REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM

2001 FEB -5 A 11: 25

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: Mt. Holly, NJ 08060 — STATE/DISTRICT: 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 _____ 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 11/28/00 through 12/31/00		
6. Net Contributions (other than loans)		
(a) Total Contributions(other than loans) (from Line 11(a))	$0.00	$1365402.99
(b) Total Contribution Refunds (from Line 20(d))	$2000.00	$2250.00
(c) Net Contributions (other than loans)(subtract Line 6(b) from 6(a))	$-2000.00	$1363152.99
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	$22967.71	$1994834.82
(b) Total Offsets to Operating Expenditures (from Line 14)	$0.00	$670.60
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	$22967.71	$1994164.22
8. Cash on Hand at Close of Reporting Period (from Line 27)	$376599.93	
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: 01/28/01

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)