

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

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FEC MAIL ROOM

2000 JUL 21 P 3:34

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) MORRISSEY FOR CONGRESS		2. FEC IDENTIFICATION NUMBER 00351882
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported. P.O. BOX 2685		
CITY, STATE and ZIP CODE WESTFIELD, NJ 07091-2685	STATE/DISTRICT NJ-07	3. IS THIS REPORT AN AMENDMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

4. TYPE OF REPORT

- April 15 Quarterly Report 12-Day Pre-Election Report (for this _____ (Type of Election) election on _____ in the State of _____)
- July 15 Quarterly Report
- October 15 Quarterly Report 30-Day Post-Election Report following the General 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 activity for: Primary Election General Election Special Election Runoff Election

SUMMARY

5. Covering Period MAY 18, 2000 through JUNE 30, 2000	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(a))	\$ 18,465.00	\$ 141,450.69
(b) Total Contribution Refunds (from Line 00(a))	\$ 3,500.00	\$ 3,500.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	\$ 14,965.00	\$ 137,950.69
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	\$ 143,611.96	\$ 236,092.84
(b) Total Offsets to Operating Expenditures (from Line 14)	-	-
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	\$ 143,611.96	\$ 236,092.84
8. Cash on Hand at Close of Reporting Period (from Line 27)	\$ 5,564.65	
9. Debts and Obligations Owed TO the Committee (Monitor all on Schedule C and/or Schedule D)	\$ 16,500.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ -0-	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll-Free 800-424-9530
Local 202-594-1100

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 STEVEN SHAPPER, TREASURER	Date 7/14/00
Signature of Treasurer <i>Steven Shapper</i>	

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5437g.

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DETAILED SUMMARY PAGE

of Receipts and Disbursements
(Page 2, FEC FORM 3)

Name of Committee (in full)	Report Covering the Period:	
MORRISBY FOR CONGRESS	From MAY 18	To JUNE 30th, 2008
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) -----	\$9,300.00	
(ii) Unitemized -----	\$3,665.00	
(iii) Total of contributions from individuals -----	\$12,965.00	\$42,758.25
(b) Political Party Committees -----	-	
(c) Other Political Committees (such as PACs) -----	\$5,500.00	\$48,350.00
(d) The Candidate -----	-	\$942.44
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(i), (b), (c) and (d)) -----	\$18,465	\$141,450.69
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES -----	-	-
13. LOANS:		
(a) Made or Guaranteed by the Candidate -----	-	\$5,850.00
(b) All Other Loans -----	-	
(c) TOTAL LOANS (add 13(a) and (b)) -----	-	\$5,850.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) -----	-	-
15. OTHER RECEIPTS (Dividends, Interest, etc.) -----	\$212.99	\$3269.63
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15) -----	\$18,677.99	\$153,570.90
II. DISBURSEMENTS		
17. OPERATING EXPENDITURES -----	\$143,611.96	\$236,092.84
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES -----	-	-
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate -----	\$5,500.00	\$14,350.00
(b) Of All Other Loans -----	-	
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b)) -----	\$5,500.00	\$14,350.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees -----	\$3,500.00	\$3,500.00
(b) Political Party Committees -----	-	
(c) Other Political Committees (such as PACs) -----	-	
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c)) -----	\$3,500.00	\$3,500.00
21. OTHER DISBURSEMENTS -----	\$500.00	\$500.00
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21) -----	\$153,111.96	\$254,442.84

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD -----	\$139,998.62	23
24. TOTAL RECEIPTS THIS PERIOD (from Line 16) -----	\$18,677.99	24
25. SUBTOTAL (add Line 23 and Line 24) -----	\$158,676.61	25
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22) -----	\$153,111.96	26
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25) -----	\$5,564.65	27

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 7 OF 5

FOR LINE NUMBER 11(A)

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)

MORAWSEY FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CHRISTOPHER ULMAN 3507 B S. STAFFORD ST. ARLINGTON, VA 22206-1811	SEC	5/26/00	\$ 200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CAMP. DIR.	Aggregate Year-to-Date > \$ 200.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BYRON ANDERSON SARAWANDS ST. CHEVY CHASE, MD 20815	AGC	5/25/00	\$ 100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation GOVT RELATIONS	Aggregate Year-to-Date > \$ 200.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
HAROLD ROSENBAUM 53 UENAPE LANE MONTVILLE, NJ 07045	VIDEO VIDEO	5/25/00	\$ 100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PRESIDENT	Aggregate Year-to-Date > \$ 350.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CAROL A. MARK 110 S. UBRAN LANSING, IL 60187	INFO REQUESTED	5/25/00	\$ 100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 200.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BRYN BRISCAVO 7915 KENTUCKY AVE BETHESDA, MD 20814	INFO REQUESTED	5/25/00	\$ 100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 250.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WILLIAM ROLF 80 CENTRAL PARK WEST, APT 16E NEW YORK, NY 10023	COLUMBIA UNIV	5/27/00	\$ 100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DIR OF EXT. RELATIONS	Aggregate Year-to-Date > \$ 600.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JAMES BAKER P.O. BOX 782 CHAGRIN FALLS, OH 44022	ARKER HANFMAN	5/26/00	\$ 100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation COUNSEL	Aggregate Year-to-Date > \$ 300.00	

SUBTOTAL of Receipts This Page (optional) \$ 800.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 5

FOR LINE NUMBER 1101

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NAME OF COMMITTEE (in Full)

MORRISBY FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MARK ANDREWS 570 MORRIS WAY SACRAMENTO, CA 95864	MDLINA MEDICAL SYSTEMS	5/27/00	\$100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: COACH	Aggregate Year-to-Date > \$600.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CANDIAN MARCHITTO 206 WESTFIELD ROAD CLARK, NJ	SELF	5/27/00	\$100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: ATTORNEY	Aggregate Year-to-Date > \$600.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOSEPH FALKENSTEIN 47 CRESCENT AVE PASSAIC, NJ 07055	SELF	5/27/00	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: JUDGE	Aggregate Year-to-Date > \$250.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
TJ MULLANEY 940 HIGHLAND AVE WESTFIELD, NJ 07090	INFO REQUESTED	5/25/00	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date > \$500.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JEFF PERLMAN 2745 CHESSAPPEAK ST, NW WASHINGTON, DC 20008	AMER ADVERTISING FED.	5/25/00	\$400.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: GOV'T RELATION	Aggregate Year-to-Date > \$400.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PETER BILSON 825 GRANT AVE WESTFIELD, NJ 07090	THE LEADER	5/30/00	\$700.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: DESIGNER	Aggregate Year-to-Date > \$1,000.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BRIAN FALKENSTEIN 47 CRESCENT AVE PASSAIC, NJ 07055	N/A	5/25/00	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: STUDENT	Aggregate Year-to-Date > \$500.00	

SUBTOTAL of Receipts This Page (optional)

\$2,550.00

TOTAL The Period (see page the line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 5
FOR LINE NUMBER (181)

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NAME OF COMMITTEE (in Full)

MORANSEY FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
BURT UNDER 3069 PONTER ST. NW WASHINGTON, DC 20008	SELF	5/25/00	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: ATTORNEY Aggregate Year-to-Date > \$500.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
SAM DELLA PERA 540 COLEMAN PLACE WESTFIELD, NJ 07090	GIBBONS DECORO	5/28/00	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: ATTORNEY Aggregate Year-to-Date > \$500.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
PAULOMBA MORANSEY 19 MEAKER DRIVE EDISON, NJ 08837	RETIRED	6/3/00	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: — Aggregate Year-to-Date > \$1,000.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
DANIEL NOWELL 38 MERRIDEN DR SPARTA, NJ 07871	NOWELL AMOROSO	5/30/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: ATTORNEY Aggregate Year-to-Date > \$1,000.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
STEVEN SKAPPA 5 MONROUSE PLACE NEW PROVIDENCE, NJ	PAINE WEBBER	5/31/00	\$200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: U.P. INSTITUTIONAL SALES Aggregate Year-to-Date > \$400.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
SHANNON RUSSELL 4277 S. 35TH ST. APT B-1 ARLINGTON, VA 22206-1833	ASTRAND OIL	5/30/00	\$200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: GOV'T RELATIONS Aggregate Year-to-Date > \$200.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
BRYAN MILLER 4807 SOUTH 7TH ROAD ARLINGTON, VA 22204	AMEA	5/30/00	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: GOV'T RELATIONS Aggregate Year-to-Date > \$250.00		

SUBTOTAL of Receipts This Page (optional)

\$2,650.00

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 5

FOR LINE NUMBER

11621

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NAME OF COMMITTEE (In Full)

MODERISE/ FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
WILLIAM JARRELL 9287 VOLUNTEER DR ARLINGTON, VA 22309 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	PRESTON GARD Occupation: LIBRARIAN Aggregate Year-to-Date > \$ 200.00	5/31/00	\$ 200.00
VIRGINIA HOWELL 38 MEADITH DR SPARTA, NJ 07871 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	INFO REQUESTED Occupation: Aggregate Year-to-Date > \$ 1,000.00	6/1/00	\$ 1,000.00
MARK POWELL 231 SUNSET AVE WESTFIELD, NJ 07090 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	INFO REQUESTED Occupation: Aggregate Year-to-Date > \$ 250.00	6/1/00	\$ 250.00
ERIC BERBER 14 ROYAL RIDGE PLACE THE WOODLANDS, TX 77382 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	US ONCOLOGY Occupation: DIR. OF POLICY Aggregate Year-to-Date > \$ 350.00	5/26/00	\$ 100.00
CARL WALSTEIN 4809 JAMESTOWN ROAD BETHESDA, MD 20816 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	AMENT FOX Occupation: ATTORNEY Aggregate Year-to-Date > \$ 200.00	6/2/00	\$ 200.00
DAVID OSWOS 6606 PLURACREST COURT BETHESDA, MD 20816 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	AMENT FOX Occupation: ATTORNEY Aggregate Year-to-Date > \$ 350.00	6/2/00	\$ 200.00
MARK BURENBAM 1124 TERRACE ST. LOUIS, MO 63117 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	AAB Occupation: EXEC. DIRECTOR Aggregate Year-to-Date > \$ 250.00	6/5/00	\$ 250.00

SUBTOTAL of Receipts This Page (optional)

\$ 2,200.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 5 OF 5

FOR LINE NUMBER 11(a)

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NAME OF COMMITTEE (in Full)

MORRISSEY FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code JOSEPHINE HATON 12 FISHER PLACE RED BANK, NJ 07701 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer VNA-BROOKLYN Occupation EXECUTIVE Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 6/2/00	Amount of Each Receipt this Period \$500.00
B. Full Name, Mailing Address and ZIP Code ROBERT COLLIER 461 CHRISTINE CT FRENCH, NJ 07728 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer NAVISYS Occupation COMD PROGRAMMER Aggregate Year-to-Date > \$ 100.00	Date (month, day, year) 6/5/00	Amount of Each Receipt this Period \$100.00
C. Full Name, Mailing Address and ZIP Code THOMAS GILLIGAN WASHINGTON, DC 20015 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer SELF Occupation GOVT RELATIONS Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 6/13/00	Amount of Each Receipt this Period \$250.00
D. Full Name, Mailing Address and ZIP Code JAMES BAYNETTE 2125 TAYLOR HWY WASHINGTON, DC 20515 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer HOUSE COMMENCE COMMITTEE Occupation COUNSEL Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 6/2/00	Amount of Each Receipt this Period \$250.00
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)	\$1,100.00
TOTAL This Period (last page this line number only)	\$9,300.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 1160

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NAME OF COMMITTEE (in Full)

MORANBY FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
US TEAM PAC 100 WEST PUTNAM AVE GREENWICH, CT 06830	-	5/25/00	\$ 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LEADERSHIP PAC 2000 1199 N. FAIRFAX ST. SUITE 425 ALEXANDRIA, VA 22314	-	5/25/00	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$1,000.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ASHLAND INC PAC P.O. BOX 391 ASHLAND, KY 41114	-	5/31/00	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$1,000.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ASSOCIATED BUILDERS + CONTRACTORS PAC 1320 NORTH 17TH ST. ROSSLYN, VA 22009	-	6/1/00	\$ 2,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 2,000.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NEW YORK STATE ELECT+GAS PAC P.O. BOX 5824 BINGHAMTON, NY 13902	-	5/25/00	\$ 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
AMERICAN GENERAL CORP. PAC 1101 PENNSYLVANIA AVE, NW STR 1035 WASHINGTON, DC 20004	-	6/1/00	\$ 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,000.00	
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) \$ 5,500.00

TOTAL This Period (last page this line number only) \$ 5,500.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 15

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NAME OF COMMITTEE (In Full)

MORRISBY FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code TOWN BANK OF WESTFIELD SOUTH AVE WESTFIELD, NJ 07090	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	INTEREST PAYMENT	6/12/00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,607.98	

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) \$ 212.99

TOTAL This Period (last page this line number only) \$ 212.99

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE / OF 8
FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

MORRISSEY FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
COMCAST/CABLEVISION 650 LIBERTY AVE LAWSON, NJ 07083	CABLE SPOTS Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/18/00	\$ 7901.00
B. Full Name, Mailing Address and ZIP Code INTERMEDIA POST 120 RT 17 NORTH PARANUS, NJ 07652	CUT TV SPOT Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/18/00	\$ 2792.51
C. Full Name, Mailing Address and ZIP Code TARGETED CREATIVE COMMUNICATION 1000 DUKE ST. ALEXANDRIA, VA	DIRECT MAIL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/18/00	\$ 7889.78
D. Full Name, Mailing Address and ZIP Code NORTH JENSBY COPY FAX 160 HENRY AVE NEW MILFORD, NJ 07646	COPIES Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/18/00	\$ 385.44
E. Full Name, Mailing Address and ZIP Code FEDERAL EXPRESS P.O. BOX 1140 MEMPHIS, TN 38101	OVERNIGHT PACKAGES Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/18/00	\$ 60.13
F. Full Name, Mailing Address and ZIP Code STAR LEDGER STAR LEDGER WAY NEWARK, NJ 07102	SUBSCRIPTION Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/18/00	\$ 12.60
G. Full Name, Mailing Address and ZIP Code MIKE DEIBENE 174 SUMMIT AVE SUMMIT, NJ 07901	REIMBURSEMENT FOR Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/18/00	\$ 34.44
H. Full Name, Mailing Address and ZIP Code SERENITY HAWLEY 1708 DUKE DRIVE WOODBRIDGE, NJ 07095	REIMBURSEMENT FOR Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/18/00	\$ 25.61
I. Full Name, Mailing Address and ZIP Code CABLEVISION OF NANTUCKET VALLEY 275 CENTRAL AVE DISCANTON, NJ 08854	CABLE ADS Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/19/00	\$ 3892.00

SUBTOTAL of Disbursements This Page (optional)

\$22,993.51

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 8
FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

MORRISSEY FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
POSTMASTER - WESTFIELD CENTRAL AVE WESTFIELD, NJ 07091	POSTAGE Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/19/00	\$193.71
OFFICE MAX 1581 HIGHWAY # 22 WATCHUNG, NJ 07060	COPIES/TONER Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/19/00	\$263.78
OFFICE MAX 1581 HIGHWAY # 22 WATCHUNG, NJ 07060	COPIES Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/23/00	\$101.25
CABLEVISION 875 CRAWFORD AVE DECATUR, NJ 08854	CABLE ADS Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/23/00	\$4,346.20
COMCAST/CABLEVISION 650 LIBERTY AVE UNION, NJ 07083	CABLE ADS Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/23/00	\$6,895.00
TELEPORT CREATIVE COMMUNICATION 1000 DUKE ST. ALEXANDRIA, VA	MAIL + POSTAGE Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/24/00	\$39,000.00
CAPITOL PROMOTIONS 2362 CALDWELL AVE GLENSIDE, PA 19088	DOOR HANGERS/LIT Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/24/00	\$795.00
PUBLIC OPINION STRATEGIES 277 SOUTH WASHINGTON ST ALEXANDRIA, VA 22314	CONSULTING FEE Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/24/00	\$6,200.00
THE WESTFIELD LEADER 50 BLM STREET WESTFIELD, NJ 07090	NEWSPAPER AD Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/29/00	\$700.00

SUBTOTAL of Disbursements This Page (optional)

\$58,494.94

TOTAL for Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 3 OF 8
FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

MORRISBY FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
POSTMASTER - WESTFIELD CENTRAL AVE WESTFIELD, NJ 07091	POSTAGE Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/29/00	\$ 60.39
TARGETED CREATIVE COMMUNICATION 1000 DUKE ST ALEXANDRIA, VA	MAIL + POSTAGE Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/29/00	\$ 39,686.44
OFFICE MAX 1581 HIGHWAY #22 WATCHUNG, NJ 07060	COPIES Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/1/00	\$ 62.01
POSTMASTER - WESTFIELD CENTRAL AVE WESTFIELD, NJ	POSTAGE Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/1/00	\$ 375.00
PAUL DA COSTA 15 ALLISON CT EDISON, NJ 08820	SALARY/PAYROLL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/2/00	\$ 224.00
PAUL DA COSTA 15 ALLISON CT EDISON, NJ 08820	FOR REIMBURSEMENT SUPPLIER Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/2/00	\$ 15.00
DAN ROMAYNE 174 SUMMIT AVE SUMMIT, NJ 07901	PAYROLL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/2/00	\$ 1163.00
DAN ROMAYNE 174 SUMMIT AVE SUMMIT, NJ 07901	WORKING MILEAGE Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/2/00	\$ 52.80
SEANBETHY HANLEY 1706 DUKE DRIVE WOODBRIER, NJ 07095	PAYROLL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/2/00	\$ 1143.00

SUBTOTAL of Disbursements This Page (optional)

\$ 42,781.64

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 8
FOR LINE NUMBER 17

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NAME OF COMMITTEE (in full)

MORRISON FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
MIKE DELBANE 174 SUMMIT AVE SUMMIT, NJ 07901	PAYROLL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/2/00	\$ 777.00
B. Full Name, Mailing Address and ZIP Code POSTMASTRA-LLISTIPES CENTRAL AVE WESTFIELD, NJ 07091	POSTAGE Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/2/00	\$ 190.00
C. Full Name, Mailing Address and ZIP Code FEATHER HODGES 7320 N. DREAMY DRIVE PHOENIX, AZ 85020	PHONE'S Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/2/00	\$ 8500.00
D. Full Name, Mailing Address and ZIP Code TRAVICE RAFFERTY 4A BURNSIDE AVE CAMBRIDGE, MS	VOLUNTEER WORK Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/5/00	\$ 50.00
E. Full Name, Mailing Address and ZIP Code LAURA SYMANSKI	VOLUNTEER WORK Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/5/00	\$ 50.00
F. Full Name, Mailing Address and ZIP Code KYLE WARD 20 BIRCHFIELD AVE CAMBRIDGE, MS	VOL. WORK Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/5/00	\$ 50.00
G. Full Name, Mailing Address and ZIP Code DAN MILLET	VOL. WORK Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/5/00	\$ 50.00
H. Full Name, Mailing Address and ZIP Code VINCENT MUND?	VOL. WORK Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/5/00	\$ 50.00
I. Full Name, Mailing Address and ZIP Code CRYSTAL FREN	VOL. WORK Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/5/00	\$ 50.00

SUBTOTAL of Disbursements This Page (optional)

\$ 9,767.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules for each category of the Detailed Summary Page

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FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

MORALISBY FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
MEGAN LODGE	VOL. WORK Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/5/00	\$ 50.00
ROBBIE DEMICOLA	VOL. WORK Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/5/00	\$ 50.00
BRIAN SCOTT	VOL. WORK Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/5/00	\$ 50.00
CHRISTIAN DEMESSI	VOL. WORK Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/5/00	\$ 50.00
MELAN MCGAURAN	VOL. WORK Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/5/00	\$ 50.00
DAIN WATSH & DAVIS ST. CLAMPOND, NJ	VOL. WORK Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/5/00	\$ 50.00
JESSICA MERCADANTE	VOL. WORK Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/5/00	\$ 50.00
TRUCIA SOPHA 108 ELM ST. CLAMPOND, NJ	VOL. WORK Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/5/00	\$ 50.00
CRISTINE CLARK I WALL ST CLAMPOND, NJ	VOL. WORK Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/5/00	\$ 50.00

SUBTOTAL of Disbursements This Page (optional)

\$ 450.00

TOTAL This Period (see page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in full)

WADSWORTH FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
TRAVAR SMITH 24 WALL ST. CLARKFORD, NJ	VOL. WORK Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/5/00	\$50.00
TRAVIS RAFTNER 4A BURNSIDE AVE CLARKFORD, NJ	VOL. WORK Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/5/00	\$25.00
DAN MILLER	VOL. WORK Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/5/00	\$25.00
KYLE WARD 20 BIRCHPKW BL CLARKFORD, NJ	VOL. WORK Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/5/00	\$85.00
ELAINE MOFFETT 9 BLM STREET WESTFIELD, NJ 07090	RENT Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/5/00	\$500.00
DAN ROMANUK 174 SUMMIT AVE SUMMIT, NJ 07901	PAYROLL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/12/00	\$581.50
EPI P.O. BOX 397 FAIRVIEW, NJ 07028	USE OF PHONES Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/13/00	\$1200.00
NORTH BEASLEY COPY FAX 160 C. HENRY AVE NEW MILFORD, NJ 07646	COPIES Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/13/00	\$235.67
FEDERAL EXPRESS P.O. BOX 1140 MEMPHIS, TN 38101-1140	OVERNIGHT PACKAGES Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/13/00	\$203.58

SUBTOTAL of Disbursements This Page (optional)

\$2845.75

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

MONISEH FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
PSE&G P.O. BOX 14105 NEW BRUNSWICK, NJ 08906-4105	ELECTRIC BILL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/13/00	\$ 83.20
MCI WORLD COM P.O. BOX 52251 PHOENIX, AZ 85072-2251	PHONE SERVICE Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/13/00	\$ 988.69
SEBASTY HANLEY 1708 DUKE DRIVE WOODBRIDGE, NJ 07095	PAYROLL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/13/00	\$ 533.40
MIKE DELBENE 174 SUMMIT AVE SUMMIT, NJ 07901	PAYROLL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/13/00	\$ 362.60
PAUL deCASTA 15 ALLISON CT EDISON, NJ 08820	PAYROLL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/13/00	\$ 116.66
SEBASTY HANLEY 1708 DUKE DRIVE WOODBRIDGE, NJ 07095	REIMBURSEMENT FOR NIGHT SUPPLIES Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/13/00	\$ 181.79
U.S. TREASURY HOLTSVILLE, NY 00561	TAXES Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/13/00	\$ 2957.08
STATE OF NJ, DIV OF REVENUE P.O. BOX 248 TRENTON, NJ 08646-0248	TAXES Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/13/00	\$ 648.90
STEPHEN MARKS 2300 WILSON BLVD, # 49 FALLINGTON, VA 22201	REIMBURSEMENT FOR TRAVEL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/13/00	\$ 370.00

SUBTOTAL of Disbursements This Page (optional)

\$6,242.32

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 8 OF 8
FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

MADRASEY FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
E - CONTRIBUTION 655 15th St. NW 6th St. Lobby Washington, DC 20005	FEES Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/8/00	\$ 36.80
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

\$ 36.80

TOTAL This Period (last page this line number only)

\$ 143,611.96

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)
MORALISEY FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
PATRICK MORALISEY P.O. BOX 2685 WESTFIELD, NJ 07091-2685	REPAY LOAN Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/5/00	\$5,000.00
PATRICK MORALISEY P.O. BOX 2685 WESTFIELD, NJ 07091-2685	REPAY LOAN Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/8/00	\$ 500.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) **\$5,500.00**

TOTAL This Period (last page this time number only) **\$5,500.00**

LOANS

Name of Committee (in Full)
MORRISBY FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code of Loan Source PATRICK MORRISBY P.O. BOX 2685 WESTFIELD, NJ 07091-2685 Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Original Amount of Loan \$22,000	Cumulative Payment To Date \$5,500.00	Balance Outstanding at Close of This Period \$16,500.00
---	--	---	---

Terms: Date Incurred _____ Date Due 6/30/80 Interest Rate _____ % (ap) 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):	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
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Terms: Date Incurred _____ Date Due _____ Interest Rate _____ % (ap) Secured

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

1. Full Name, Mailing Address and ZIP Code	Name of Employer 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 _____
\$16,500.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 27(a)

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)

MORRISSEY FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
GARY OSEA 136 ENGLE ST TRAPPY, NJ 07670	REFUND GEN-ELC CONT Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/13/00	\$1,000.00
CINDY OSEA 136 ENGLE ST TRAPPY, NJ 07670	REFUND GEN-ELC CONT Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/13/00	\$1,000.00
MARY MORRISSEY 309 WENDLEY PLACE MORGANVILLE, NJ 07751	REFUND GEN-ELC CONT Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/13/00	\$1,000.00
JOE GABRIEL 309 WENDLEY PLACE MORGANVILLE, NJ 07751	REFUND GEN-ELC CONT Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/13/00	\$500.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)

\$3,500.00

TOTAL This Period (last page this line number only)

\$3,500.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 21

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NAME OF COMMITTEE (In Full)

MORRISSEY FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code

JIM DONNAN
LONGMOUTH HOB / REP. MICHIGAN
WASHINGTON, DC 20515

Purpose of Disbursement

REPAIR OF CABLE

Disbursement for: Primary General
 Other (specify)

Date (month, day, year)

5/26/00

Amount of Each Disbursement This Period

\$ 500.00

B. Full Name, Mailing Address and ZIP Code

Purpose of Disbursement

Disbursement for: Primary General
 Other (specify)

Date (month, day, year)

Amount of Each Disbursement This Period

C. Full Name, Mailing Address and ZIP Code

Purpose of Disbursement

Disbursement for: Primary General
 Other (specify)

Date (month, day, year)

Amount of Each Disbursement This Period

D. Full Name, Mailing Address and ZIP Code

Purpose of Disbursement

Disbursement for: Primary General
 Other (specify)

Date (month, day, year)

Amount of Each Disbursement This Period

E. Full Name, Mailing Address and ZIP Code

Purpose of Disbursement

Disbursement for: Primary General
 Other (specify)

Date (month, day, year)

Amount of Each Disbursement This Period

F. Full Name, Mailing Address and ZIP Code

Purpose of Disbursement

Disbursement for: Primary General
 Other (specify)

Date (month, day, year)

Amount of Each Disbursement This Period

G. Full Name, Mailing Address and ZIP Code

Purpose of Disbursement

Disbursement for: Primary General
 Other (specify)

Date (month, day, year)

Amount of Each Disbursement This Period

H. Full Name, Mailing Address and ZIP Code

Purpose of Disbursement

Disbursement for: Primary General
 Other (specify)

Date (month, day, year)

Amount of Each Disbursement This Period

I. Full Name, Mailing Address and ZIP Code

Purpose of Disbursement

Disbursement for: Primary General
 Other (specify)

Date (month, day, year)

Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

\$ 500.00


TOTAL This Period (last page this line number only)

\$ 500.00

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

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

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
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<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	
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