

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee  
(Summary Page)

RECEIVED  
FEC MAIL ROOM

2000 OCT 18 P 1:23

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) <b>MASCARA FOR CONGRESS</b>		2. FEC IDENTIFICATION NUMBER <b>CDD263236</b>
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported. <b>P.O. BOX 1109</b>		
CITY, STATE and ZIP CODE <b>WASHINGTON, PA 15301</b>	STATE/DISTRICT <b>PA/20</b>	3. IS THIS REPORT AN AMENDMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

## 4. TYPE OF REPORT

- April 15 Quarterly Report  12-Day Pre-Election Report for the \_\_\_\_\_ (Type of Election)  
election on \_\_\_\_\_ in the State of \_\_\_\_\_
- July 15 Quarterly Report
- October 15 Quarterly Report  30-Day Post-Election Report following the General Election  
on \_\_\_\_\_ in the State of \_\_\_\_\_
- January 31 Year End Report  Termination Report
- July 31 Mid-Year Report (Non-election Year Only)

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

## SUMMARY

5. Covering Period <u>07-01-00</u> through <u>09-30-00</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(e))	68,400.00	184,741.35
(b) Total Contribution Refunds (from Line 20(d))	3,000.00	3,000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	65,400.00	181,741.35
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	87,042.81	231,152.63
(b) Total Offsets to Operating Expenditures (from Line 14)	0	60.00
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	87,042.81	231,092.63
8. Cash on Hand at Close of Reporting Period (from Line 27)	108,218.16	
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  
969 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 <b>EDWARD MENDOLA</b>	Date <b>10-15-00</b>
Signature of Treasurer <i>Edward Mendola</i>	

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:	
MASCARA FOR CONGRESS	From: 07-01-00	To: 09-30-00
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) _____	3,250.00	
(ii) Unitemized _____	1,400.00	
(iii) Total of contributions from individuals _____	4,650.00	34,325.00
(b) Political Party Committees _____	3,500.00	5,016.35
(c) Other Political Committees (such as PACs) _____	60,250.00	145,400.00
(d) The Candidate _____		
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d)) _____	68,400.00	184,741.35
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES _____	0	0
13. LOANS:		
(a) Made or Guaranteed by the Candidate _____		
(b) All Other Loans _____		
(c) TOTAL LOANS (add 13(a) and (b)) _____	0	0
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) _____	0	60.00
15. OTHER RECEIPTS (Dividends, Interest, etc.) _____	0	0
16. TOTAL RECEIPTS (add 11 (e), 12, 13(c), 14 and 15) _____	68,400.00	184,801.35
II. DISBURSEMENTS		
17. OPERATING EXPENDITURES _____	87,042.81	231,152.63
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES _____	0	0
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)) _____	0	0
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees _____		
(b) Political Party Committees _____		
(c) Other Political Committees (such as PACs) _____	3,000.00	3,000.00
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c)) _____	3,000.00	3,000.00
21. OTHER DISBURSEMENTS _____	1,000.00	4,000.00
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21) _____	91,042.81	238,152.63

### III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD _____	\$ 130,860.97
24. TOTAL RECEIPTS THIS PERIOD (from Line 16) _____	\$ 68,400.00
25. SUBTOTAL (add Line 23 and Line 24) _____	\$ 199,260.97
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22) _____	\$ 91,042.81
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25) _____	\$ 108,218.16

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

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

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)

Mascara for Congress C00263236

<b>A. Full Name, Mailing Address and ZIP Code</b> C. Richard Coen 1100 W. Chestnut Street Washington, PA 15301  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Retired	Date (month, day, year) 9/27/00	Amount of Each Receipt this Period \$1,000.00
	Occupation Retired	Aggregate Year-to-Date > \$	\$1,000.00
<b>B. Full Name, Mailing Address and ZIP Code</b> Barbara Z. Schiffrin 127 Knightsbridge Road Wynnewood, PA 19086  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year) 9/27/00	Amount of Each Receipt this Period \$500.00
	Occupation Housewife	Aggregate Year-to-Date > \$	\$500.00
<b>C. Full Name, Mailing Address and ZIP Code</b> Richard S. Schiffrin 127 Knightsbridge Road Wynnewood, PA 19086  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Schiffrin & Barroway	Date (month, day, year) 9/27/00	Amount of Each Receipt this Period \$500.00
	Occupation Attorney	Aggregate Year-to-Date > \$	\$500.00
<b>D. Full Name, Mailing Address and ZIP Code</b> Jacob G. Kassab 90 W. Chestnut Street Millcraft Center #701 Washington, PA 15301  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self-Employed	Date (month, day, year) 9/29/00	Amount of Each Receipt this Period \$1,000.00
	Occupation Construction Consultant	Aggregate Year-to-Date > \$	\$1,000.00
<b>E. Full Name, Mailing Address and ZIP Code</b> Rod L. Platt P O Box 618 Meadow Lands, PA 15347  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Southpointe Golf Club	Date (month, day, year) 9/27/00	Amount of Each Receipt this Period \$250.00
	Occupation President	Aggregate Year-to-Date > \$	\$250.00
<b>F. Full Name, Mailing Address and ZIP Code</b>   Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date > \$	
<b>G. Full Name, Mailing Address and ZIP Code</b>   Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date > \$	

**SUBTOTAL** of Receipts This Page (optional) .....

\$3,250.00

**TOTAL** This Period (last page this line number only) .....

\$3,250.00

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Contributions from Party 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.

<b>NAME OF COMMITTEE (In Full)</b> Mascara for Congress C00263236			
<b>A. Full Name, Mailing Address and ZIP Code</b> National Committee for an Effective Congress 122 C Street N.W. Washington, DC 20001	Name of Employer  Occupation	Date (month, day, year)  9/1/00	Amount of Each Receipt this Period  \$2,500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		\$2,500.00
<b>B. Full Name, Mailing Address and ZIP Code</b> Stout Election Committee P O Box 4490 Eighty Four, PA 15330-0	Name of Employer  Occupation	Date (month, day, year)  8/8/00	Amount of Each Receipt this Period  \$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		\$1,250.00
<b>C. Full Name, Mailing Address and ZIP Code</b>	Name of Employer  Occupation	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):	Aggregate Year-to-Date > \$		
<b>D. Full Name, Mailing Address and ZIP Code</b>	Name of Employer  Occupation	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):	Aggregate Year-to-Date > \$		
<b>E. Full Name, Mailing Address and ZIP Code</b>	Name of Employer  Occupation	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):	Aggregate Year-to-Date > \$		
<b>F. Full Name, Mailing Address and ZIP Code</b>	Name of Employer  Occupation	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):	Aggregate Year-to-Date > \$		
<b>G. Full Name, Mailing Address and ZIP Code</b>	Name of Employer  Occupation	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):	Aggregate Year-to-Date > \$		
<b>SUBTOTAL of Receipts This Page (optional)</b>			\$3,500.00
<b>TOTAL This Period (last page this line number only)</b>			\$3,500.00

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Contributions from Other Political Committees

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

PAGE 1 OF 8  
FOR LINE NUMBER 11(c)

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NAME OF COMMITTEE (In Full)

Mascara for Congress C00263238

<b>A. Full Name, Mailing Address and ZIP Code</b> Dairy Farmers of America Inc. DEPAC 10220 N Executive Hills Blvd Springfield, MO 65802  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation	9/28/00	\$1,000.00
Aggregate Year-to-Date >		\$	\$1,000.00
<b>B. Full Name, Mailing Address and ZIP Code</b> International Union of Electronic, Electrical Salaried, Machine/Furniture Workers AFL-CIO 1126 16th Street Washington, DC 20038  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation	8/28/00	\$2,500.00
Aggregate Year-to-Date >		\$	\$4,500.00
<b>C. Full Name, Mailing Address and ZIP Code</b> Financial Services Political Committee 1001 Liberty Avenue Pittsburgh, PA 15222-  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation	7/24/00	\$500.00
Aggregate Year-to-Date >		\$	\$1,000.00
<b>D. Full Name, Mailing Address and ZIP Code</b> Financial Services Political Committee 1001 Liberty Avenue Pittsburgh, PA 15222-  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation	9/29/00	\$500.00
Aggregate Year-to-Date >		\$	\$1,000.00
<b>E. Full Name, Mailing Address and ZIP Code</b> Associated General Contractors of America AGC PAC 333 Hon Carlyle, Suite 200 Alexandria, VA 22314-3  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation	9/1/00	\$1,000.00
Aggregate Year-to-Date >		\$	\$1,000.00
<b>F. Full Name, Mailing Address and ZIP Code</b> American Sugarbeet Growers Association PAC 1156 15th Street NW 1101 Washington, DC 20005  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation	8/30/00	\$500.00
Aggregate Year-to-Date >		\$	\$1,000.00
<b>G. Full Name, Mailing Address and ZIP Code</b> Allegheny Energy Inc PAC Allegheny Powerpac Hagerstown, MD 21740-1766  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation	8/4/00	\$1,000.00
Aggregate Year-to-Date >		\$	\$1,500.00

SUBTOTAL of Receipts This Page (optional)

\$7,000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Contributions from Other Political Committees

Use separate schedule(s)  
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Detailed Summary Page

PAGE 2 OF 8  
FOR LINE NUMBER  
11(c)

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**NAME OF COMMITTEE (In Full)**

Mascara for Congress C00263236

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
United Mine Workers of America Coal Miners Political Action Committee 8315 Lee Highway Fairfax, VA 22031-		8/4/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$3,500.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Credit Union Legislative Action Council of CUNA 805 Fifteenth Street NW Washington, DC 20005-2207		8/29/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$1,000.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
CME/PAC Chicago Mercantile Exchange 30 S Wacker Drive Chicago, IL 60606		8/4/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$1,000.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
American Iron & Steel Institute PAC 1101 17th Street, N.W. Suite 1300 Washington, DC 20036-		9/29/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$500.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
National League of Postmaster PAC 1023 N Royal Street Alexandria, VA 22314-1569		7/24/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$500.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
American Development PAC 2201 Cooperative Way, 3rd Floor Herndon, VA 20171-		9/29/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$1,000.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Committee on Letter Carriers Political Education Letter Carriers Political Action Fund 100 Indiana Avenue, N.W. Washington, DC 20001		8/16/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$2,000.00

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

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Contributions from Other Political Committees

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

PAGE 3 OF 8  
FOR LINE NUMBER 11(c)

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**NAME OF COMMITTEE (in Full)**

Mascara for Congress C00263236

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
UAW-V-CAP (UAW Voluntary Community Action Pgm) 6000 E. Jefferson Detroit, MI 48214		8/1/00	\$5,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$10,000.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Three Rivers Bancorp, Inc. Political Action Committee 2681 Moss Sides Blvd Monroeville, PA 15146-		9/29/00	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$250.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
National Education PAC 1201 16th Street, N.W. Washington, DC 20036		8/4/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$1,000.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Drive Political Fund Affiliated with Int'l Brotherhood of Teamsters 25 Louisiana Avenue, N.W. Washington, DC 20001		9/29/00	\$5,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$5,000.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RAG American Coal Holding Inc. Political Action Committee P.O. Box 461224 Aurora, CO 80046-		9/15/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$1,000.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
AMERICAN CRYSTAL SUGAR PAC 101 N THIRD STREET Moorhead, MN 56560		8/4/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$1,000.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
UPSPAC 55 Glenlake Parkway, N.E. Atlanta, GA 30328		8/4/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$3,500.00

SUBTOTAL of Receipts This Page (optional)

\$14,250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Contributions from Other Political Committees

Use separate schedule(s)  
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Detailed Summary Page

PAGE 4 OF 8  
FOR LINE NUMBER 11(c)

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NAME OF COMMITTEE (In Full)

Mascara for Congress C00263236

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
American Medical Association PAC 1101 Vermont Avenue, NW Washington, DC 20005-		8/29/00	\$4,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$4,500.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Contractors Association of Western PA CAPAC 1201 Banksville Road Pittsburgh, PA 15216-3009		9/1/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$1,000.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Responsible Citizens Political League A Project of the Trans Comm Intl Union Rockville, MD 20850		8/4/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$1,000.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
American Federation of Teachers Committee on Political Education 555 New Jersey Avenue NW Washington, DC 20001		8/16/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	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
Washington Mutual PAC 1201 Third Avenue Seattle, WA 98101		9/29/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$1,000.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
America's Community Bankers Community Campaign Committee (FKA) Savings & Community Bankers 900 18th Street N.W., Suite 400		8/16/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$500.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
National Air Traffic Controller Assoc PAC 1150 17TH STREET NW SUITE 701 Washington, DC 20036		9/29/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$1,500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	\$8,500.00
<b>TOTAL</b> This Period (last page this line number only) .....	



**SCHEDULE A**

**ITEMIZED RECEIPTS**

Contributions from Other Political Committees

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

PAGE 5 OF 8  
FOR LINE NUMBER 11(C)

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**NAME OF COMMITTEE (In Full)**

Mascara for Congress C00263236

A. Full Name, Mailing Address and ZIP Code National Air Traffic Controller Assoc PAC 1150 17TH STREET NW SUITE 701 Washington, DC 20038 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation Aggregate Year-to-Date > \$	Date (month, day, year)  7/24/00 \$1,500.00	Amount of Each Receipt this Period  \$500.00
B. Full Name, Mailing Address and ZIP Code National Air Traffic Controller Assoc PAC 1150 17TH STREET NW SUITE 701 Washington, DC 20038 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation Aggregate Year-to-Date > \$	Date (month, day, year)  7/24/00 \$1,500.00	Amount of Each Receipt this Period  \$500.00
C. Full Name, Mailing Address and ZIP Code Thompson Creek PAC 5241 S Quebec Street Englewood, CO 80111 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation Aggregate Year-to-Date > \$	Date (month, day, year)  8/8/00 \$1,000.00	Amount of Each Receipt this Period  \$1,000.00
D. Full Name, Mailing Address and ZIP Code Intl Brotherhood of Electrical Workers Committee on Political Education 1125 15th Street Washington, DC 20005 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation Aggregate Year-to-Date > \$	Date (month, day, year)  7/24/00 \$1,000.00	Amount of Each Receipt this Period  \$1,000.00
E. Full Name, Mailing Address and ZIP Code Pennsylvania Credit Union Legislative Action Committee of the Penn Credit Union League 4309 N Front Street Harrisburg, PA 17110 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation Aggregate Year-to-Date > \$	Date (month, day, year)  8/29/00 \$1,000.00	Amount of Each Receipt this Period  \$1,000.00
F. Full Name, Mailing Address and ZIP Code Dealers Election Action Committee of the National Automobile Dealers Association (NADA) Mc Lean, VA 22102 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation Aggregate Year-to-Date > \$	Date (month, day, year)  7/17/00 \$7,000.00	Amount of Each Receipt this Period  \$2,000.00
G. Full Name, Mailing Address and ZIP Code Title Industry PAC (TIPAC) 1828 L Street NW, Suite 705 Washington, DC 20036 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation Aggregate Year-to-Date > \$	Date (month, day, year)  7/17/00 \$1,500.00	Amount of Each Receipt this Period  \$1,000.00

**SUBTOTAL** of Receipts This Page (optional)

\$7,000.00

**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 6 OF 8  
FOR LINE NUMBER 11(c)

**Contributions from Other Political Committees**

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**NAME OF COMMITTEE (In Full)**

Mascara for Congress C00263236

A. Full Name, Mailing Address and ZIP Code Laborer's Political League Laborer's International Union of NA 905 16th Street NW Washington, DC 20006	Name of Employer  Occupation	Date (month, day, year)  9/29/00	Amount of Each Receipt this Period  \$2,500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$3,500.00	
B. Full Name, Mailing Address and ZIP Code Association of Trial Lawyers of America Political Action Committee 1050 31st Street Washington, DC 20007-	Name of Employer  Occupation	Date (month, day, year)  9/29/00	Amount of Each Receipt this Period  \$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$2,000.00	
C. Full Name, Mailing Address and ZIP Code American Maritime Officers, AFL-CIO Voluntary Political Action Fund 650 Fourth Street Brooklyn, NY 11232	Name of Employer  Occupation	Date (month, day, year)  9/29/00	Amount of Each Receipt this Period  \$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$2,500.00	
D. Full Name, Mailing Address and ZIP Code American Maritime Officers, AFL-CIO Voluntary Political Action Fund 650 Fourth Street Brooklyn, NY 11232	Name of Employer  Occupation	Date (month, day, year)  7/24/00	Amount of Each Receipt this Period  \$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$2,500.00	
E. Full Name, Mailing Address and ZIP Code Allegheny Technologies Incorporated PAC 1000 Six PPG Place Pittsburgh, PA 15222-5479	Name of Employer  Occupation	Date (month, day, year)  8/1/00	Amount of Each Receipt this Period  \$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$500.00	
F. Full Name, Mailing Address and ZIP Code Air Line Pilots Association PAC 1625 Massachusetts Avenue Washington, DC 20036	Name of Employer  Occupation	Date (month, day, year)  9/30/00	Amount of Each Receipt this Period  \$1,500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$3,000.00	
G. Full Name, Mailing Address and ZIP Code Air Line Pilots Association PAC 1625 Massachusetts Avenue Washington, DC 20036	Name of Employer  Occupation	Date (month, day, year)  8/1/00	Amount of Each Receipt this Period  \$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$3,000.00	
<b>SUBTOTAL of Receipts This Page (optional)</b> .....			<b>\$8,500.00</b>
<b>TOTAL This Period (last page this line number only)</b> .....			

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Contributions from Other Political Committees

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

PAGE 7 OF 8  
FOR LINE NUMBER 11(c)

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**NAME OF COMMITTEE (In Full)**

Mascara for Congress C00263236

<b>A. Full Name, Mailing Address and ZIP Code</b> U.S. Airways Political Action Committee 2345 Crystal Drive Arlington, VA 22227	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	7/24/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date >	\$	\$500.00
<b>B. Full Name, Mailing Address and ZIP Code</b> Committee on Political Action of the American Postal Workers Union, AFL-CIO 1300 L Street N.W. Washington, DC 20005	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	9/29/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date >	\$	\$1,000.00
<b>C. Full Name, Mailing Address and ZIP Code</b> Maintenance of Way Political League 28555 Evergreen Rd., Suite 200 Southfield, MI 48076-4255	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	9/29/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date >	\$	\$2,000.00
<b>D. Full Name, Mailing Address and ZIP Code</b> Maintenance of Way Political League 28555 Evergreen Rd., Suite 200 Southfield, MI 48076-4255	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	7/24/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date >	\$	\$2,000.00
<b>E. Full Name, Mailing Address and ZIP Code</b> National Assoc. Retired Federal Employees PAC 606 North Washington Street Washington, DC 20036	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	7/17/00	\$2,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date >	\$	\$2,000.00
<b>F. Full Name, Mailing Address and ZIP Code</b> Bipartisan Political Action Committee/ Mellon Financial Corporation One Mellon Bank Center Room 625 Pittsburgh, PA 15244	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	6/4/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date >	\$	\$1,000.00
<b>G. Full Name, Mailing Address and ZIP Code</b> American Hospital Association PAC AHAPAC 325 Seventh Street NW Washington, DC 20004	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	9/29/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date >	\$	\$1,500.00

SUBTOTAL of Receipts This Page (optional)

\$7,500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Contributions from Other Political Committees

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

PAGE 8 OF 8  
FOR LINE NUMBER 11(c)

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NAME OF COMMITTEE (in Full)

Mascara for Congress C00263238

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
American Podiatric Medical Association Inc. Podiatry Political Action Committee 9312 Old Germantown Road Bethesda, MD 20814-1698		7/24/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$500.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Federal Express Corporation PAC 2005 Corporate Avenue Memphis, TN 38132		9/29/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$2,000.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Weirton Steel Corporation Political Action Fund 400 Three Springs Drive Weirton, WV 26062		9/29/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$500.00
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) .....			\$2,000.00
TOTAL This Period (last page this line number only) .....			\$80,250.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 7  
FOR LINE NUMBER 17

Operating Expenditures

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NAME OF COMMITTEE (In Full)

Mascara for Congress C00263236

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Financial Innovations, Inc. One Weingeroff Blvd. Cranston, RI 02910	Printing Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/14/00	\$1,254.75
B. Full Name, Mailing Address and ZIP Code Fields of Heather 237 McKean Avenue Charleroi, PA 15022	Flowers Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/1/00	591.16
C. Full Name, Mailing Address and ZIP Code Fields of Heather 237 McKean Avenue Charleroi, PA 15022	Flowers Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/26/00	\$44.52
D. Full Name, Mailing Address and ZIP Code Fields of Heather 237 McKean Avenue Charleroi, PA 15022	Flowers Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/28/00	\$54.06
E. Full Name, Mailing Address and ZIP Code Fields of Heather 237 McKean Avenue Charleroi, PA 15022	Flowers Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/14/00	543.46
F. Full Name, Mailing Address and ZIP Code Fields of Heather 237 McKean Avenue Charleroi, PA 15022	Flowers Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/5/00	\$44.52
G. Full Name, Mailing Address and ZIP Code Fields of Heather 237 McKean Avenue Charleroi, PA 15022	Flowers Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/28/00	\$44.52
H. Full Name, Mailing Address and ZIP Code National Democratic Club 30 Ivy Street Se Washington, DC 20003	Club charges Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/11/00	\$162.40
I. Full Name, Mailing Address and ZIP Code National Democratic Club 30 Ivy Street Se Washington, DC 20003	Club charges Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/8/00	\$70.02

SUBTOTAL of Disbursements This Page (optional) .....

\$1,809.41

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

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FOR LINE NUMBER 17

**Operating Expenditures**

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**NAME OF COMMITTEE (In Full)**

Mascara for Congress C00263236

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
National Democratic Club 3D Ivy Street Se Washington, DC 20003	Club charges Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/16/00	\$1,203.64
B. Full Name, Mailing Address and ZIP Code Bell Atlantic P.O. Box 2800 Lehigh Valley, PA 18002-8000	Purpose of Disbursement Telephone Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/14/00	\$185.38
C. Full Name, Mailing Address and ZIP Code National Committee for an Effective Congress 122 D Street N.W. Washington, DC 20001	Purpose of Disbursement Demographic Analysis Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/1/00	\$2,500.00 * * in-kind received
D. Full Name, Mailing Address and ZIP Code Washington Trades & Labor Inc. One South College Street Washington, PA 15301	Purpose of Disbursement Rent Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/24/00	\$200.00
E. Full Name, Mailing Address and ZIP Code Washington Trades & Labor Inc. One South College Street Washington, PA 15301	Purpose of Disbursement Rent Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/28/00	\$200.00
F. Full Name, Mailing Address and ZIP Code Washington Trades & Labor Inc. One South College Street Washington, PA 15301	Purpose of Disbursement Rent Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/1/00	\$200.00
G. Full Name, Mailing Address and ZIP Code U.S. Postmaster  Washington, PA 15301-9998	Purpose of Disbursement Postage Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/25/00	\$11.75
H. Full Name, Mailing Address and ZIP Code U.S. Postmaster  Washington, PA 15301-9998	Purpose of Disbursement Postage Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/8/00	\$11.75
I. Full Name, Mailing Address and ZIP Code U.S. Postmaster  Washington, PA 15301-9998	Purpose of Disbursement Postage Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/12/00	\$99.00

**SUBTOTAL** of Disbursements This Page (optional) .....

\$4,611.52

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Operating Expenditures

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NAME OF COMMITTEE (In Full)

Mascara for Congress C00263236

<b>A. Full Name, Mailing Address and ZIP Code</b> U.S. Postmaster  Washington, PA 15301-9998	<b>Purpose of Disbursement</b> Postage  Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b>  8/8/00	<b>Amount of Each Disbursement This Period</b>  \$11.75
<b>B. Full Name, Mailing Address and ZIP Code</b> U.S. Postmaster  Washington, PA 15301-9998	<b>Purpose of Disbursement</b> Postage  Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b>  8/25/00	<b>Amount of Each Disbursement This Period</b>  \$132.00
<b>C. Full Name, Mailing Address and ZIP Code</b> U.S. Postmaster  Washington, PA 15301-9998	<b>Purpose of Disbursement</b> Postage  Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b>  9/14/00	<b>Amount of Each Disbursement This Period</b>  \$132.00
<b>D. Full Name, Mailing Address and ZIP Code</b> U.S. Postmaster  Washington, PA 15301-9998	<b>Purpose of Disbursement</b> Postage  Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b>  8/29/00	<b>Amount of Each Disbursement This Period</b>  \$132.00
<b>E. Full Name, Mailing Address and ZIP Code</b> Cal U Athletics 250 University Avenue California, PA 15419	<b>Purpose of Disbursement</b> Contribution  Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b>  7/28/00	<b>Amount of Each Disbursement This Period</b>  \$500.00
<b>F. Full Name, Mailing Address and ZIP Code</b> Nemacolin Woodlands P O Box 188 Farmington, PA 15437	<b>Purpose of Disbursement</b> Reception deposit  Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b>  9/20/00	<b>Amount of Each Disbursement This Period</b>  \$1,800.00
<b>G. Full Name, Mailing Address and ZIP Code</b> Stout Election Committee P O Box 4490 Eighty Four, PA 15330-0	<b>Purpose of Disbursement</b> Dinner tickets  Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b>  7/12/00	<b>Amount of Each Disbursement This Period</b>  \$750.00
<b>H. Full Name, Mailing Address and ZIP Code</b> Greene County Memorial Hospital 350 Bonar Avenue Waynesburg, PA 15370	<b>Purpose of Disbursement</b> Donation  Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b>  7/8/00	<b>Amount of Each Disbursement This Period</b>  \$500.00
<b>I. Full Name, Mailing Address and ZIP Code</b> Fraiodi/Siggins 80 F Street NW 804 Washington, DC 20001	<b>Purpose of Disbursement</b> Political consultant  Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b>  7/11/00	<b>Amount of Each Disbursement This Period</b>  \$1,711.73

**SUBTOTAL** of Disbursements This Page (optional)

\$5,469.48

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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**Operating Expenditures**

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**NAME OF COMMITTEE (In Full)**

Mascara for Congress C00263236

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Fraioli/Siggins 80 F Street NW 804 Washington, DC 20001	Political consultant Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/8/00	\$1,790.75
Fraioli/Siggins 80 F Street NW 804 Washington, DC 20001	Political consultant Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/8/00	\$2,229.45
Unilas Photography 314 E. McMurray Road Canonsburg, PA 15317	Photos Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/10/00	\$752.56
Fayette County Democratic Committee c/o Fred I. Lebder 14 Judith Street Uniontown, PA 15401	Dinner Tickets Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/8/00	\$500.00
Democrats 2000 1311 L Street, N.W., Suite 300 Washington, DC 20005	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/18/00	\$1,000.00
Frank R. Mascara 831 Lincoln Avenue Charleroi, PA 15022	Meal & travel reimbursement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/9/00	\$288.26
Frank R. Mascara 831 Lincoln Avenue Charleroi, PA 15022	Travel reimbursement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/7/00	\$123.84
Frank R. Mascara 831 Lincoln Avenue Charleroi, PA 15022	Supply reimbursement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/1/00	\$192.68
Frank R. Mascara 831 Lincoln Avenue Charleroi, PA 15022	Meal reimbursement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/7/00	\$64.95

**SUBTOTAL of Disbursements This Page (optional)** .....

\$8,922.57

**TOTAL This Period (last page this line number only)** .....



**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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FOR LINE NUMBER 17

**Operating Expenditures**

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**NAME OF COMMITTEE (In Full)**

Mascara for Congress C00263236

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Frank R. Mascara 831 Lincoln Avenue Charleroi, PA 15022	Meal & travel reimbursement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/1/00	\$262.07
Frank R. Mascara 831 Lincoln Avenue Charleroi, PA 15022	Meal & travel reimbursement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/29/00	\$2,703.31
Democrat Club Of Westmoreland County P.o. Box 1102 Greensburg, PA 15601	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/14/00	\$400.00
Rhodes & Hammers 28 Church Street P O Box 667 Waynesburg, PA 15370	Printing Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/25/00	\$1,081.20
Rhodes & Hammers 28 Church Street P O Box 667 Waynesburg, PA 15370	Printing Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/28/00	\$1,272.00
Mollohan Foundation, Inc. P. O. Box 728 Fairmont, WV 26555	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/5/00	\$500.00
AT & T P.O. BOX 27-866 Kansas City, MO 64184-0866	Telephone Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/27/00	\$12.48
AT & T P.O. BOX 27-866 Kansas City, MO 64184-0866	Telephone Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/1/00	\$242.90
AT & T P.O. BOX 27-866 Kansas City, MO 64184-0866	Telephone Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/28/00	\$102.70

**SUBTOTAL** of Disbursements This Page (optional) .....

\$6,576.67

**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 6 OF 7  
FOR LINE NUMBER 17

**Operating Expenditures**

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)**

Mascara for Congress CD0263236

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Telephone	Date (month, day, year)	Amount of Each Disbursement This Period
AT & T P.O. BOX 27-866 Kansas City, MO 64184-0866	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/7/00	\$384.87
B. Full Name, Mailing Address and ZIP Code AT & T P.O. BOX 27-866 Kansas City, MO 64184-0866	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/28/00	\$12.49
C. Full Name, Mailing Address and ZIP Code AT & T P.O. BOX 27-866 Kansas City, MO 64184-0866	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/1/00	\$205.80
D. Full Name, Mailing Address and ZIP Code \$200 Or Less	Purpose of Disbursement Unitemized	9/30/00	\$5,339.43
E. Full Name, Mailing Address and ZIP Code Bob Wise for Governor P.O. Box 3870 Charleston, WV 25338	Purpose of Disbursement Contribution	8/22/00	\$1,000.00
F. Full Name, Mailing Address and ZIP Code Senior Times One Eastgate Monessen, PA 15062	Purpose of Disbursement Advertisement	9/15/00	\$357.00
G. Full Name, Mailing Address and ZIP Code Chase Platinum P.O. Box 15857 Wilmington, DE 19888	Purpose of Disbursement Travel reimbursement	8/29/00	\$2,824.86
H. Full Name, Mailing Address and ZIP Code King Coal Association R D 1 Carmichaels, PA 15320	Purpose of Disbursement Ride sponsor	7/10/00	\$150.00
I. Full Name, Mailing Address and ZIP Code King Coal Association R D 1 Carmichaels, PA 15320	Purpose of Disbursement Advertisement	7/10/00	\$100.00

SUBTOTAL of Disbursements This Page (optional)

\$10,374.45

TOTAL This Period (last page this line number only)

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

**Operating Expenditures**

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**NAME OF COMMITTEE (in Full)**

Mascara for Congress C00263236

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
King Coal Association R D 1 Carmichaels, PA 15320	Tea sponsor Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/10/00	\$100.00
King Coal Association R D 1 Carmichaels, PA 15320	Golf outing donation Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/10/00	\$220.00
Southpointe Golf Club 360 Southpointe Blvd Canonsburg, PA 15317	Reception Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/12/00	\$482.26
Democratic National Committee 430 South Capital Street S.E. Washington, DC 20003	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/6/00	\$50,000.00
Lydic Printing 33 Springfield Avenue Washington, PA 15301	Printing Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/24/00	\$476.45

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	\$51,278.71
<b>TOTAL</b> This Period (last page this line number only) .....	\$67,042.81

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 21

**Other Disbursements**

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**NAME OF COMMITTEE (In Full)**

Mascara for Congress C00263236

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Debt reduction Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 6/28/00	Amount of Each Disbursement This Period \$1,000.00
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	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) .....	\$1,000.00
TOTAL This Period (list page this line number only) .....	\$1,000.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Refunds of Contributions to PACs

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)**

Mascara for Congress C002B3236

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
CWA Local 13000 PAC Fund 2124 Race Street Philadelphia, PA 19103	Contribution refund Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/31/00	\$2,000.00
B. Full Name, Mailing Address and ZIP Code United Airlines, Inc. Political Action Committee P.O. Box 66423 Chicago, IL 60666-	Contribution refund Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/11/00	\$1,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	\$3,000.00
<b>TOTAL</b> This Period (last page this line number only) .....	\$3,000.00

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

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

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C) 10-14-00
<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 and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
J.G. PREPARER	10-18-00 DATE PREPARED