

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

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TYPE OR PRINT

1.	C00269340 NJ/02 092900 N ANDREW J MCCROSSON JR LOBIONDO FOR CONGRESS PO BOX 775 NARADRA NJ 08223	2. FEC IDENTIFICATION NUMBER C00269340
A		3. IS THIS REPORT AN AMENDMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
C		

4. TYPE OF REPORT

- April 15 Quarterly Report
- 12-Day Pre-Election Report for the General (Type of Election)
election on 11/07/00 in the State of New Jersey
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid-Year Report (Non-election Year Only)
- 30-Day Post-Election Report following the General Election on _____ in the State of _____
- Termination Report

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

SUMMARY

5. Covering Period <u>10/01/00</u> through <u>10/18/00</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))	49,023.00	405,274.43
(b) Total Contribution Refunds (from Line 20(d))	-0-	3,580.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	49,023.00	401,694.43
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	128,622.68	262,383.73
(b) Total Offsets to Operating Expenditures (from Line 14)	-0-	2,297.62
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	128,622.68	260,086.11
8. Cash on Hand at Close of Reporting Period (from Line 27)	873,465.36	
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
800 E Street, NW
Washington, DC 20483
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

Andrew J. McCrosson, Jr.

Signature of Treasurer

Date

10/26/00

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §497g.

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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:	
LoBiondo for Congress	From: 10/01/00	To: 10/18/00
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) -----	19,500.00	
(ii) Unitemized -----	3,673.00	
(iii) Total of contributions from individuals -----	23,173.00	241,228.43
(b) Political Party Committees -----		
(c) Other Political Committees (such as PACs) -----	25,850.00	164,046.00
(d) The Candidate -----		
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d)) -----	49,023.00	405,274.43
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES -----		
13. LOANS:		
(a) Made or Guaranteed by the Candidate -----		
(b) All Other Loans -----		
(c) TOTAL LOANS (add 13(a) and (b)) -----		
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) -----	-0-	2,297.62
15. OTHER RECEIPTS (Dividends, Interest, etc.) -----	865.17	17,221.63
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15) -----	49,888.17	424,793.68
II. DISBURSEMENTS		
17. OPERATING EXPENDITURES -----	128,622.68	262,383.73
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES -----		
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate -----		
(b) Of All Other Loans -----		
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b)) -----		
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees -----	-0-	80.00
(b) Political Party Committees -----		
(c) Other Political Committees (such as PACs) -----	-0-	3,500.00
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c)) -----	-0-	3,580.00
21. OTHER DISBURSEMENTS -----	89,750.00	116,500.00
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21) -----	218,372.68	382,463.73

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD -----	\$ 1,041,949.87	23
24. TOTAL RECEIPTS THIS PERIOD (from Line 16) -----	\$ 49,888.17	24
25. SUBTOTAL (add Line 23 and Line 24) -----	\$ 1,091,838.04	25
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22) -----	\$ 218,372.68	26
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25) -----	\$ 873,465.36	27

SCHEDULE A

ITEMIZED RECEIPTS

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

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) **LoBiondo for Congress**

<p>A. Full Name, Mailing Address and ZIP Code Anthony J. DiSunno, S.P.P.A. P.O. Box 1919 Wildwood Crest, NJ 08260</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer South Jersey Adjustment Bureau</p> <p>Occupation Owner</p> <p>Aggregate Year-to-Date > \$ 5750.00</p>	<p>Date (month, day, year) Oct 2, 2000</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Nancy DiSinnoc P.O. Box 1919 Wildwood Crest, NJ 08260</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer South Jersey Adjustment Bureau</p> <p>Occupation Owner</p> <p>Aggregate Year-to-Date > \$ 5750.00</p>	<p>Date (month, day, year) Oct 2, 2000</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Nicholas A. Retino, Jr. 525 Pineneedle Drive Mays Landing, NJ 08330</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Retino Insurance Agency, Inc.</p> <p>Occupation Insurance</p> <p>Aggregate Year-to-Date > \$ 1,000.00</p>	<p>Date (month, day, year) Oct 2, 2000</p>	<p>Amount of Each Receipt this Period \$1,000.00</p>
<p>D. Full Name, Mailing Address and ZIP Code William J. Rooke 7230 Fulton Avenue North Hollywood, CA 91605</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Aviation Equipment, Inc.</p> <p>Occupation Management</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) Oct 2, 2000</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Kay E. Scelig 601 N. Shore Road Absecon, NJ 08201</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer A.C. Coin & Slot</p> <p>Occupation Executive</p> <p>Aggregate Year-to-Date > \$ 1,000.00</p>	<p>Date (month, day, year) Oct 2, 2000</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>F. Full Name, Mailing Address and ZIP Code Mac H. Scelig 601 N. Shore Road Absecon, NJ 08201</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Atl. City Coin & Slot Service Co.</p> <p>Occupation President</p> <p>Aggregate Year-to-Date > \$ 1,000.00</p>	<p>Date (month, day, year) Oct 2, 2000</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>G. Full Name, Mailing Address and ZIP Code Harold Jennings 159 Stagecoach Road Sicklerville, NJ 08081</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Bowman & Company</p> <p>Occupation Accountant</p> <p>Aggregate Year-to-Date > \$ 450.00</p>	<p>Date (month, day, year) Oct 3, 2000</p>	<p>Amount of Each Receipt this Period \$250.00</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>\$3,750.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p></p>

SCHEDULE A

ITEMIZED RECEIPTS

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

FOR LINE NUMBER

11(a)(1)

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NAME OF COMMITTEE (In Full) **LoBiondo for Congress**

<p>A. Full Name, Mailing Address and ZIP Code Michael A. Morello 3161 Silverwood Lane Vineland, NJ 08360</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer President Minor Food Packers, Inc.</p> <p>Occupation Minor Food Packers, Inc.</p> <p>Aggregate Year-to-Date > \$ \$1,000.00</p>	<p>Date (month, day, year) Oct 3, 2000</p>	<p>Amount of Each Receipt this Period \$1,000.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Valerie J. Morello 3161 Silverwood Lane Vineland, NJ 08360</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Minor Food Packers, Inc.</p> <p>Occupation Lawyer</p> <p>Aggregate Year-to-Date > \$ \$1,000.00</p>	<p>Date (month, day, year) Oct 3, 2000</p>	<p>Amount of Each Receipt this Period \$1,000.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Louis J. Sclafani 175 Hopewell Road Marlton, NJ 08053</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Violet Packing Co.</p> <p>Occupation Food Processor</p> <p>Aggregate Year-to-Date > \$ \$500.00</p>	<p>Date (month, day, year) Oct 3, 2000</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Russell H. Ahlquist 46 Quinton-Alloway Road Salem, NJ 08079</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Ahlquist & Shider, P.C.</p> <p>Occupation Self Employed Accountant</p> <p>Aggregate Year-to-Date > \$ \$250.00</p>	<p>Date (month, day, year) Oct 4, 2000</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Joseph Ciaucaglino 1207 Robin Road Millville, NJ 08332</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Diamond Electric</p> <p>Occupation Electrical Contractor</p> <p>Aggregate Year-to-Date > \$ \$1,000.00</p>	<p>Date (month, day, year) Oct 4, 2000</p>	<p>Amount of Each Receipt this Period \$1,000.00</p>
<p>F. Full Name, Mailing Address and ZIP Code William J. McMahon, Jr. 130 West Atlantic Boulevard Ocean City, NJ 08226</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer McMahon Agency, Inc.</p> <p>Occupation Insurance Agent (President)</p> <p>Aggregate Year-to-Date > \$ \$250.00</p>	<p>Date (month, day, year) Oct 4, 2000</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>G. Full Name, Mailing Address and ZIP Code Thomas D. Carver Castle Governmental Initiatives & Resources, LLC 22 Crestmont Road Verona, NJ 07044</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Castle Governmental Initiatives & Resources</p> <p>Occupation Principal</p> <p>Aggregate Year-to-Date > \$ \$500.00</p>	<p>Date (month, day, year) Oct 10, 2000</p>	<p>Amount of Each Receipt this Period \$500.00</p>

SUBTOTAL of Receipts This Page (optional) \$4,500.00

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 3 OF 5

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full) **LoBiondo for Congress**

<p>A. Full Name, Mailing Address and ZIP Code Aaric E. Koos 9 New London Court Voorhees, NJ 08043-2942</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Prudential Fax & Reach</p> <p>Occupation Real Estate</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) Oct 10, 2000</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Lloyd D. Levenson, Esq. 107 South Argyle Avenue Margate, NJ 08402-2851</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Cooper, Penske, April, et. al.</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date > \$ 1,000.00</p>	<p>Date (month, day, year) Oct 10, 2000</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>C. Full Name, Mailing Address and ZIP Code John C. Lore, Jr. 74 Madison Road Pittsgrave, NJ 08518</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Fairfield Adult Medical</p> <p>Occupation Administrator</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) Oct 10, 2000</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Allred J. Luciani 201 West Seaview Avenue Linwood, NJ 08221-1551</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Sands Hotel & Casino</p> <p>Occupation President</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) Oct 10, 2000</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>E. Full Name, Mailing Address and ZIP Code David E. Panichi 250 High View Lane Media, PA 19163</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer T. N. Ward</p> <p>Occupation President</p> <p>Aggregate Year-to-Date > \$ 1,000.00</p>	<p>Date (month, day, year) Oct 10, 2000</p>	<p>Amount of Each Receipt this Period \$1,000.00</p>
<p>F. Full Name, Mailing Address and ZIP Code Robert Salad 305 Beech Avenue Linwood, NJ 08221-1401</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Cooper, Penske, et. al.</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) Oct 10, 2000</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>G. Full Name, Mailing Address and ZIP Code Anthony N. Magolda 2 Schooner Landing Road Smithville, NJ 08201</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Lawmen Supply Co. of NJ, Inc.</p> <p>Occupation President/CEO</p> <p>Aggregate Year-to-Date > \$ 1,000.00</p>	<p>Date (month, day, year) Oct 11, 2000</p>	<p>Amount of Each Receipt this Period \$500.00</p>

SUBTOTAL of Receipts This Page (optional) \$4,000.00

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 4 OF 5

FOR LINE NUMBER 11 (a) (1)

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NAME OF COMMITTEE (in Full) **LoBiondo for Congress**

<p>A. Full Name, Mailing Address and ZIP Code Linda T. Magolda 2 Schooner Landing Road Smithville, NJ 08201</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Lawren Supply Co. of NJ, Inc.</p> <p>Occupation Corp. Sec.</p> <p>Aggregate Year-to-Date > \$ 1,000.00</p>	<p>Date (month, day, year) Oct 11, 2000</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Kenneth C. Condon 101 Hensley Place Northfield, NJ 08225</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Bally Park Place, A Hilton Casino Resort</p> <p>Occupation President</p> <p>Aggregate Year-to-Date > \$ 1,000.00</p>	<p>Date (month, day, year) Oct 12, 2000</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Jack DeJohn 1406 Park Boulevard Cherry Hill, NJ 08002-3714</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer N/A</p> <p>Occupation Retired</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) Oct 14, 2000</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Verna Falco 1416 Park Boulevard Cherry Hill, NJ 08002-3714</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer N/A</p> <p>Occupation Housewife / Retired</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) Oct 14, 2000</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Betty L. Maurone 2973 Mays Landing Road Millville, NJ 08332</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer DeRossi & Son</p> <p>Occupation Bookkeeper</p> <p>Aggregate Year-to-Date > \$ 1,500.00</p>	<p>Date (month, day, year) Oct 14, 2000</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>F. Full Name, Mailing Address and ZIP Code Gloria Ricci 1651 Kay Terrace Vineland, NJ 08360</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer DeRossi & Son</p> <p>Occupation Foreman</p> <p>Aggregate Year-to-Date > \$ 1,500.00</p>	<p>Date (month, day, year) Oct 14, 2000</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>G. Full Name, Mailing Address and ZIP Code Ramon Reserio 314 Wood Street Vineland, NJ 08360</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer N/A</p> <p>Occupation Housewife</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) Oct 14, 2000</p>	<p>Amount of Each Receipt this Period \$500.00</p>

SUBTOTAL of Receipts This Page (optional) \$3,500.00

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 5 OF 5

FOR LINE NUMBER 11(a) (2)

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NAME OF COMMITTEE (in Full) LoBiondo for Congress

<p>A. Full Name, Mailing Address and ZIP Code Samuel Capizzi Pavilion Motor Lodge 201 Atlantic Avenue Ocean City, NJ 08226</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer N/A</p> <p>Occupation Retired</p> <p>Aggregate Year-to-Date > \$ 5950.00</p>	<p>Date (month, day, year) Oct 16, 2010</p>	<p>Amount of Each Receipt this Period \$200.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Gregory W. Gringey P.O. Box 4446 Rockville, MD 20850</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Self</p> <p>Occupation Management</p> <p>Aggregate Year-to-Date > \$ 3300.00</p>	<p>Date (month, day, year) Oct 16, 2010</p>	<p>Amount of Each Receipt this Period \$300.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Timothy J. Wilcott 532 Gravelly Run Road Maya Landing, NJ 08330</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Itarrah's</p> <p>Occupation President, Eastern Division</p> <p>Aggregate Year-to-Date > \$ 1,000.00</p>	<p>Date (month, day, year) Oct 16, 2010</p>	<p>Amount of Each Receipt this Period \$1,000.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Kenneth D. Mackler 1030 Atlantic Avenue Atlantic City, NJ 08401</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Goldenberg, Mackler, Sayugh, et al.</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) Oct 17, 2010</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Agatona B. Salito, M.D. 1 North Valley Ave Vineland, NJ 08360</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Self</p> <p>Occupation Physician</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) Oct 17, 2010</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>F. Full Name, Mailing Address and ZIP Code Conrad C. Salts, M.D. 1419 Harding Road Vineland, NJ 08361-6523</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer N.J. Municipal Home</p> <p>Occupation Physician</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) Oct 17, 2010</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>G. Full Name, Mailing Address and ZIP Code Peter J. Trofs 6 West Aberdeen Road Ocean City, NJ 08226</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Coggins Wrist Management, Inc.</p> <p>Occupation Executive</p> <p>Aggregate Year-to-Date > \$ 1,000.00</p>	<p>Date (month, day, year) Oct 17, 2010</p>	<p>Amount of Each Receipt this Period \$1,000.00</p>

SUBTOTAL of Receipts This Page (optional)

\$2,750.00

TOTAL This Period (last page this line number only)

\$19,500.00

Other Political Committees

Any information copied from such Reports and Statements may not be add 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) LoBiondo For Congress

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Delaine & Touche Federal Political Action Committee P. O. Box 365 Washington, DC 20044-0365	N/A	Oct 2, 2000	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: N/A	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
The Pillsbury Company Political Action Committee Pillsbury Center 39X5 Minneapolis, MN 55402	N/A	Oct 2, 2000	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: N/A	Aggregate Year-to-Date: \$ 500.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
National Education Association Political Action Committee (NEA-P) 1201 - 16th Street, N.W Washington, DC 20036	N/A	Oct 2, 2000	\$2,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: N/A	Aggregate Year-to-Date: \$ 2,000.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
UAW VCAP 8000 East Jefferson Avenue Detroit, MI 48214-3967	N/A	Oct 2, 2000	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: N/A	Aggregate Year-to-Date: \$ 3,000.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Air Line Pilots Association (ALPA) PAC 1625 Massachusetts Ave., N.W Washington, DC 20036	N/A	Oct 2, 2000	\$2,500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: N/A	Aggregate Year-to-Date: \$ 4,000.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Praxair Inc. Political Action Committee (PraxPAC) P. O. Box 2938 Danbury, CT 06811-2938	N/A	Oct 5, 2000	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: N/A	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
Nahison, Inc. Political Action Committee (NABPAC) 7 Comptis Drive Parsippany, NJ 07054	N/A	Oct 7, 2001	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: N/A	Aggregate Year-to-Date: \$ 500.00	

SUBTOTAL of Receipts This Page (optional) \$7,500.00

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

FOR LINE NUMBER

11 (c)

Other Political Committees

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NAME OF COMMITTEE (in Full) **LoBiondo For Congress**

<p>A. Full Name, Mailing Address and ZIP Code Stone Harbor Republican Club P. O. Box 242 Stone Harbor, NJ 08247</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer N/A</p> <p>Occupation N/A</p> <p>Aggregate Year-to-Date > \$ \$500.00</p>	<p>Date (month, day, year) Oct 10, 2000</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Active Balinc Club (ABC), United Food & Commercial Workers Int'l 1775 K Street, N.W. Washington, DC 20006-1598</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer N/A</p> <p>Occupation N/A</p> <p>Aggregate Year-to-Date > \$ \$3,500.00</p>	<p>Date (month, day, year) Oct 10, 2000</p>	<p>Amount of Each Receipt this Period \$2,500.00</p>
<p>C. Full Name, Mailing Address and ZIP Code UPSPAC Nicholas A. Lewis- pt16034 55 Glenlake Parkway, N.E. Atlanta, GA 30328</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer N/A</p> <p>Occupation N/A</p> <p>Aggregate Year-to-Date > \$ \$4,350.00</p>	<p>Date (month, day, year) Oct 10, 2000</p>	<p>Amount of Each Receipt this Period \$1,850.00</p>
<p>D. Full Name, Mailing Address and ZIP Code UPSPAC Nicholas A. Lewis- pt16034 55 Glenlake Parkway, N.E. Atlanta, GA 30328</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer N/A</p> <p>Occupation N/A</p> <p>Aggregate Year-to-Date > \$ \$4,450.00</p>	<p>Date (month, day, year) Oct 10, 2000</p>	<p>Amount of Each Receipt this Period \$100.00</p>
<p>E. Full Name, Mailing Address and ZIP Code UPSPAC Nicholas A. Lewis- pt16034 55 Glenlake Parkway, N.E. Atlanta, GA 30328</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer N/A</p> <p>Occupation N/A</p> <p>Aggregate Year-to-Date > \$ \$4,850.00</p>	<p>Date (month, day, year) Oct 10, 2000</p>	<p>Amount of Each Receipt this Period \$400.00</p>
<p>F. Full Name, Mailing Address and ZIP Code Laborers' Political League 905 Sixteenth St., N.W. Washington, DC 20006</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer N/A</p> <p>Occupation N/A</p> <p>Aggregate Year-to-Date > \$ \$7,500.00</p>	<p>Date (month, day, year) Oct 10, 2000</p>	<p>Amount of Each Receipt this Period \$5,000.00</p>
<p>G. Full Name, Mailing Address and ZIP Code The Pillsbury Company Political Action Committee Pillsbury Center 39KS Minneapolis, MN 55402</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer N/A</p> <p>Occupation N/A</p> <p>Aggregate Year-to-Date > \$ \$1,000.00</p>	<p>Date (month, day, year) Oct 12, 2000</p>	<p>Amount of Each Receipt this Period \$500.00</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>\$10,850.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p></p>

SCHEDULE A

ITEMIZED RECEIPTS

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

Other Political Committees

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NAME OF COMMITTEE (In Full) **LoBiendo For Congress**

<p>A. Full Name, Mailing Address and ZIP Code District Council 711AC PAC Fund 2116 Ocean Heights Avenue Pleasantville, NJ 08234-5723</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer N/A</p> <p>Occupation N/A</p> <p>Aggregate Year-to-Date > \$ 1,500.00</p>	<p>Date (month, day, year) Oct 12, 2000</p>	<p>Amount of Each Receipt this Period \$1,000.00</p>
<p>B. Full Name, Mailing Address and ZIP Code The Associated General Contractors of America (AGC) Political Actl 333 John Carlyle Street, Suite 200 Alexandria, VA 22314-5745</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer N/A</p> <p>Occupation N/A</p> <p>Aggregate Year-to-Date > \$ 2,500.00</p>	<p>Date (month, day, year) Oct 12, 2000</p>	<p>Amount of Each Receipt this Period \$1,500.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Amalgamated Transit Union COPE 5025 Wisconsin Avenue, N.W. Washington, DC 20016-4139</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer N/A</p> <p>Occupation N/A</p> <p>Aggregate Year-to-Date > \$ 3,500.00</p>	<p>Date (month, day, year) Oct 13, 2000</p>	<p>Amount of Each Receipt this Period \$2,000.00</p>
<p>D. Full Name, Mailing Address and ZIP Code AICPA Effective Legislation Committee Harboride Financial Center 201 Plaza Three Jersey City, NJ 07311-3881</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer N/A</p> <p>Occupation N/A</p> <p>Aggregate Year-to-Date > \$ 1,000.00</p>	<p>Date (month, day, year) Oct 17, 2000</p>	<p>Amount of Each Receipt this Period \$1,000.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Local Union No. 322 Plumbers & Pipefitters Political Action Commit 534 South Route 73 Winslow, NJ 08095</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer N/A</p> <p>Occupation N/A</p> <p>Aggregate Year-to-Date > \$ 3,500.00</p>	<p>Date (month, day, year) Oct 17, 2000</p>	<p>Amount of Each Receipt this Period \$1,000.00</p>
<p>F. Full Name, Mailing Address and ZIP Code Oral and Maxillofacial Surgery Political Action Committee (OMSPAC) 9700 West Bryn Mawr Avenue Rosemont, IL 60018-5701</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer N/A</p> <p>Occupation N/A</p> <p>Aggregate Year-to-Date > \$ 1,000.00</p>	<p>Date (month, day, year) Oct 18, 2000</p>	<p>Amount of Each Receipt this Period \$1,000.00</p>
<p>G. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>\$7,500.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p>\$25,850.00</p>

SCHEDULE A

**ITEMIZED RECEIPTS
OTHER RECEIPTS**

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

PAGE **1** OF **1**
FOR LINE NUMBER
15

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NAME OF COMMITTEE (in Full)

LoBIONDO FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code Hudson United Bank P. D. Box 676 Bridgeton, NJ 08302 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Interest <input type="checkbox"/> Other (specify):	Name of Employer N/A Occupation N/A Aggregate Year-to-Date > \$ 17,221.63	Date (month, day, year) 01-Oct-00	Amount of Each Receipt this Period \$65.17
B. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	\$65.17
TOTAL This Period (last page this line number only)	\$65.17

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
LoBIONDO FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Commerce Bank 132 S. Shore Road Marmora, NJ 08223	Check printing Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	01-Oct-00	55.25
B. Full Name, Mailing Address and ZIP Code Postmaster-Marmora 120 Tuckahoe Road Marmora, NJ 08223	Purpose of Disbursement Postage Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	02-Oct-00	4.30
C. Full Name, Mailing Address and ZIP Code Harper Associates 195 Silver Lake Road Bridgeton, NJ 08302	Purpose of Disbursement Campaign consultant Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	03-Oct-00	4,000.00
D. Full Name, Mailing Address and ZIP Code Joan E. Harper 160 Silver Lake Road Bridgeton, NJ 08302	Purpose of Disbursement Campaign consultant Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	03-Oct-00	1,200.00
E. Full Name, Mailing Address and ZIP Code Theresa M. Spinoia 1205 E. Cornell Street Vineland, NJ 08360	Purpose of Disbursement Campaign consultant Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	03-Oct-00	2,025.00
F. Full Name, Mailing Address and ZIP Code Preci Advertising & Design 813 S. First Road Hamorton, NJ 08037	Purpose of Disbursement Campaign consultant Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	04-Oct-00	3,878.17
G. Full Name, Mailing Address and ZIP Code Raritan Associates, Inc. 16 Woodcrest Drive Morristown, NJ 07960	Purpose of Disbursement Campaign consultant Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	04-Oct-00	1,500.00
H. Full Name, Mailing Address and ZIP Code NJ State Industrial Union Council AFL-CIO 106 W. State Street Trenton, NJ 08608	Purpose of Disbursement Program book ad Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	04-Oct-00	250.00
I. Full Name, Mailing Address and ZIP Code Joan Antonelli 214 Tuckahoe Road Vineland, NJ 08360	Purpose of Disbursement Office rent Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	04-Oct-00	1,400.00

SUBTOTAL of Disbursements This Page (optional)	14,312.72
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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Detailed Summary Page

PAGE 2 OF 4
FOR LINE NUMBER
17

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NAME OF COMMITTEE (in Full)

LABIONDO FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Jamestown Associates 3131 Princeton Pike, Bldg 4, Ste 216 Princeton, NJ 08548	Cable TV buy Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	05-Oct-00	59,242.00
B. Full Name, Mailing Address and ZIP Code Postmaster-Marmora 120 Tuckahoe Road Marmora, NJ 08223	Purpose of Disbursement Postage Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	05-Oct-00	Amount of Each Disbursement This Period 44.75
C. Full Name, Mailing Address and ZIP Code Jamestown Associates 3131 Princeton Pike, Bldg 4, Ste 216 Princeton, NJ 08548	Purpose of Disbursement Cable TV buy Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	06-Oct-00	Amount of Each Disbursement This Period 3,187.50
D. Full Name, Mailing Address and ZIP Code Ruritan Associates, Inc. 16 Woodcrest Drive Morristown, NJ 07960	Purpose of Disbursement Polling Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	09-Oct-00	Amount of Each Disbursement This Period 21,480.00
E. Full Name, Mailing Address and ZIP Code A T & T P.O. Box 2969 Omaha, NE 68103-2969	Purpose of Disbursement Telephone Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	09-Oct-00	Amount of Each Disbursement This Period 224.29
F. Full Name, Mailing Address and ZIP Code Verizon P.O. Box 4833 Trenton, NJ 08650-4833	Purpose of Disbursement Telephone Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	09-Oct-00	Amount of Each Disbursement This Period 117.59
G. Full Name, Mailing Address and ZIP Code First Data Merchant Services 265 Broad Hollow Road Melville, NY 11747	Purpose of Disbursement Credit card fees Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	09-Oct-00	Amount of Each Disbursement This Period 5.00
H. Full Name, Mailing Address and ZIP Code Verizon Wireless P.O. Box 41556 Philadelphia, PA 19101-1556	Purpose of Disbursement Mobile telephone Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	09-Oct-00	Amount of Each Disbursement This Period 59.00
I. Full Name, Mailing Address and ZIP Code Verizon Wireless P.O. Box 41556 Philadelphia, PA 19101-1556	Purpose of Disbursement Mobile telephone Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	09-Oct-00	Amount of Each Disbursement This Period 66.07

SUBTOTAL of Disbursements This Page (optional)

84,426.20

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 3 OF 4

FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

LABONDO FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
MCI Worldcom P. O. Box 856053 Louisville, KY 40285-6053	Telephone Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	09-Oct-00	\$2.57
T&F Camera Shop, Inc. 2059 S. Delsea Drive Vineland, NJ 08360	Camera supplies Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-Oct-00	75.14
MAC Research Inc. 801 Pennsylvania Ave., N.W., Ste PH23 Washington, DC 20004	Research services Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-Oct-00	\$,000.00
Barron Printing 207 S. Second Street Vineland, NJ 08360	Bumper stickers Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-Oct-00	524.96
Sir Speedy 42 Landis Avenue Vineland, NJ 08360	Printing Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-Oct-00	87.67
Barron Printing 207 S. Second Street Vineland, NJ 08360	Stationery Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	12-Oct-00	190.80
John E. Harper 803 E. Landis Avenue Vineland, NJ 08360	Office petty cash Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	12-Oct-00	100.00
Postmaster-Marmora 120 Tuckahoe Road Marmora, NJ 08223	Postage Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	12-Oct-00	13.40
Famestown Associates 3131 Princeton Pike, Bldg 4, Ste 216 Princeton, NJ 08548	Radio buy Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	12-Oct-00	21,786.00

SUBTOTAL of Disbursements This Page (optional)

27,830.54

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)
LoBIONDO FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Local 277 100th Anniversary Dinner Committee 2116 Ocean Heights Avenue Egg Harbor Township, NJ 08234	Program book ad & dinner Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	16-Oct-00	225.00
B. Full Name, Mailing Address and ZIP Code Verizon P.O. Box 4833 Trenton, NJ 08650-4833	Purpose of Disbursement Telephone Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	18-Oct-00	137.11
C. Full Name, Mailing Address and ZIP Code Verizon P.O. Box 4833 Trenton, NJ 08650-4833	Purpose of Disbursement Telephone Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	18-Oct-00	624.98
D. Full Name, Mailing Address and ZIP Code Verizon Wireless P.O. Box 41556 Philadelphia, PA 19101-1556	Purpose of Disbursement Mobile telephone Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	18-Oct-00	5.07
E. Full Name, Mailing Address and ZIP Code Barron Printing 207 S. Second Street Vineland, NJ 08360	Purpose of Disbursement Printing Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	18-Oct-00	1,061.06
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)	2,053.22
TOTAL This Period (last page this line number only)	128,622.68

SCHEDULE B

**ITEMIZED DISBURSEMENTS
OTHER DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

PAGE 1 OF 2
FOR LINE NUMBER 21

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NAME OF COMMITTEE (in Full)

LoBIONDO FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
NRCC/Battleground 2000 320 First Street, S.E. Washington, DC 20003	Campaign contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	05-Oct-00	50,000.00
B. Full Name, Mailing Address and ZIP Code Northup for Congress P.O. Box 7313 Louisville, KY 40257	Campaign contribution Anne Northup; House; KY/03 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	05-Oct-00	1,000.00
C. Full Name, Mailing Address and ZIP Code Hillary for Congress P.O. Box 492 Crossville, TN 38557	Campaign contribution Van Hillary; House; TN/04 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	05-Oct-00	1,000.00
D. Full Name, Mailing Address and ZIP Code Pete Sessions for Congress P.O. Box 38585 Dallas, TX 75238	Campaign contribution Pete Sessions; House; TX/05 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	05-Oct-00	1,000.00
E. Full Name, Mailing Address and ZIP Code Hayes for Congress P.O. Box 2000 Concord, NH 28026-2000	Campaign contribution Robin Hayes; House; NH/08 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	05-Oct-00	1,000.00
F. Full Name, Mailing Address and ZIP Code Jones for Congress P.O. Box 99667 Raleigh, NC 27624	Campaign contribution Walter Jones, Jr.; House; NC/03 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	05-Oct-00	1,000.00
G. Full Name, Mailing Address and ZIP Code Dennis Township Regular Republican Org. P.O. Box 685 Cape May Court House, NJ 08210	Campaign contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	05-Oct-00	250.00
H. Full Name, Mailing Address and ZIP Code Cape May County Regular Republican Org. 11 Hummingbird Avenue Petersburg, NJ 08270	Campaign contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	05-Oct-00	20,000.00
I. Full Name, Mailing Address and ZIP Code Pritchard & Matile for Township Committee P.O. Box 526 Mays Landing, NJ 08330	Campaign contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	06-Oct-00	4,500.00

SUBTOTAL of Disbursements This Page (optional)

79,750.00

TOTAL This Period (last page this line number only)

SCHEDULE B

**ITEMIZED DISBURSEMENTS
OTHER DISBURSEMENTS**

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

PAGE 2 OF 2
FOR LINE NUMBER 21

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NAME OF COMMITTEE (In Full)

LoBIONDO FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Campaign contribution	Date (month, day, year)	Amount of Each Disbursement This Period
Gloucester County GOP 2000 P.O. Box 503 Woodbury, NJ 08096	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	14-Oct-00	10,000.00
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)

10,000.00

TOTAL This Period (last page this line number only)

89,750.00

LOANS

Name of Committee (In Full) LoBiondo for Congress						
A. Full Name, Mailing Address and ZIP Code of Loan Source <p style="text-align: center;">N/A</p> Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____ Terms: Date Incurred _____ Date Due _____ Interest Rate _____ % (ap) <input type="checkbox"/> Secured	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period - 0 -			
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: \$	(This area is shaded to indicate that the information is not to be reported.)					
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: \$						
B. Full Name, Mailing Address and ZIP Code of Loan Source						
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____ Terms: Date Incurred _____ Date Due _____ Interest Rate _____ % (ap) <input type="checkbox"/> Secured				Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
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: \$	(This area is shaded to indicate that the information is not to be reported.)					
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)			- 0 -			
TOTALS This Period (last page in this line only)			- 0 -			
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

Name of Committee (In Full) LoBiondo for Congress	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor N/A	-0-			-0-
Nature of Debt (Purpose):				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
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)				-0-
2) TOTALS This Period (last page in this line only)				-0-
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				-0-
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				-0-

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 checked="" type="checkbox"/> First Class Mail	POSTMARKED 10/25/00
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
<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	
CR	10/26/00
PREPARER	DATE PREPARED