REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

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FEC MAIL ROOM
2000 JUL 26 P 1:24

1. NAME OF COMMITTEE (in full): Friends of Joe Pitts	
ADDRESS (number and street) ☐ Check if different than previously reported. P.O. Box 775	2. FEC IDENTIFICATION NUMBER
CITY, STATE and ZIPCODE: Unionville, PA 19375 — STATE/DISTRICT: PA/16	3. IS THIS REPORT AN AMENDMENT? xx☒ YES ☐ NO

4. TYPE OF REPORT

- ☐ April 15 Quarterly Report
- ☐ July 15 Quarterly Report
- ☐ October 15 Quarterly Report
- xx☒ January 31 Year End Report
- ☐ July 31 Mid-Year Report (Non-election Year Only)
- ☐ Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____
- ☐ Thirtieth day report following the General Election _____ in the State of _____
- ☐ Termination Report

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

SUMMARY

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 07/01/99 through 12/31/99		
6. Net Contributions (other than loans)		
(a) Total Contributions(other than loans) (from Line 11(a))	$62795.85	$127514.65
(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))	$62795.85	$127514.65
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	$49072.37	$80806.71
(b) Total Offsets to Operating Expenditures (from Line 14)	$0.00	$1153.80
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	$49072.37	$79652.91
8. Cash on Hand at Close of Reporting Period (from Line 27)	$131118.28	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/of Schedule D)		
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 202-376-3120

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: Jerri Lynn Wier, Assistant Treasurer

Signature of Treasurer: [signature] — Date: 7-24-00

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

FEC FORM 3
(Revised 4/97)