

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

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Oct 25 3 00 PM '96

USE FEC MAILING LABEL OR TYPE OR PRINT

1.	000093667	NY/22	093096	N
J RONALD WILLIAMS				
JERRY SOLOMON FOR CONGRESS COM				
MITTEE <i>Friends of Jerry Solomon</i>				
POST OFFICE BOX 139				
SARATOGA SPRINGS NY 12866				

2. FEC IDENTIFICATION NUMBER _____

3. IS THIS REPORT AN AMENDMENT?
 YES NO

4. TYPE OF REPORT

- April 15 Quarterly Report
- Twelfth day report preceding General (Type of Election)
 election on Nov. 5, 1996 in the State of NY
- July 15 Quarterly Report
- October 15 Quarterly Report
- Thirtieth day report following the General Election on _____
 In the State of _____
- January 31 Year End Report
- July 31 Mid-Year Report (Non-election Year Only)
- Termination Report

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

SUMMARY

5. Covering Period <u>10/1/96</u> through <u>10/16/96</u>	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(a))	28567.80	283536.96
(b) Total Contribution Refunds (from Line 20(d))	-	-
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	28567.80	283536.96
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	78692.10	535361.29
(b) Total Offsets to Operating Expenditures (from Line 14)	280.-	564.08
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	78412.10	332797.14
8. Cash on Hand at Close of Reporting Period (from Line 27)	155882.99	
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)		
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)		

For further information contact:
 Federal Election Commission
 999 E Street, NW
 Washington, DC 20463
 Toll Free 800-424-9530
 Local 202-376-3120

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
J. Ronald Williams

Signature of Treasurer
J. Ronald Williams

Date
 10/21/96

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

DETAILED SUMMARY PAGE

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

Name of Committee (in full) <i>Gerry Salomon for Congress Comm.</i>	Report Covering the Period: From: <i>10/1/96</i> To: <i>10/16/96</i>	
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)	<i>4166.80</i>	
(ii) Unitemized	<i>651.-</i>	
(iii) Total of contributions from individuals	<i>4817.80</i>	<i>52,236.30</i>
(b) Political Party Committees	<i>-</i>	<i>350.-</i>
(c) Other Political Committees (such as PACs)	<i>29,250.-</i>	<i>250,750.66</i>
(d) The Candidate	<i>-</i>	
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d))	<i>28567.80</i>	<i>283,336.96</i>
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.		
13. LOANS:		
(a) Made or Guaranteed by the Candidate	<i>-</i>	
(b) All Other Loans	<i>-</i>	
(c) TOTAL LOANS (add 13(a) and (b))	<i>-</i>	
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	<i>280.-</i>	<i>564.08</i>
15. OTHER RECEIPTS (Dividends, Interest, etc.)	<i>-</i>	<i>4,389.07</i>
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)	<i>28847.80</i>	<i>288,290.11</i>
II. DISBURSEMENTS		
17. OPERATING EXPENDITURES	<i>78692.10</i>	<i>323,366.82</i>
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.		
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate	<i>-</i>	
(b) Of All Other Loans	<i>-</i>	
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))	<i>-</i>	
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	<i>-</i>	
(b) Political Party Committees	<i>-</i>	
(c) Other Political Committees (such as PACs)	<i>-</i>	
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))	<i>-</i>	
21. OTHER DISBURSEMENTS	<i>-</i>	<i>50004.-</i>
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)	<i>78692.10</i>	<i>323,366.82</i>
III. CASH SUMMARY		
23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	\$	<i>205,127.29</i>
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)	\$	<i>28,847.80</i>
25. SUBTOTAL (add Line 23 and Line 24)	\$	<i>234,575.09</i>
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	\$	<i>78,692.10</i>
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)	\$	<i>155,882.99</i>

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 2
FOR LINE NUMBER 11A1

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

NAME OF COMMITTEE (In Full)

Jerry Solomon for Congress Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Ann & Maren Reilly PO Box 2013 Hyde Park NY 12538	Secretary Postco	10/1/96	\$600.00 check
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 600.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Brown Elliott 4116 Garrison St. NW Washington DC 20016	Dept of Justice Wash DC	10/15/96	250-
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Liaison	Aggregate Year-to-Date > \$ 250-	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Helita Jones E 3875 07 44th St. #300 Phenix Aa 15018	The Helita Co. Phenix Aa 15018	10/5/96	200-
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation C.H. Ins. Broker	Aggregate Year-to-Date > \$ 200-	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Anthony Pennello 85 Rte 146 Custon Park NY 12065	Annella Casman Custon Park NY	10/1/96	250-
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 250-	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
David Donahue 91 Algonquin Rd Custon Park NY 12065	NYS Dept of Labor Albany NY	10/1/96	200-
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Staff	Aggregate Year-to-Date > \$ 200-	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Kari Ann Landry 3004 Reg Barn Ln. Bensalem PA 19020-4657	Self	10/9/96	500
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Garage owner	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
George J. Murphy 1306 Sande Wing Lbs. Brickyard At Richmond VA 24701	Cransons Gps At Richmond VA	10/9/96	300
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance Agent	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)

2560.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 2
FOR LINE NUMBER 1161

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NAME OF COMMITTEE (in Full)

Gerry Solomon for Congress Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Receipt this Period
Gary M Beinaker P.O. Box 6305 West Caldwell NJ 07007 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self Embria Financial Grp Wayne NJ 07470 Occupation: Chartered Financial Consultant Aggregate Year-to-Date > \$ 200	10/9/96	200
David G Mead 6275 Brandon Ave Springfield VA 22150 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	D & Mead's Associates Springfield VA 22150 Occupation: Insurance Aggregate Year-to-Date > \$ 200	10/9/96	200
George Handler 333 Broadway Newburgh NY 12550 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Handler Consultants 333 Broadway Newburgh NY 12550 Occupation: Ins Broker Aggregate Year-to-Date > \$ 200	10/9/96	200
Toby Roth P.O. Box 2673 Appleton WI 54912 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	House of Representatives WI - 8th Occupation: Aggregate Year-to-Date > \$ 1000	10/9/96	1000
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Receipt this Period

SUBTOTAL of Receipts This Page (optional)	1600
TOTAL This Period (last page this line number only)	4160.80

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 11C

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NAME OF COMMITTEE (in Full)

Gerry Salomon for Congress Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Receipt this Period
Presidential Insurance Co of America Fed PAC Hawaii # 07010	PAC	10/1/96	500-
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500	
B. Full Name, Mailing Address and ZIP Code Lockheed Martin 1725 Jeff Davis Highway Crystal Springs #300 Arlington VA 222-021	PAC	10/16/96	500-
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Occupation	Aggregate Year-to-Date > \$ 5000	Return 10/17/96 Deposited
C. Full Name, Mailing Address and ZIP Code Ball PAC 345 So High St Muncie IN 47307-0407	PAC	11/9/96	500
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500	
D. Full Name, Mailing Address and ZIP Code D & J PAC (Deluxer Trucks) P.O. Box 365 Washington DC 20044-0365	PAC	10/1/96	250
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Occupation	Aggregate Year-to-Date > \$ 250	
E. Full Name, Mailing Address and ZIP Code CMO Voluntary Political Fund 490 R. Engle St. Plaza East NW # 7204 Washington DC 20034	PAC	11/9/96	5000
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Occupation	Aggregate Year-to-Date > \$ 5000	
F. Full Name, Mailing Address and ZIP Code Great Western Financial Group Govt Committee 9200 Oakdale Ave. Chatsworth CA 91311	PAC	10/9/96	500
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500	
G. Full Name, Mailing Address and ZIP Code Reaction 450 N. Michigan Ave. Chicago IL 60611	PAC	10/9/96 10/14/96	500- 4000-
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Occupation	Aggregate Year-to-Date > \$ 6500	

SUBTOTAL of Receipts This Page (optional)

9250-

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 5

FOR LINE NUMBER 11C

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NAME OF COMMITTEE (in Full)

Jerry Salomonson Congress Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<i>Citicorp</i> 1101 Pennsylvania Ave NW #1000 Washington DC 20004	<i>PRC</i>	10/9/96	1000
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$ 1000		
B. Full Name, Mailing Address and ZIP Code <i>GMG</i> 110 Vermont Ave NW Washington DC 20005	<i>PRC</i>	10/1/96	5000
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$ 9000		
C. Full Name, Mailing Address and ZIP Code <i>Jane Warner</i> 800 Connecticut Ave NW #800 Washington DC 20006	<i>PRC</i>	10/1/96	1000
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$ 1000		
D. Full Name, Mailing Address and ZIP Code <i>Team America PRC</i> 1401 N St NW #1020 Washington DC 20005	<i>PRC</i>	10/1/96	1000
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$ 2500		
E. Full Name, Mailing Address and ZIP Code <i>National Beer Wholesalers Assn</i> 7100 S. Washington St. Alexandria VA 22314-4454	<i>PRC</i>	10/1/96	1000
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$ 1000		
F. Full Name, Mailing Address and ZIP Code <i>Tetra Tech Marketing Assoc/America</i> 1901 N. Ft. Myers Rd. #1200 Arlington VA 22209	<i>PRC</i>	10/1/96	500
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$ 500		
G. Full Name, Mailing Address and ZIP Code <i>Independent Bankers PRC</i> 1 Thomas Circle NW #950 Washington DC 20005	<i>PRC</i>	10/5/96	1000
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$ 1000		

SUBTOTAL of Receipts This Page (optional)

10,500

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 3
FOR LINE NUMBER 11C

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NAME OF COMMITTEE (in Full)

Jerry Selmon for Congress Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Receipt this Period
National Comm. to Preserve Social Security & Medicare Fnc 2020 K St NW # 800 Washington DC 20006 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Fnc Occupation Aggregate Year-to-Date > \$ 1500	11/15/96	500
B. Full Name, Mailing Address and ZIP Code NABO/FAC 1199 No Fairfax St. # 201 Alexandria VA 22315-1285 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Fnc Occupation Aggregate Year-to-Date > \$ 1000	11/15/96	1000
C. Full Name, Mailing Address and ZIP Code General American Life Associates Fed. Fnc P.O. Box 396 St. Louis MO 63166 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Fnc Occupation Aggregate Year-to-Date > \$ 500	11/15/96	500
D. Full Name, Mailing Address and ZIP Code Brown & Williamson Tobacco Employee Fnc (EAFNC) P.O. Box 35090 Louisville KY 40252 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Fnc Occupation Aggregate Year-to-Date > \$ 2000	11/9/96	1000
E. Full Name, Mailing Address and ZIP Code Repaso Purchase Fnc Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Fnc Occupation Aggregate Year-to-Date > \$ 1000	10/10/96	1000
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Receipt this Period

SUBTOTAL of Receipts This Page (optional)	47000
TOTAL This Period (last page this line number only)	23750

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 3
FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

Jerry Solomon for Congress Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
U.S.P.O. Church & Broadway Saratoga Springs NY 12866	Postage Business Reply Doc	10/2/96 10/3/96 10/3/96	16.00 - 64 - 50 -
"	Postage	11/4/96 10/8/96 10/12/96	10.75 - 39 - 12.18
"	Postage	10/15/96	15.52
Federal Express PO Box 1140 Memphis TN 38101-1140	Postage	10/1/96	155.75
Ken Ko Co Wing Rd Albany NY	Copying	10/4/96	106.92
My Telephone 46 Box 1100 Albany NY 12250-0001	Phone	10/7/96 10/15/96	119.25 212.35
AT&T PO Box 371302 Pittsburgh PA 15250-1302	Long Distance Service	10/7/96 10/16/96	43.28 136.54
Herb Koster 15 Chesnut St Dr Acronburg NY 12804	Reimbursement	11/7/96	59.89
Cook's Medical Birmingham Ala Syracuse NY 1	Medical	10/9/96 10/16/96	65.00 - 7.50

SUBTOTAL of Disbursements This Page (optional)

73638.41

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 3
FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

Jerry Salmon for Congress Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Page
<i>Staples 2350 Parotoga Springs NY 12866</i>	<i>Office supplies</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>10/10/96</i>	<i>35.16</i>
<i>Capital Hill Club 200 First St. SE Washington DC 20003</i>	<i>Strategy Meeting</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>10/10/96</i>	<i>70.97</i>
<i>Vicki Linn Ball 21001 Mobile Dr. #26 Parotoga Springs NY 12866</i>	<i>Consulting</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>10/10/96</i>	<i>300 -</i>
<i>Lee Dwyer 134 Roosevelt Rd Hyde Park NY 12538</i>	<i>Consulting</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>10/10/96</i>	<i>300 -</i>
<i>Wichelon Auto 203 Broad St Blaine Falls NY 12801</i>	<i>Rental Campaign Car</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>10/11/96</i>	<i>1500 -</i>
<i>Blaine Falls Business Services 32-34 Deleville Blaine Falls NY 12801</i>	<i>Office supplies</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>10/12/96</i>	<i>39.95</i>
<i>Quincy PO Box 85795 Louisville KY 40285-5795</i>	<i>Gasoline</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>10/14/96</i>	<i>107.40</i>
<i>Andrea K Caroline St. Parotoga Springs NY 12866</i>	<i>Volunteers - Food</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>10/14/96</i>	<i>12.80</i>
<i>Image Berkshire Parotoga Springs NY 12866</i>	<i>Photography</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>10/15/96</i>	<i>80.88</i>

SUBTOTAL of Disbursements This Page (optional)

2872.16

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 5 OF 3
FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

Gerrit Salomon for Congress Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This
<i>Printing Services 507 Johnson Ave. Bridge Ld. Scotia, NY 12302</i>	<i>Printing</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>10/15/96</i>	<i>569.15</i>
<i>Jim & Norma Kelly P.O. Box 2013 Nyack, NY 12558</i>	<i>Posters (Weekend)</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>10/1/96</i>	<i>866.80</i>
<i>Capital District Union Label & Services Trade Council 4 California Ave Rensselaer, NY 12144</i>	<i>Contributor Journal</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>10/10/96</i>	<i>160-</i>
<i>Counselors City Republican Comm. Troy, NY</i>	<i>Donor/Donation</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>10/8/96</i>	<i>350</i>
<i>Bell Atlantic NYNEX Mobile Box 41556 Philadelphia, PA 19101</i>	<i>Telephone</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>10/15/96</i>	<i>90.51</i>
<i>Mariano's Berkman St. Saratoga, NY 12856</i>	<i>Book/Volunteers</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>10/16/96</i>	<i>34-</i>
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)

1633.46

TOTAL This Period (last page this line number only)

78144.0

Federal Election Commission
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and/or DATE OF RECEIPT

PREPARER

DATE PREPARED