

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL-ROOM

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) Nicholas Alinto for Congress		2. FEC IDENTIFICATION NUMBER 000308403
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported. 555 Capitol Mall, Ste. 525		
CITY, STATE and ZIP CODE Sacramento, CA 95814	STATE/DISTRICT CA/01	3. IS THIS REPORT AN AMENDMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

4. TYPE OF REPORT

April 15 Quarterly Report
 Twelfth day report preceding General election on 11/05/96 in the State of California

July 15 Quarterly Report
 Thirtieth day report following the General Election on _____ in the State of _____

October 15 Quarterly Report
 Termination Report

January 31 Year End Report
 Primary Election
 General Election
 Special Election
 Runoff Election

July 31 Mid-Year Report (Non-election Year Only)

This report contains activity for

SUMMARY

6. Covering Period <u>10/01/96</u> through <u>10/16/96</u>	COLUMN A This Period	COLUMN B Calendar Year-to-Date
7. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(a))	108,057.36	743,961.35
(b) Total Contribution Refunds (from Line 20(c))	0.00	1,120.00
(c) Net Contributions (other than loans) (subtract Line 7(b) from 7(a))	108,057.36	742,841.35
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	136,903.12	859,526.75
(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	2,698.11
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	136,903.12	856,828.64
8. Cash on Hand at Close of Reporting Period (from Line 27)	156,843.31 *	For further information contact: Federal Election Commission 800 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-375-5120
9. Debts and Obligations Owed TO the Committee (Items all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Items all on Schedule C and/or Schedule D)	300,500.00	

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

Type or Print Name of Treasurer Angelina R. Alinto		Date Oct 21, 1996
Signature of Treasurer 		

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

*An additional \$5,000 is on deposit in an interest-bearing account to guarantee the committee's credit card account, and will be returned to the committee's cash on hand.

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:	
Michela Alioto for Congress	From: 10/01/96	To: 10/16/96
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)	46,925.00	
(ii) Unitemized	34,882.36	
(iii) Total of contributions from individuals	81,807.36	518,017.27
(b) Political Party Committees	0.00	5,421.25
(c) Other Political Committees (such as PACs)	26,250.00	220,543.33
(d) The Candidate	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d))	108,057.36	743,981.85
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate	0.00	200,000.00
(b) All Other Loans	0.00	0.00
(c) TOTAL LOANS (add 13(a) and (b))	0.00	200,000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	2,698.11
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)	108,057.36	946,679.96
II. DISBURSEMENTS		
17. OPERATING EXPENDITURES	136,903.12	859,526.75
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	1,120.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))	0.00	1,120.00
21. OTHER DISBURSEMENTS	0.00	145.00
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)	136,903.12	860,791.75
III. CASH SUMMARY		
23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	\$	185,689.07
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)	\$	108,057.36
25. SUBTOTAL (add Line 23 and Line 24)	\$	293,746.43
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	\$	136,903.12
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)	\$	156,843.31

SCHEDULE A **ITEMIZED RECEIPTS**
Contributions from Individuals/Persons

Use separate schedule(s)
 for each category of the
 Detailed Summary Page
 (1041/96, 1042/96)

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

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

NAME OF COMMITTEE (in Full)

Michela Allato for Congress C00308403

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Susan L. Abrams 1975 N. Orchard Chicago, IL 60614	Chicago Children's Museum	10/05/96	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Occupation Requested Strategic Planning	Aggregate Year-to-Date > \$ 500.00	
B. Full Name, Mailing Address and ZIP Code Frances Allato 2898 Vallejo Street San Francisco, CA 94123	Allato's Restaurant	10/10/96	100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Occupation Manager	Aggregate Year-to-Date > \$ 900.00	
C. Full Name, Mailing Address and ZIP Code Dr. Bruce Allen PO Box 1748 Tonopah, NV 89049-1748	Nevada Rural Clinic	10/18/96	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Occupation Psychologist	Aggregate Year-to-Date > \$ 1,000.00	
D. Full Name, Mailing Address and ZIP Code Carol Altieri 3550 Verdugo Vista Terrace Los Angeles, CA 90055	CBS/Broadcast Group	10/09/96	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Occupation Broadcaster	Aggregate Year-to-Date > \$ 500.00	
E. Full Name, Mailing Address and ZIP Code Rosetta S. Anish 6516 W. 5th st. Los Angeles, CA 90048	Prudential Son Douglas	10/09/96	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Occupation Requested R.E. Agent	Aggregate Year-to-Date > \$ 250.00	
F. Full Name, Mailing Address and ZIP Code Jim Avila 3726 - 16th Street San Francisco, CA 94114	Self-employed	10/15/96	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Occupation Style Consultant	Aggregate Year-to-Date > \$ 450.00	
G. Full Name, Mailing Address and ZIP Code Robert Batiniovich 441 Roxborough Rd. Billsborough, CA 94010	Glanborough Corp.	10/09/96	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation President	Aggregate Year-to-Date > \$ see below	
SUBTOTAL of Receipts This Page (optional)			3,600.00
TOTAL This Period (last page this line number only)			

SCHEDULE A ITEMIZED RECEIPTS
Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page (1001/96 - 1016/96)

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 FOR LINE NUMBER 11(a)(1)

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NAME OF COMMITTEE (in Full)

Michela Alioto for Congress C00308403

A. Full Name, Mailing Address and ZIP Code same as above	Name of Employer	Date (month, day, year) 10/09/96	Amount of Each Receipt This Period 1,000.00
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Aggregate Year-to-Date > \$ 2,000.00		
B. Full Name, Mailing Address and ZIP Code Judi G. Bennett 2222 Hyde St. San Francisco, CA 94109	Name of Employer	Date (month, day, year) 10/11/96	Amount of Each Receipt This Period 1,000.00
	Occupation Requested		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		
C. Full Name, Mailing Address and ZIP Code Pamela Blackfield Requested	Name of Employer	Date (month, day, year) 10/05/96	Amount of Each Receipt This Period 1,000.00
	Occupation Housewife		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		
D. Full Name, Mailing Address and ZIP Code Mildred S. Bohannon P.O. Box 1420 Willits, CA 95490	Name of Employer	Date (month, day, year) 10/11/96	Amount of Each Receipt This Period 50.00
	Occupation Self-employed		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Aggregate Year-to-Date > \$ 250.00		
E. Full Name, Mailing Address and ZIP Code Nicholas J. Bracco 1170 Sacramento Street San Francisco, CA 94108	Name of Employer	Date (month, day, year) 10/10/96	Amount of Each Receipt This Period 500.00
	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Aggregate Year-to-Date > \$ 500.00		
F. Full Name, Mailing Address and ZIP Code William M. Brinton One Daniel Burnham Ct. Ste. 388 C San Francisco, CA 94109-5456	Name of Employer Self	Date (month, day, year) 10/09/96	Amount of Each Receipt This Period 1,000.00
	Occupation Historian/Author		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		
G. Full Name, Mailing Address and ZIP Code Mila Brooks 2733 Stiles Ct. Napa, CA 94550	Name of Employer	Date (month, day, year) 10/05/96	Amount of Each Receipt This Period 100.00
	Occupation Requested		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Aggregate Year-to-Date > \$ 500.00		

SUBTOTAL of Receipts This Page (0000000)

4,650.00

TOTAL This Period (see page 000 (line number only))

SCHEDULE A **ITEMIZED RECEIPTS**
Contributions from Individuals/Persons

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NAME OF COMMITTEE (in full)
Michela Alarza for Congress C00308403

A. Full Name, Mailing Address and ZIP Code Jack Brown 48 Gateway Plaza at 540 Davis Street San Francisco, CA 94111	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Retired	10/12/96	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Aggregate Year-to-Date > \$ 225.00		
B. Full Name, Mailing Address and ZIP Code C. R. Butler PO Box 89 Oakville, CA 94552	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Real Estate Broker	10/08/96	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Aggregate Year-to-Date > \$ 250.00		
C. Full Name, Mailing Address and ZIP Code Brook H. Byers 2750 Sand Hill Rd. Menlo Park, CA 94025	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Venture Capitalist	10/05/95	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Aggregate Year-to-Date > \$ 500.00		
D. Full Name, Mailing Address and ZIP Code Eugene R. Casagrande 3950 Wilshire Boulevard, Suite 1138 Los Angeles, CA 90010	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Dentist	10/05/96	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Aggregate Year-to-Date > \$ 700.00		
E. Full Name, Mailing Address and ZIP Code Alan I. Gasden 806 N. Rexford Dr. Beverly Hills, CA 90210	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Chairman (Real Estate)	10/06/96	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Aggregate Year-to-Date > \$ 500.00		
F. Full Name, Mailing Address and ZIP Code Trudy Corjes 1740 W. 25th St. Miami Beach, FL 33140	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Housewife	10/05/96	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		
G. Full Name, Mailing Address and ZIP Code Joseph Correll 123 N. Lucerne Blvd. Los Angeles, CA 90004	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Consultant	10/09/96	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Aggregate Year-to-Date > \$ 500.00		

SUBTOTAL of Receipts This Page (optional)	3,375.00
TOTAL This Period (see page 11b number only)	

SCHEDULE A **ITEMIZED RECEIPTS**
Contributions from Individuals/Persons

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NAME OF COMMITTEE (in full)
Michael Alioto for Congress C00308403

A. Full Name, Mailing Address and ZIP Code Bruce C. Corwin 708 N. Sierra Dr. Beverly Hills, CA 90210	Name of Employer Metropolitan Theatre Corp.	Date (month, day, year) 10/09/96	Amount of Each Receipt this Period 500.00
	Occupation Executive	Aggregate Year-to-Date > \$ 500.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):			
B. Full Name, Mailing Address and ZIP Code John A. Davis 2121 Avenue of the Stars # 2900 Los Angeles, CA 90067	Name of Employer Davis Entertainment (Self)	Date (month, day, year) 10/05/96	Amount of Each Receipt this Period 500.00
	Occupation Chairman	Aggregate Year-to-Date > \$ 500.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):			
C. Full Name, Mailing Address and ZIP Code Dagmar Holby 3340 Jackson st, San Francisco, CA 94118	Name of Employer	Date (month, day, year) 10/15/96	Amount of Each Receipt this Period 1,000.00
	Occupation Housewife	Aggregate Year-to-Date > \$ 1,000.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):			
D. Full Name, Mailing Address and ZIP Code Richard Dreyfuss 16130 Ventura Boulevard, No. 550 Ventura, CA 91436	Name of Employer Self-employed <i>Dreyfuss-James</i>	Date (month, day, year) 10/10/96	Amount of Each Receipt this Period 225.00
	Occupation Review <i>Pres.</i>	Aggregate Year-to-Date > \$ 225.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):			
E. Full Name, Mailing Address and ZIP Code Michael S. Egan 1575 Ponce De Leon Fort Lauderdale, FL 33316	Name of Employer Alamo Rent-A-Car	Date (month, day, year) 10/10/96	Amount of Each Receipt this Period 500.00
	Occupation Owner	Aggregate Year-to-Date > \$ 500.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):			
F. Full Name, Mailing Address and ZIP Code Donna Epstein 8630 Castle Pines Avenue Las Vegas, NV 89113	Name of Employer Self-employed	Date (month, day, year) 10/09/96	Amount of Each Receipt this Period 250.00
	Occupation Hotel Owner	Aggregate Year-to-Date > \$ 500.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):			
G. Full Name, Mailing Address and ZIP Code Robert L. Green 2578 Broadway San Francisco, CA 94115	Name of Employer Self-employed	Date (month, day, year) 10/11/96	Amount of Each Receipt this Period 500.00
	Occupation Businessman	Aggregate Year-to-Date > \$ 500.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):			

SUBTOTAL of Receipts This Page (optional)	3,475.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**
Contributions from Individuals/Persons

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NAME OF COMMITTEE (In Full)

Michela Alioto for Congress C00308403

A. Full Name, Mailing Address and ZIP Code Barbara J. Greenspan 800 S. Valley View Las Vegas, NV 89107	Name of Employer Las Vegas Sun	Date (month, day, year) 10/10/96	Amount of Each Receipt this Period 500.00
	Occupation Publisher	Aggregate Year-to-Date > \$ 1,000.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
B. Full Name, Mailing Address and ZIP Code Miran Lurie Haas 2800 Broadway San Francisco, CA 94115	Name of Employer	Date (month, day, year) 10/05/96	Amount of Each Receipt this Period 500.00
	Occupation Volunteer	Aggregate Year-to-Date > \$ 500.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code B. Terry Hines 3500 St. Johns Drive Dallas, TX 75205	Name of Employer Hines Produce & Nuts	Date (month, day, year) 10/09/96	Amount of Each Receipt this Period 500.00
	Occupation Owner	Aggregate Year-to-Date > \$ 1,000.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code Judith Huff 518 Center St. Healdsburg, CA 95448	Name of Employer Self-employed	Date (month, day, year) 10/05/96	Amount of Each Receipt this Period 1,000.00
	Occupation Psychiatrist	Aggregate Year-to-Date > \$ 1,000.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code Roy D. Kaufman 2049 Century Park East, Suite 2500 Los Angeles, CA 90067	Name of Employer Kaufman & Bernstein, Inc.	Date (month, day, year) 10/04/96	Amount of Each Receipt this Period 1,000.00
	Occupation Business Manager	Aggregate Year-to-Date > \$ 1,000.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code Gary Kronger 4325 Fulton Ave. Sherman Oaks, CA 91422	Name of Employer Columbia/ Tristar	Date (month, day, year) 10/09/96	Amount of Each Receipt this Period 250.00
	Occupation Actor	Aggregate Year-to-Date > \$ 250.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code Alexandra Lang 1523 3/8 Doherty Dr. Los Angeles, CA 90069	Name of Employer	Date (month, day, year) 10/13/96	Amount of Each Receipt this Period 500.00
	Occupation Student	Aggregate Year-to-Date > \$ 500.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional)

4,250.00

TOTAL This Period (see page this line number only)

SCHEDULE A **ITEMIZED RECEIPTS**
Contributions from Individuals/Partners

Use separate schedule(s) for each category of the Detailed Summary Page (1041001-1041002)
 PAGE 6 OF 16
 FOR LINE NUMBER 11(a)(1)

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NAME OF COMMITTEE (or Full Name)
 Michela Alioto for Congress C00308403

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Carol A. Leif 1462 Kising Glen Road Los Angeles, CA 90069	Self-employed	10/12/96	500.00
Receipt For: <input type="checkbox"/> Other (specify) <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation Stand-Up Comic/Writer		
	Aggregate Year-to-Date >	\$	500.00
Anna L. Marks 5225 Boyd Avenue Oakland, CA 94618	On Your Marks	10/5/96	250.00
Receipt For: <input type="checkbox"/> Other (specify) <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation Editor		
	Aggregate Year-to-Date >	\$	250.00
Susan Miller 269 Brixton Court American Canyon, CA 94589		10/1/96	150.00
Receipt For: <input type="checkbox"/> Other (specify) <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation Housewife	In-Kind Contribution, Use of Vehicle 10/1-10/16/96	
	Aggregate Year-to-Date >	\$	850.00
Marilyn Moran 2500 Pinto Lane Las Vegas, NV 89107		10/5/96	500.00
Receipt For: <input type="checkbox"/> Other (specify) <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation Housewife		
	Aggregate Year-to-Date >	\$	500.00
Elaine M. Newton 1247 Hilldale Avenue Los Angeles, CA 90069		10/5/96	500.00
Receipt For: <input type="checkbox"/> Other (specify) <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation Housewife		
	Aggregate Year-to-Date >	\$	500.00
Gatherine Papale P.O. Box 527 St. Helena, CA 94574	Papale Properties	10/1/96	150.00
Receipt For: <input type="checkbox"/> Other (specify) <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation Owner	In-Kind Contribution, Three Cases of Wine for Spaghetti Feed	
	Aggregate Year-to-Date >	\$	650.00
	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation		
	Aggregate Year-to-Date >	\$	

SUBTOTAL of Receipts This Page (optional) 2,050.00
TOTAL This Period (last page this one number only)

SCHEDULE A **ITEMIZED RECEIPTS**
Contributions from Individuals/Persons

Use separate schedule(s)
 for each category of the
 Detailed Summary Page
 (1041, 1042 - 104299)

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 FORM LINE NUMBER
 11(a)(1)

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NAME OF COMMITTEE (in full)
 Nichols Allote for Congress C00308403

A. Full Name, Mailing Address and ZIP Code Frank H. Yearl 1627 Eye St., NW Ste. 610 Washington, DC 20006	Name of Employer Rappahannock Investment Co.	Date (month, day, year) 10/15/85	Amount of Each Receipt This Period 1,000.00
	Occupation Investor Aggregate Year-to-Date > \$ 1,000.00	Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
B. Full Name, Mailing Address and ZIP Code Phillip Craig Peckman 800 S. Valley View Boulevard Las Vegas, NV 89107	Name of Employer Greenspun, Inc.	Date (month, day, year) 10/05/96	Amount of Each Receipt This Period 1,000.00
	Occupation Chief Financial Officer Aggregate Year-to-Date > \$ 1,500.00	Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
C. Full Name, Mailing Address and ZIP Code Madeline Smith Pearce 1529 3/8 North Doheny Drive Los Angeles, CA 90059	Name of Employer CBS Entertainment	Date (month, day, year) 10/04/96	Amount of Each Receipt This Period 1,000.00
	Occupation V.P. Creative Services Aggregate Year-to-Date > \$ 1,800.00	Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
D. Full Name, Mailing Address and ZIP Code Dean R. Pollard 1860 West Winfield Lane St. Helena, CA 94574	Name of Employer	Date (month, day, year) 10/09/96	Amount of Each Receipt This Period 100.00
	Occupation Retired Aggregate Year-to-Date > \$ 100.00	Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
E. Full Name, Mailing Address and ZIP Code Art Pufford 370 Cross Street Napa, CA 94559	Name of Employer Requested	Date (month, day, year) 10/05/94 In-Kind Computer	Amount of Each Receipt This Period 375.00 Contribution: Consultation
	Occupation Computer Consultant Aggregate Year-to-Date > \$ 375.00	Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
F. Full Name, Mailing Address and ZIP Code Bruce M. Ramer 132 South Rodeo Drive Beverly Hills, CA 90212	Name of Employer Self-employed	Date (month, day, year) 10/04/86	Amount of Each Receipt This Period 1,000.00
	Occupation Attorney Aggregate Year-to-Date > \$ 1,000.00	Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
G. Full Name, Mailing Address and ZIP Code Ina Lee Ramer 220 N. Bristol Avenue Los Angeles, CA 90049	Name of Employer Ramer Equities	Date (month, day, year) 10/10/86	Amount of Each Receipt This Period 1,000.00
	Occupation Chairman of the Board Aggregate Year-to-Date > \$ 1,000.00	Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	

SUBTOTAL of Receipts This Page (optional) 5,475.00
TOTAL This Period (see page 11a line number only)

SCHEDULE A
ITEMIZED RECEIPTS
Contributions from Individuals/Persons

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)

Michela Alioto for Congress C00308403

A. Full Name, Mailing Address and ZIP Code Marc Ramer 9205 Alcott St. #2 Los Angeles, CA 90038	Name of Employer Dreamworks	Date (month, day, year) 10/15/96	Amount of Each Receipt this Period 250.00
	Occupation Entertainment Business	Aggregate Year-to-Date > \$ 250.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):			
B. Full Name, Mailing Address and ZIP Code Angela S. Rich Requested	Name of Employer In Style Magazine	Date (month, day, year) 10/03/96	Amount of Each Receipt this Period 500.00
	Occupation Businesswoman	Aggregate Year-to-Date > \$ 500.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):			
C. Full Name, Mailing Address and ZIP Code Gary Ross 500 E. Sepulveda Blvd. #500 Los Angeles, CA 90045	Name of Employer Self-employed	Date (month, day, year) 10/15/96	Amount of Each Receipt this Period 250.00
	Occupation Writer	Aggregate Year-to-Date > \$ 250.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):			
D. Full Name, Mailing Address and ZIP Code Ronald H. Rouds 44 Montgomery Street, Suite 4000 San Francisco, CA 94104	Name of Employer Self-employed	Date (month, day, year) 10/10/96	Amount of Each Receipt this Period 1,000.00
	Occupation Attorney	Aggregate Year-to-Date > \$ 1,000.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):			
E. Full Name, Mailing Address and ZIP Code Kay Sacks 208 N. Elm Drive Beverly Hills, CA 90210	Name of Employer	Date (month, day, year) 10/12/96	Amount of Each Receipt this Period 250.00
	Occupation Housewife	Aggregate Year-to-Date > \$ 250.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):			
F. Full Name, Mailing Address and ZIP Code Philip A. Schoofar 1500 Spear Street Tower 1 Market Plaza San Francisco, CA 94105-1013	Name of Employer Casual Drivers	Date (month, day, year) 10/15/96	Amount of Each Receipt this Period 250.00
	Occupation VP	Aggregate Year-to-Date > \$ 250.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):			
G. Full Name, Mailing Address and ZIP Code Susan Shaw 128 Alderbrook Dr. Santa Rosa, CA 95405	Name of Employer Self	Date (month, day, year) 10/09/96	Amount of Each Receipt this Period 500.00
	Occupation Social Worker	Aggregate Year-to-Date > \$ 500.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):			

SUBTOTAL of Receipts This Page (optional)	3,000.00
TOTAL This Period (fill page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**
Contributions from Individuals/Persons

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NAME OF COMMITTEE (in Full)
Michelle Alioto for Congress C00308403

<p>A. Full Name, Mailing Address and ZIP Code Cathy R. Siegel 718 N. Rexford Beverly Hills, CA 90210</p> <p>Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p>	<p>Name of Employer Self-employed</p> <p>Occupation Attorney</p> <p>Date (month, day, year) 10/05/96</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Amount of Each Receipt This Period 250.00</p>
<p>B. Full Name, Mailing Address and ZIP Code John E. Sparks 2900 Spear Street Tower-One Market Plaza San Francisco, CA 94105</p> <p>Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p>	<p>Name of Employer</p> <p>Occupation Retired</p> <p>Date (month, day, year) 10/10/96</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Amount of Each Receipt This Period 250.00</p>
<p>C. Full Name, Mailing Address and ZIP Code The Academy of Art College 79 New Montgomery St. San Francisco, CA 94105</p> <p>Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Date (month, day, year) 10/05/96</p> <p>Aggregate Year-to-Date > \$ 1,000.00</p>	<p>Amount of Each Receipt This Period 1,000.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Norman D. Tripp 110 Tower, 28th Floor Ft. Lauderdale, FL 33301</p> <p>Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p>	<p>Name of Employer Tripp, Scott, Conklin & Smith</p> <p>Occupation Attorney</p> <p>Date (month, day, year) 10/10/96</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Amount of Each Receipt This Period 500.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Ms. Yoko Uehara PO Box 1748 Tonopah, NV 89049-1748</p> <p>Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p>	<p>Name of Employer</p> <p>Occupation Housewife</p> <p>Date (month, day, year) 10/15/96</p> <p>Aggregate Year-to-Date > \$ 1,000.00</p>	<p>Amount of Each Receipt This Period 1,000.00</p>
<p>F. Full Name, Mailing Address and ZIP Code Richard A. Velos 9004 Fairview Road Silver Spring, MD 20910</p> <p>Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p>	<p>Name of Employer L.A. Care Health Plan</p> <p>Occupation Managing Director</p> <p>Date (month, day, year) 10/09/96</p> <p>Aggregate Year-to-Date > \$ 175.00</p>	<p>Amount of Each Receipt This Period 75.00</p>
<p>G. Full Name, Mailing Address and ZIP Code Steve Warner 245 South Linden Drive Beverly Hills, CA 90212</p> <p>Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p>	<p>Name of Employer CBS, Inc.</p> <p>Occupation TV Executive</p> <p>Date (month, day, year) 10/04/96</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Amount of Each Receipt This Period 250.00</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>3,325.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p></p>

SCHEDULE A **ITEMIZED RECEIPTS**
Contributions from Individuals/Persons

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NAME OF COMMITTEE (in Full)

Michela Alioto for Congress C00308403

A. Full Name, Mailing Address and ZIP Code Lynda Wasserman 514 Bohony Road Beverly Hills, CA 90210	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	None	10/04/96	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date >	
	None	\$ 500.00	
B. Full Name, Mailing Address and ZIP Code Ken Weiss 8830 N. 12th Pl., No 4 Phoenix, AZ 85014	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Real Estate Agent	10/09/96	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date >	
	Real Estate Agent	\$ 250.00	
C. Full Name, Mailing Address and ZIP Code Gary Winiuk 150 El Camino Dr., Ste. 204 Beverly Hills, CA 90212	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Requested	10/06/96	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date >	
	Requested	\$ 500.00	
D. Full Name, Mailing Address and ZIP Code Robert S. Wiss 315 S. Beverly Dr. Ste 214 Beverly Hills, CA 90212	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Director	10/15/96	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date >	
	Director	\$ 250.00	
E. Full Name, Mailing Address and ZIP Code Kathleen C. Barry 828 Arlington Berkeley, CA 94707	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Self	10/05/96 (marked; see below)	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date >	
	Psychotherapist	\$ 1,000.00	
F. Full Name, Mailing Address and ZIP Code Carolyn W. Beard 7930 E. Ridge Dr. Shreveport, LA 71106	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	None	10/01/96 (marked; see below)	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date >	
	None	\$ 250.00	
G. Full Name, Mailing Address and ZIP Code Lois Bell 7142 Mayonn Avenue Hammond, IN 46324	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Retired	10/09/96 (marked; see below)	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date >	
	Retired	\$ 250.00	

SUBTOTAL of Receipts This Page (b)(3)(c)

3,000.00

TOTAL This Period (last page this line number only)

SCHEDULE A **ITEMIZED RECEIPTS**
Contributions from Individuals/Persons

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)
Michela Alioto for Congress C00308403

A. Full Name, Mailing Address and ZIP Code Marjorie Braude 861 Monloy Ave. Los Angeles, CA 90049-1913	Name of Employer Date (month, day, year) 10/05/96 (marked; see below)	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Occupation Aggregate Year-to-Date > \$ 250.00	
B. Full Name, Mailing Address and ZIP Code Jane Bryan-Jones 145 Marvin Avenue Los Altos, CA 94022-3711	Name of Employer Self-employed Date (month, day, year) 10/15/96 (marked; see below)	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Occupation Therapist Aggregate Year-to-Date > \$ 250.00	
C. Full Name, Mailing Address and ZIP Code Sharon M. Campbell 217 Crescent Rd. San Anselmo, CA 94960	Name of Employer Self-employed Date (month, day, year) 10/05/96 (marked; see below)	Amount of Each Receipt this Period 300.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Occupation Interior Designer Aggregate Year-to-Date > \$ 300.00	
D. Full Name, Mailing Address and ZIP Code Robert Doger 3213 Frans Valley rd. Santa Rosa, CA 95404	Name of Employer Date (month, day, year) 10/05/96 (marked; see below)	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Occupation Aggregate Year-to-Date > \$ 250.00	
E. Full Name, Mailing Address and ZIP Code Ellen J. Flannery 3401A S. Utah St. Arlington, VA 22206	Name of Employer Covington & Byrne Date (month, day, year) 10/05/96 (marked; see below)	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Occupation Lawyer Aggregate Year-to-Date > \$ 250.00	
F. Full Name, Mailing Address and ZIP Code Twila L. Foster 837 Longridge Rd. Oakland, CA 94610	Name of Employer Jackson Tufts et al Date (month, day, year) 10/05/96 (marked; see below)	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Occupation Attorney Aggregate Year-to-Date > \$ 250.00	
G. Full Name, Mailing Address and ZIP Code Victor Franco 8855 Topanga Cyn Blvd, #410 Woodland Hills, CA 91367	Name of Employer Paramount Pictures Date (month, day, year) 10/05/96 (marked; see below)	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Occupation Writer Aggregate Year-to-Date > \$ 250.00	

SUBTOTAL of Receipts This Page (optional)	1,000.00
TOTAL This Period (add page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**
Contributions from Individuals/Persons

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NAME OF COMMITTEE (in Full)

Michelle Alloto for Congress C00308403

A. Full Name, Mailing Address and ZIP Code Eleanor R. Gerson 2428 W. Park Blvd. No. 2 Cleveland Heights, OH 44106	Name of Employer _____	Date (month, day, year) 10/05/96 (marked; see below)	Amount of Each Receipt This Period 250.00
	Occupation Retired	Aggregate Year-to-Date > \$ 250.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify): _____			
B. Full Name, Mailing Address and ZIP Code Shamaya Gilo 100 Why Worry Ln. Woodside, CA 94062	Name of Employer _____	Date (month, day, year) 10/08/96 (marked; see below)	Amount of Each Receipt This Period 900.00
	Occupation Student	Aggregate Year-to-Date > \$ 900.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify): _____			
C. Full Name, Mailing Address and ZIP Code Connie J. Hershay 900 Yanglawood Dr. Concord, MA 01742	Name of Employer Self	Date (month, day, year) 10/05/96 (marked; see below)	Amount of Each Receipt This Period 250.00
	Occupation Publisher	Aggregate Year-to-Date > \$ 250.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify): _____			
D. Full Name, Mailing Address and ZIP Code Anne W. Hiett 45 Autumn Road Weston, MA 02193	Name of Employer _____	Date (month, day, year) 10/04/96 (marked; see below)	Amount of Each Receipt This Period 250.00
	Occupation Retired	Aggregate Year-to-Date > \$ 250.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify): _____			
E. Full Name, Mailing Address and ZIP Code I'lea Becker 35 Spring Lane Tiburon, CA 94920	Name of Employer Self-employed	Date (month, day, year) 10/01/96 (marked; see below)	Amount of Each Receipt This Period 250.00
	Occupation Artist	Aggregate Year-to-Date > \$ 250.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify): _____			
F. Full Name, Mailing Address and ZIP Code Yolande King PO Box 40 Moriarty, NM 87025	Name of Employer OHRP Phillips Lab	Date (month, day, year) 10/05/96 (marked; see below)	Amount of Each Receipt This Period 250.00
	Occupation Division Chief/ Chemist	Aggregate Year-to-Date > \$ 250.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify): _____			
G. Full Name, Mailing Address and ZIP Code Lenora G. Knapp 26 Cedar Pond Dr. Apt. 2 Warwick, RI 02886	Name of Employer Knapp & Associates	Date (month, day, year) 10/05/96 (marked; see below)	Amount of Each Receipt This Period 250.00
	Occupation Consultant	Aggregate Year-to-Date > \$ 250.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify): _____			

SUBTOTAL of Receipts This Page (optional)	2,000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**
Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page (1001-98 - 10/19/96)

PAGE	OF
13	16
FORMING NUMBER	
11(a)(1)	

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NAME OF COMMITTEE (in Full)
Nichols Alists for Congress CDD30B403

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ann Kramer 3939 - 49th Street Sunnyside, NY 11104	Anderson, Kill & Olick	10/02/96 (marked; see below)	250.00
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation Attorney	Aggregate Year-to-Date > \$	250.00
Betty E. Liles 1097 Storrs Rd. Storrs, CT 05266	University of Ct.	10/01/96 (marked; see below)	250.00
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation Prof.	Aggregate Year-to-Date > \$	300.00
Leander Lovell 112 Carol Woods, 780 Weaver Dairy Rd. Chapel Hill, NC 27515	Retired	10/11/96 (marked; see below)	250.00
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation Retired	Aggregate Year-to-Date > \$	250.00
Tina Marie Martin 6601 Old Stage Road Rockville, MD 20852	Martin-Schaffer, Inc.	10/01/96 (marked; see below)	250.00
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation Executive	Aggregate Year-to-Date > \$	250.00
Margaret E. Mone 10 Brammoor Road Brookton, MA 02401	Cardinal Cushing General Hospital	10/02/96 (marked; see below)	250.00
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation Registered Nurse	Aggregate Year-to-Date > \$	250.00
Katarina Mullen 110 Riverside Drive, Apt. 16A New York, NY 10024	Mother	10/09/96 (marked; see below)	250.00
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation Mother	Aggregate Year-to-Date > \$	250.00
Catherine Newhouse 344 Beacon Street Boston, MA 02116	Self-employed	10/09/96 (marked; see below)	1,000.00
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation Volunteer/Writer	Aggregate Year-to-Date > \$	1,000.00

SUBTOTAL of Receipts This Page (optional) 2,500.00

TOTAL This Period (see page 11a (line number only))

SCHEDULE A
ITEMIZED RECEIPTS
Contributions from Individuals/Persons

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NAME OF COMMITTEE (in Full)
Michale Alioto for Congress C00308403

A. Full Name, Mailing Address and ZIP Code Sandy Richards 315 Cordova Ln, Santa Fe, NM 87501	Name of Employer Self-employed	Date (month, day, year) 10/08/96 (marked; see below)	Amount of Each Receipt this Period 250.00
	Occupation Artist/Nutritionist	Aggregate Year-to-Date > \$ 250.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):			
B. Full Name, Mailing Address and ZIP Code Julia L. Ross 936 St. George Barber Road Davidson, MD 21035	Name of Employer Gibson, Hoffman & Ross	Date (month, day, year) 10/04/96 (marked; see below)	Amount of Each Receipt this Period 250.00
	Occupation Attorney	Aggregate Year-to-Date > \$ 450.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):			
C. Full Name, Mailing Address and ZIP Code Sherie Schneider 514 N. Bedford Drive Beverly Hills, CA 90210	Name of Employer Self-employed	Date (month, day, year) 10/11/96 (marked; see below)	Amount of Each Receipt this Period 250.00
	Occupation Psychologist	Aggregate Year-to-Date > \$ 250.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):			
D. Full Name, Mailing Address and ZIP Code Georgia Steiger 207 N.E. Lakeview Drive Sebring, FL 32870-3150	Name of Employer	Date (month, day, year) 10/10/96 (marked; see below)	Amount of Each Receipt this Period 250.00
	Occupation Retired	Aggregate Year-to-Date > \$ 250.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):			
E. Full Name, Mailing Address and ZIP Code Harriet Stone 8866 Ridge Manor San Diego, CA 92120	Name of Employer Self-employed	Date (month, day, year) 10/09/96 (marked; see below)	Amount of Each Receipt this Period 250.00
	Occupation Regulated	Aggregate Year-to-Date > \$ 250.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):			
F. Full Name, Mailing Address and ZIP Code Janet I. Stone 16 Sutton Place New York, NY 10022	Name of Employer	Date (month, day, year) 10/01/96 (marked; see below)	Amount of Each Receipt this Period 250.00
	Occupation Retired	Aggregate Year-to-Date > \$ 250.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):			
G. Full Name, Mailing Address and ZIP Code Wendy Tsien 9535 Nottingham Place La Jolla, CA 92037-2125	Name of Employer	Date (month, day, year) 10/15/96 (marked; see below)	Amount of Each Receipt this Period 250.00
	Occupation Homeemaker	Aggregate Year-to-Date > \$ 250.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):			

SUBTOTAL of Receipts This Page (Persons)	1,750.00
TOTAL This Period (last page this line number only)	

SCHEDULE A
ITEMIZED RECEIPTS
Contributions from Individuals/Persons

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NAME OF COMMITTEE (in full)
Michela Alioto for Congress C00308403

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Robert Tully 9 Tallwoods Road Aznok, NY 10504		10/11/96 (earmarked; see below)	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Occupation Retired	Aggregate Year-to-Date > \$	250.00
B. Full Name, Mailing Address and ZIP Code NOTED: Above earmarked through: Emily's List 805 - 13th Street NW, Suite 400 Washington, DC 20005	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Occupation	Total amount of earmarked contributions received from conduit: \$164,075	
C. Full Name, Mailing Address and ZIP Code Foreman & Brassé 807 Montgomery Street San Francisco, CA 94133	Name of Employer (Partnership)	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Occupation	10/10/96 SEE ATTRIBUTION BELOW	1,500.00
D. Full Name, Mailing Address and ZIP Code Russell Brassé 807 Montgomery Street San Francisco, CA 94133	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Occupation Attorney	10/10/96	1,000.00 MEMO
E. Full Name, Mailing Address and ZIP Code Liaff, Cabraser, Haimann & Bernstein, LLP 275 Battery St. 30th Floor San Francisco, CA 94111-3239	Name of Employer (Partnership)	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Occupation	10/05/96 SEE ATTRIBUTION BELOW	1,000.00
F. Full Name, Mailing Address and ZIP Code William Bernstein 275 Battery St. San Francisco, CA 94111-3839	Name of Employer Liaff, Cabraser, Haimann & Bernstein	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Occupation Attorney	10/05/96	250.00 MEMO
G. Full Name, Mailing Address and ZIP Code Elizabeth J. Cabraser 7463 Foothill Ranch Road Santa Rosa, CA 95404	Name of Employer Liaff, Cabraser, Haimann, Bernstein	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Occupation Attorney	10/05/96	250.00 MEMO
SUBTOTAL of Receipts This Page (optional)			2,250.00
TOTAL This Period (last page this line number only)			

SCHEDULE A **ITEMIZED RECEIPTS**
Contributions from Individuals/Persons

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)

Michela Alioto for Congress C00309403

A. Full Name, Mailing Address and ZIP Code Richard M. Heiman 275 Battery San Francisco, CA 94111-3339	Name of Employer Loeff, Cabraser, Heiman Bernstein	Date (month, day, year) 10/05/96	Amount of Each Receipt This Period 250.00 MEMO
	Occupation Attorney	Aggregate Year-to-Date > \$ 250.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):			
B. Full Name, Mailing Address and ZIP Code Robert L. Loeff 275 Battery St. 30th Fl. San Francisco, CA 94111-3339	Name of Employer Loeff, Cabraser, Heiman, Bernstein	Date (month, day, year) 10/05/96	Amount of Each Receipt This Period 250.00 MEMO
	Occupation Attorney	Aggregate Year-to-Date > \$ 250.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):			
C. Full Name, Mailing Address and ZIP Code Rhine Associates 77 Maiden Lane San Francisco, CA 94108	Name of Employer (Partnership)	Date (month, day, year) 10/10/96 SEE APPROPRIATION BELOW	Amount of Each Receipt This Period 250.00
	Occupation	Aggregate Year-to-Date > \$ 250.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):			
D. Full Name, Mailing Address and ZIP Code Shirley Rhine 77 Maiden Lane San Francisco, CA 94108	Name of Employer Self-employed	Date (month, day, year) 10/10/96	Amount of Each Receipt This Period 250.00 MEMO
	Occupation Investor	Aggregate Year-to-Date > \$ 250.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):			
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation	Aggregate Year-to-Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):			
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation	Aggregate Year-to-Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):			
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation	Aggregate Year-to-Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):			

SUBTOTAL of Receipts This Page (optional)	250.00
TOTAL This Period (last page this line number only)	47,024.65

SCHEDULE A **ITEMIZED RECEIPTS**
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)
Michela Aliste for Congress C00309403

A. Full Name, Mailing Address and ZIP Code AmeriPac - The Fund for A Greater America 601 - 13th Street, NW., suite 710W Washington, DC 20005	Name of Employer	Date (month, day, year) 10/12/96	Amount of Each Receipt this Period 1,000.00
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		
B. Full Name, Mailing Address and ZIP Code California League of Conservation 965 Mission St. Ste. 750 San Francisco, CA 94103	Name of Employer	Date (month, day, year) 10/12/96	Amount of Each Receipt this Period 2,800.00
	Occupation		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Aggregate Year-to-Date > \$ 4,800.00		
C. Full Name, Mailing Address and ZIP Code Citizen's Minnesota Forum PAC 777 Nicollet Mall Minneapolis, MN 55402	Name of Employer	Date (month, day, year) 10/06/96	Amount of Each Receipt this Period 500.00
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Aggregate Year-to-Date > \$ 500.00		
D. Full Name, Mailing Address and ZIP Code IBBW-CODES 1125 - 15th Street, NW Washington, DC 20005	Name of Employer	Date (month, day, year) 10/11/96	Amount of Each Receipt this Period 1,000.00
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Aggregate Year-to-Date > \$ 3,500.00		
E. Full Name, Mailing Address and ZIP Code IBBAY Political Action Together 1750 New York Ave. Washington, DC 20006	Name of Employer	Date (month, day, year) 10/09/96	Amount of Each Receipt this Period 5,000.00
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Aggregate Year-to-Date > \$ 5,000.00		
F. Full Name, Mailing Address and ZIP Code International Assn of Fire Fighters PAC 1750 New York Avenue, NW Washington, DC 20005-5395	Name of Employer	Date (month, day, year) 10/18/96	Amount of Each Receipt this Period 2,500.00
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Aggregate Year-to-Date > \$ 6,000.00		
G. Full Name, Mailing Address and ZIP Code Italian American Democratic Leadership Council - Federal 1828 I St, NW, Suite 1010 Washington, DC 20036	Name of Employer	Date (month, day, year) 10/15/96	Amount of Each Receipt this Period 500.00
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Aggregate Year-to-Date > \$ 500.00		

SUBTOTAL of Receipts This Page (optional) **13,000.00**

TOTAL This Period (last page this line number only)

SCHEDULE A **ITEMIZED RECEIPTS**
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 (on Full)
Michela Alioto for Congress CDD308403

A. Full Name, Mailing Address and ZIP Code Joint Action Committee for Political Affairs (JAC) P.O. Box 105 Highland Park, IL 60038	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation	10/11/96	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Aggregate Year-to-Date >		881.47
B. Full Name, Mailing Address and ZIP Code Laborers' Political League 909 - 16th St., NW Washington, DC 20006	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation	10/09/96	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Aggregate Year-to-Date > \$		2,000.00
C. Full Name, Mailing Address and ZIP Code LEAP 751 State Ave., Ste. 570 Kansas City, KS 66101	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation	10/18/96	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Aggregate Year-to-Date > \$		1,000.00
D. Full Name, Mailing Address and ZIP Code NAPUS PAC for Postmasters 5 Herbert Street Alexandria, VA 22305	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation	10/12/96	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Aggregate Year-to-Date > \$		1,000.00
E. Full Name, Mailing Address and ZIP Code NRIICA Political Action Committee 1530 Duke St, 4th Floor Alexandria, VA 22314-3455	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation	10/06/96	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Aggregate Year-to-Date > \$		3,000.00
F. Full Name, Mailing Address and ZIP Code Participation 2000 235 Massachusetts Avenue, N.E. #205 Washington, DC 20002	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation	10/01/96 In-Kind stipend	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Aggregate Year-to-Date > \$		1,361.11
G. Full Name, Mailing Address and ZIP Code Rhode Island PAC 635 B Pennsylvania Ave., SE Washington, DC 20003	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation	10/12/96	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Aggregate Year-to-Date > \$		500.00

SUBTOTAL of Receipts This Page (optional) 8,250.00

TOTAL This Period (last page this line number only)

SCHEDULE A **ITEMIZED RECEIPTS**
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 (If Fed):
Michela Alioto for Congress C00308403

A. Full Name, Mailing Address and ZIP Code Schroeder Fox Congress Committee, Inc. 200 Gaylord St. Denver, CO 80205-5622	Name of Employer	Date (month, day, year) 10/15/96	Amount of Each Receipt This Period 1,000.00
	Occupation		
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Aggregate Year-to-Date > \$ 1,000.00	
B. Full Name, Mailing Address and ZIP Code Signalman's Political League 601 West Golf Rd. Mount Prospect, IL 60055	Name of Employer	Date (month, day, year) 10/08/96	Amount of Each Receipt This Period 1,000.00
	Occupation		
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Aggregate Year-to-Date > \$ 1,000.00	
C. Full Name, Mailing Address and ZIP Code United Pilots Political Action Committee 5400 Shaffer Ct., Ste. 700 Rosemont, IL 60018-4930	Name of Employer	Date (month, day, year) 10/09/96	Amount of Each Receipt This Period 2,000.00
	Occupation		
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Aggregate Year-to-Date > \$ 2,000.00	
D. Full Name, Mailing Address and ZIP Code Victory USA PAC 555 Capitol Mall, Suite 1425 Sacramento, CA 95814	Name of Employer	Date (month, day, year) 10/12/96	Amount of Each Receipt This Period 1,000.00
	Occupation		
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	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
	Occupation		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	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
	Occupation		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	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
	Occupation		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (ignore)	5,000.00
TOTAL This Period (last page this line number only)	26,250.00

SCHEDULE B
Operating Expenses

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page
(10/01/95 - 1/01/96)

PAGE OF
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FOR LINE NUMBER
17

Any information copied from 408 Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than the original use and address of any person continues to accept contributions from such committees.

NAME OF COMMITTEE (in Full)

Nichola Alioto for Congress C00308403

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Angeliha R. Alioto 1819 Einfandel Lane St. Helena, CA 94574	Salary	10/15/96	936.93
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/01/96	773.42
B. Full Name, Mailing Address and ZIP Code Joseph M. Alioto, Jr. 1819 Einfandel Lane St. Helena, CA 94574	Purpose of Disbursement salary	Date (month, day, year) 10/15/96	Amount of Each Disbursement This Period 773.42
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/01/96	773.42
C. Full Name, Mailing Address and ZIP Code Ambrosino & Muir 847 Sansome Street, 2nd Floor San Francisco, CA 94111	Purpose of Disbursement Direct Mail - Postages \$12,982	Date (month, day, year) 10/09/96	Amount of Each Disbursement This Period 31,587.00
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
D. Full Name, Mailing Address and ZIP Code same as above	Purpose of Disbursement Media Consultant	Date (month, day, year) 10/02/96	Amount of Each Disbursement This Period 2,500.00
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
E. Full Name, Mailing Address and ZIP Code same as above	Purpose of Disbursement	Date (month, day, year) 10/10/96	Amount of Each Disbursement This Period 4,000.00
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
F. Full Name, Mailing Address and ZIP Code Joseph S. Cannata 2526 Second St. Napa, CA 94559	Purpose of Disbursement Expense Reimbursement: Misc. Office Exp.; Travel	Date (month, day, year) 10/08/96	Amount of Each Disbursement This Period 129.81
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
G. Full Name, Mailing Address and ZIP Code same as above	Purpose of Disbursement Expense Reimbursement: Travel; Film	Date (month, day, year) 10/02/96	Amount of Each Disbursement This Period 122.95
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
H. Full Name, Mailing Address and ZIP Code same as above	Purpose of Disbursement Salary	Date (month, day, year) 10/15/96	Amount of Each Disbursement This Period 577.33
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/01/96	304.78
I. Full Name, Mailing Address and ZIP Code Gayle Martin dba A Business Printer 40 First Street, 5th Floor San Francisco, CA 94105	Purpose of Disbursement Invitations for Fundraiser	Date (month, day, year) 10/11/96	Amount of Each Disbursement This Period 850.88
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		

SUBTOTAL of Disbursements This Page (optional)

43,539.94

TOTAL This Period (next page lists line numbers only)

SCHEDULE B
Operating Expenses

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page
(10/01/96 - 10/15/96)

PAGE 2 OF 6
FORM LINE NUMBER
17

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NAME OF COMMITTEE (or FWO)

Michela Alioto for Congress C00308403

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Cellular One P.O. Box 7852 San Francisco, CA 94120-7552	Cellular Phone Svcs. Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/11/96 10/08/96	385.84 630.53
B. Full Name, Mailing Address and ZIP Code Fairbank, Haulin, Maulin & Associates 2425 Colorado Avenue, Suite 180 Santa Monica, CA 90404	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 10/09/96	Amount of Each Disbursement This Period 1,500.00
C. Full Name, Mailing Address and ZIP Code same as above	Purpose of Disbursement Campaign Management Svcs. Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 10/06/96	Amount of Each Disbursement This Period 10,000.00
D. Full Name, Mailing Address and ZIP Code Soraya Farrah 1819 W. Winifred Lane St. Helena, CA 94574	Purpose of Disbursement Expense Reimbursement: Gas, Misc. Office Expenses Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 10/06/96	Amount of Each Disbursement This Period 81.40
E. Full Name, Mailing Address and ZIP Code same as above	Purpose of Disbursement Reimbursement: Postage (U.S. Postmaster-\$480) Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 10/11/96	Amount of Each Disbursement This Period 616.17
F. Full Name, Mailing Address and ZIP Code same as above	Purpose of Disbursement Salary Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 10/15/96 10/01/96	Amount of Each Disbursement This Period 936.93 936.93
G. Full Name, Mailing Address and ZIP Code BBB 'n BAAZ 92 3rd Avenue San Mateo, CA 94403	Purpose of Disbursement Photography Svcs. - Fundraiser Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 10/11/96	Amount of Each Disbursement This Period 541.05
H. Full Name, Mailing Address and ZIP Code Jacques Printing 907 Elm Drive Rodeo, CA 94572	Purpose of Disbursement T-shirts Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 10/02/96	Amount of Each Disbursement This Period 831.36
I. Full Name, Mailing Address and ZIP Code David Medland 2805 MacGregor Court Hayes, CA 94556	Purpose of Disbursement Salary Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 10/15/96 10/01/96	Amount of Each Disbursement This Period 792.11 792.11

SUBTOTAL of Disbursements This Page (optional)

18,044.42

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Operating Expenses

Use separate schedule(s) for each category of the Detailed Summary Page (1001/SS - 10/10/96)	PAGE	OF
	3	6
FOR LINE NUMBER		17

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

NAME OF COMMITTEE (In Full)

Michela Alioto for Congress C00308403

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
MCI International 201 Centennial Avenue Pliscataway, NJ 08854	Fax Broadcast Svcs. Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/08/96	1,851.00
Morris & Corrick 432 Park Avenue South New York, NY 10016	Media Consultant Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/03/96 10/07/96	20,000.00 10,000.00
Napa National Bank 901 Main Street Napa, CA 94559	Payroll Taxes Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/15/95	4,019.32
same as above	Petty Cash Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/10/96	100.00
same as above	Petty Cash 5/15-5/18 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/08/96	100.00
Gaddy Newirth 2227 Union Street San Francisco, CA 94123	Exp. Reimb - Telephone: \$975; Transportation: \$97; Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/02/96	11,423.96
Til Noeggerath 3538 Argyle Street Napa, CA 94558	Rent Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/02/96	1,000.00
Pacific Bell Payment Center Sacramento, CA 95867-0001	Telephone Svcs. Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/08/96	1,459.19
Pacific Gas & Electric Company Box 52001 San Francisco, CA 94152-0002	Office Utilities Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/02/96	221.46

SUBTOTAL of Disbursements This Page (optional)	50,174.83
TOTAL This Period (final page this line number only)	

SCHEDULE B
Operating Expenses

ITEMIZED DISBURSEMENTS

Use separate schedule (B)
for each category of the
Detailed Summary Page
(10/01/96 - 10/01/98)

PAGE 4 OF 6
FOR LINE NUMBER 17

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)

Michela Alioto for Congress C00308403

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Tom Piaz 1337 Jefferson Street Napa, CA 94559	Campaign Management Svcs.	10/14/96	2,000.00
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/02/96	2,000.00
same as above	Exp. Reimb. - Travel; Parking; Office Depot, Napa; 5956.00	10/02/96	1,331.77
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
same as above	Expense Reimbursement: Travel (No Payment Over \$200)	10/02/96	1,000.00
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
same as above	Expense Reimbursement: Staples, office supplies;	10/02/96	246.68
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
same as above	Travel; Parking	10/02/96	1,012.28
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
same as above	Travel; Parking; Copying; Postage; \$241.00	10/02/96	373.43
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
Remcho, Johanson & Purcell 220 Montgomery Street, Suite 600 San Francisco, CA 94104	Compliance Svcs.	10/11/96	3,699.61
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/02/96	3,776.73
Sara G. Sanger 1150 Windy Rd. McKinleyville, CA 95519	Reimbursement: Postage; Copies	10/11/96	56.86
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
same as above	Reimbursement: Postage; Copying	10/14/96	63.78
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		

SUBTOTAL of Disbursements This Page (optional)

15,581.15

TOTAL This Period (fill page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Operating Expenses

(See separate schedule(s) for each category of the Detailed Summary Page (1001/24 - 101/25))

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FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

Michela Alioto for Congress C00308403

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
same as above	Salary Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/15/96	457.76
B. Full Name, Mailing Address and ZIP Code Sonoma Printers, Inc. 831 Alameda Street Vallejo, CA 94590	Purpose of Disbursement Letterhead Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 10/11/96	Amount of Each Disbursement This Period 298.69
C. Full Name, Mailing Address and ZIP Code Tas Systems, Inc. 200 Tamal Vista Boulevard, Suite 506 Corte Madera, CA 94925	Purpose of Disbursement Copier Rental; Copies Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 10/11/96	Amount of Each Disbursement This Period 225.59
D. Full Name, Mailing Address and ZIP Code Taylor Made Office Systems, Inc. P. O. Box 8026 Walnut Creek, CA 94596-8026	Purpose of Disbursement Toner Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 10/02/96	Amount of Each Disbursement This Period 228.99
E. Full Name, Mailing Address and ZIP Code U.S. Postmaster Franklin Station Napa, CA 94559-9991	Purpose of Disbursement Postage Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 10/14/96 10/11/96 10/07/96 10/02/96	Amount of Each Disbursement This Period 960.00 320.00 77.00 96.00
F. Full Name, Mailing Address and ZIP Code Halle Yoo 725 Natalia Drive Windsor, CA 95492	Purpose of Disbursement Misc. Office Supplies Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 10/02/96	Amount of Each Disbursement This Period 63.87
G. Full Name, Mailing Address and ZIP Code same as above	Purpose of Disbursement Office Supplies; Fundraising Expenses Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 10/02/96	Amount of Each Disbursement This Period 122.86
H. Full Name, Mailing Address and ZIP Code same as above	Purpose of Disbursement Salary Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 10/15/96 10/01/96	Amount of Each Disbursement This Period 773.42 773.42
I. Full Name, Mailing Address and ZIP Code John Singler 466 Pope Street Napa, CA 94574	Purpose of Disbursement Rent-October Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 10/02/96	Amount of Each Disbursement This Period 1,423.00

SUBTOTAL of Disbursements This Page (optional)

5,910.29

TOTAL This Period (last page this line number only)

SCHEDULE B
Operating Expenses

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page (10/01/96 - 10/16/96)

PAGE 6 OF 6
FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

Nichols Alioto for Congress C003094D3

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Democrats 2000 1311 L Street, N.W., Ste. 300 Washington, DC 20005 (contributor)	DISK/Mailing List Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/08/96	158.32 in-kind received
B. Full Name, Mailing Address and ZIP Code Golden Bagel 3240 Jefferson Napa, CA 94558 (contributor)	Purpose of Disbursement Cream Cheese Donation for Volunteer Meeting Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/12/96	8.04 in-kind received
C. Full Name, Mailing Address and ZIP Code Susan Miller 289 Brixton Court American Canyon, CA 94509 (contributor)	Purpose of Disbursement Gas of Vehicles 10/1 - 10/16/96 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/01/96	150.00 in-kind received
D. Full Name, Mailing Address and ZIP Code Catherine Papale P.O. Box 327 St. Helena, CA 94574 (contributor)	Purpose of Disbursement Three Cases of Wine for Spaghetti Feed Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/01/96	180.00 in-kind received
E. Full Name, Mailing Address and ZIP Code Participation 2000 236 Massachusetts Avenue, N.E. #206 Washington, DC 20002 (contributor)	Purpose of Disbursement Stipend Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/01/96	500.00 in-kind received
F. Full Name, Mailing Address and ZIP Code Art Pufford 370 Cross Street Napa, CA 94558 (contributor)	Purpose of Disbursement COMPUTER CONSULTATION Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/05/96	375.00 in-kind received
G. Full Name, Mailing Address and ZIP Code Sonoma Printers 531 Alameda Street Vallejo, CA 94590 (contributor)	Purpose of Disbursement Printed Material Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/11/96	75.00 in-kind received
H. Full Name, Mailing Address and ZIP Code Unitemized operating expenses (less than \$200) This Period: 10/01/96 - 10/18/96	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		2,236.13
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):		

SUBTOTAL of Disbursements This Page (optional)

3,652.49

TOTAL This Period (total page this line number only)

136,903.12

LOANS
Loans Received by the Committee

Name of Committee (in Full) Michela Alioto for Congress			
A. Full Name, Mailing Address and ZIP Code of Loan Source Michela Alioto 1819 Sinfandel Lane St. Helena, CA 94574	Original Amount of Loan 40,000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 40,000.00
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Terms: Date Insured <u>03/15/96</u> Date Due <u>03/15/99</u> Interest Rate <u>0.0000</u> % (apr) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) in 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: \$		
(1001/95-10/16/95)			
B. Full Name, Mailing Address and ZIP Code of Loan Source Michela Alioto 1819 Sinfandel Lane St. Helena, CA 94574	Original Amount of Loan 20,000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 20,000.00
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Terms: Date Insured <u>03/15/96</u> Date Due <u>03/15/99</u> Interest Rate <u>0.0000</u> % (apr) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) in 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)			60,000.00
TOTALS This Period (next page in this line only)			
Carry outstanding balance only to LINE 5, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary			

LOANS
Loans Received by the Committee

Name of Committee (in Full) Michela Alioto for Congress			
A. Full Name, Mailing Address and ZIP Code of Loan Source Michela Alioto 1819 Zinfandel Lane St. Helena, CA 94574	Original Amount of Loan 40,000.00	Cumulative Payments To Date 0.00	Balance Outstanding at Close of This Period 40,000.00
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		(Candidate's Personal Funds)	
Terms: Date Incurred <u>03/12/96</u> Date Due <u>03/12/99</u> Interest Rate <u>0.0000</u> % (APR) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item A			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
(1051/96 - 10/18/96)			
B. Full Name, Mailing Address and ZIP Code of Loan Source Michela Alioto 1819 Zinfandel Lane St. Helena, CA 94574	Original Amount of Loan 100,000.00	Cumulative Payments To Date 0.00	Balance Outstanding at Close of This Period 100,000.00
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Candidate's Personal Funds)	
Terms: Date Incurred <u>02/09/96</u> Date Due <u>02/08/99</u> Interest Rate <u>0.0000</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: \$		
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)			140,000.00
TOTALS This Period (last page in this line only)			1
Carry outstanding balance only to LINE 2, Schedule D, for this firm. If no Schedule D, carry forward to appropriate line of Summary.			

LOANS

Loans Received by the Committee

Name of Committee (in Full) Michela Alioto for Congress			
A. Full Name, Mailing Address and ZIP Code of Loan Source Michela Alioto 1819 Zinfandel Lane St. Helena, CA 94574		Original Amount of Loan 40,000.00	Cumulative Payment To Date 0.00
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		(Candidate's Personal Funds)	
Term: Date Incurred <u>03/12/96</u> Date Due <u>03/12/99</u> Interest Rate <u>0.0000</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	Amount Guaranteed Outstanding: \$
		Occupation	
		Amount Guaranteed Outstanding: \$	
2. Full Name, Mailing Address and ZIP Code		Name of Employer	Amount Guaranteed Outstanding: \$
		Occupation	
		Amount Guaranteed Outstanding: \$	
3. Full Name, Mailing Address and ZIP Code		Name of Employer	Amount Guaranteed Outstanding: \$
		Occupation	
		Amount Guaranteed Outstanding: \$	
B. Full Name, Mailing Address and ZIP Code of Loan Source Michela Alioto 1819 Zinfandel Lane St. Helena, CA 94574		Original Amount of Loan 100,000.00	Cumulative Payment To Date 0.00
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		(Candidate's Personal Funds)	
Term: Date Incurred <u>02/09/96</u> Date Due <u>02/08/99</u> Interest Rate <u>0.0000</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	Amount Guaranteed Outstanding: \$
		Occupation	
		Amount Guaranteed Outstanding: \$	
2. Full Name, Mailing Address and ZIP Code		Name of Employer	Amount Guaranteed Outstanding: \$
		Occupation	
		Amount Guaranteed Outstanding: \$	
3. Full Name, Mailing Address and ZIP Code		Name of Employer	Amount Guaranteed Outstanding: \$
		Occupation	
		Amount Guaranteed Outstanding: \$	
SUBTOTALS This Period This Page (optional):			140,000.00
TOTALS This Period (last page in this file only):			
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.			

LOANS

Loans Received by the Committee

Name of Committee (in Full) Michela Alioto for Congress			
A. Full Name, Mailing Address and ZIP Code of Loan Source Michela Alioto 1819 Sinfandel Lane St. Helena, CA 94574		Original Amount of Loan 100,000.00	Cumulative Payment To Date 0.00
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Candidate's Personal Funds)	
Terms: Date Incurred <u>11/07/95</u> Date Due <u>11/07/99</u> Interest Rate <u>0.0000 % (apr)</u>		<input type="checkbox"/> Secured	
List All Endorsers or Guarantors (if any) to Item A			
1. Full Name, Mailing Address and ZIP Code		Name of Employer	
		Occupation	
		Amount Guaranteed Outstanding: \$	
2. Full Name, Mailing Address and ZIP Code		Name of Employer	
		Occupation	
		Amount Guaranteed Outstanding: \$	
3. Full Name, Mailing Address and ZIP Code		Name of Employer	
		Occupation	
		Amount Guaranteed Outstanding: \$	
B. Full Name, Mailing Address and ZIP Code of Loan Source		Original Amount of Loan	Cumulative Payment To Date
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Balance Outstanding at Close of This Period	
Terms: Date Incurred _____ Date Due _____ Interest Rate _____ % (apr)		<input type="checkbox"/> Secured	
List All Endorsers or Guarantors (if any) to Item B			
1. Full Name, Mailing Address and ZIP Code		Name of Employer	
		Occupation	
		Amount Guaranteed Outstanding: \$	
2. Full Name, Mailing Address and ZIP Code		Name of Employer	
		Occupation	
		Amount Guaranteed Outstanding: \$	
3. Full Name, Mailing Address and ZIP Code		Name of Employer	
		Occupation	
		Amount Guaranteed Outstanding: \$	
SUBTOTALS This Period This Page (optional).....			100,000.00
TOTALS This Period (last page in this file only).....			300,000.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary			

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans
Debts Owed By the Committee

Page 1 of 1 for
LINE NUMBER 10
(Use separate schedules
for each numbered line)

Name of Committee (in Full) Michael Alesio for Congress	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Potomac Interactive Corporation 1615 North Fort Myer Drive, Suite 300 Arlington, VA 22209	500.00	0.00	0.00	500.00
Nature of Debt (Purpose):				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Rancho, Johansen & Purcell 220 Montgomery Street, Suite 800 San Francisco, CA 94104	7,476.35	0.00	7,476.35	0.00
Nature of Debt (Purpose):				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Tom Pier 1333 Jefferson Street Napa, CA 94559	3,737.48	0.00	3,737.48	0.00
Nature of Debt (Purpose):				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
1) SUBTOTALS This Period This Page (optional)				500.00
2) TOTAL This Period (last page this line only)				500.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				300,000.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				

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.

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DATE OF RECEIPT

Other (Specify):

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and/or DATE OF RECEIPT

PREPARER

28

DATE PREPARED

10-22-96