

SILLS FEDERAL PAC, INC.
ONE RIVERFRONT PLAZA, 10TH FLOOR
NEWARK, NEW JERSEY 07102

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

JUL 30 12 33 PM '99

July 26, 1999

Federal Election Commission
999 B Street Northwest
Washington DC 20463

Re: Receipts and Disbursements July 31 Mid Year Report

Dear Sir/Madam:

Enclosed please find an original and two copies of our completed Form 3X for July 31 Mid Year Report ending June 30, 1999. Please return to us a file-stamped copy.

Very truly yours,



WILLIAM P. REBARICK
Treasurer

CC: N.J. Department of State

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

FEDERAL ELECTION
COMMISSION MAIL ROOM

JUL 30 12 33 PM '99


USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) Sills Federal PAC, Inc.	
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported One Riverfront Plaza 10th Floor	
CITY, STATE and ZIP CODE Newark, New Jersey 07102	2. FEC IDENTIFICATION NUMBER 22-343-4046
	3. <input type="checkbox"/> This committee has a qualified successor committee. (see FEC FORM 11M)

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid Year Report (Non-election Year Only)
- Termination Report
- Monthly Report Due On:
- | | | |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20 | <input type="checkbox"/> October 20 |
| <input type="checkbox"/> March 20 | <input type="checkbox"/> July 20 | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20 | <input type="checkbox"/> August 20 | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31 |
- 12-Day Pre-Election Report for the _____ (Type of Election) election on _____ in the State of _____
- 30-Day Post-Election Report following the General Election on _____ in the State of _____

(b) Is this report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 1/1/99 through 6/30/99		
6. (a) Cash on Hand January 1, 19 99		\$ 0
(b) Cash on Hand at Beginning of Reporting Period	\$ 0	
(c) Total Receipts (from Line 19)	\$ 24,750	\$ 24,750
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 24,750	\$ 24,750
7. Total Disbursements (from Line 30)	\$ 8,000	\$ 8,000
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 16,750	\$ 16,750
9. Debts and Obligations Owed TO the Committee (Itemize on Schedule C and/or Schedule D)	\$ 0	For further information contact: Federal Election Commission 888 E Street, NW Washington, DC 20463 Toll Free 800-424-6530 Local 202-218-3420
10. Debts and Obligations Owed BY the Committee (Itemize on Schedule C and/or Schedule D)	\$ 0	
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.		
Type or Print the Name of Treasurer William P. Reberick		Date
Signature of Treasurer 		7/26/99

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

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FEC FORM 3X
(revised 9/93)

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/81)

NAME OF COMMITTEE	REPORT COVERING PERIOD		
Sills Federal PAC, Inc.	FROM	TO	
	1/1/99	6/30/99	
	COLUMN A Total This Period	COLUMN B Calendar Year	
I Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	24,750	24,750	1160
ii. Unitemized	0	0	1160
iii. Total (add i and ii) >	0	0	1160
b. Political Party Committees	0	0	1160
c. Other Political Committees (such as PACs)	0	0	1160
d. Total Contributions (add a ii, b and c) >	24,750	24,750	1160
12. Transfers From Affiliated/Other Party Committees	0	0	2
13. All Loans Received	0	0	8
14. Loan Repayments Received	0	0	11
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0	0	6
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0	0	8
17. Other Federal Receipts (Dividends, Interest, etc.)	0	0	7
18. Transfers from Nonfederal Account for Joint Activity	0	0	8
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	24,750	24,750	9
20. Total Federal Receipts (subtract line 18 from line 19) >	24,750	24,750	20
II Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0	0	2160
ii. Non-Federal Share	0	0	2160
b. Other Federal Operating Expenditures	0	0	2160
c. Total Operating Expenditures (add a i, ii, and b) >	0	0	2160
22. Transfers to Affiliated/Other Party Committees	0	0	2
23. Contributions to Federal Candidates/Committees and Other Political Committees	8,000	8,000	23
24. Independent Expenditures (use Schedule E)	0	0	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0	0	25
26. Loan Repayments Made	0	0	26
27. Loans Made	0	0	27
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees	0	0	28a
b. Political Party Committees	0	0	28b
c. Other Political Committees (such as PACs)	0	0	28c
d. Total Contribution Refunds (add a, b and c) >	0	0	28d
29. Other Disbursements	0	0	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	8,000	8,000	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	8,000	8,000	31
III Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)	24,750	24,750	32
33. Total Contribution Refunds (from line 28d)	0	0	33
34. Net Contributions (other than loans) (subtract line 33 from 32)	24,750	24,750	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	0	0	35
36. Offsets to Operating Expenditures (from line 15)	0	0	36
37. Net Operating Expenditures (subtract line 36 from 35) >	0	0	37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 5
FOR LINE NUMBER 11

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

NAME OF COMMITTEE (In Full)

SLLS Federal PAC, Inc.

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt in this Period
Clive S. Cumis One Riverfront Plaza, 10th Floor Newark, New Jersey 07102	SLLS Cumis Radin Tischman Epstein & Gross, P.A.	2/23/99	\$5,000
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney Aggregate Year-to-Date > 5,000		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt in this Period
Stephen J. Moses One Riverfront Plaza, 10th Floor Newark, New Jersey 07102	SLLS Cumis Radin Tischman Epstein & Gross, P.A.	2/23/99	\$850
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney Aggregate Year-to-Date > 850		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt in this Period
Steven E. Gross One Riverfront Plaza, 10th Floor Newark, New Jersey 07102	SLLS Cumis Radin Tischman Epstein & Gross, P.A.	2/23/99	\$2,500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney Aggregate Year-to-Date > 2,500		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt in this Period
Jerry Garberg One Riverfront Plaza, 10th Floor Newark, New Jersey 07102	SLLS Cumis Radin Tischman Epstein & Gross, P.A.	2/23/99	\$575
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney Aggregate Year-to-Date > 575		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt in this Period
Morris Yanner One Riverfront Plaza, 10th Floor Newark, New Jersey 07102	SLLS Cumis Radin Tischman Epstein & Gross, P.A.	2/23/99	\$650
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney Aggregate Year-to-Date > 650		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt in this Period
Michael B. Tischman One Riverfront Plaza, 10th Floor Newark, New Jersey 07102	SLLS Cumis Radin Tischman Epstein & Gross, P.A.	2/23/99	\$650
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney Aggregate Year-to-Date > 650		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt in this Period
Trent S. Dickey One Riverfront Plaza, 10th Floor Newark, New Jersey 07102	SLLS Cumis Radin Tischman Epstein & Gross, P.A.	2/23/99	\$525
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney Aggregate Year-to-Date > 525		

SUBTOTAL of Receipts This Page (optional) \$10,750

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)
Sills Federal PAC, Inc.

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt in this Period
Joseph L. Buckley One Riverfront Plaza, 10th Floor Newark, New Jersey 07102	Sills Curtis Radin Tischman Epstein & Gross, P.A. Occupation Attorney	2/23/99	\$750
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 750		
Margaret F. Black One Riverfront Plaza, 10th Floor Newark, New Jersey, 07102	Sills Curtis Radin Tischman Epstein & Gross, P.A. Occupation Attorney	2/23/99	\$525
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 525		
Kenneth F. Cottle One Riverfront Plaza, 10th Floor Newark, New Jersey 07102	Sills Curtis Radin Tischman Epstein & Gross, P.A. Occupation Attorney	2/23/99	\$550
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 550		
Jack M. Zarkin One Riverfront Plaza, 10th Floor Newark, New Jersey 07102	Sills Curtis Radin Tischman Epstein & Gross, P.A. Occupation Attorney	2/23/99	\$575
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 575		
Philip R. White One Riverfront Plaza, 10th Floor Newark, New Jersey 07102	Sills Curtis Radin Tischman Epstein & Gross, P.A. Occupation Attorney	2/23/99	\$525
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 525		
Lawrence S. Horn One Riverfront Plaza, 10th Floor Newark, New Jersey 07102	Sills Curtis Radin Tischman Epstein & Gross, P.A. Occupation Attorney	2/23/99	\$700
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 700		
Lori G. Singer One Riverfront Plaza, 10th Floor Newark, New Jersey 07102	Sills Curtis Radin Tischman Epstein & Gross, P.A. Occupation Attorney	2/23/99	\$150
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 150		

SUBTOTAL of Receipts This Page (optional)	\$3,775
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 5
FOR LINE NUMBER 11

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NAME OF COMMITTEE (in Full)
Sills Federal Pac, Inc.

<p>A. Full Name, Mailing Address and ZIP Code David J. Rabinkowitz One Riverfront Plaza, 10th Floor Newark, New Jersey 07102</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Sills Cumis Radin Tischman Epstein & Gross, P.A.</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date > 600</p>	<p>Date (month, day, year) 2/23/99</p>	<p>Amount of Each Receipt in this Period \$600</p>
<p>B. Full Name, Mailing Address and ZIP Code Shurt M. Reinblatt One Riverfront Plaza, 10th Floor Newark, New Jersey 07102</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Sills Cumis Radin Tischman Epstein & Gross, P.A.</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date > 550</p>	<p>Date (month, day, year) 2/23/99</p>	<p>Amount of Each Receipt in this Period \$550</p>
<p>C. Full Name, Mailing Address and ZIP Code Simon Levin One Riverfront Plaza, 10th Floor Newark, New Jersey 07102</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Sills Cumis Radin Tischman Epstein & Gross, P.A.</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date > 1,000</p>	<p>Date (month, day, year) 2/23/99</p>	<p>Amount of Each Receipt in this Period \$1,000</p>
<p>D. Full Name, Mailing Address and ZIP Code Ted Zangari One Riverfront Plaza, 10th Floor Newark, New Jersey 07102</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Sills Cumis Radin Tischman Epstein & Gross, P.A.</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date > 325</p>	<p>Date (month, day, year) 2/23/99</p>	<p>Amount of Each Receipt in this Period \$325</p>
<p>E. Full Name, Mailing Address and ZIP Code William J. Martini One Riverfront Plaza, 10th Floor Newark, New Jersey 07102</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Sills Cumis Radin Tischman Epstein & Gross, P.A.</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date > 1,250</p>	<p>Date (month, day, year) 2/23/99</p>	<p>Amount of Each Receipt in this Period \$1,250</p>
<p>F. Full Name, Mailing Address and ZIP Code Mark E. Dicksstein One Riverfront Plaza, 10th Floor Newark, New Jersey 07102</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Sills Cumis Radin Tischman Epstein & Gross, P.A.</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date > 300</p>	<p>Date (month, day, year) 2/25/99</p>	<p>Amount of Each Receipt in this Period \$300</p>
<p>G. Full Name, Mailing Address and ZIP Code Morton S. Buris One Riverfront Plaza, 10th Floor Newark, New Jersey 07102</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Sills Cumis Radin Tischman Epstein & Gross, P.A.</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date > 525</p>	<p>Date (month, day, year) 3/5/99</p>	<p>Amount of Each Receipt in this Period \$525</p>

SUBTOTAL of Receipts This Page (optional) \$4,550

TOTAL This Period (last page this # 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 11

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NAME OF COMMITTEE (In Full)
Sills Federal PAC, Inc.

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt in this Period
Lester Aron One Riverfront Plaza, 10th Floor Newark, New Jersey 07102 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Sills Curtis Radin Tischman Epstein & Gross, P.A. Occupation: Attorney Aggregate Year-to-Date > 800	3/5/99	\$900
Steven R. Kamen One Riverfront Plaza, 10th Floor Newark, New Jersey 07102 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Sills Curtis Radin Tischman Epstein & Gross, P.A. Occupation: Attorney Aggregate Year-to-Date > 325	3/5/99	\$325
Gerald Span One Riverfront Plaza, 10th Floor Newark, New Jersey 07102 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Sills Curtis Radin Tischman Epstein & Gross, P.A. Occupation: Attorney Aggregate Year-to-Date > 500	3/5/99	\$500
Alan E. Sheenan One Riverfront Plaza, 10th Floor Newark, New Jersey 07102 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Sills Curtis Radin Tischman Epstein & Gross, P.A. Occupation: Attorney Aggregate Year-to-Date > 400	3/5/99	\$400
Victor H. Boyajian One Riverfront Plaza, 10th Floor Newark, New Jersey 07102 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Sills Curtis Radin Tischman Epstein & Gross, P.A. Occupation: Attorney Aggregate Year-to-Date > 575	3/5/99	\$575
Philip R. Sellinger One Riverfront Plaza, 10th Floor Newark, New Jersey 07102 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Sills Curtis Radin Tischman Epstein & Gross, P.A. Occupation: Attorney Aggregate Year-to-Date > 1,350	4/9/99	\$1,350
Robert J. Alter One Riverfront Plaza, 10th Floor Newark, New Jersey 07102 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Sills Curtis Radin Tischman Epstein & Gross, P.A. Occupation: Attorney Aggregate Year-to-Date > 325	5/17/99	\$325

SUBTOTAL of Receipts This Page (optional) \$4,275

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate check(s) to reach category of the Detailed Summary Page

PAGE 5 OF 5
FOR LINE NUMBER 11

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NAME OF COMMITTEE (in Full)
Sills Federal PAC, Inc.

<p>A. Full Name, Mailing Address and ZIP Code William P. Reberick One Riverfront Plaza, 10th Floor Newark, New Jersey 07102</p>	<p>Name of Employer Sills Curtis Radin Tischman Epstein & Gross, P.A.</p>	<p>Date (month, day, year) 6/22/99</p>	<p>Amount of Each Receipt in this Period \$500</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation Executive Director</p>	<p>Aggregate Year-to-Date 500</p>	
<p>B. Full Name, Mailing Address and ZIP Code Jack Wenik One Riverfront Plaza, 10th Floor Newark, New Jersey 07102</p>	<p>Name of Employer SILLS Curtis Radin Tischman Epstein & Gross, P.A.</p>	<p>Date (month, day, year) 6/23/99</p>	<p>Amount of Each Receipt in this Period \$900</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation Attorney</p>	<p>Aggregate Year-to-Date 900</p>	
<p>C. Full Name, Mailing Address and ZIP Code</p>	<p>Name of Employer</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt in this Period</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation</p>	<p>Aggregate Year-to-Date</p>	
<p>D. Full Name, Mailing Address and ZIP Code</p>	<p>Name of Employer</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt in this Period</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation</p>	<p>Aggregate Year-to-Date</p>	
<p>E. Full Name, Mailing Address and ZIP Code</p>	<p>Name of Employer</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt in this Period</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation</p>	<p>Aggregate Year-to-Date</p>	
<p>F. Full Name, Mailing Address and ZIP Code</p>	<p>Name of Employer</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt in this Period</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation</p>	<p>Aggregate Year-to-Date</p>	
<p>G. Full Name, Mailing Address and ZIP Code</p>	<p>Name of Employer</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt in this Period</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation</p>	<p>Aggregate Year-to-Date</p>	

SUBTOTAL of Receipts This Page (optional) \$1,400

TOTAL This Period (last page of this return) \$24,750

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)
Sills Federal PAC, Inc.

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Frank For Congress P.O. Box 661 New Providence, New Jersey 07974	Bob Frank, House Candidate (NJ, 7) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/30/99	\$1,000
Steve Rothman For Congress, Inc P.O. Box 714 Hackensack, New Jersey 07602	Steve Rothman, House Candidate (NJ, 9) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/30/99	\$1,000
Steve Rothman For Congress, Inc. P.O. Box 714 Hackensack, New Jersey 07602	Steve Rothman, House Candidate (NJ, 9) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/6/99	\$1,000
Mendez For Congress 65 Livingston Avenue Roseland, New Jersey 07068	Robert Mendez, House Candidate (NJ, 13) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/6/99	\$1,000
Florio For Senate 371 Hoes Lane, 2nd Floor Piscataway, New Jersey 08854	James J. Florio, U.S. Senate (NJ) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/25/99	\$1,000
Florio For Senate 371 Hoes Lane, 2nd Floor Piscataway, New Jersey 08854	James J. Florio, U.S. Senate (NJ) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/25/99	\$1,000
Whitman For Senate 3131 Princeton Pike, Building 4, Suite 215 Lawrenceville, New Jersey 08648	Christine Todd Whitman, U.S. Senate (NJ) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/29/99	\$1,000
Whitman For Senate 3131 Princeton Pike, Building 4, Suite 215 Lawrenceville, New Jersey 08648	Christine Todd Whitman, U.S. Senate (NJ) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/29/99	\$1,000
L. 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)

\$8,000

TOTAL This Period (last page of this number only)

\$8,000

SCHEDULE C
(Revised 3/80)

LOANS

Page 1 of 1 for
LINE NUMBER 13
(Use separate schedules
for each numbered line)

Name of Committee (In Full) Stills Federal PAC, Inc.			
A. Full Name, Mailing Address and ZIP Code of Loan Source NONE	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Term: Date Incurred _____ Date Due _____ Interest Rate _____ % (apf) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (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	
Term: Date Incurred _____ Date Due _____ Interest Rate _____ % (apf) <input type="checkbox"/> Secured		Cumulative Payment To Date	
Balance Outstanding at Close of This Period		List All Endorsers or Guarantors (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)			
TOTAL \$ This Period (last page of this line only)			
Carry outstanding balance only to LINE 3, Schedule C, for this line. If on Schedule D, carry forward to appropriate line of Summary.			

LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

NAME OF COMMITTEE (IN FULL) Sills Federal PAC, Inc.		FEC IDENTIFICATION NUMBER 22-363-4046	
FULL NAME, MAILING ADDRESS AND ZIP CODE OF LENDING INSTITUTION (LENDER) None	AMOUNT OF LOAN	INTEREST RATE (APR)	
	DATE INCURRED OR ESTABLISHED	DATE DUE	

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

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

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

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

What is the value of this collateral? _____

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

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan?

No Yes if yes, specify: _____ What is the estimated value? _____

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

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

G. COMMITTEE TREASURER	DATE
TYPED NAME	SIGNATURE

H. Attach signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:

- I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.
- II. The loan was made on terms and conditions (including interest rate) no more favorable than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.
- III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.7(b)(11) and 100.8(b)(12) in making this loan.

AUTHORIZED REPRESENTATIVE	TITLE	DATE
TYPED NAME	SIGNATURE	

SCHEDULED
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

Page 1 of 1, for
LINE NUMBER 9
(Use separate schedules
for each numbered line)

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

ITEMIZED INDEPENDENT EXPENDITURES

(See Reverse Side for Instructions)

Name of Committee (if Full)			22-363-4046	
Sills Federal PAC, Inc.				
Full Name, Mailing Address & ZIP Code of Each Payee	Purpose of Expenditure	Date (month, day, year)	Amount	Name of Federal Candidate supported or opposed by the expenditure. If none sought
None				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
(a) SUBTOTAL of Itemized Independent Expenditures			\$	
(b) SUBTOTAL of Unitemized Independent Expenditures			\$	
(c) TOTAL Independent Expenditures			\$	

Under penalty of perjury, I certify that the independent expenditures reported hereon were made in cooperation, as required on cover sheet, and the required registration of the candidate or candidates by the independent of such candidate(s) has been filed with the Federal Election Commission. I have also certified that the independent expenditures reported hereon were not made in violation of any applicable law, regulation, or rule of the Commission. I have also certified that the independent expenditures reported hereon were not made in violation of any applicable law, regulation, or rule of the Commission.

Subscribed and sworn to before me this _____ day of _____, 19____.

My Commission expires: _____

NOTARY PUBLIC

Signature _____

Date _____

SCHEDULE F

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

Page 1 of 1 for
LINE NUMBER 25

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

Name of Political Committee (in Full) Stills Federal PAC, Inc.				
Has your Committee been designated to make coordinated expenditures as a political party committee? If YES, name the designating committee				
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
Full Name, Mailing Address and ZIP Code of Subordinate Committee None				
Full Name, Mailing Address and ZIP Code of Each Payee	Name of Federal Candidate Supported, State, District & Office Sought	Purpose of Expenditure	Date (month, day, year)	Amount
Aggregate General Election Expenditure for this Candidate—\$				
Full Name, Mailing Address and ZIP Code of Each Payee	Name of Federal Candidate Supported, State, District & Office Sought	Purpose of Expenditure	Date (month, day, year)	Amount
Aggregate General Election Expenditure for this Candidate—\$				
Full Name, Mailing Address and ZIP Code of Each Payee	Name of Federal Candidate Supported, State, District & Office Sought	Purpose of Expenditure	Date (month, day, year)	Amount
Aggregate General Election Expenditure for this Candidate—\$				
Full Name, Mailing Address and ZIP Code of Each Payee	Name of Federal Candidate Supported, State, District & Office Sought	Purpose of Expenditure	Date (month, day, year)	Amount
Aggregate General Election Expenditure for this Candidate—\$				
SUBTOTAL of Expenditures This Page (optional)				
TOTAL This Period (see page 1 of this number only)				

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

NAME OF COMMITTEE
Sills Federal Inc., Inc.

NATIONAL PARTY COMMITTEES

FIXED FEDERAL PERCENTAGE (CHECK THE APPROPRIATE LINE AND ENTER % IN BOX TO RIGHT) %
 PRESIDENTIAL YEAR (65%)
 ALL OTHER YEARS (60%)

HOUSE AND SENATE PARTY CAMPAIGN COMMITTEES

MINIMUM FEDERAL PERCENTAGE (65%) (IF CHECKED, ENTER 65% IN BOX TO RIGHT) %
 OR
 FUNDS EXPENDED:
 • ESTIMATED DIRECT CANDIDATE SUPPORT — FEDERAL %
 • ESTIMATED DIRECT CANDIDATE SUPPORT — NON-FEDERAL %
 ADJUSTMENTS TO FUNDS EXPENDED:
 ACTUAL DIRECT CANDIDATE SUPPORT — FEDERAL \$ %
 ACTUAL DIRECT CANDIDATE SUPPORT — NON-FEDERAL \$

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

SEPARATE SEGREGATED FUNDS AND NON-CONNECTED COMMITTEES

FUNDS EXPENDED:
 • ESTIMATED DIRECT CANDIDATE SUPPORT — FEDERAL 100 %
 • ESTIMATED DIRECT CANDIDATE SUPPORT — NON-FEDERAL 0 %
 ADJUSTMENTS TO FUNDS EXPENDED:
 ACTUAL DIRECT CANDIDATE SUPPORT — FEDERAL \$ 8,000 100 %
 ACTUAL DIRECT CANDIDATE SUPPORT — NON-FEDERAL \$ 0

STATE AND LOCAL PARTY COMMITTEES

BALLOT COMPOSITION

CHECK ALL OFFICES APPEARING ON THE NEXT GENERAL ELECTION BALLOT:

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

FEDERAL ALLOCATION = LINE 4 DIVIDED BY LINE 12 %

ALLOCATION RATIOS

NAME OF COMMITTEE

Sills Federal PAC, Inc.

ALLOCATION RATIOS FOR INDIVIDUAL FUNDRAISING EVENTS, EXEMPT ACTIVITIES, AND SHARED DIRECT CANDIDATE SUPPORT APPEARING ON THIS REPORT.

Methods of allocation:

I. **FUNDRAISING** activities are allocated using the "funds received" method where the federal proportion of expenses must equal the federal proportion of monies raised.

II. **EXEMPT** activities are allocated using the "time and space" method where the federal proportion of disbursements is based on the proportion of time or space devoted to federal candidates.

III. Shared **DIRECT CANDIDATE** support activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity.

NAME OF ACTIVITY OR EVENT	FEDERAL %	NON-FEDERAL %
<p>Note</p> <p>ACTIVITY IS: <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: <input type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED</p>		
<p>NAME OF ACTIVITY OR EVENT</p> <p>ACTIVITY IS: <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: <input type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED</p>		
<p>NAME OF ACTIVITY OR EVENT</p> <p>ACTIVITY IS: <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: <input type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED</p>		
<p>NAME OF ACTIVITY OR EVENT</p> <p>ACTIVITY IS: <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: <input type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED</p>		
<p>NAME OF ACTIVITY OR EVENT</p> <p>ACTIVITY IS: <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: <input type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED</p>		
<p>NAME OF ACTIVITY OR EVENT</p> <p>ACTIVITY IS: <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: <input type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED</p>		
<p>NAME OF ACTIVITY OR EVENT</p> <p>ACTIVITY IS: <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: <input type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED</p>		
<p>NAME OF ACTIVITY OR EVENT</p> <p>ACTIVITY IS: <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: <input type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED</p>		

TRANSFERS FROM
NON-FEDERAL ACCOUNTS

NAME OF COMMITTEE Sills Federal PAC, Inc.		TOTAL AMOUNT TRANSFERRED
NAME OF ACCOUNT None	DATE OF RECEIPT	\$

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

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

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED			
ADMIN/VOTER DRIVE AMOUNT	DIRECT FUND-RAISING AMOUNT	EXEMPT ACTIVITY/DIRECT CANDIDATE SUPPORT	
SUBTOTAL THIS PAGE			
TOTAL THIS PERIOD			

JOINT FEDERAL/NON-FEDERAL
ACTIVITY SCHEDULE

NAME OF COMMITTEE

Sills Federal PAC, Inc.

A. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
None					
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ _____ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
B. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ _____ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
C. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ _____ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
D. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ _____ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
E. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ _____ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
F. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ _____ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
SUBTOTAL OF JOINT FEDERAL AND NON-FEDERAL ACTIVITY THIS PAGE					
TOTAL THIS PERIOD (less page for each line only) (Fed. share to 21 a i and non-Fed. share to 21 a ii)					
TOTAL THIS PERIOD FOR THE NON-FEDERAL SHARE (used for line 31 of the detailed summary page)					

