woods Hole, MA 02543 Election: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Original Amount of Loan 100,000	Cumulative Payment To Date 0	Balance Outstanding at Close of This Period 100,000
Terms: Date Incurred <u>9/10/95</u> Date Due <u>none</u> Interest Rate <u>none</u> (apr) 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 Ian A. Bowles Box 732 Woods Hole, MA 02543 Election: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Original Amount of Loan 7,500	Cumulative Payment To Date 0	Balance Outstanding at Close of This Period 7,500
Terms: Date Incurred <u>9/16/95</u> Date Due <u>none</u> Interest Rate <u>none</u> (apr) 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)			277,500	
Carry outstanding balance only to LINE 2, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.				