

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

HUGHES FOR CONGRESS COMMITTEE

2000 FEB -6 A 10:04

926 Palen Avenue, Ocean City, New Jersey 08226 Telephone 609-398-0660

GAMALIEL BROADLEY, Chairman
THOMAS GILL, Treasurer

January 6, 2000

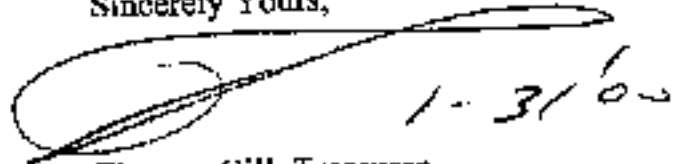
Federal Election Commission
999 E Street N.W.
Washington, D.C. 20515-6601

RE: Hughes for Congress Committee
HR - 036871

Dear Sir:

Enclosed herewith please find FEC Form - 3 for the period beginning July 1, 1999 through
December 31, 1999, for the above captioned committee.

Sincerely Yours,



Thomas Gill, Treasurer
Hughes for Congress Committee

TG/bg

Enc.
Certified Mail # Z 334 639 265

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

USE FEC MARKING LABEL OR TYPE OR PRINT

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

1. COMMITTEE IDENTIFICATION NUMBER: 000097543
 121499
 THOMAS GILL
 HUGHES FOR CONGRESS COMMITTEE
 926 PALEN AVENUE
 OCEAN CITY NJ 08226

2. FEC IDENTIFICATION NUMBER: 7000 FEB - L A 10-04
 3. IS THIS REPORT AN AMENDMENT?
 YES NO

4. TYPE OF REPORT

- 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)
- 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 _____
- Termination Report


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

SUMMARY

5. Covering Period	COLUMN A This Period	COLUMN B Calendar Year-to-Date
7-1-99 through 12-31-99		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	-0	-0
(b) Total Contribution Refunds (from Line 20(d))	-0	-0
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	-0	-0
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	79.61	349.05
(b) Total Offsets to Operating Expenditures (from Line 14)	-0	-0
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	79.61	349.05
8. Cash on Hand at Close of Reporting Period (from Line 27)	78401.47	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	-0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	-0	

For further information contact:
 Federal Election Commission
 959 E Street, NW
 Washington, DC 20463
 Toll Free 800-424-9530
 Local 202-694-1100

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

Type or Print Name of Treasurer: Thomas Gill
 Signature of Treasurer: 
 Date: 1-31-05

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

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FEC FORM 3
(revised 4/87)

DETAILED SUMMARY PAGE

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

Name of Committee (in full)	Report Covering the Period:	
<i>Hughes For Congress Committee</i>	From: <i>7-1-99</i>	To: <i>12-31-99</i>
L 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) -----		
(ii) Unitemized -----		
(iii) Total of contributions from individuals -----		
(b) Political Party Committees -----		
(c) Other Political Committees (such as PACs) -----		
(d) The Candidate -----		
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(i)(ii), (b), (c) and (d)) -----		
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES -----		
13. LOANS:		
(a) Made or Guaranteed by the Candidate -----		
(b) All Other Loans -----		
(c) TOTAL LOANS (add 13(a) and (b)) -----		
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) -----		
15. OTHER RECEIPTS (Dividends, Interest, etc.) -----	<i>852.78</i>	<i>1695.65</i>
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15) -----	<i>852.78</i>	<i>1695.65</i>
II. DISBURSEMENTS		
17. OPERATING EXPENDITURES -----	<i>7961</i>	<i>349.05</i>
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES -----		
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate -----		
(b) Of All Other Loans -----		
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b)) -----		
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees -----		
(b) Political Party Committees -----		
(c) Other Political Committees (such as PACs) -----		
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c)) -----		
21. OTHER DISBURSEMENTS -----	<i>2105.00</i>	<i>4202.00</i>
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21) -----	<i>21846.5</i>	<i>4551.05</i>

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD -----	\$	<i>49,733.34</i>
24. TOTAL RECEIPTS THIS PERIOD (from Line 16) -----	\$	<i>852.78</i>
25. SUBTOTAL (add Line 23 and Line 24) -----	\$	<i>50,586.12</i>
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22) -----	\$	<i>21,846.5</i>
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25) -----	\$	<i>28,739.62</i>

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
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)

Hughes For Congress Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Ocean City Home Dev't. 12th & Albany Ocean City MD - 08226	Interest Income NA	Nov 99	431.62
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: NA	Aggregate Year-to-Date > \$ 839.62	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
DWR. Liquid Assoc 1535 21st Road North Ft. Myer - 08225	Dividend Inc. NA	Nov 99	421.16
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: NA	Aggregate Year-to-Date > \$ 836.03	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional) 852.78

TOTAL This Period (last page this line number only) 852.78

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

Hoytes For Congress Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
<i>Postmaster - Ocean City NJ 9th & Ocean Ave. Ocean City NJ 08226</i>	<i>Postage</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>7-30-99</i>	<i>7.61</i>
<i>Safe Guard Business Forms P.O. Box 1749 Ft Washington PA 19034</i>	<i>Office Supplies</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>9-16-99</i>	<i>40.04</i>
<i>Committee Booth 131 E 9th St Ocean City NJ 08226</i>	<i>Sign Change</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>var</i>	<i>32.00</i>
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

79.65

TOTAL This Period (last page this line number only)

79.65

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 2
FOR LINE NUMBER 21

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

NAME OF COMMITTEE (in full) **HUGHES FOR CONGRESS COMMITTEE**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
COMMITTEE TO ELECT LADY-BIRNER FOR ASSEMBLY JAMES PICKERING, ESQ. - TREASURER PO BOX 600 SOUTH SEAVILLE, NT. 08216	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/19/99	150.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code CUMBERLAND COUNTY DEMOCRATIC ORGANIZATION JULIO MENDOZA, CHAIRMAN PO BOX 147, VINELAND, NT 08362	TICKETS Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/4/99	250.00
D. Full Name, Mailing Address and ZIP Code FLORID FOR SENATE COMMITTEE, INC. GEORGE ZORRINGER, TREASURER 371 HOES LANE, 2ND FLOOR PISCATAWAY, NT. 08851	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/29/99	500.00
E. Full Name, Mailing Address and ZIP Code ELECTION FUND OF JIM MCGERTY 406 CROSSON AVE NORTHFIELD, NT 08245	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/30/99	125.00
F. Full Name, Mailing Address and ZIP Code STOCKTON PERFORMING ARTS CENTER PO BOX 198 JIM LEADS ROAD POMONA, NT 08240	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/30/99	100.00
G. Full Name, Mailing Address and ZIP Code COMMITTEE TO ELECT HILL + SAULL DREW FISHER 210 WOOD CREST AVE ADSECON, NT 08201 G. TOWNSEND, PRES - 1429 DRUMMET, ADSECON	TICKETS Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/15/99	50.00
H. Full Name, Mailing Address and ZIP Code CUMBERLAND DEMOCRATIC ORGANIZATION JULIO MENDOZA, CHAIRMAN PO BOX 147 VINELAND, NT 08362	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/15/99	250.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

1425.00

TOTAL This Period (last page this line number only)

1425.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 2
FOR LINE NUMBER 21

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NAME OF COMMITTEE (in Full) Hughes For Congress Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
HAMPTON DEMOCRATIC CAMPAIGN '99 C. GA STAFF, TREASURER C/O SUE BOGATA 270 MEADOW AVE HAMPTON, NJ 08037	TICKETS Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/20/99	40.00
ELECTION FUNDS OF TERESA KELLY P.O. BOX 70 MILMAY, NJ 08340	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/20/99	100.00
BURZICHELLI ASSEMBLY CAMPAIGN MILGEN WARD, TREASURER C/O CU SALMON 43 HOLLY WAY BRIDGE TOWN, NJ 08302	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/21/99	250.00
COMMITTEE TO ELECT DOUGHY PO BOX 216 CAPE MAY COURT HOUSE, NJ 08210 CHUCK LIEVINSKI, TREASURER	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/29/99	200.00
COUNCIL OF BLACK FACULTY & STAFF R3C # 3402 RICHARD STOCKTON COLLEGE PO BOX 195 POMONA, N.J. 08240	TICKETS Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/3/99	90.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)

600.00

TOTAL This Period (last page this line number only)

2105.00

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

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

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 1-31-00
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked <hr/> and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
 <i>JL</i> PREPARER	 2-5-00 DATE PREPARED