REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM
2000 DEC 12 A 11: 10

1. NAME OF COMMITTEE (In full) Friends of Jim Saxton	
ADDRESS (number and street) ☐ Check if different than previously reported. Box 795	2. FEC IDENTIFICATION NUMBER C00197699
CITY, STATE and ZIPCODE — STATE/DISTRICT Mt. Holly, NJ 08060 — NJ/3rd	3. IS THIS REPORT AN AMENDMENT? ☐ YES ☒ NO

4. TYPE OF REPORT

- ☐ April 15 Quarterly Report
- ☐ July 15 Quarterly Report
- ☐ October 15 Quarterly Report
- ☐ 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 11/07/00 in the State of New Jersey
- ☐ 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 10/19/00 through 11/27/00		
6. Net Contributions (other than loans)		
(a) Total Contributions(other than loans) (from Line 11(e))	$82154.50	$1365402.99
(b) Total Contribution Refunds (from Line 20(d))	$0.00	$250.00
(c) Net Contributions (other than loans)(subtract Line 6(b) from 6(a))	$82154.50	$1365152.99
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	$521640.43	$1971867.11
(b) Total Offsets to Operating Expenditures (from Line 14)	$0.00	$670.60
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	$521640.43	$1971196.51
8. Cash on Hand at Close of Reporting Period (from Line 27)	$399272.71	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or 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: Patricia M. Walker

Signature of Treasurer: Patricia M. Walker — Date: 12/07/00

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 4/87)