

**DAVID L. GOULD COMPANY  
POLITICAL REPORTING & CONSULTING**

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM  
OCT 22 9 36 AM '98

October 21, 1998

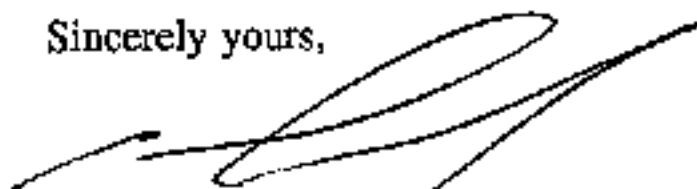
Federal Election Commission  
999 E Street, N.W.  
Washington, D.C. 20463

**TO WHOM IT MAY CONCERN:**

Attached is our Filing Report for "Mathews for Congress,"  
FEC #C00259374, covering the period of October 1, 1998 through  
October 14, 1998. Best efforts were used to obtain missing information.  
If additional information becomes available we will file amendments.

Thank you for your understanding and cooperation.

Sincerely yours,



David L. Gould, Treasurer  
Mathews for Congress

cc: Secretary of State, State of California

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION COMMISSION  
COMMUNICATION MAIL ROOM

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) MATHEWS FOR CONGRESS	OCT 22 9 36 AM '98
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported. 555 South Flower Street #4510	2. FEC IDENTIFICATION NUMBER CD0259374
CITY, STATE and ZIP CODE Los Angeles, CA 90071	STATE/DISTRICT CA/38
3. IS THIS REPORT AN AMENDMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

### 4. TYPE OF REPORT

<input type="checkbox"/> April 15 Quarterly Report	<input checked="" type="checkbox"/> Twelfth day report preceding <u>General</u> (Type of Election)
<input type="checkbox"/> July 15 Quarterly Report	election on <u>11/03/98</u> in the State of <u>CA</u>
<input type="checkbox"/> October 15 Quarterly Report	<input type="checkbox"/> Thirtieth day report following the General Election on
<input type="checkbox"/> January 31 Year End Report	<u>11/03</u> in the State of _____
<input type="checkbox"/> July 31 Mid-Year Report (Non-election Year Only)	<input type="checkbox"/> 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
10/01/98 through 10/14/98		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	10,243.00	82,793.99
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	10,243.00	82,793.99
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	11,536.93	92,989.20
(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	189.47
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	11,536.93	92,799.73
8. Cash on Hand at Close of Reporting Period (from Line 27)	562.02	
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)	48,493.06	

For further information contact:  
Federal Election Commission  
900 E Street, NW  
Washington, DC 20469  
Toll Free 800-424-9530  
Local 202-376-3120

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

Type or Print Name of Treasurer  David L. Gould	Date  10/14/98
Signature of Treasurer 	

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U. S. C. p437g.

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# DETAILED SUMMARY PAGE

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

Name of Committee (In full) **MATHEWS FOR CONGRESS**

Report Covering the Period:

From: **10/01/98** To: **10/14/98**

	COLUMN A Total This Period	COLUMN B Calendar Year-To-Date	
<b>I. RECEIPTS</b>			
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>			
(a) Individuals/Persons Other Than Political Committees			
(i) Itemized (see Schedule A)	4,200.00		11(a)(i)
(ii) Unitemized	6,043.00		11(a)(ii)
(iii) Total of contributions from individuals	10,243.00	83,793.99	11(a)(iii)
(b) Political Party Committees	0.00	0.00	11(b)
(c) Other Political Committees (such as PACs)	0.00	0.00	11(c)
(d) The Candidate	0.00	0.00	11(d)
(e) <b>TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d))</b>	<b>10,243.00</b>	<b>82,793.99</b>	11(e)
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES</b>	<b>0.00</b>	<b>0.00</b>	12
<b>13. LOANS:</b>			
(a) Made or Guaranteed by the Candidate	0.00	10,890.00	13(a)
(b) All Other Loans	0.00	0.00	13(b)
(c) <b>TOTAL LOANS (add 13(a) and (b))</b>	<b>0.00</b>	<b>10,890.00</b>	13(c)
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)</b>	<b>0.00</b>	<b>189.47</b>	14
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.)</b>	<b>0.00</b>	<b>0.00</b>	15
<b>16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)</b>	<b>10,243.00</b>	<b>93,873.46</b>	16
<b>II. DISBURSEMENTS</b>			
<b>17. OPERATING EXPENDITURES</b>	<b>11,536.93</b>	<b>92,989.20</b>	17
<b>18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES</b>	<b>0.00</b>	<b>0.00</b>	18
<b>19. LOAN REPAYMENTS:</b>			
(a) Of Loans Made or Guaranteed by the Candidate	0.00	0.00	19(a)
(b) Of All Other Loans	0.00	342.80	19(b)
(c) <b>TOTAL LOAN REPAYMENTS (add 19(a) and (b))</b>	<b>0.00</b>	<b>342.80</b>	19(c)
<b>20. REFUNDS OF CONTRIBUTIONS TO:</b>			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	20(a)
(b) Political Party Committees	0.00	0.00	20(b)
(c) Other Political Committees (such as PACs)	0.00	0.00	20(c)
(d) <b>TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))</b>	<b>0.00</b>	<b>0.00</b>	20(d)
<b>21. OTHER DISBURSEMENTS</b>	<b>0.00</b>	<b>0.00</b>	21
<b>22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)</b>	<b>11,536.93</b>	<b>93,332.00</b>	22

### III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	\$	1,855.95	
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)	\$	10,243.00	
25. SUBTOTAL (add Line 23 and Line 24)	\$	12,098.95	
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	\$	11,536.93	
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)	\$	562.02	

**SCHEDULE A ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page (1001(D) - 1014(D))

PAGE 1 OF 2  
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)

MATHEWS FOR CONGRESS C00259374

<b>A. Full Name, Mailing Address and ZIP Code</b> Alex Abraham 205 Saddle Lane Syosset, NY 11791	<b>Name of Employer</b>  	<b>Date (month, day, year)</b> 10/06/98	<b>Amount of Each Receipt this Period</b> 250.00
	<b>Occupation</b>  	<b>Aggregate Year-to-Date</b> > \$ 250.00	
<b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):			
<b>B. Full Name, Mailing Address and ZIP Code</b> Thomas Alexander 8005 Piedra Buena Corpus Christi, TX 78414	<b>Name of Employer</b> The Heart Clinic of Corpus Christi	<b>Date (month, day, year)</b> 10/06/98	<b>Amount of Each Receipt this Period</b> 100.00
	<b>Occupation</b> Physician	<b>Aggregate Year-to-Date</b> > \$ 300.00	
<b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):			
<b>C. Full Name, Mailing Address and ZIP Code</b> Jose K. Anthony 504 Holly Road Roanoke Rapids, NC 27870	<b>Name of Employer</b> Self-Employed	<b>Date (month, day, year)</b> 10/06/98	<b>Amount of Each Receipt this Period</b> 50.00
	<b>Occupation</b> Physician	<b>Aggregate Year-to-Date</b> > \$ 250.00	
<b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):			
<b>D. Full Name, Mailing Address and ZIP Code</b> Aurebindo Chakraborty 7 Hayden Dr. Foxboro, MA 02035	<b>Name of Employer</b> Self-Employed	<b>Date (month, day, year)</b> 10/06/98	<b>Amount of Each Receipt this Period</b> 500.00
	<b>Occupation</b> Physician	<b>Aggregate Year-to-Date</b> > \$ 500.00	
<b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):			
<b>E. Full Name, Mailing Address and ZIP Code</b> Venkiah Dana 140 14 Laburnum Ave. Flushing, NY 11355	<b>Name of Employer</b>  	<b>Date (month, day, year)</b> 10/06/98	<b>Amount of Each Receipt this Period</b> 200.00
	<b>Occupation</b>  	<b>Aggregate Year-to-Date</b> > \$ 400.00	
<b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):			
<b>F. Full Name, Mailing Address and ZIP Code</b> Choudhury S. Hasan 16A-11 Highland Ave. Commack, NY 11432	<b>Name of Employer</b> Self-Employed	<b>Date (month, day, year)</b> 10/06/98	<b>Amount of Each Receipt this Period</b> 250.00
	<b>Occupation</b> Physician	<b>Aggregate Year-to-Date</b> > \$ 250.00	
<b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):			
<b>G. Full Name, Mailing Address and ZIP Code</b> Mohammad A. Hossain 35 Minuteman Circle Orangeburg, NY 10962	<b>Name of Employer</b> Self-Employed	<b>Date (month, day, year)</b> 10/06/98	<b>Amount of Each Receipt this Period</b> 250.00
	<b>Occupation</b> Pharmacist	<b>Aggregate Year-to-Date</b> > \$ 250.00	
<b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):			

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

1,600.00

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

**SCHEDULE A** **ITEMIZED RECEIPTS**  
Contributions from Individuals/Persons

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NAME OF COMMITTEE (in Full)  
MATHEWS FOR CONGRESS C00259374

<b>A. Full Name, Mailing Address and ZIP Code</b> Dr. E.K. Kuriankone 30 The Pines Old Westbury, NY 11568  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) 10/06/98	Amount of Each Receipt this Period 250.00
	Occupation Physician	Aggregate Year-to-Date > \$ 550.00	
<b>B. Full Name, Mailing Address and ZIP Code</b> Prabha Malik 11205 S.E. 208TH Apt. 2321 Kent, WA 98031  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date(month, day, year) 10/02/98	Amount of Each Receipt this Period 500.00
	Occupation	Aggregate Year-to-Date > \$ 500.00	
<b>C. Full Name, Mailing Address and ZIP Code</b> Vijaya K. Mohan 2300 Duncan St. Pampa, TX 79065  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date(month, day, year) 10/01/98	Amount of Each Receipt this Period 250.00
	Occupation	Aggregate Year-to-Date > \$ 250.00	
<b>D. Full Name, Mailing Address and ZIP Code</b> John Titus 23405 164TH Avenue S.E. Kent, WA 98042  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date(month, day, year) 10/02/98	Amount of Each Receipt this Period 1,000.00
	Occupation	Aggregate Year-to-Date > \$ 1,000.00	
<b>E. Full Name, Mailing Address and ZIP Code</b> Matthew C. Vazghese 35 Whittier Drive Albertson, NY 11507  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Cornell University Med. College	Date(month, day, year) 10/06/98	Amount of Each Receipt this Period 100.00
	Occupation Physician	Aggregate Year-to-Date > \$ 300.00	
<b>F. Full Name, Mailing Address and ZIP Code</b> Harinder S. Walia 14410 S. E. Petrovitsky Road Suite 113 Renton, WA 98055  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date(month, day, year) 10/02/98	Amount of Each Receipt this Period 500.00
	Occupation	Aggregate Year-to-Date > \$ 500.00	
<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)	2,600.00
TOTAL This Period (last page this line number only)	4,200.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Operating Expenses

Use separate schedule(s)  
for each category of the  
Detailed Summary Page  
(100108-101498)

PAGE OF  
1 2  
FOR LINE NUMBER  
17

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NAME OF COMMITTEE (in Full)

MATHWS FOR CONGRESS C00259374

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
David L. Gould Company 355 S. Flower, Suite 4510 Los Angeles, CA 90071	Office Expenses Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/06/98	142.08
same as above	Professional Services Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/06/98	1,000.00
E. Peter Mathews 3701 Vermont Street Long Beach, CA 90814-2753	Office Expenses Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/06/98	236.29
US Postmaster Long Beach, CA	Postage Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/01/98	200.00 MEMO
Jewel of India 15 West 44th Street New York, NY 10036	Fundraiser Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/04/98	645.00 MEMO
Preston Fletcher 5824 Via Media Circle Buena Park, CA 90620	Consulting Services Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/02/98 10/06/98	650.00 350.00
same as above	Office Expenses Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/06/98 10/07/98 10/02/98	336.96 198.73 200.00
GTE Tinglewood, CA 90313-0001	Phone Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/02/98	837.93
Sir Speedy 2900 W. Lincoln Avenue Suite C Aracair, CA 92801	Printing Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/06/98	500.00

SUBTOTAL of Disbursements This Page (optional)

4,511.99

TOTAL This Period (last page this line number only)

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Operating Expenses

Use separate schedule(s)  
for each category of the  
Detailed Summary Page  
(10/01/98 - 10/14/98)

PAGE OF  
2 2  
FOR LINE NUMBER  
17

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NAME OF COMMITTEE (in Full)

MATHENS FOR CONGRESS C00259374

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Eric Stevenson 1860 N. Wilton Place #411 Los Angeles, CA 90028	Car Rental  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/02/98	330.00
same as above	Consulting Services  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/06/98	3,500.00
same as above	Office Expenses  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/06/98	57.01
U.S. Postal Service 2334 Bellflower Boulevard Long Beach, CA 90815	Postage  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/01/98	2,674.35
Unitemized operating expenses (less than \$200) This Period: 10/01/98 - 10/14/98	Purpose of Disbursement  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		483.58
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)

7,021.94

TOTAL This Period (last page this line number only)

11,536.93

**SCHEDULE C**  
(Revised 3/80)

**LOANS**

Loans Received by the Committee

Name of Committee (In Full) <b>MATHEWS FOR CONGRESS</b>			
A. Full Name, Mailing Address and ZIP Code of Loan Source <b>E. Peter Mathews 3701 Vermont Street Long Beach, CA 90814-2753</b>	Original Amount of Loan <b>150.00</b>	Cumulative Payment To Date <b>0.00</b>	Balance Outstanding at Close of This Period <b>150.00</b>
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Terms: Date Incurred <u>06/30/98</u> Date Due <u>06/30/99</u> Interest Rate <u>0.0000</u> %(apr) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item A			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
(10/01/98 - 10/14/98)			
B. Full Name, Mailing Address and ZIP Code of Loan Source <b>E. Peter Mathews 3701 Vermont Street Long Beach, CA 90814-2753</b>	Original Amount of Loan <b>240.00</b>	Cumulative Payment To Date <b>0.00</b>	Balance Outstanding at Close of This Period <b>240.00</b>
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Terms: Date Incurred <u>06/30/98</u> Date Due <u>06/30/99</u> Interest Rate <u>0.0000</u> %(apr) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item B			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
SUBTOTALS This Period This Page (optional).....			<b>390.00</b>
TOTALS This Period (last page in this line only).....			
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.			



**LOANS**

Loans Received by the Committee

Name of Committee (in Full) <b>MATHEWS FOR CONGRESS</b>			
A. Full Name, Mailing Address and ZIP Code of Loan Source B. Peter Mathews 3701 Vermont Street Long Beach, CA 90814 2753	Original Amount of Loan 500.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 500.00
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Terms: Date Incurred <u>06/29/98</u> Date Due <u>06/29/99</u> Interest Rate <u>0.0000</u> % (apr) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item A			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
(10/31/98 - 10/14/99)			
B. Full Name, Mailing Address and ZIP Code of Loan Source B. Peter Mathews 3701 Vermont Street Long Beach, CA 90814-2753	Original Amount of Loan 10,000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 10,000.00
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Terms: Date Incurred <u>05/15/98</u> Date Due <u>05/15/99</u> Interest Rate <u>0.0000</u> % (apr) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item B			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
SUBTOTALS This Period This Page (optional) .....			10,500.00
TOTALS This Period (last page in this line only) .....			10,890.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.			

**SCHEDULE D**  
(Revised 3/80)

**DEBTS AND OBLIGATIONS**  
**Excluding Loans**  
Debts Owed By the Committee

Page 1 of 5 for  
LINE NUMBER 10  
(Use separate schedules  
for each numbered line)

Name of Committee (In Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
MATHEWS FOR CONGRESS				
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Airtouch Cellular -LA Dept 6080 Los Angeles, CA 90088	380.72	0.00	0.00	380.72
Nature of Debt (Purpose): Cellular phone charges				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Amara E. Mathews 2025 S. Holt Avenue #5 Los Angeles, CA 90034	500.00	0.00	0.00	500.00
Nature of Debt (Purpose): Expenses				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor American Data Management Inc. 312 Brokaw Road Santa Clara, CA 95050	458.39	0.00	0.00	458.39
Nature of Debt (Purpose): Labels				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Bank of America 6351 East Spring Street Long Beach, CA 90808	240.75	0.00	0.00	240.75
Nature of Debt (Purpose): Interest payable on loan				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Bank of America VISA 6351 East Spring Street Long Beach, CA 90808	2,307.64	0.00	50.00	2,257.64
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Bobbie Singh 2401 Donner Way Sacramento, CA 95818	400.00	0.00	0.00	400.00
Nature of Debt (Purpose): Commission & expenses				
1) SUBTOTALS This Period This Page (optional) .....				4,237.50
2) TOTAL This Period (last page this line only) .....				
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) .....				
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) .....				

**SCHEDULE D**  
(Revised 3/80)

**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

Debts Owed By the Committee

Name of Committee (In Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
MATHEWS FOR CONGRESS				
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor COGS 11343 Steward Street El Monte, CA 91731	5,000.00	0.00	0.00	5,000.00
Nature of Debt (Purpose): Signs				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Call America 2530 E. Lacadena Drive Riverside, CA 92507	2,010.97	0.00	0.00	2,010.97
Nature of Debt (Purpose): Long distance phone charges				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Corporate Computer Rental 222 W. Florence Avenue Inglewood, CA 90301	413.78	0.00	0.00	413.78
Nature of Debt (Purpose): Computer rentals				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor David L. Gould Company 555 S. Flower, Suite 4510 Los Angeles, CA 90071	5,537.50	1,436.00	1,000.00	5,973.50
Nature of Debt (Purpose): Political reporting services				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Dick O'Dell 12750 Centralia Street Lakewood, CA 90715	163.25	0.00	0.00	163.25
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor E. Peter Mathews 3701 Vermont Street Long Beach, CA 90814-2753	1,965.44	0.00	0.00	1,965.44
Nature of Debt (Purpose): Phone, Travel, & Supplies, Expenses for				
1) SUBTOTALS This Period This Page (optional) .....				15,526.94
2) TOTAL This Period (last page this line only) .....				
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) .....				
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) .....				

**SCHEDULE D**  
(Revised 3/80)

**DEBTS AND OBLIGATIONS**  
**Excluding Loans**  
Debts Owed By the Committee

Name of Committee (in Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
MATHEWS FOR CONGRESS				
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor First U.S.A. VISA P.O. Box 740085 Atlanta, GA 30374	1,469.13	0.00	0.00	1,469.13
Nature of Debt (Purpose):				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor GTB California 13340 R. 183rd Street Carrizo, CA 92702	4,813.31	0.00	0.00	4,813.31
Nature of Debt (Purpose): Telephone Charges, Telephone Services				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Leading Edge P.O. Box 6008 Stockton, CA 95206	258.00	0.00	0.00	258.00
Nature of Debt (Purpose): Computer data service				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor MCI P.O. Box 85053 Louisville, KY 40285	211.86	0.00	0.00	211.86
Nature of Debt (Purpose): Phone charges				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor MWB Business Systems 14397 Amargosa Road Victorville, CA 92392	333.54	0.00	0.00	333.54
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Metrocall 444 E. Huntington Drive #150 Arcadia, CA 91006	177.16	0.00	0.00	177.16
Nature of Debt (Purpose):				
1) SUBTOTALS This Period This Page (optional) .....				7,263.00
2) TOTAL This Period (last page this line only) .....				
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) .....				
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) .....				

**SCHEDULE D**  
(Revised 3/80)

**DEBTS AND OBLIGATIONS**  
**Excluding Loans**  
Debts Owed By the Committee

Page 4 of 5 for  
LINE NUMBER 10  
(Use separate schedules  
for each numbered line)

Name of Committee (in Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
MATHIAS FOR CONGRESS				
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Mohammed Atiqullah 8092 Ainsworth Lane La Palma, CA 90623	0.00	534.81	0.00	534.81
Nature of Debt (Purpose): Events				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Norwalk Printing 12014 East Rosocrans Avenue Norwalk, CA 90650	1,301.35	0.00	0.00	1,301.35
Nature of Debt (Purpose): Printing				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Pitney Bowes P.O. Box 85390 Louisville, KY 40285	7.83	0.00	0.00	7.83
Nature of Debt (Purpose):				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Print Well 30030 Mission Boulevard Hayward, CA 94544	77.32	0.00	0.00	77.32
Nature of Debt (Purpose): Printing, To adjust for payment made				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor SAAB Travel & Tours 17134 Devonshire Street Suite #201 Northridge, CA 91325	2,278.00	0.00	0.00	2,278.00
Nature of Debt (Purpose): Travel Expenses				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Sir Speedy 2960 W. Lincoln Avenue Suite C Anaheim, CA 92801	3,500.00	0.00	500.00	3,000.00
Nature of Debt (Purpose): Printing				
1) SUBTOTALS This Period This Page (optional) .....				7,199.31
2) TOTAL This Period (last page this line only) .....				
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) .....				
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) .....				

**SCHEDULE D**  
(Revised 3/80)


**DEBTS AND OBLIGATIONS**  
**Excluding Loans**  
Debts Owed By the Committee

Name of Committee (in Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
MATHEWS FOR CONGRESS				
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Southern CA Edison 127 Elm Avenue Long Beach, CA 90802	167.80	0.00	0.00	167.80
Nature of Debt (Purpose): Utilities				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Staples 4600 Pacific Coast Highway Long Beach, CA 90804	2,008.51	0.00	0.00	2,008.51
Nature of Debt (Purpose): Office supplies				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Stationery Place 1327 W. 12th Place Los Angeles, CA 90015	1,200.00	0.00	0.00	1,200.00
Nature of Debt (Purpose): Printing				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
1) SUBTOTALS This Period This Page (optional) .....				3,376.31
2) TOTAL This Period (last page this line only) .....				37,603.06
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) .....				10,890.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) .....				48,493.06

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 checked="" type="checkbox"/> Hand Delivered	Date of Receipt 10/22/98
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<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	
 PREPARER	10/22/98 DATE PREPARED