

**FEC
FORM 3**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (In full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines

Friends of Connie Morella for Congress

ADDRESS (number and street)

220 Broadway

Check if different than previously reported. (ACC)

Centreville

MD

21817

2. **FEC IDENTIFICATION NUMBER**

C00198614

CITY

STATE

ZIP CODE

STATE DISTRICT

3. IS THIS REPORT NEW OR AMENDED

MD 8

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

In the State of

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

in the State of

5. Covering Period 04 01 2003 through 06 30 2003

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 Lynn A. Caligiuri

Signature of Treasurer Electronically Filed by Lynn A. Caligiuri Date 07 15 2003

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

Office Use Only

FEC FORM 3
(Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

Friends of Connie Morella for Congress

Report Covering the Period: From: ^{M M} 0 4 ^{D D} 0 1 ^{Y Y Y Y} 2 0 0 3 To: ^{V M} 0 6 ^{D D} 3 0 ^{Y Y Y Y} 2 0 0 3

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(a)).....	0.00	0.00
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	0.00	0.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	10605.48	141688.25
(b) Total Offsets to Operating Expenditures (from Line 14).....	1978.96	25737.92
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	8626.52	115950.33
8. Cash on Hand at Close of Reporting Period (from Line 27).....	37880.08	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

Write or Type Committee Name
Friends of Connie Morella for Congress

Report Covering the Period: From: ^{M M} 0 4 ^{D J} 0 1 ^{Y Y Y Y} 2 0 0 3 To: ^{V V} 0 6 ^{U J} 3 0 ^{Y Y Y Y} 2 0 0 3

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees	0.00	
(i) Itemized (use Schedule A).....	0.00	
(ii) Unitemized.....	0.00	
(iii) TOTAL of contributions	0.00	0.00
from individuals..... ▶		
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACS).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	0.00	0.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
13. LOANS		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....	1978.96	25737.92
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	46.48	215.63
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	2025.44	25953.55

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	10605.48	141688.25
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(b) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	2000.00	2000.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) [>]	12605.48	143688.25

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	48460.12
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	2025.44
25. SUBTOTAL (add Line 23 and Line 24).....	50485.56
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	12605.48
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	37880.08

**CONSOLIDATED REPORT OF GROSS RECEIPTS FOR AUTHORIZED COMMITTEES (11 CFR 104.19)
(Millionaires' Amendment)**

Name of Candidate Constance A. Morella		Candidate ID Number H0MD08021
Name of Principal Campaign Committee Friends of Connie Morella for Congress		Committee ID Number C C00188614
Committee Address 220 Broadway		
City Centreville	State MD	ZIP 21817-
Report Covering Period (check one) <input checked="" type="checkbox"/> through June 30, or <input type="checkbox"/> through December 31 of the year preceding the year of the general election		
	Primary	General
1. Gross receipts of authorized committees	0.00	0.00
2. Aggregate amount of contributions from personal funds of the candidate	0.00	0.00
3. Gross receipts minus the candidate's personal contributions	0.00	0.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 12	
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input checked="" type="checkbox"/> 14	<input type="checkbox"/> 15

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)
 Friends of Connie Morella for Congress

Full Name (Last, First, Middle Initial) A. Prentiss Properties		Date of Receipt M / D / Y 05 / 05 / 2008
Mailing Address P.O. Box 905853		Transaction ID: 0611200338C29777
City	State	Zip Code
Charlotte	NC	28280-5853
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
C		1978.96
Name of Employer	Occupation	Offsets to Operating Expenditure Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1)(A)-1)
Receipt For: 2004 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 1978.96	

SUBTOTAL of Receipts This Page (optional)	▶	1978.96
TOTAL This Period (last page this line number only)	▶	1978.96

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 12	
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	

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)
 Friends of Connie Morella for Congress

Full Name (Last, First, Middle Initial) A. Allfirst Bank		Date of Receipt M / D / Y 05 / 05 / 2003
Mailing Address 4416 East-West Highway		Transaction ID: 0611200338C29776
City	State	Zip Code
Bethesda	MD	20814-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 17.23
Name of Employer	Occupation Bank	Other Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1a)-1)
Receipt For: 2004 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 186.38	

Full Name (Last, First, Middle Initial) B. Allfirst Bank		Date of Receipt M / D / Y 06 / 11 / 2003
Mailing Address 4416 East-West Highway		Transaction ID: 0611200338C29779
City	State	Zip Code
Bethesda	MD	20814-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 29.25
Name of Employer	Occupation Bank	Other Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1a)-1)
Receipt For: 2004 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 215.63	

SUBTOTAL of Receipts This Page (optional)	▶	46.48
TOTAL This Period (last page this line number only)	▶	46.48

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 8 / 12
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 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 committee

NAME OF COMMITTEE (In Full)
Friends of Connie Morella for Congress

Full Name (Last, First, Middle Initial) A. Allegiance Telecom of Maryland, Inc.		Transaction ID: D6112D0339E5381 Date of Disbursement 05 / 05 / 2003	
Mailing Address PO Box 844870			
City Dallas	State TX	Zip Code 75284-4870	Amount of Each Disbursement this Period 161.21 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PHONE SERVICE
Purpose of Disbursement PHONE SERVICE		Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Allegiance Telecom of Maryland, Inc.		Transaction ID: D6112D0339E5386 Date of Disbursement 06 / 11 / 2003	
Mailing Address PO Box 844870			
City Dallas	State TX	Zip Code 75284-4870	Amount of Each Disbursement this Period 1147.50 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 TELEPHONE CONTRACT PAYOFF
Purpose of Disbursement TELEPHONE CONTRACT PAYOFF		Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Aristable International Inc.		Transaction ID: 0708200338E5388 Date of Disbursement 06 / 20 / 2003	
Mailing Address 50 E Street SE			
City Washington	State DC	Zip Code 20003-	Amount of Each Disbursement this Period 1375.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SUPPORT SERVICE UPDATE
Purpose of Disbursement SUPPORT SERVICE UPDATE		Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)	▶	2683.71
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 9 / 12
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 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 committee

NAME OF COMMITTEE (In Full)
Friends of Connie Morella for Congress

Full Name (Last, First, Middle Initial) A. Lynn Caligiuri		Transaction ID: D611200339E5384 Date of Disbursement 05 / 15 / 2003	
Mailing Address 220 Broadway			
City Centreville	State MD	Zip Code 21617-	Amount of Each Disbursement this Period 500.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 BOOKKEEPING FEE
Purpose of Disbursement BOOKKEEPING FEE		Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Lynn Caligiuri		Transaction ID: D708200338E5389 Date of Disbursement 06 / 25 / 2003	
Mailing Address 220 Broadway			
City Centreville	State MD	Zip Code 21617-	Amount of Each Disbursement this Period 1400.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 BOOKKEEPING FEE
Purpose of Disbursement BOOKKEEPING FEE		Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Bush Cheney		Transaction ID: D611200339E5387 Date of Disbursement 06 / 11 / 2003	
Mailing Address P.O. Box 1802			
City Austin	State TX	Zip Code 78767-	Amount of Each Disbursement this Period 2000.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 DONATION
Purpose of Disbursement DONATION		Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)	▶	3900.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 10 / 12
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 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 committee

NAME OF COMMITTEE (In Full)
Friends of Connie Morella for Congress

Full Name (Last, First, Middle Initial) A. Mario Correa		Transaction ID: D611200339E5377 Date of Disbursement 04 / 01 / 2003	
Mailing Address 2022 Columbia Road NW # 606			
City Washington	State DC	Zip Code 20009-	Amount of Each Disbursement this Period 1000.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 TRANSITION CONSULTANT
Purpose of Disbursement TRANSITION CONSULTANT		Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Mario Correa		Transaction ID: D611200339E5385 Date of Disbursement 05 / 22 / 2003	
Mailing Address 2022 Columbia Road NW # 606			
City Washington	State DC	Zip Code 20009-	Amount of Each Disbursement this Period 1000.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 TRANSITION CONSULTANT
Purpose of Disbursement TRANSITION CONSULTANT		Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Mt. House		Transaction ID: D611200339E5379 Date of Disbursement 04 / 07 / 2003	
Mailing Address 471 G Place , NW			
City Washington	State DC	Zip Code 20001-	Amount of Each Disbursement this Period 200.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 FUNDRAISER/HOMELESS SHELTER
Purpose of Disbursement FUNDRAISER/HOMELESS SHELTER		Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)	▶	2200.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 11 / 12
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 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 committee

NAME OF COMMITTEE (In Full)
Friends of Connie Morella for Congress

Full Name (Last, First, Middle Initial) A. MC Republican Central Committee		Transaction ID: D611200339E5376 Date of Disbursement 04 / 01 / 2003	
Mailing Address Steve Abrams 15B33 Crabbs Branch Way		Amount of Each Disbursement this Period 550.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 DINNER TICKETS & ADVERTISING	
City Rockville	State MD		Zip Code 20855-
Purpose of Disbursement DINNER TICKETS & ADVERTISING			Category/ Type
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) B. National Park Trust		Transaction ID: D611200339E5380 Date of Disbursement 04 / 17 / 2003	
Mailing Address c/o Davinder Khanna 415 - 2nd Street NE # 210		Amount of Each Disbursement this Period 250.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 DINNER/RECEPTION	
City Washington	State DC		Zip Code 20002-
Purpose of Disbursement DINNER/RECEPTION			Category/ Type
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) C. Mikes Service		Transaction ID: D611200339E5369 Date of Disbursement 04 / 02 / 2003	
Mailing Address B128 Walden Road		Amount of Each Disbursement this Period 525.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 TRASH REMOVAL	
City Silver Spring	State MD		Zip Code 20901-
Purpose of Disbursement TRASH REMOVAL			Category/ Type
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District			

SUBTOTAL of Disbursements This Page (optional)	▶	1325.00
TOTAL This Period (last page this line number only)	▶	10108.71

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
 (check only one)

PAGE 12 / 12

<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 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 committee

NAME OF COMMITTEE (In Full)
 Friends of Connie Morella for Congress

Full Name (Last, First, Middle Initial) A. Gilchrest for Congress		Transaction ID: D8112D0339E5382 Date of Disbursement 05 / 15 / 2003		
Mailing Address P.O. Box 644		Amount of Each Disbursement this Period 1000.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
City Chestertown	State MD			Zip Code 21620-
Purpose of Disbursement DONATION				Category/ Type
Candidate Name				
Office Sought: House Senate President State: District	Disbursement For: 2004 X Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Gilchrest for Congress		Transaction ID: D8112D0339E5383 Date of Disbursement 05 / 09 / 2003		
Mailing Address P.O. Box 644		Amount of Each Disbursement this Period 1000.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
City Chestertown	State MD			Zip Code 21620-
Purpose of Disbursement DONATION				Category/ Type
Candidate Name				
Office Sought: House Senate President State: District	Disbursement For: 2004 X Primary General Other (specify) ▼			

SUBTOTAL of Disbursements This Page (optional)	▶	2000.00
TOTAL This Period (last page this line number only)	▶	2000.00