REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

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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 C00310136
CITY, STATE and ZIPCODE Unionville, PA 19375-0775 — STATE/DISTRICT PA/16	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 _____ in the State of _____
- ☐ Termination Report

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

SUMMARY

5. Covering Period 04/01/00 through 06/30/00	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))	$56094.68	$117944.76
(b) Total Contribution Refunds (from Line 20(d))	$0.00	$1500.00
(c) Net Contributions (other than loans)(subtract Line 6(b) from 6(a))	$56094.68	$116444.76
7 Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	$20328.47	$47373.47
(b) Total Offsets to Operating Expenditures (from Line 14)	$0.00	$0.00
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	$20328.47	$47373.47
8. Cash on Hand at Close of Reporting Period (from Line 27)	$165118.55	
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: Jerri-Lynn Wier, Assistant Treasurer

Signature of Treasurer: [signature] — Date: 7/13/00

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)