

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee  
(Summary Page)

SECRETARY OF THE SENATE

1. NAME OF COMMITTEE (In full)

Bob Franks for U.S. Senate, Inc.

COCKET 25 04/13/01  
C00348813

ADDRESS (number and street)

☒ Check if different than previously reported.

310 W. Westfield Avenue

2. FEC IDENTIFICATION NUMBER

CITY, STATE and ZIP CODE

STATE/DISTRICT

3. IS THIS REPORT AN AMENDMENT?

Roselle Park, NJ 07204

NJ

☐ YES

☒ NO

## 4. TYPE OF REPORT

☐ April 15 Quarterly Report

☒ Twelfth day report preceding

General

(Type of Election)

☐ July 15 Quarterly Report

election on 11/07/2000

in the State of NJ

☐ October 15 Quarterly Report

☐ Thirtieth day report following the General Election on

☐ January 31 Year-End Report

in the State of

☐ July 31 Mid-Year Report (Non-election Year Only)

☐ Termination Report

This report contains  
activity for

☐ Primary Election

☒ General Election

☐ Special Election

☐ Runoff Election

## SUMMARY

| 5. Covering Period                                                                               | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-date |
|--------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------|
| 10/01/2000 through 10/18/2000                                                                    |                         |                                   |
| 6. Net Contributions (other than loans)                                                          |                         |                                   |
| (a) Total Contributions (other than loans) (From Line 11(e))                                     | 636,567.36              | 4,092,216.63                      |
| (b) Total Contribution Refunds (From Line 20(d))                                                 | 1,000.00                | 11,294.00                         |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))                          | 635,567.36              | 4,080,922.63                      |
| 7. Net Operating Expenditures                                                                    |                         |                                   |
| (a) Total Operating Expenditures (From Line 17)                                                  | 1,229,496.33            | 3,667,468.21                      |
| (b) Total Offsets to Operating Expenditures (from Line 14)                                       | 127.28                  | 3,160.53                          |
| (c) Net Operating Expenditures (Subtract Line 7(b) from 7(a))                                    | 1,229,369.05            | 3,664,307.68                      |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)                                      | 1,171,651.13            |                                   |
| 9. Debts and Obligations Owed TO the Committee<br>(Itemize all on Schedule C and/or Schedule D)  |                         |                                   |
| 10. Debts and Obligations Owed BY the Committee<br>(Itemize all on Schedule C and/or Schedule D) |                         |                                   |

For further information:  
Federal Election Commission  
969 E Street, NW  
Washington, DC 20463  
Toll Free 800-424-9530  
Local 202-219-3420

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

Brad E. Muniz

Signature of Treasurer

Date

10/25/00

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to penalties of 2 U.S.C. 5437g.

FEC FORM 3

(Revised 4/87)

**Detailed Summary Page**  
of Receipts and Disbursements  
(Page 2, FEC FORM 3)

|                                                                               |  |                                                                |                                           |
|-------------------------------------------------------------------------------|--|----------------------------------------------------------------|-------------------------------------------|
| Name of Committee (in full)<br><b>Bob Franks for U.S. Senate, Inc.</b>        |  | Report Covering the Period:<br>From: 10/01/2000 To: 10/18/2000 |                                           |
| <b>I. RECEIPTS</b>                                                            |  | <b>Column A<br/>Total This Period</b>                          | <b>Column B<br/>Calendar Year-To-Date</b> |
| 11. CONTRIBUTIONS (other than loans) FROM:                                    |  |                                                                |                                           |
| (a) Individuals/Persons Other Than Political Committees                       |  |                                                                |                                           |
| (i) Itemized (Use Schedule A)                                                 |  | 421,952.33                                                     |                                           |
| (ii) Unitemized                                                               |  | 108,192.70                                                     |                                           |
| (iii) Total of contributions from individual                                  |  | 530,145.03                                                     | 3,258,714.08                              |
| (b) Political Party Committees                                                |  | 5,000.00                                                       | 5,000.00                                  |
| (c) Other Political Committees (such as PACs)                                 |  | 101,422.33                                                     | 828,502.57                                |
| (d) The Candidate                                                             |  |                                                                |                                           |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d)) |  | 636,567.36                                                     | 4,092,216.65                              |
| 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.)                |  | 127.28                                                         | 3,180.53                                  |
| 15. OTHER RECEIPTS (Dividends, Interest, etc.)                                |  |                                                                | 3,336.88                                  |
| 16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)                          |  | 636,694.64                                                     | 4,098,713.82                              |
| <b>II. DISBURSEMENTS</b>                                                      |  |                                                                |                                           |
| 17. OPERATING EXPENDITURES                                                    |  | 1,229,498.33                                                   | 3,687,488.21                              |
| 18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES                                  |  |                                                                |                                           |
| 19. LOAN REPAYMENTS:                                                          |  |                                                                |                                           |
| (a) Of Loans Made or Guaranteed by the Candidate                              |  |                                                                | 5,000.00                                  |
| (b) Of All Other Loans                                                        |  |                                                                |                                           |
| (c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))                                 |  |                                                                | 5,000.00                                  |
| 20. REFUNDS OF CONTRIBUTIONS TO:                                              |  |                                                                |                                           |
| (a) Individuals/Persons Other Than Political Committees                       |  |                                                                | 10,294.00                                 |
| (b) Political Party Committees                                                |  |                                                                |                                           |
| (c) Other Political Committees (such as PACs)                                 |  | 1,000.00                                                       | 1,000.00                                  |
| (d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))                       |  | 1,000.00                                                       | 11,294.00                                 |
| 21. OTHER DISBURSEMENTS                                                       |  |                                                                |                                           |
| 22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)                     |  | 1,230,498.33                                                   | 3,683,782.21                              |
| <b>III. CASH SUMMARY</b>                                                      |  |                                                                |                                           |
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD                             |  |                                                                | 1,765,452.82                              |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16)                                 |  |                                                                | 636,694.64                                |
| 25. SUBTOTAL (add Line 23 and Line 24)                                        |  |                                                                | 2,402,147.46                              |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 18)                            |  |                                                                | 1,230,498.33                              |
| 27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)  |  |                                                                | 1,171,651.13                              |

## SCHEDULE A

## ITEMIZED RECEIPTS

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

PAGE 1 135

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)

Bob Franks for U.S. Senate, Inc.

|                                                                                                                                                                                                                                                                        |                                                                                                                                      |                                              |                                                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>Olga Abramides<br>120 Cathedral Avenue<br>Florham Park, NJ 07932-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Retired<br><b>Aggregate Year-to-Date -&gt;</b> 200.00                         | <b>Date (month, day, year)</b><br>10/06/2000 | <b>Amount of Each Receipt this Period</b><br>100.00   |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>Margaret Ackerman<br>221 Rankin Ave.<br>Cranford, NJ 07015-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)       | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Retired<br><b>Aggregate Year-to-Date -&gt;</b> 200.00                         | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>100.00   |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>Teresa Adair<br>8 Barrington Drive<br>West Windsor, NJ 08550-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)     | <b>Name of Employer</b><br>Perishing<br><b>Occupation</b><br>Marketing<br><b>Aggregate Year-to-Date -&gt;</b> 500.00                 | <b>Date (month, day, year)</b><br>10/18/2000 | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>John Adams<br>57 Ridge Drive<br>Montville, NJ 07045-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)              | <b>Name of Employer</b><br>Caldwell<br>Banker-Commercial<br><b>Occupation</b><br>Owner<br><b>Aggregate Year-to-Date -&gt;</b> 325.00 | <b>Date (month, day, year)</b><br>10/10/2000 | <b>Amount of Each Receipt this Period</b><br>100.00   |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>John Adams<br>57 Ridge Drive<br>Montville, NJ 07045-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)              | <b>Name of Employer</b><br>Caldwell<br>Banker-Commercial<br><b>Occupation</b><br>Owner<br><b>Aggregate Year-to-Date -&gt;</b> 425.00 | <b>Date (month, day, year)</b><br>10/12/2000 | <b>Amount of Each Receipt this Period</b><br>100.00   |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>Joshua Adler<br>945 Great Road<br>Princeton, NJ 08540-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)            | <b>Name of Employer</b><br>self<br><b>Occupation</b><br>Real estate<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00                  | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>G. Full Name, Mailing Address and Zip Code</b><br>John Aglieloro<br>182 Tavistock Lane<br>Haddonfield, NJ 08033-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)    | <b>Name of Employer</b><br>UM Holdings, Ltd.<br><b>Occupation</b><br>Executive<br><b>Aggregate Year-to-Date -&gt;</b> 1,750.00       | <b>Date (month, day, year)</b><br>10/12/2000 | <b>Amount of Each Receipt this Period</b><br>750.00   |

SUBTOTAL of Receipts This Page (optional)

2,650.00

TOTAL This Period (last page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary PagePAGE 2 OF 135  
FOR LINE NUMBER  
11(a)(1)

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)

Bob Franks for U.S. Senate, Inc.

|                                                                                                                                                                                                                                                                    |                                                                                                                                         |                                              |                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>Alice Agran<br>1996 Winding Brook Way<br>Westfield, NJ 07090-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Homemaker<br><b>Aggregate Year-to-Date -&gt;</b> 475.00                          | <b>Date (month, day, year)</b><br>10/16/2000 | <b>Amount of Each Receipt this Period</b><br>125.00   |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>Robert Alencawicz<br>16 Deerfield Road<br>Meriden, NJ 07945-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)  | <b>Name of Employer</b><br>Golden, Rothschild, Spagnola,<br><b>Occupation</b><br>Attorney<br><b>Aggregate Year-to-Date -&gt;</b> 250.00 | <b>Date (month, day, year)</b><br>10/10/2000 | <b>Amount of Each Receipt this Period</b><br>250.00   |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>Karen D. Alexander<br>108 Whisper Ct<br>Burlington, NJ 08016-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Homemaker<br><b>Aggregate Year-to-Date -&gt;</b> 250.00                          | <b>Date (month, day, year)</b><br>10/17/2000 | <b>Amount of Each Receipt this Period</b><br>250.00   |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>Joseph A. Alfred<br>7 Flower Rd<br>Somerset, NJ 08873-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)        | <b>Name of Employer</b><br>AT&T<br><b>Occupation</b><br>District Manager<br><b>Aggregate Year-to-Date -&gt;</b> 300.00                  | <b>Date (month, day, year)</b><br>10/17/2000 | <b>Amount of Each Receipt this Period</b><br>200.00   |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>Richard Aljian<br>1033 Clifton Avenue<br>Clifton, NJ 07013-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   | <b>Name of Employer</b><br>self<br><b>Occupation</b><br>Attorney<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00                        | <b>Date (month, day, year)</b><br>10/06/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>James Allen<br>220 Washington Drive<br>Watchung, NJ 07060-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)    | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Retired<br><b>Aggregate Year-to-Date -&gt;</b> 200.00                            | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>200.00   |
| <b>G. Full Name, Mailing Address and Zip Code</b><br>Martha Allman<br>23 Balsam Parkway<br>Sparta, NJ 07871-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)       | <b>Name of Employer</b><br>BAJF Corp.<br><b>Occupation</b><br>VP & Counsel<br><b>Aggregate Year-to-Date -&gt;</b> 200.00                | <b>Date (month, day, year)</b><br>10/06/2000 | <b>Amount of Each Receipt this Period</b><br>100.00   |

SUBTOTAL of Receipts This Page (optional)

2,125.00

TOTAL This Period (last page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
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Detailed Summary PagePAGE 3 OF 135  
FOR LINE NUMBER  
11(a)(i)

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## NAME OF COMMITTEE (in full)

Bob Franks for U.S. Senate, Inc.

|                                                                                                                                                                                                                                                                  |                                                                                                                                            |                                              |                                                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>Frank Allocca<br>92 Hampton House Road<br>Newton, NJ 07860-<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)        | <b>Name of Employer</b><br>Inter-car, Inc<br><b>Occupation</b><br>Auto Dealer<br><b>Aggregate Year-to-Date -&gt;</b> 2,000.00              | <b>Date (month, day, year)</b><br>10/13/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>John Alisopp<br>4 Morgan Court<br>Morristown, NJ 07960-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)            | <b>Name of Employer</b><br>Alisopp & Co.<br><b>Occupation</b><br>Insurance<br><b>Aggregate Year-to-Date -&gt;</b> 250.00                   | <b>Date (month, day, year)</b><br>10/10/2000 | <b>Amount of Each Receipt this Period</b><br>250.00   |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>James Altieri<br>249 Oak Ridge Avenue<br>Summit, NJ 07901-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)         | <b>Name of Employer</b><br>Drinker Biddle<br><b>Occupation</b><br>Attorney<br><b>Aggregate Year-to-Date -&gt;</b> 500.00                   | <b>Date (month, day, year)</b><br>10/16/2000 | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>Jehamoni Ambrose<br>245 Rt 206<br>Somerville, NJ 08876-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)            | <b>Name of Employer</b><br>self<br><b>Occupation</b><br>Doctor<br><b>Aggregate Year-to-Date -&gt;</b> 250.00                               | <b>Date (month, day, year)</b><br>10/06/2000 | <b>Amount of Each Receipt this Period</b><br>250.00   |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>Michael Ambrosio<br>69 Lincoln Ave.<br>Highland Park, NJ 08904-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)    | <b>Name of Employer</b><br>Deloitte & Touche<br>Consulting G<br><b>Occupation</b><br>Partner<br><b>Aggregate Year-to-Date -&gt;</b> 250.00 | <b>Date (month, day, year)</b><br>10/16/2000 | <b>Amount of Each Receipt this Period</b><br>250.00   |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>Armando Amorim<br>31 Ten Eyck Place<br>Edison, NJ 08820-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)           | <b>Name of Employer</b><br>A-Tech Concrete<br><b>Occupation</b><br>Contractor<br><b>Aggregate Year-to-Date -&gt;</b> 500.00                | <b>Date (month, day, year)</b><br>10/06/2000 | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>G. Full Name, Mailing Address and Zip Code</b><br>Bruce Anderson<br>813 Minsi Trail<br>Franklin Lakes, NJ 07417-2214<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>WCA MGT<br><b>Occupation</b><br>Banker<br><b>Aggregate Year-to-Date -&gt;</b> 500.00                            | <b>Date (month, day, year)</b><br>10/17/2000 | <b>Amount of Each Receipt this Period</b><br>500.00   |

SUBTOTAL of Receipts This Page (optional)

3,250.00

TOTAL This Period (last page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
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Detailed Summary PagePAGE 4 OF 135  
FOR LINE NUMBER  
11(a) (1)

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## NAME OF COMMITTEE (In Full)

Bob Franks for U.S. Senate, Inc.

|                                                                                                                                                                                                                                                                             |                                                                                                                                  |                                              |                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-----------------------------------------------------|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>Robert D. Anderson<br>94 Ridge Road<br>Rumson, NJ 07760-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)               | <b>Name of Employer</b><br>McCarter English<br><b>Occupation</b><br>Attorney<br><b>Aggregate Year-to-Date -&gt;</b> 200.00       | <b>Date (month, day, year)</b><br>10/12/2000 | <b>Amount of Each Receipt this Period</b><br>200.00 |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>John Andrews<br>551 Revere Avenue<br>Westmont, IL 60559-1250<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)           | <b>Name of Employer</b><br>Motor Coach Industries<br><b>Occupation</b><br>V.P.<br><b>Aggregate Year-to-Date -&gt;</b> 250.00     | <b>Date (month, day, year)</b><br>10/18/2000 | <b>Amount of Each Receipt this Period</b><br>250.00 |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>Susan Appelget<br>215 South Mill Road<br>Princeton Junction, NJ 08550-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>West Windsor Twp.<br><b>Occupation</b><br>Administrator<br><b>Aggregate Year-to-Date -&gt;</b> 375.00 | <b>Date (month, day, year)</b><br>10/18/2000 | <b>Amount of Each Receipt this Period</b><br>125.00 |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>David Apy<br>90 Little Silver Pt Rd<br>Little Silver, NJ 07739-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)        | <b>Name of Employer</b><br>McCarter English<br><b>Occupation</b><br>Attorney<br><b>Aggregate Year-to-Date -&gt;</b> 200.00       | <b>Date (month, day, year)</b><br>10/10/2000 | <b>Amount of Each Receipt this Period</b><br>200.00 |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>Alexander C. Archimedes<br>10 McKay Drive<br>Bridgewater, NJ 08807-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)    | <b>Name of Employer</b><br>Parkway Insurance<br><b>Occupation</b><br>Insurance<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00   | <b>Date (month, day, year)</b><br>10/10/2000 | <b>Amount of Each Receipt this Period</b><br>500.00 |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>Robert Ardis<br>1038 Ledgewood Road<br>Mountainside, NJ 07092-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)         | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Retired<br><b>Aggregate Year-to-Date -&gt;</b> 400.00                     | <b>Date (month, day, year)</b><br>10/06/2000 | <b>Amount of Each Receipt this Period</b><br>100.00 |
| <b>G. Full Name, Mailing Address and Zip Code</b><br>Robert Ardis<br>1038 Ledgewood Road<br>Mountainside, NJ 07092-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)         | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Retired<br><b>Aggregate Year-to-Date -&gt;</b> 500.00                     | <b>Date (month, day, year)</b><br>10/17/2000 | <b>Amount of Each Receipt this Period</b><br>100.00 |

SUBTOTAL of Receipts This Page (optional)

1,475.00

TOTAL This Period (last page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary PagePAGE 5 OF 135  
FOR LINE NUMBER  
11(a) (i)

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## NAME OF COMMITTEE (In Full)

Bob Franks for U.S. Senate, Inc.

|                                                                                                                                                                                                                                                                        |                                                                                                                                           |                                              |                                                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>Annabel Arena<br>220 Broadway<br>Hammonton, NJ 08037-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                    | <b>Name of Employer</b><br>Frank Donio, Inc.<br><b>Occupation</b><br>Executive<br><b>Aggregate Year-to-Date -&gt;</b> 250.00              | <b>Date (month, day, year)</b><br>10/16/2000 | <b>Amount of Each Receipt this Period</b><br>250.00   |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>Richard Arnesman<br>115-206 Hilltop Road<br>Kinnelon, NJ 07405-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)          | <b>Name of Employer</b><br>Professional Security Bureau<br><b>Occupation</b><br>Executive<br><b>Aggregate Year-to-Date -&gt;</b> 1,250.00 | <b>Date (month, day, year)</b><br>10/12/2000 | <b>Amount of Each Receipt this Period</b><br>250.00   |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>A.R. Arrighi<br>1774 Colgate Place<br>Union, NJ 07083-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                   | <b>Name of Employer</b><br>self<br><b>Occupation</b><br>Real estate<br><b>Aggregate Year-to-Date -&gt;</b> 300.00                         | <b>Date (month, day, year)</b><br>10/10/2000 | <b>Amount of Each Receipt this Period</b><br>300.00   |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>Bill Aadal<br>Aadal Properties, LLC<br>76 Route 34<br>Chester, NJ 07930-<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>self<br><b>Occupation</b><br>Builder<br><b>Aggregate Year-to-Date -&gt;</b> 200.00                             | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>200.00   |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>Robert Asher<br>80 Wambold Road<br>Souderton, PA 18964-<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                  | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Retired<br><b>Aggregate Year-to-Date -&gt;</b> 2,000.00                            | <b>Date (month, day, year)</b><br>10/06/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>Robert Atkinson<br>79 Laurel Drive<br>New Providence, NJ 07974-2419<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)      | <b>Name of Employer</b><br>Columbia University<br><b>Occupation</b><br>Executive Director<br><b>Aggregate Year-to-Date -&gt;</b> 200.00   | <b>Date (month, day, year)</b><br>10/17/2000 | <b>Amount of Each Receipt this Period</b><br>200.00   |
| <b>G. Full Name, Mailing Address and Zip Code</b><br>Paul A. Sabineau<br>467 Brookside Place<br>Cranford, NJ 07016-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)           | <b>Name of Employer</b><br>Wilentz, Goldman & Spitzer<br><b>Occupation</b><br>Attorney<br><b>Aggregate Year-to-Date -&gt;</b> 250.00      | <b>Date (month, day, year)</b><br>10/16/2000 | <b>Amount of Each Receipt this Period</b><br>250.00   |

SUBTOTAL of Receipts This Page (optional)

2,450.00

TOTAL This Period (last page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the detailed January page

 PAGE 6 OF 135  
 FOR LINE NUMBER 11(a)(i)

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## NAME OF COMMITTEE (In full)

Bob Franks for U.S. Senate, Inc.

|                                                                                                                                                                                                                                                                       |                                                                                                                                        |                                              |                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>Bachstadt Tavern<br>Bray Avenue<br>Middletown, NJ 07748-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)         | <b>Name of Employer</b><br>Bachstadt Tavern<br><b>Occupation</b><br>Owner<br><b>Aggregate Year-to-Date -&gt;</b> 250.00                | <b>Date (month, day, year)</b><br>10/16/2000 | <b>Amount of Each Receipt this Period</b><br>250.00   |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>Jeffrey Bader<br>81 Blueberry Drive<br>Woodcliff Lake, NJ 07675-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>Golden Carrier<br><b>Occupation</b><br>Sales Representative<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00 | <b>Date (month, day, year)</b><br>10/16/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>Richard H. Bagger<br>913 Stevens Avenue<br>Westfield, NJ 07090-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)  | <b>Name of Employer</b><br>Pfizer Corp.<br><b>Occupation</b><br>Executive<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00              | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>Susan Bagley<br>6 Bent Twig Lane<br>Trenton, NJ 08638-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)           | <b>Name of Employer</b><br>Dept. of Treasury<br><b>Occupation</b><br>Manager<br><b>Aggregate Year-to-Date -&gt;</b> 275.00             | <b>Date (month, day, year)</b><br>10/17/2000 | <b>Amount of Each Receipt this Period</b><br>125.00   |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>Anthony Baiamonte<br>15 Haines Cove Dr.<br>Toms River, NJ 08753-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>Self Employed<br><b>Occupation</b><br>Restaurateur<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00          | <b>Date (month, day, year)</b><br>10/16/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>Anthony Baiamonte<br>9 Sandy Point Dr.<br>Brick, NJ 08723-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)       | <b>Name of Employer</b><br>Self Employed<br><b>Occupation</b><br>Attorney<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00              | <b>Date (month, day, year)</b><br>10/16/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>G. Full Name, Mailing Address and Zip Code</b><br>L.M. Baker<br>2034 Buena Vista Road<br>Winston Salem, NC 27104-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)  | <b>Name of Employer</b><br>Wachovia Corp.<br><b>Occupation</b><br>Chairman<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00             | <b>Date (month, day, year)</b><br>10/18/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |

SUBTOTAL of Receipts This Page (optional)

5,375.00

TOTAL This Period (last page this line number only)



## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
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Detailed Summary Page

PAGE 7 OF 135

FOR LINE NUMBER

11(a)(1)

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## NAME OF COMMITTEE (In Full)

Bob Franks for U.S. Senate, Inc.

|                                                                                                                                                                                                                                                                   |                                                                                                                                                |                                              |                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>Ted H. Baker<br>14 Pembroke Road<br>Chatham, NJ 07928-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)              | <b>Name of Employer</b><br>Vershing Division of DLG<br><b>Occupation</b><br>Managing Director<br><b>Aggregate Year-to-Date --&gt;</b> 1,000.00 | <b>Date (month, day, year)</b><br>10/16/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>Louis Baldanza<br>194 Kinderkamack Rd<br>Park Ridge, NJ 07656-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)      | <b>Name of Employer</b><br>Baldanza Construction<br><b>Occupation</b><br>Home Builder<br><b>Aggregate Year-to-Date --&gt;</b> 200.00           | <b>Date (month, day, year)</b><br>10/13/2000 | <b>Amount of Each Receipt this Period</b><br>200.00   |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>James Baidino<br>20 Vanderhoof Avenue<br>Rockaway, NJ 07866-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)        | <b>Name of Employer</b><br>Tri-Con Construction Co., Inc.<br><b>Occupation</b><br>President<br><b>Aggregate Year-to-Date --&gt;</b> 300.00     | <b>Date (month, day, year)</b><br>10/12/2000 | <b>Amount of Each Receipt this Period</b><br>100.00   |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>Harry Barbee<br>17 Sheraton Lane<br>Rumson, NJ 07760-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)               | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Retired<br><b>Aggregate Year-to-Date --&gt;</b> 200.00                                  | <b>Date (month, day, year)</b><br>10/17/2000 | <b>Amount of Each Receipt this Period</b><br>200.00   |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>Meri I. Barber<br>625 Westfield Ave.<br>Westfield, NJ 07090-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)        | <b>Name of Employer</b><br>Colgene<br><b>Occupation</b><br>President<br><b>Aggregate Year-to-Date --&gt;</b> 200.00                            | <b>Date (month, day, year)</b><br>10/06/2000 | <b>Amount of Each Receipt this Period</b><br>200.00   |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>Edward Barlow<br>725 Stonehouse Rd<br>Moorestown, NJ 08057-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)         | <b>Name of Employer</b><br>self<br><b>Occupation</b><br>Car Dealer<br><b>Aggregate Year-to-Date --&gt;</b> 500.00                              | <b>Date (month, day, year)</b><br>10/12/2000 | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>G. Full Name, Mailing Address and Zip Code</b><br>Richard Barnett<br>3725 Washington Avenue<br>Chevy Chase, MD 20815-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>Researching<br><b>Occupation</b><br>Researching<br><b>Aggregate Year-to-Date --&gt;</b> 500.00                      | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>500.00   |

SUBTOTAL of Receipts This Page (optional)

2,700.00

TOTAL This Period (last page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
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Detailed Summary PagePAGE 9 OF 135  
FOR LINE NUMBER  
11 (a) (1)

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## NAME OF COMMITTEE (In Full)

Bob Franks for U.S. Senate, Inc.

|                                                                                                                                                                                                                                                                      |                                                                                                                                   |                                              |                                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>Allen Barnhardt<br>320 So. Harrison St. # 5H<br>East Orange, NJ 07018-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>Orange Township<br><b>Occupation</b><br>Councilman<br><b>Aggregate Year-to-Date -&gt;</b> 250.00       | <b>Date (month, day, year)</b><br>10/06/2000 | <b>Amount of Each Receipt this Period</b><br>250.00   |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>Alvin Barr<br>42 Malvern Drive<br>Clark, NJ 07066-1808<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                 | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Retired<br><b>Aggregate Year-to-Date -&gt;</b> 185.00                      | <b>Date (month, day, year)</b><br>10/06/2000 | <b>Amount of Each Receipt this Period</b><br>50.00    |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>Alvin Barr<br>42 Malvern Drive<br>Clark, NJ 07066-1808<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                 | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Retired<br><b>Aggregate Year-to-Date -&gt;</b> 235.00                      | <b>Date (month, day, year)</b><br>10/16/2000 | <b>Amount of Each Receipt this Period</b><br>50.00    |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>Susan Barr<br>69 Fairview Rd<br>Clark, NJ 07066-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                       | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Homemaker<br><b>Aggregate Year-to-Date -&gt;</b> 250.00                    | <b>Date (month, day, year)</b><br>10/17/2000 | <b>Amount of Each Receipt this Period</b><br>250.00   |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>Fred Barre<br>256 Sheffield Street<br>Mountainside, NJ 07092-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)          | <b>Name of Employer</b><br>The Barre Co. Inc.<br><b>Occupation</b><br>President/CEO<br><b>Aggregate Year-to-Date -&gt;</b> 200.00 | <b>Date (month, day, year)</b><br>10/06/2000 | <b>Amount of Each Receipt this Period</b><br>100.00   |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>Arthur Barron<br>400 Jeffries Ave<br>Beach Haven, NJ 08008-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)            | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Retired<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00                    | <b>Date (month, day, year)</b><br>10/10/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>G. Full Name, Mailing Address and Zip Code</b><br>Eugene Bauer<br>5 Carteret<br>Madison, NJ 07940-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                       | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Retired<br><b>Aggregate Year-to-Date -&gt;</b> 500.00                      | <b>Date (month, day, year)</b><br>10/12/2000 | <b>Amount of Each Receipt this Period</b><br>500.00   |

SUBTOTAL of Receipts This Page (optional)

2,200.00

TOTAL This Period (last page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

See separate schedule(s)  
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Detailed Summary PagePAGE 9 OF 135  
FOR LINE NUMBER  
11 (a) (1)

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## NAME OF COMMITTEE (In Full)

Bob Franks for U.S. Senate, Inc.

|                                                                                                                                                                                                                                                                   |                                                                                                                                           |                                                                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>George Beausoleil<br>9 Worcester Drive<br>Wayne, NJ 07470-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)          | <b>Name of Employer</b><br>Researching<br><b>Occupation</b><br>Researching<br><b>Aggregate Year-to-Date -&gt;</b> 250.00                  | <b>Date (month, day, year)</b><br>10/17/2000<br><b>Amount of Each Receipt this Period</b><br>250.00   |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>Kenneth Becker<br>120 Brookvalley Road<br>Greenville, DE 19807-2004<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>Salomon Smith Barney<br><b>Occupation</b><br>Investment Banker<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00 | <b>Date (month, day, year)</b><br>10/11/2000<br><b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>Ruth Grey Bedford<br>232 Highfield Lane<br>Nutley, NJ 07110-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)        | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Retired<br><b>Aggregate Year-to-Date -&gt;</b> 1,100.00                            | <b>Date (month, day, year)</b><br>10/18/2000<br><b>Amount of Each Receipt this Period</b><br>900.00   |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>Louis Bellafonte<br>7 White Birch Ct.<br>Branchburg, NJ 08875-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)      | <b>Name of Employer</b><br>Mercator<br><b>Occupation</b><br>Sales<br><b>Aggregate Year-to-Date -&gt;</b> 500.00                           | <b>Date (month, day, year)</b><br>10/11/2000<br><b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>David Benchush<br>62 Deepdale Drive<br>Berkeley Heights, NJ 07922-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)  | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Retired<br><b>Aggregate Year-to-Date -&gt;</b> 250.00                              | <b>Date (month, day, year)</b><br>10/17/2000<br><b>Amount of Each Receipt this Period</b><br>250.00   |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>Arlene Benigno<br>Long Valley, NJ 07953-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                            | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Homemaker<br><b>Aggregate Year-to-Date -&gt;</b> 200.00                            | <b>Date (month, day, year)</b><br>10/10/2000<br><b>Amount of Each Receipt this Period</b><br>200.00   |
| <b>G. Full Name, Mailing Address and Zip Code</b><br>Walter Benjamin<br>4 King Ct<br>Manalapan, NJ 07726-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                | <b>Name of Employer</b><br>NYU Med Ctr<br><b>Occupation</b><br>management<br><b>Aggregate Year-to-Date -&gt;</b> 200.00                   | <b>Date (month, day, year)</b><br>10/17/2000<br><b>Amount of Each Receipt this Period</b><br>200.00   |

SUBTOTAL of Receipts This Page [optional]

3,300.00

TOTAL This Period (last page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
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Detailed Summary PagePAGE 10 OF 135  
FOR LINE NUMBER  
11(a) (1)

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## NAME OF COMMITTEE (In Full)

Bob Franks for U.S. Senate, Inc.

|                                                                                                                                                                                                                                                                               |                                                                                                                                        |                                              |                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-----------------------------------------------------|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>George Benninger<br>269 Apple Tree Lane<br>Mountainside, NJ 07092-1740<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   | <b>Name of Employer</b><br>self<br><br><b>Occupation</b><br>Attorney<br><br><b>Aggregate Year-to-Date -&gt;</b> 500.00                 | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>500.00 |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>Richard Benson<br>95 River Road<br>P O Box 891<br>Hoboken, NJ 07030-0891<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>self<br><br><b>Occupation</b><br>Computer/Internet<br><br><b>Aggregate Year-to-Date -&gt;</b> 500.00        | <b>Date (month, day, year)</b><br>10/15/2000 | <b>Amount of Each Receipt this Period</b><br>500.00 |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>Michael Bercik<br>711 Westminster Avenue<br>Elizabeth, NJ 07209-<br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)         | <b>Name of Employer</b><br>Self-Employed<br><br><b>Occupation</b><br>Physician<br><br><b>Aggregate Year-to-Date -&gt;</b> 2,000.00     | <b>Date (month, day, year)</b><br>10/13/2000 | <b>Amount of Each Receipt this Period</b><br>500.00 |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>Raphael Beresford<br>135 Forest Dr.<br>Short Hills, NJ 07078-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)            | <b>Name of Employer</b><br>N/A<br><br><b>Occupation</b><br>Retired<br><br><b>Aggregate Year-to-Date -&gt;</b> 200.00                   | <b>Date (month, day, year)</b><br>10/06/2000 | <b>Amount of Each Receipt this Period</b><br>100.00 |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>Leslie Berich<br>15 Alexander Drive<br>Red Bank, NJ 07701-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)               | <b>Name of Employer</b><br>Berich & Berich<br><br><b>Occupation</b><br>Attorney<br><br><b>Aggregate Year-to-Date -&gt;</b> 375.00      | <b>Date (month, day, year)</b><br>10/17/2000 | <b>Amount of Each Receipt this Period</b><br>125.00 |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>William Berkowitz<br>1521 Wales Ave.<br>Baldwin, NY 11510-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)               | <b>Name of Employer</b><br>Foster Wheeler<br><br><b>Occupation</b><br>Executive<br><br><b>Aggregate Year-to-Date -&gt;</b> 500.00      | <b>Date (month, day, year)</b><br>10/10/2000 | <b>Amount of Each Receipt this Period</b><br>500.00 |
| <b>G. Full Name, Mailing Address and Zip Code</b><br>Mitchell Berman<br>13 Calumet Avenue<br>Hastings On Hudson, NY 10706-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)    | <b>Name of Employer</b><br>Columbia University<br><br><b>Occupation</b><br>Physician<br><br><b>Aggregate Year-to-Date -&gt;</b> 400.00 | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>400.00 |

SUBTOTAL of Receipts This Page (optional)

2,625.00

TOTAL This Period (last page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

See separate schedule (a)  
for each category of the  
Receipted Summary pagePAGE 11 OF 135  
FOR LINE NUMBER  
11(a) (1)

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)

Bob Franks for U.S. Senate, Inc.

|                                                                                                                                                                                                                                                                             |                                                                                                                                           |                                              |                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>Thomas Barry<br>33 Inwood Circle<br>Chatham, NJ 07928-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                 | <b>Name of Employer</b><br>Goldman Sachs<br><b>Occupation</b><br>Executive<br><b>Aggregate Year-to-Date -&gt;</b> 200.00                  | <b>Date (month, day, year)</b><br>10/06/2000 | <b>Amount of Each Receipt this Period</b><br>200.00   |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>Philip Besler<br>2 Britt Court<br>Princeton Junction, NJ 08550-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)        | <b>Name of Employer</b><br>Professional Security Bureau<br><b>Occupation</b><br>Executive<br><b>Aggregate Year-to-Date -&gt;</b> 2,000.00 | <b>Date (month, day, year)</b><br>10/17/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>Richard Billera<br>44 Pippins Way<br>Morristown, NJ 07960-6974<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)         | <b>Name of Employer</b><br>Deutsche Bank<br><b>Occupation</b><br>Financial Advisor<br><b>Aggregate Year-to-Date -&gt;</b> 500.00          | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>200.00   |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>Lynn Bischo<br>19 Stony Brook Rd<br>Somerville, NJ 08876-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)              | <b>Name of Employer</b><br>self<br><b>Occupation</b><br>Psychologist<br><b>Aggregate Year-to-Date -&gt;</b> 200.00                        | <b>Date (month, day, year)</b><br>10/12/2000 | <b>Amount of Each Receipt this Period</b><br>200.00   |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>G Bishop<br>166 Wilson Road<br>Princeton, NJ 08540-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                    | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Retired<br><b>Aggregate Year-to-Date -&gt;</b> 200.00                              | <b>Date (month, day, year)</b><br>10/10/2000 | <b>Amount of Each Receipt this Period</b><br>100.00   |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>Courtney Blondel<br>39 E. 79th Street<br>14 A.<br>New York, NY 10021-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)  | <b>Name of Employer</b><br>Goldman Sachs<br><b>Occupation</b><br>Investment Banker<br><b>Aggregate Year-to-Date -&gt;</b> 2,000.00        | <b>Date (month, day, year)</b><br>10/16/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>G. Full Name, Mailing Address and Zip Code</b><br>John Blondel<br>39 East 79th Street<br>#14A<br>New York, NY 10021-0216<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>Goldman Sachs<br><b>Occupation</b><br>Investment Banker<br><b>Aggregate Year-to-Date -&gt;</b> 2,000.00        | <b>Date (month, day, year)</b><br>10/16/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |

SUBTOTAL of Receipts This Page (optional)

3,700.00

TOTAL This Period (last page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule  
for each category of the  
Detailed Summary Page

|                 |    |    |     |
|-----------------|----|----|-----|
| PAGE            | 12 | OF | 135 |
| FOR LINE NUMBER |    |    |     |
| 11(a) (i)       |    |    |     |

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## NAME OF COMMITTEE (in full)

Bob Franks for U.S. Senate, Inc.

|                                                                                                                                                                                                                                                                         |                                                                                                                                           |                                              |                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-----------------------------------------------------|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>Sara Bober<br>27 Oxbow Lane<br>Summit, NJ 07901-2203<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                      | <b>Name of Employer</b><br>self<br><b>Occupation</b><br>Teacher<br><b>Aggregate Year-to-Date -&gt;</b> 200.00                             | <b>Date (month, day, year)</b><br>10/10/2000 | <b>Amount of Each Receipt this Period</b><br>200.00 |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>David A. Bockorny<br>1101-16th Street, Suite 500<br>Washington, DC 20036-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>Berger Bockorny, Inc<br><b>Occupation</b><br>Consultant<br><b>Aggregate Year-to-Date -&gt;</b> 250.00          | <b>Date (month, day, year)</b><br>10/16/2000 | <b>Amount of Each Receipt this Period</b><br>250.00 |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>Norreen Bowman<br>Assecon, NJ 08201-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                      | <b>Name of Employer</b><br>State of NJ<br><b>Occupation</b><br>Director of Travel & Tourism<br><b>Aggregate Year-to-Date -&gt;</b> 250.00 | <b>Date (month, day, year)</b><br>10/17/2000 | <b>Amount of Each Receipt this Period</b><br>250.00 |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>Thomas Bogan<br>41 Windermere Terrace<br>Short Hills, NJ 07078-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)           | <b>Name of Employer</b><br>Princeton University<br><b>Occupation</b><br>Professor<br><b>Aggregate Year-to-Date -&gt;</b> 450.00           | <b>Date (month, day, year)</b><br>10/06/2000 | <b>Amount of Each Receipt this Period</b><br>100.00 |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>Barbara Bognar<br>23 Norton Road<br>Monmouth Junction, NJ 08852-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)          | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Homemaker<br><b>Aggregate Year-to-Date -&gt;</b> 200.00                            | <b>Date (month, day, year)</b><br>10/12/2000 | <b>Amount of Each Receipt this Period</b><br>100.00 |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>Alan Bolles<br>1122 Hillside Avenue<br>Plainfield, NJ 07060-3307<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)          | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Retired<br><b>Aggregate Year-to-Date -&gt;</b> 600.00                              | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>100.00 |
| <b>G. Full Name, Mailing Address and Zip Code</b><br>George Bollinger, Sr.<br>248 Summit Avenue<br>Summit, NJ 07901-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)           | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Retired<br><b>Aggregate Year-to-Date -&gt;</b> 325.00                              | <b>Date (month, day, year)</b><br>10/12/2000 | <b>Amount of Each Receipt this Period</b><br>25.00  |

SUBTOTAL of Receipts This Page (optional)

1,025.00

TOTAL This Period (last page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

See separate schedule(s)  
for each category of the  
Detailed Summary PagePAGE 13 OF 135  
FOR LINE NUMBER  
11 (a) (1)

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NAME OF COMMITTEE (In Full)  
Bob Franks for U.S. Senate, Inc.

|                                                                                                                                                                                                                                                                       |                                                                                                                                           |                                              |                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-----------------------------------------------------|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>Thomas Bonarino<br>107 West Tryon Avenue<br>Teaneck, NJ 07666-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)          | <b>Name of Employer</b><br>Bonanno Bros<br>Construction<br><b>Occupation</b><br>Owner<br><b>Aggregate Year-to-Date -&gt;</b> 750.00       | <b>Date (month, day, year)</b><br>10/18/2000 | <b>Amount of Each Receipt this Period</b><br>250.00 |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>Paul Bontempo<br>51 Mount Kemble Ave.<br># 303<br>Morristown, NJ 07960-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>Martin Bontempo<br>Associates<br><b>Occupation</b><br>Consultant<br><b>Aggregate Year-to-Date -&gt;</b> 300.00 | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>100.00 |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>Gaile Boothe<br>6 Hawthorne Drive<br>Westfield, NJ 07090-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)               | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Retired<br><b>Aggregate Year-to-Date -&gt;</b> 400.00                              | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>50.00  |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>Gaile Boothe<br>6 Hawthorne Drive<br>Westfield, NJ 07090-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)               | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Retired<br><b>Aggregate Year-to-Date -&gt;</b> 500.00                              | <b>Date (month, day, year)</b><br>10/13/2000 | <b>Amount of Each Receipt this Period</b><br>100.00 |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>George Bork, III<br>PO Box 184<br>Hampton, NJ 08827-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                    | <b>Name of Employer</b><br>Researching<br><b>Occupation</b><br>Researching<br><b>Aggregate Year-to-Date -&gt;</b> 200.00                  | <b>Date (month, day, year)</b><br>10/17/2000 | <b>Amount of Each Receipt this Period</b><br>200.00 |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>Dominic Bossons<br>713 Howell Drive<br>Brielle, NJ 08730-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)               | <b>Name of Employer</b><br>Squan Tavern<br><b>Occupation</b><br>Owner<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00                     | <b>Date (month, day, year)</b><br>10/06/2000 | <b>Amount of Each Receipt this Period</b><br>250.00 |
| <b>G. Full Name, Mailing Address and Zip Code</b><br>John Boustead<br>547 Eastgate Road<br>Ho Ho Kus, NJ 07423-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)              | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Retired<br><b>Aggregate Year-to-Date -&gt;</b> 250.00                              | <b>Date (month, day, year)</b><br>10/16/2000 | <b>Amount of Each Receipt this Period</b><br>50.00  |

SUBTOTAL of Receipts This Page (optional)

1,000.00

TOTAL This Period (last page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

See separate schedule(s)  
for each category of the  
Detailed Summary PagePAGE 14 OF 135  
FOR LINE NUMBER  
11(a) (i)

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## NAME OF COMMITTEE (In Full)

Bob Franks for U.S. Senate, Inc.

|                                                                                                                                                                                                                                                                     |                                                                                                                                       |                                              |                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>Ralph Bove<br>166 Bloomfield Ave<br>Verona, NJ 07044-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)          | <b>Name of Employer</b><br>R. Vincent Bove, Inc<br><b>Occupation</b><br>Owner<br><b>Aggregate Year-to-Date -&gt;</b> 500.00           | <b>Date (month, day, year)</b><br>10/12/2000 | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>Diana Bowen<br>46 Magnolia Court<br>Lawrenceville, NJ 08648-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   | <b>Name of Employer</b><br>State of NJ<br><b>Occupation</b><br>Attorney<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00               | <b>Date (month, day, year)</b><br>10/16/2000 | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>Linda Bowker<br>376 Inverness Court<br>Mount Laurel, NJ 08054-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>State of New Jersey<br><b>Occupation</b><br>Director<br><b>Aggregate Year-to-Date -&gt;</b> 275.00         | <b>Date (month, day, year)</b><br>10/16/2000 | <b>Amount of Each Receipt this Period</b><br>125.00   |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>Steven Brawer<br>42 Green Place<br>North Caldwell, NJ 07006-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   | <b>Name of Employer</b><br>Lowenstein, Sandler, Kohl<br><b>Occupation</b><br>Attorney<br><b>Aggregate Year-to-Date -&gt;</b> 1,250.00 | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>Georgene Brazer<br>PO Box 527<br>Lebanon, NJ 08833-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)            | <b>Name of Employer</b><br>self<br><b>Occupation</b><br>public relations - consultant<br><b>Aggregate Year-to-Date -&gt;</b> 250.00   | <b>Date (month, day, year)</b><br>10/17/2000 | <b>Amount of Each Receipt this Period</b><br>250.00   |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>Joseph Brennan<br>203 Bridgeboro Road<br>Moorestown, NJ 08057-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>AVS<br><b>Occupation</b><br>CEO<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00                            | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>G. Full Name, Mailing Address and Zip Code</b><br>Stephen Brenner<br>HHO Old Hook Road<br>Emerson, NJ 07630-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)     | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Physician<br><b>Aggregate Year-to-Date -&gt;</b> 500.00                        | <b>Date (month, day, year)</b><br>10/17/2000 | <b>Amount of Each Receipt this Period</b><br>500.00   |

SUBTOTAL of Receipts This Page (optional)

3,375.00

TOTAL This Period (last page this line number only)



## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary PagePAGE 15 OF 135  
FOR LINE NUMBER  
11(a)(i)

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## NAME OF COMMITTEE (In Full)

Bob Franks for U.S. Senate, Inc.

|                                                                                                                                                                                                                                                               |                                                                                                                                    |                                              |                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>Peter Breyer<br>16 Windsor Ct.<br>Somerset, NJ 08873-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)           | <b>Name of Employer</b><br>Urban Health Inst<br><b>Occupation</b><br>Health Planning<br><b>Aggregate Year-to-Date -&gt;</b> 150.00 | <b>Date (month, day, year)</b><br>10/10/2000 | <b>Amount of Each Receipt this Period</b><br>50.00    |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>Peter Breyer<br>16 Windsor Ct.<br>Somerset, NJ 08873-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)           | <b>Name of Employer</b><br>Urban Health Inst<br><b>Occupation</b><br>Health Planning<br><b>Aggregate Year-to-Date -&gt;</b> 200.00 | <b>Date (month, day, year)</b><br>10/12/2000 | <b>Amount of Each Receipt this Period</b><br>50.00    |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>Emerson Bridgel<br>80 Mendenhall Drive<br>Glen Mills, PA 19342-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>self<br><b>Occupation</b><br>Consultant<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00                 | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>Sanford A. Bristol<br>73 Blackburn Place<br>Summit, NJ 07901-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   | <b>Name of Employer</b><br>Self Employed<br><b>Occupation</b><br>Consultant<br><b>Aggregate Year-to-Date -&gt;</b> 250.00          | <b>Date (month, day, year)</b><br>10/10/2000 | <b>Amount of Each Receipt this Period</b><br>200.00   |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>Kay Britton<br>23 Merrywood Lane<br>Short Hills, NJ 07078-8222<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)  | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Homemaker<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00                   | <b>Date (month, day, year)</b><br>10/13/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>William Britton<br>22 Merrywood Lane<br>Short Hills, NJ 07078-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)  | <b>Name of Employer</b><br>Chase Manhattan<br><b>Occupation</b><br>Executive<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00       | <b>Date (month, day, year)</b><br>10/13/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>G. Full Name, Mailing Address and Zip Code</b><br>Elizabeth Brown<br>138 Westcott Rd<br>Princeton, NJ 08540-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)      | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Homemaker<br><b>Aggregate Year-to-Date -&gt;</b> 300.00                     | <b>Date (month, day, year)</b><br>10/18/2000 | <b>Amount of Each Receipt this Period</b><br>100.00   |

SUBTOTAL of Receipts This Page (optional)

3,400.00

TOTAL This Period (last page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
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Detailed Summary PagePAGE 16 OF 135  
FOR LINE NUMBER  
11(a) (i)

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## NAME OF COMMITTEE (in full)

Bob Franks for U.S. Senate, Inc.

|                                                                                                                                                                                                                                                                      |                                                                                                                                          |                                              |                                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>Robert Brown<br>12 Rosewood Court<br>Princeton Junction, NJ 08550-1837<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>Health Products Research<br><b>Occupation</b><br>CEO<br><b>Aggregate Year-to-Date -&gt;</b> 1,250.00          | <b>Date (month, day, year)</b><br>10/17/2000 | <b>Amount of Each Receipt this Period</b><br>250.00   |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>Stanley Brown<br>7 Dellwood Avenue<br>Chatham, NJ 07928-1701<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)           | <b>Name of Employer</b><br>Brown Global Enterprises LLC<br><b>Occupation</b><br>Chairman<br><b>Aggregate Year-to-Date -&gt;</b> 1,900.00 | <b>Date (month, day, year)</b><br>10/16/2000 | <b>Amount of Each Receipt this Period</b><br>900.00   |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>Walter H. Brown<br>29 Crescent Road<br>Madison, NJ 07940-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)              | <b>Name of Employer</b><br>Brown Brothers Harriman & Co<br><b>Occupation</b><br>Banker<br><b>Aggregate Year-to-Date -&gt;</b> 1,500.00   | <b>Date (month, day, year)</b><br>10/12/2000 | <b>Amount of Each Receipt this Period</b><br>250.00   |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>Laurie Brueckner<br>P.O. Box 1015<br>Bedminster, NJ 07921-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)             | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Homemaker<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00                         | <b>Date (month, day, year)</b><br>10/18/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>William Brunner<br>7 Mill St<br>Fairfield, NJ 07006-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                   | <b>Name of Employer</b><br>Brunner Cadillac<br><b>Occupation</b><br>Car Dealer<br><b>Aggregate Year-to-Date -&gt;</b> 500.00             | <b>Date (month, day, year)</b><br>10/12/2000 | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>Joseph Bubba, Jr.<br>492 Parish Dr<br>Wayne, NJ 07470-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                 | <b>Name of Employer</b><br>Self Employed<br><b>Occupation</b><br>Insurance<br><b>Aggregate Year-to-Date -&gt;</b> 500.00                 | <b>Date (month, day, year)</b><br>10/16/2000 | <b>Amount of Each Receipt this Period</b><br>250.00   |
| <b>G. Full Name, Mailing Address and Zip Code</b><br>Sara Buck<br>4535 Providence Line Road<br>Princeton, NJ 08540-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)         | <b>Name of Employer</b><br>TDH Capital Corporation<br><b>Occupation</b><br>Self Employed<br><b>Aggregate Year-to-Date -&gt;</b> 1,500.00 | <b>Date (month, day, year)</b><br>10/10/2000 | <b>Amount of Each Receipt this Period</b><br>500.00   |

SUBTOTAL of Receipts This Page (optional)

3,650.00

TOTAL This Period (last page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
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Detailed Summary PagePAGE 17 OF 135  
FOR LINE NUMBER  
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## NAME OF COMMITTEE (In Full)

Bob Franks for U.S. Senate, Inc.

|                                                                                                                                                                                                                                                                          |                                                                                                                           |                                              |                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>George Buckwald<br>35 St. Andrews Court<br>Lakewood, NJ 08701-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)      | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Retired<br><b>Aggregate Year-to-Date -&gt;</b> 950.00              | <b>Date (month, day, year)</b><br>10/10/2000 | <b>Amount of Each Receipt this Period</b><br>100.00   |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>George Buckwald<br>35 St. Andrews Court<br>Lakewood, NJ 08701-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)      | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Retired<br><b>Aggregate Year-to-Date -&gt;</b> 1,050.00            | <b>Date (month, day, year)</b><br>10/13/2000 | <b>Amount of Each Receipt this Period</b><br>100.00   |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>Catherine Bullock<br>18-A Maplewood Drive<br>Whiting, NJ 08759-2010<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Retired<br><b>Aggregate Year-to-Date -&gt;</b> 175.00              | <b>Date (month, day, year)</b><br>10/10/2000 | <b>Amount of Each Receipt this Period</b><br>75.00    |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>Catherine Bullock<br>18-A Maplewood Drive<br>Whiting, NJ 08759-2010<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Retired<br><b>Aggregate Year-to-Date -&gt;</b> 245.00              | <b>Date (month, day, year)</b><br>10/17/2000 | <b>Amount of Each Receipt this Period</b><br>70.00    |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>Ronald Burgin<br>660 Stagecoach Road<br>Palermo, NJ 08223-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)          | <b>Name of Employer</b><br>NJ Dept of Labor<br><b>Occupation</b><br>Manager<br><b>Aggregate Year-to-Date -&gt;</b> 225.00 | <b>Date (month, day, year)</b><br>10/13/2000 | <b>Amount of Each Receipt this Period</b><br>25.00    |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>Diane Burke<br>6 Constitution Hill<br>Princeton, NJ 08540-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)          | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Homemaker<br><b>Aggregate Year-to-Date -&gt;</b> 2,000.00          | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>G. Full Name, Mailing Address and Zip Code</b><br>Raymond Burke, III<br>4415 5th Ave<br>Avalon, NJ 08202-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)             | <b>Name of Employer</b><br>self<br><b>Occupation</b><br>Car Dealer<br><b>Aggregate Year-to-Date -&gt;</b> 500.00          | <b>Date (month, day, year)</b><br>10/12/2000 | <b>Amount of Each Receipt this Period</b><br>500.00   |

SUBTOTAL of Receipts This Page (optional)

1,870.00

TOTAL This Period (last page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedules;  
for each category of the  
Detailed Summary PagePAGE 18 OF 135  
FOR LINE NUMBER  
11(a) (1)

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## NAME OF COMMITTEE (In Full)

Bob Franks for U.S. Senate, Inc.

|                                                                                                                                                                                                                                                                     |                                                                                                                                       |                                              |                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>Gordon Burns<br>17 Meadow Lakes<br>Apt. 08-U<br>Hightstown, NJ 08520-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Retired<br><b>Aggregate Year-to-Date -&gt;</b> 170.00                          | <b>Date (month, day, year)</b><br>10/06/2000 | <b>Amount of Each Receipt this Period</b><br>35.00    |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>Gordon Burns<br>17 Meadow Lakes<br>Apt. 08-U<br>Hightstown, NJ 08520-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Retired<br><b>Aggregate Year-to-Date -&gt;</b> 205.00                          | <b>Date (month, day, year)</b><br>10/16/2000 | <b>Amount of Each Receipt this Period</b><br>35.00    |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>James Burns<br>320 South Street<br>Apt. 18 B<br>Morristown, NJ 07960-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>Telocity Technologies, Inc<br><b>Occupation</b><br>Scientist<br><b>Aggregate Year-to-Date -&gt;</b> 300.00 | <b>Date (month, day, year)</b><br>10/18/2000 | <b>Amount of Each Receipt this Period</b><br>300.00   |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>Frank W. Burr<br>48 S. Franklin Tpke<br>Ramsey, NJ 07446-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)             | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Retired<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00                        | <b>Date (month, day, year)</b><br>10/10/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>Malcolm Burton<br>66 Tallridge Avenue<br>Chatham, NJ 07928-2747<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)       | <b>Name of Employer</b><br>Chubb<br><b>Occupation</b><br>Claims Counsel<br><b>Aggregate Year-to-Date -&gt;</b> 950.00                 | <b>Date (month, day, year)</b><br>10/17/2000 | <b>Amount of Each Receipt this Period</b><br>250.00   |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>Barbara Bush<br>24 Bedford Court<br>Madison, NJ 07940-1143<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)            | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Homemaker<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00                      | <b>Date (month, day, year)</b><br>10/10/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>G. Full Name, Mailing Address and Zip Code</b><br>Gary C. Butler<br>195 Mount Harmony Road<br>Bernardsville, NJ 07924-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)  | <b>Name of Employer</b><br>ADP<br><b>Occupation</b><br>Executive<br><b>Aggregate Year-to-Date -&gt;</b> 500.00                        | <b>Date (month, day, year)</b><br>10/12/2000 | <b>Amount of Each Receipt this Period</b><br>500.00   |

SUBTOTAL of Receipts This Page (optional)

3,120.00

TOTAL This Period (last page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

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Detailed Summary PagePAGE 19 OF 135  
FOR LINE NUMBER  
11(a)(i)

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## NAME OF COMMITTEE (In Full)

Bob Franks for U.S. Senate, Inc.

|                                                                                                                                                                                                                                                             |                                                                                                                            |                                              |                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-----------------------------------------------------|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>Edna Calabrese<br>62 2nd Avenue<br>Secaucus, NJ 07094-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)        | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Retired<br><b>Aggregate Year-to-Date -&gt;</b> 350.00               | <b>Date (month, day, year)</b><br>10/18/2000 | <b>Amount of Each Receipt this Period</b><br>100.00 |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>Anthony Calleo<br>270 Farham Avenue<br>Lodi, NJ 07644-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)        | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Retired<br><b>Aggregate Year-to-Date -&gt;</b> 225.00               | <b>Date (month, day, year)</b><br>10/10/2000 | <b>Amount of Each Receipt this Period</b><br>100.00 |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>Gina Calogero<br>446 Kinderkamack Rd.<br>Oradell, NJ 07649-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   | <b>Name of Employer</b><br>Berkoben, et al.<br><b>Occupation</b><br>Attorney<br><b>Aggregate Year-to-Date -&gt;</b> 500.00 | <b>Date (month, day, year)</b><br>10/10/2000 | <b>Amount of Each Receipt this Period</b><br>250.00 |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>Eileen Cameron<br>Spring Valley Road<br>Morristown, NJ 07960-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Homemaker<br><b>Aggregate Year-to-Date -&gt;</b> 850.00             | <b>Date (month, day, year)</b><br>10/12/2000 | <b>Amount of Each Receipt this Period</b><br>250.00 |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>Thomas Campion<br>148 Woodland Road<br>Madison, NJ 07940-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)     | <b>Name of Employer</b><br>Dunnk, Biddle<br><b>Occupation</b><br>Attorney<br><b>Aggregate Year-to-Date -&gt;</b> 50.00     | <b>Date (month, day, year)</b><br>10/12/2000 | <b>Amount of Each Receipt this Period</b><br>50.00  |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>Thomas Campion<br>148 Woodland Road<br>Madison, NJ 07940-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)     | <b>Name of Employer</b><br>Dunnk, Biddle<br><b>Occupation</b><br>Attorney<br><b>Aggregate Year-to-Date -&gt;</b> 300.00    | <b>Date (month, day, year)</b><br>10/16/2000 | <b>Amount of Each Receipt this Period</b><br>250.00 |
| <b>G. Full Name, Mailing Address and Zip Code</b><br>Jean Canning<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                                  | <b>Name of Employer</b><br><b>Occupation</b><br><b>Aggregate Year-to-Date -&gt;</b> 500.00                                 | <b>Date (month, day, year)</b><br>10/06/2000 | <b>Amount of Each Receipt this Period</b><br>500.00 |

SUBTOTAL of Receipts This Page (optional)

1,500.00

TOTAL This Period (last page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

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Detailed Summary pagePAGE 20 OF 135  
FOR LINE NUMBER  
11(a) (i)

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## NAME OF COMMITTEE (In Full)

Bob Franks for U.S. Senate, Inc.

|                                                                                                                                                                                                                                                                                       |                                                                                                                        |                                              |                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>James Cannon<br>757 Charnwood Dr<br>Wyckoff, NJ 07481-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                           | <b>Name of Employer</b><br>BBDO<br><b>Occupation</b><br>Executive<br><b>Aggregate Year-to-Date -&gt;</b> 500.00        | <b>Date (month, day, year)</b><br>10/10/2000 | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>Daniel Carey<br>8 Wyndmoor Dr<br>Convent Station, NJ 07961-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                      | <b>Name of Employer</b><br>self<br><b>Occupation</b><br>Attorney<br><b>Aggregate Year-to-Date -&gt;</b> 250.00         | <b>Date (month, day, year)</b><br>10/10/2000 | <b>Amount of Each Receipt this Period</b><br>250.00   |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>Gregory Carey<br>390 Greenwist Street<br>New York, NY 10013-2309<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                 | <b>Name of Employer</b><br>Smith Barney, Inc.<br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00 | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>Beatrice Carlson<br>172 Lloyd Road<br>Montclair, NJ 07043-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                       | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Retired<br><b>Aggregate Year-to-Date -&gt;</b> 310.00           | <b>Date (month, day, year)</b><br>10/18/2000 | <b>Amount of Each Receipt this Period</b><br>25.00    |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>George Carteris<br>6 Addee Circle<br>Larchmont, NY 10538-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                        | <b>Name of Employer</b><br><br><b>Occupation</b><br>Physician<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00          | <b>Date (month, day, year)</b><br>10/17/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>Jane Carton<br>409 Kenli Lane<br>Brielle, NJ 08730-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                              | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Retired<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00         | <b>Date (month, day, year)</b><br>10/16/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>G. Full Name, Mailing Address and Zip Code</b><br>Malcolm Carton<br>Carton & Faccione<br>P.O. Box 97<br>Avon By The Sea, NJ 07717-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00                   | <b>Date (month, day, year)</b><br>10/18/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |

SUBTOTAL of Receipts This Page (optional)

4,775.00

TOTAL This Period (last page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
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Detailed Summary PagePAGE 21 OF 135  
FOR LINE NUMBER  
11(a)(1)

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## NAME OF COMMITTEE (in Full)

Bob Franks for U.S. Senate, Inc.

|                                                                                                                                                                                                                                                                                        |                                                                                                                                                      |                                              |                                                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>Richard Carton<br>409 Kenli Lane<br>Brielle, NJ 08730-1615<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                        | <b>Name of Employer</b><br>Trident Abstract Co.<br><br><b>Occupation</b><br>President<br><br><b>Aggregate Year-to-Date -&gt;</b> 2,000.00            | <b>Date (month, day, year)</b><br>10/16/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00       |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>M. A. Carty, Jr<br>309 S. Main St<br>Phillipsburg, NJ 08865-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                      | <b>Name of Employer</b><br>self<br><br><b>Occupation</b><br>Contractor<br><br><b>Aggregate Year-to-Date -&gt;</b> 500.00                             | <b>Date (month, day, year)</b><br>10/10/2000 | <b>Amount of Each Receipt this Period</b><br>500.00         |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>Lawrence Casha<br>Casha, Casha & Schepis<br>437 Main Road<br>Montville, NJ 07045-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>Casha, Casha & Schepis<br><br><b>Occupation</b><br>Attorney<br><br><b>Aggregate Year-to-Date -&gt;</b> 100.00             | <b>Date (month, day, year)</b><br>10/16/2000 | <b>Amount of Each Receipt this Period</b><br>100.00         |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>Lawrence Casha<br>Casha, Casha & Schepis<br>437 Main Road<br>Montville, NJ 07045-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>Casha, Casha & Schepis<br><br><b>Occupation</b><br>Attorney<br><br><b>Aggregate Year-to-Date -&gt;</b> 200.00             | <b>Date (month, day, year)</b><br>10/17/2000 | <b>Amount of Each Receipt this Period</b><br>100.00<br>MEMO |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>Lawrence Casha<br>Casha, Casha & Schepis<br>437 Main Road<br>Montville, NJ 07045-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>Casha, Casha & Schepis<br><br><b>Occupation</b><br>Attorney<br><br><b>Aggregate Year-to-Date -&gt;</b> 350.00             | <b>Date (month, day, year)</b><br>10/17/2000 | <b>Amount of Each Receipt this Period</b><br>150.00<br>MEMO |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>Casha, Casha & Schepis<br>Mr. Larry Casha<br>437 Main Rd<br>Montville, NJ 07045-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)  | <b>Name of Employer</b><br>Partnership Attribution<br>Listed Individually<br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> 150.00 | <b>Date (month, day, year)</b><br>10/17/2000 | <b>Amount of Each Receipt this Period</b><br>150.00         |
| <b>G. Full Name, Mailing Address and Zip Code</b><br>Casha, Casha & Schepis<br>Mr. Larry Casha<br>437 Main Rd<br>Montville, NJ 07045-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)  | <b>Name of Employer</b><br>Partnership Attribution<br>Listed Individually<br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> 250.00 | <b>Date (month, day, year)</b><br>10/17/2000 | <b>Amount of Each Receipt this Period</b><br>100.00         |

SUBTOTAL of Receipts This Page (optional)

1,850.00

TOTAL This Period (last page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
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FOR LINE NUMBER 11(a) (i)

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## NAME OF COMMITTEE (In Full)

Bob Franks for U.S. Senate, Inc.

|                                                                                                                                                                                                                                                                         |                                                                                                                                   |                                                                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>Cynthia Cavanaugh<br>3775 Farmersville Road<br>Easton, PA 18045-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)          | <b>Name of Employer</b><br>Chubb<br><b>Occupation</b><br>Vice President<br><b>Aggregate Year-to-Date -&gt;</b> 700.00             | <b>Date (month, day, year)</b><br>10/10/2000<br><b>Amount of Each Receipt this Period</b><br>100.00   |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>Joseph Celentano<br>Fyertech<br>PO Box 527<br>South Plainfield, NJ 07080-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>Fyertech<br><b>Occupation</b><br>Executive<br><b>Aggregate Year-to-Date -&gt;</b> 200.00               | <b>Date (month, day, year)</b><br>10/10/2000<br><b>Amount of Each Receipt this Period</b><br>200.00   |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>Frederick Cenci<br>243 Union Street<br>Lodi, NJ 07644-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                    | <b>Name of Employer</b><br>County of Bergen<br><b>Occupation</b><br>Supervisor<br><b>Aggregate Year-to-Date -&gt;</b> 850.00      | <b>Date (month, day, year)</b><br>10/16/2000<br><b>Amount of Each Receipt this Period</b><br>250.00   |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>Barbara Chadwick<br>60 Raymond Avenue<br>Rutherford, NJ 07070-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)            | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Retired<br><b>Aggregate Year-to-Date -&gt;</b> 350.00                      | <b>Date (month, day, year)</b><br>10/12/2000<br><b>Amount of Each Receipt this Period</b><br>125.00   |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>William H. Chamberlain<br>67 Roberts Ave<br>Haddonfield, NJ 08033-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)        | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Retired<br><b>Aggregate Year-to-Date -&gt;</b> 450.00                      | <b>Date (month, day, year)</b><br>10/11/2000<br><b>Amount of Each Receipt this Period</b><br>250.00   |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>John Chamberlin<br>182 Fairway Drive<br>Princeton, NJ 08540-2410<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)          | <b>Name of Employer</b><br>self<br><b>Occupation</b><br>Consultant<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00                | <b>Date (month, day, year)</b><br>10/11/2000<br><b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>G. Full Name, Mailing Address and Zip Code</b><br>Marguerite Chandler<br>6 Lisa Terrace<br>Somerville, NJ 08876-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)            | <b>Name of Employer</b><br>Somerset Industrial Park<br><b>Occupation</b><br>Owner<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00 | <b>Date (month, day, year)</b><br>10/11/2000<br><b>Amount of Each Receipt this Period</b><br>1,000.00 |

SUBTOTAL of Receipts This Page (optional)

2,925.00

TOTAL This Period (last page this line number only)



## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
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Detailed Summary PagePAGE 23 OF 135  
FOR LINE NUMBER  
11(a) (1)

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## NAME OF COMMITTEE (In Full)

Bob Franks for U.S. Senate, Inc.

|                                                                                                                                                                                                                                                                          |                                                                                                                                             |                                              |                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>Thomas Chansky<br>79 North Bridge Street<br>Somerville, NJ 08876-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   | <b>Name of Employer</b><br>self<br><b>Occupation</b><br>Attorney<br><b>Aggregate Year-to-Date -&gt;</b> 250.00                              | <b>Date (month, day, year)</b><br>10/18/2000 | <b>Amount of Each Receipt this Period</b><br>250.00   |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>Maria Chappa<br>359 Oswego Court<br>West New York, NJ 07093-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)        | <b>Name of Employer</b><br>self<br><b>Occupation</b><br>Consultant<br><b>Aggregate Year-to-Date -&gt;</b> 500.00                            | <b>Date (month, day, year)</b><br>10/10/2000 | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>Charles W. Scheurle<br>6119 Tyler Place<br>West New York, NJ 07093-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>Charles W. Scheurle<br>Funeral<br><b>Occupation</b><br>Owner<br><b>Aggregate Year-to-Date -&gt;</b> 300.00       | <b>Date (month, day, year)</b><br>10/10/2000 | <b>Amount of Each Receipt this Period</b><br>300.00   |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>Ghulam Chaudhry<br>127 Division Street<br>Boonton, NJ 07005-1735<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)    | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Retired<br><b>Aggregate Year-to-Date -&gt;</b> 225.00                                | <b>Date (month, day, year)</b><br>10/06/2000 | <b>Amount of Each Receipt this Period</b><br>25.00    |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>Charles E. Childs<br>274 Canterbury Rd.<br>Westfield, NJ 07090-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)     | <b>Name of Employer</b><br>Aquila Management Corp.<br><b>Occupation</b><br>Investment Manager<br><b>Aggregate Year-to-Date -&gt;</b> 250.00 | <b>Date (month, day, year)</b><br>10/17/2000 | <b>Amount of Each Receipt this Period</b><br>250.00   |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>Francie Chin<br>47 Bristol Dr.<br>Manhasset, NY 11030-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)              | <b>Name of Employer</b><br>Salomon Smith Barney<br><b>Occupation</b><br>Director<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00            | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>G. Full Name, Mailing Address and Zip Code</b><br>Lucy Chin<br>47 Bristol dr.<br>Manhasset, NY 11030-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                 | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Homemaker<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00                            | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |

SUBTOTAL of Receipts This Page (optional)

3,325.00

TOTAL This Period (last page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
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24 135  
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## NAME OF COMMITTEE (In Full)

Bob Franks for U.S. Senate, Inc.

|                                                                                                                                                                                                                                                                            |                                                                                                                                        |                                              |                                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>Leon Ciferni<br>20 Whispering Way West<br>Berkeley Heights, NJ 07922-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)        | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Retired<br><b>Aggregate Year-to-Date -&gt;</b> 500.00                           | <b>Date (month, day, year)</b><br>10/18/2000 | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>Joseph Citta<br>248 Washington Street<br>P.O. Box 4<br>Toms River, NJ 08754-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>self<br><b>Occupation</b><br>Attorney<br><b>Aggregate Year-to-Date -&gt;</b> 500.00                         | <b>Date (month, day, year)</b><br>10/12/2000 | <b>Amount of Each Receipt this Period</b><br>100.00   |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>David Clare<br>972 Lake House Dr.<br>North Palm Beach, FL 33409-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)             | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Retired<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00                         | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>Jakki Clarke<br>507 Cypress Point Circle<br>Mount Laurel, NJ 08054-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)          | <b>Name of Employer</b><br>Burlington Cty GOV<br><b>Occupation</b><br>Executive Director<br><b>Aggregate Year-to-Date -&gt;</b> 250.00 | <b>Date (month, day, year)</b><br>10/10/2000 | <b>Amount of Each Receipt this Period</b><br>250.00   |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>Jakki Clarke<br>507 Cypress Point Circle<br>Mount Laurel, NJ 08054-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)          | <b>Name of Employer</b><br>Burlington Cty GOV<br><b>Occupation</b><br>Executive Director<br><b>Aggregate Year-to-Date -&gt;</b> 325.00 | <b>Date (month, day, year)</b><br>10/18/2000 | <b>Amount of Each Receipt this Period</b><br>75.00    |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>Cynthia Codella<br>280 Northfield Avenue<br>West Orange, NJ 07052-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)           | <b>Name of Employer</b><br>Performance Insurance Co.<br><b>Occupation</b><br>Executive<br><b>Aggregate Year-to-Date -&gt;</b> 1,250.00 | <b>Date (month, day, year)</b><br>10/18/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>G. Full Name, Mailing Address and Zip Code</b><br>Robert Coen<br>15 Slope Drive<br>Short Hills, NJ 07078-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                      | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Self Employed<br><b>Aggregate Year-to-Date -&gt;</b> 700.00                     | <b>Date (month, day, year)</b><br>10/16/2000 | <b>Amount of Each Receipt this Period</b><br>100.00   |

SUBTOTAL of Receipts This Page (optional)

3,025.00

TOTAL This Period (last page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

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Detailed Summary PagePAGE 25 OF 135  
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## NAME OF COMMITTEE (In Full)

Bob Franks for U.S. Senate, Inc.

|                                                                                                                                              |                                                                                                   |                                              |                                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>Peter C. Cohan<br>23 Lockhaven Court<br>Bedminster, NJ 07921-                           | <b>Name of Employer</b><br>Pershing Division of DLO<br><br><b>Occupation</b><br>Managing Director | <b>Date (month, day, year)</b><br>10/16/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Aggregate Year-to-Date -&gt;</b> 1,000.00                                                      |                                              |                                                       |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>Edward Collins<br>P.O. Box 71<br>Moorestown, NJ 08057-                                  | <b>Name of Employer</b><br>N/A<br><br><b>Occupation</b><br>Retired                                | <b>Date (month, day, year)</b><br>10/10/2000 | <b>Amount of Each Receipt this Period</b><br>50.00    |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Aggregate Year-to-Date -&gt;</b> 375.00                                                        |                                              |                                                       |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>Mary Collins<br>P.O. Box 58<br>Atlantic Highlands, NJ 07716-                            | <b>Name of Employer</b><br>Self Employed<br><br><b>Occupation</b><br>Investments                  | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>250.00   |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Aggregate Year-to-Date -&gt;</b> 250.00                                                        |                                              |                                                       |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>B.G. Colton<br>117 Colt Road<br>Summit, NJ 07901-                                       | <b>Name of Employer</b><br>Colton Industries, Inc.<br><br><b>Occupation</b><br>CEO                | <b>Date (month, day, year)</b><br>10/13/2000 | <b>Amount of Each Receipt this Period</b><br>25.00    |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Aggregate Year-to-Date -&gt;</b> 175.00                                                        |                                              |                                                       |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>B.G. Colton<br>117 Colt Road<br>Summit, NJ 07901-                                       | <b>Name of Employer</b><br>Colton Industries, Inc.<br><br><b>Occupation</b><br>CEO                | <b>Date (month, day, year)</b><br>10/17/2000 | <b>Amount of Each Receipt this Period</b><br>25.00    |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Aggregate Year-to-Date -&gt;</b> 200.00                                                        |                                              |                                                       |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>Francis Cominsky<br>218 Huntington Avenue<br>Pine Beach, NJ 08741-                      | <b>Name of Employer</b><br>Researching<br><br><b>Occupation</b><br>Researching                    | <b>Date (month, day, year)</b><br>10/16/2000 | <b>Amount of Each Receipt this Period</b><br>250.00   |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Aggregate Year-to-Date -&gt;</b> 250.00                                                        |                                              |                                                       |
| <b>G. Full Name, Mailing Address and Zip Code</b><br>Dolores Cornell<br>PO Box 807<br>Woodbury, NJ 08096-                                    | <b>Name of Employer</b><br>Cornell & Co.<br><br><b>Occupation</b><br>President                    | <b>Date (month, day, year)</b><br>10/06/2000 | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Aggregate Year-to-Date -&gt;</b> 500.00                                                        |                                              |                                                       |

SUBTOTAL of Receipts This Page (optional)

2,100.00

TOTAL This Period (last page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule (a)  
for each category of the  
Detailed Summary PagePAGE OF  
26 135  
FOR LINE NUMBER  
11(a) (i)

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## NAME OF COMMITTEE (In Full)

Bob Franks for U.S. Senate, Inc.

|                                                                                                                                                                                                                                                                       |                                                                                                                               |                                              |                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>Michael Cornfeldt<br>22 Canterbury Way<br>Morristown, NJ 07960-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)         | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Homemaker<br><b>Aggregate Year-to-Date -&gt;</b> 300.00                | <b>Date (month, day, year)</b><br>10/06/2000 | <b>Amount of Each Receipt this Period</b><br>100.00   |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>Thomas Cornwell<br>631 Glen Ridge Drive<br>Bridgewater, NJ 08807-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)       | <b>Name of Employer</b><br>Chubb & Son<br><b>Occupation</b><br>Insurance<br><b>Aggregate Year-to-Date -&gt;</b> 250.00        | <b>Date (month, day, year)</b><br>10/06/2000 | <b>Amount of Each Receipt this Period</b><br>250.00   |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>Barbara Cox<br>92 Mountain Avenue<br>Summit, NJ 07901-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                  | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Retired<br><b>Aggregate Year-to-Date -&gt;</b> 1,500.00                | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>J. Elizabeth L. Cox<br>105 New England Avenue, 3-4<br>Summit, NJ 07901-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Retired<br><b>Aggregate Year-to-Date -&gt;</b> 350.00                  | <b>Date (month, day, year)</b><br>10/10/2000 | <b>Amount of Each Receipt this Period</b><br>125.00   |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>J. Elizabeth L. Cox<br>105 New England Avenue, 3-4<br>Summit, NJ 07901-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Retired<br><b>Aggregate Year-to-Date -&gt;</b> 400.00                  | <b>Date (month, day, year)</b><br>10/16/2000 | <b>Amount of Each Receipt this Period</b><br>50.00    |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>Denise L. Coyte<br>55 Old Mill Ct<br>Wall Twp., NJ 07715-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)               | <b>Name of Employer</b><br>NJ RMFA<br><b>Occupation</b><br>COO<br><b>Aggregate Year-to-Date -&gt;</b> 225.00                  | <b>Date (month, day, year)</b><br>10/12/2000 | <b>Amount of Each Receipt this Period</b><br>125.00   |
| <b>G. Full Name, Mailing Address and Zip Code</b><br>Cloud L. Cray<br>29045 266th Road<br>Atchison, KS 66002-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                | <b>Name of Employer</b><br>Midwest Solvents<br><b>Occupation</b><br>Executive<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00 | <b>Date (month, day, year)</b><br>10/13/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |

SUBTOTAL of Receipts This Page (optional)

2,150.00

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 27 OF 135  
FOR LINE NUMBER 11 (a) (i)

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**NAME OF COMMITTEE (In Full)**

Bob Franks for U.S. Senate, Inc.

|                                                                                                                                                                                                                                                                         |                                                                                                                                     |                                                                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>Anthony Crecco<br>50 Roosevelt Avenue<br>East Hanover, NJ 07936-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)          | <b>Name of Employer</b><br>City of Newark<br><b>Occupation</b><br>Fire Captain<br><b>Aggregate Year-to-Date -&gt;</b> 200.00        | <b>Date (month, day, year)</b><br>10/11/2000<br><b>Amount of Each Receipt this Period</b><br>50.00    |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>Christina Creedon<br>59 Ethelbert Place<br>Ridgewood, NJ 07450-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)           | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Homemaker<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00                    | <b>Date (month, day, year)</b><br>10/11/2000<br><b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>Paul Creedon<br>59 Ethelbert Place<br>Ridgewood, NJ 07450-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                | <b>Name of Employer</b><br>Solomon, Smith, Barney<br><b>Occupation</b><br>Executive<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00 | <b>Date (month, day, year)</b><br>10/11/2000<br><b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>Robert R. Croce<br>953 Sunset Ridge<br>Bridgewater, NJ 08807-1324<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)         | <b>Name of Employer</b><br>J & J<br><b>Occupation</b><br>Executive<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00                  | <b>Date (month, day, year)</b><br>10/10/2000<br><b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>Daniel Cronin<br>24 Woodlawn Ave.<br>New Rochelle, NY 10804-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)              | <b>Name of Employer</b><br>Pfizer Corp.<br><b>Occupation</b><br>Attorney<br><b>Aggregate Year-to-Date -&gt;</b> 500.00              | <b>Date (month, day, year)</b><br>10/17/2000<br><b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>James Csapose<br>644 Wyoming Ave<br>Maywood, NJ 07607-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                    | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Retired<br><b>Aggregate Year-to-Date -&gt;</b> 250.00                        | <b>Date (month, day, year)</b><br>10/11/2000<br><b>Amount of Each Receipt this Period</b><br>50.00    |
| <b>G. Full Name, Mailing Address and Zip Code</b><br>Anthony Cuccia<br>1854 Northwest Drive<br>Point Pleasant Beach, NJ 08742-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>Holiday Fenaglia<br><b>Occupation</b><br>Businessman<br><b>Aggregate Year-to-Date -&gt;</b> 500.00       | <b>Date (month, day, year)</b><br>10/17/2000<br><b>Amount of Each Receipt this Period</b><br>500.00   |

**SUBTOTAL** of Receipts This Page (optional)

4,100.00

**TOTAL** This Period (last page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

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

 PAGE 28 OF 135  
 FOR LINE NUMBER 11(a) (1)

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## NAME OF COMMITTEE (in full)

Bob Franks for U.S. Senate, Inc.

|                                                                                                                                                                                                                                                                 |                                                                                                                                   |                                              |                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>Gretchen Cuccio<br>15 North Glen Circle<br>Oak Ridge, NJ 07438-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Homemaker<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00                  | <b>Date (month, day, year)</b><br>10/16/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>John W. Culligan<br>345 Algonquin Rd<br>Franklin Lakes, NJ 07417-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>American Home Products<br><b>Occupation</b><br>Executive<br><b>Aggregate Year-to-Date -&gt;</b> 250.00 | <b>Date (month, day, year)</b><br>10/10/2000 | <b>Amount of Each Receipt this Period</b><br>250.00   |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>James Curley, Jr<br>30 Shady Lane<br>Shrewsbury, NJ 07702-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)        | <b>Name of Employer</b><br>Self-Employed<br><b>Occupation</b><br>Auto Dealer<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00      | <b>Date (month, day, year)</b><br>10/12/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>Anthony Cutaia<br>415 Madison St.<br>Sponten, NJ 07005-2051<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)       | <b>Name of Employer</b><br>Self-Employed<br><b>Occupation</b><br>CPA<br><b>Aggregate Year-to-Date -&gt;</b> 200.00                | <b>Date (month, day, year)</b><br>10/06/2000 | <b>Amount of Each Receipt this Period</b><br>200.00   |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>Jim Cutro<br>Lurrinton Gorge<br>Westfield, NJ 07090-3708<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)          | <b>Name of Employer</b><br>Researching<br><b>Occupation</b><br>Researching<br><b>Aggregate Year-to-Date -&gt;</b> 250.00          | <b>Date (month, day, year)</b><br>10/17/2000 | <b>Amount of Each Receipt this Period</b><br>250.00   |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>Thomas Daidone<br>97 Rivervale Rd<br>River Vale, NJ 07675-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)        | <b>Name of Employer</b><br>self<br><b>Occupation</b><br>Transportation Industry<br><b>Aggregate Year-to-Date -&gt;</b> 500.00     | <b>Date (month, day, year)</b><br>10/12/2000 | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>G. Full Name, Mailing Address and Zip Code</b><br>Fred Dailey<br>122 Bowne Station Road<br>Stockton, NJ 08559-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)      | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Retired<br><b>Aggregate Year-to-Date -&gt;</b> 450.00                      | <b>Date (month, day, year)</b><br>10/18/2000 | <b>Amount of Each Receipt this Period</b><br>100.00   |

SUBTOTAL of Receipts This Page (optional)

3,300.00

TOTAL This Period (last page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary PagePAGE 29 OF 135  
FOR LINE NUMBER  
11(a)(i)

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## NAME OF COMMITTEE (In Full)

Bob Franks for U.S. Senate, Inc.

|                                                                                                                                                                                                                                                                                                      |                                                                                                                                                        |                                              |                                                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>Mary Darretta<br>11 Oakridge Court<br>Princeton, NJ 08540-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                      | <b>Name of Employer</b><br>Self Employed<br><br><b>Occupation</b><br>Real estate<br><br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00                   | <b>Date (month, day, year)</b><br>10/18/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>Robert Darretta<br>11 Oakridge Court<br>Princeton, NJ 08540-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                    | <b>Name of Employer</b><br>J & J<br><br><b>Occupation</b><br>Executive<br><br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00                             | <b>Date (month, day, year)</b><br>10/18/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>David G. Kostinas & Associates<br>Mr. David G. Kostinas<br>18 Bruin Drive<br>Trenton, NJ 08619-<br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>Partnership Attribution<br>Listed Individually<br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00 | <b>Date (month, day, year)</b><br>10/17/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>David G. Kostinas & Associates<br>Mr. David G. Kostinas<br>18 Bruin Drive<br>Trenton, NJ 08619-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>Partnership Attribution<br>Listed Individually<br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> 2,000.00 | <b>Date (month, day, year)</b><br>10/17/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>Don Davis<br>33 Wedgewood Drive<br>Basking Ridge, NJ 07920-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                     | <b>Name of Employer</b><br>N/A<br><br><b>Occupation</b><br>Retired<br><br><b>Aggregate Year-to-Date -&gt;</b> 325.00                                   | <b>Date (month, day, year)</b><br>10/16/2000 | <b>Amount of Each Receipt this Period</b><br>100.00   |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>John J. Davis<br>PO Box G<br>Short Hills, NJ 07078-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                             | <b>Name of Employer</b><br>N/A<br><br><b>Occupation</b><br>Retired<br><br><b>Aggregate Year-to-Date -&gt;</b> 100.00                                   | <b>Date (month, day, year)</b><br>10/06/2000 | <b>Amount of Each Receipt this Period</b><br>200.00   |
| <b>G. Full Name, Mailing Address and Zip Code</b><br>John J. Davis<br>PO Box G<br>Short Hills, NJ 07078-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                             | <b>Name of Employer</b><br>N/A<br><br><b>Occupation</b><br>Retired<br><br><b>Aggregate Year-to-Date -&gt;</b> 200.00                                   | <b>Date (month, day, year)</b><br>10/18/2000 | <b>Amount of Each Receipt this Period</b><br>100.00   |

SUBTOTAL of Receipts This Page (optional)

4,300.00

TOTAL This Period (last page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule  
for each category of the  
Detailed Summary PagePAGE OF  
30 135  
FOR LINE NUMBER  
11(a)(i)

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## NAME OF COMMITTEE (In Full)

Bob Franks for U.S. Senate, Inc.

|                                                                                                                                                                                                                                                                                       |                                                                                                                                               |                                              |                                                                      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|----------------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>Ronald Davis<br>81 South Brookline Drive<br>Laurel Springs, NJ 08021-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)            | <b>Name of Employer</b><br>upon financial services<br><b>Occupation</b><br>Financial Services<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00 | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00                |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>Susan Davison<br>359 Graydon Ter.<br>Ridgewood, NJ 07450-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                        | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Homemaker<br><b>Aggregate Year-to-Date -&gt;</b> 200.00                                | <b>Date (month, day, year)</b><br>10/10/2000 | <b>Amount of Each Receipt this Period</b><br>100.00                  |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>Thomas Dayspring<br>623 Lincoln Avenue<br>Pompton Lakes, NJ 07442-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)               | <b>Name of Employer</b><br>Self-Employed<br><b>Occupation</b><br>Physician<br><b>Aggregate Year-to-Date -&gt;</b> 350.00                      | <b>Date (month, day, year)</b><br>10/12/2000 | <b>Amount of Each Receipt this Period</b><br>100.00                  |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>Richard DeAngelis, Jr.<br>262 East Glen Road<br>Denville, NJ 07834-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)              | <b>Name of Employer</b><br>Courter Robert<br><b>Occupation</b><br>Attorney<br><b>Aggregate Year-to-Date -&gt;</b> 200.00                      | <b>Date (month, day, year)</b><br>10/16/2000 | <b>Amount of Each Receipt this Period</b><br>50.00                   |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>Ron DeFilippis<br>Mills and DeFilippis<br>Suite 201<br>Mountain Lakes, NJ 07046-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>Mills & DeFilippis<br><b>Occupation</b><br>Accountant<br><b>Aggregate Year-to-Date -&gt;</b> 2,000.00              | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00<br><b>MEMO</b> |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>Stephen DePalma<br>200 RT. 9<br>Manalapan, NJ 07726-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                             | <b>Name of Employer</b><br>Schoor DePalma<br><b>Occupation</b><br>Design Consultant<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00           | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00                |
| <b>G. Full Name, Mailing Address and Zip Code</b><br>Deborah DeSantis<br>9 Linden Ave<br>Metuchen, NJ 08840-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                          | <b>Name of Employer</b><br>State of NJ<br><b>Occupation</b><br>Exec. Director<br><b>Aggregate Year-to-Date -&gt;</b> 250.00                   | <b>Date (month, day, year)</b><br>10/17/2000 | <b>Amount of Each Receipt this Period</b><br>250.00                  |

SUBTOTAL of Receipts This Page (optional)

2,500.00

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 31 OF 135  
FOR LINE NUMBER 11(a)(i)

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**NAME OF COMMITTEE (In Full)**  
Bob Franks for U.S. Senate, Inc.

|                                                                                                                                                                                                                                                                  |                                                                                                                             |                                              |                                                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>Elizabeth Dearstyne<br>250 Woodland Road<br>Madison, NJ 07940-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)     | <b>Name of Employer</b><br>J & J<br><b>Occupation</b><br>Executive<br><b>Aggregate Year-to-Date --</b> 1,000.00             | <b>Date (month, day, year)</b><br>10/13/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>B.M. Deavenport<br>25 Old Somerset Road<br>Watchung, NJ 07060-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)     | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Self Employed<br><b>Aggregate Year-to-Date --</b> 200.00             | <b>Date (month, day, year)</b><br>10/17/2000 | <b>Amount of Each Receipt this Period</b><br>100.00   |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>Gary Dehode<br>60 Fernwood Road<br>Summit, NJ 07901-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)               | <b>Name of Employer</b><br>Edison Properties<br><b>Occupation</b><br>Executive<br><b>Aggregate Year-to-Date --</b> 2,000.00 | <b>Date (month, day, year)</b><br>10/10/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>Kenneth Deghetto<br>42 Cornwell Dr.<br>Livingston, NJ 07039-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)       | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Retired<br><b>Aggregate Year-to-Date --</b> 500.00                   | <b>Date (month, day, year)</b><br>10/18/2000 | <b>Amount of Each Receipt this Period</b><br>100.00   |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>Suzanne Del Vecchio<br>159 Hillcrest Avenue<br>Cranford, NJ 07015-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>QUICK CHECK<br><b>Occupation</b><br>Attorney<br><b>Aggregate Year-to-Date --</b> 235.00          | <b>Date (month, day, year)</b><br>10/17/2000 | <b>Amount of Each Receipt this Period</b><br>35.00    |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>George Dalk<br>10 Hill Street<br>Apt. 10-J<br>Newark, NJ 07102-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)    | <b>Name of Employer</b><br>Self<br><b>Occupation</b><br>Appeals Auditor<br><b>Aggregate Year-to-Date --</b> 200.00          | <b>Date (month, day, year)</b><br>10/17/2000 | <b>Amount of Each Receipt this Period</b><br>200.00   |
| <b>G. Full Name, Mailing Address and Zip Code</b><br>Eileen Demarest<br>97 South Road<br>Bloomington, NJ 07403-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)         | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Retired<br><b>Aggregate Year-to-Date --</b> 400.00                   | <b>Date (month, day, year)</b><br>10/10/2000 | <b>Amount of Each Receipt this Period</b><br>100.00   |

**SUBTOTAL of Receipts This Page (optional)**

2,435.00

**TOTAL This Period (last page this line number only)**

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary pagePAGE 32 OF 135  
FOR LINE NUMBER  
11 (a) (1)

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## NAME OF COMMITTEE (In Full)

Bob Franks for U.S. Senate, Inc.

|                                                                                                                                                                                                                                                                           |                                                                                                                                        |                                              |                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>Donald Demuth<br>78 Essex Road<br>Summit, NJ 07901-2968<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                     | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Retired<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00                         | <b>Date (month, day, year)</b><br>10/17/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>Steven Denholtz<br>P.O. Box 1121<br>Rahway, NJ 07065-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                       | <b>Name of Employer</b><br>Jayden Construction Co<br><b>Occupation</b><br>Construction<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00 | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>Wendy Denholtz<br>P.O. Box 1121<br>Rahway, NJ 07065-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                        | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Homemaker<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00                       | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>Barbara A. Dennis<br>328 Belleville Ave. 2nd floor<br>Bloomfield, NJ 07003-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>Self Employed<br><b>Occupation</b><br>Attorney<br><b>Aggregate Year-to-Date -&gt;</b> 100.00                | <b>Date (month, day, year)</b><br>10/18/2000 | <b>Amount of Each Receipt this Period</b><br>100.00   |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>Barbara A. Dennis<br>328 Belleville Ave. 2nd floor<br>Bloomfield, NJ 07003-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>Self Employed<br><b>Occupation</b><br>Attorney<br><b>Aggregate Year-to-Date -&gt;</b> 250.00                | <b>Date (month, day, year)</b><br>10/18/2000 | <b>Amount of Each Receipt this Period</b><br>150.00   |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>Richard Denton<br>P.O. Box 104<br>Marlton, NJ 08053-0104<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                    | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Retired<br><b>Aggregate Year-to-Date -&gt;</b> 150.00                           | <b>Date (month, day, year)</b><br>10/06/2000 | <b>Amount of Each Receipt this Period</b><br>50.00    |
| <b>G. Full Name, Mailing Address and Zip Code</b><br>Richard Denton<br>P.O. Box 104<br>Marlton, NJ 08053-0104<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                    | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Retired<br><b>Aggregate Year-to-Date -&gt;</b> 200.00                           | <b>Date (month, day, year)</b><br>10/17/2000 | <b>Amount of Each Receipt this Period</b><br>50.00    |

SUBTOTAL of Receipts This Page (optional)

3,350.00

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            | OF  |
| 33              | 135 |
| FOR LINE NUMBER |     |
| 11(a)(i)        |     |

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## NAME OF COMMITTEE (In Full)

Bob Franks for U.S. Senate, Inc.

|                                                                                                                                                                                                                                                                                         |                                                                                                                                                                             |                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>Carlene Deon<br>1655 Carlene Ct.<br>Langhorne, PA 19047-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                  | <b>Name of Employer</b><br>Pac Deon Beverages<br><b>Occupation</b><br>Owner<br><b>Date (month, day, year)</b><br>10/11/2000<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>Frances Dewey<br>157 East 65th. Street<br>New York, NY 10021-<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                             | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Homemaker<br><b>Date (month, day, year)</b><br>10/06/2000<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00            | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>Frances Dewey<br>157 East 65th. Street<br>New York, NY 10021-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                             | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Homemaker<br><b>Date (month, day, year)</b><br>10/06/2000<br><b>Aggregate Year-to-Date -&gt;</b> 2,000.00            | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>R.C. Deyo<br>Johnson & Johnson<br>One Johnson & Johnson Plaza<br>New Brunswick, NJ 08933-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>J & J<br><b>Occupation</b><br>V.P.<br><b>Date (month, day, year)</b><br>10/13/2000<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00               | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>Stephanie Deyo<br>46 Dartmouth Road<br>Mountain Lakes, NJ 07046-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                          | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Homemaker<br><b>Date (month, day, year)</b><br>10/13/2000<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00            | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>Helen DiGiovanni<br>195 Halstead Road<br>Elizabeth, NJ 07208-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                             | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Retired<br><b>Date (month, day, year)</b><br>10/11/2000<br><b>Aggregate Year-to-Date -&gt;</b> 250.00                | <b>Amount of Each Receipt this Period</b><br>250.00   |
| <b>G. Full Name, Mailing Address and Zip Code</b><br>Betty DiGruttilla<br>260 Schuyler Road<br>Allendale, NJ 07401-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                            | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Homemaker<br><b>Date (month, day, year)</b><br>10/10/2000<br><b>Aggregate Year-to-Date -&gt;</b> 325.00              | <b>Amount of Each Receipt this Period</b><br>200.00   |

SUBTOTAL of Receipts This Page (optional)

5,450.00

TOTAL This Period (last page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of line  
Detailed Summary PagePAGE OF  
34 135  
FOR LINE NUMBER  
11(a) (1)

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## NAME OF COMMITTEE (In full)

Bob Franks for U.S. Senate, Inc.

|                                                                                                                                                                                                                                                              |                                                                                                                                              |                                              |                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>Beverly Dietz<br>828 Mackall Ave<br>Mc Lean, VA 22101-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)         | <b>Name of Employer</b><br>ADI<br><b>Occupation</b><br>Lobbyist<br><b>Aggregate Year-to-Date -&gt;</b> 500.00                                | <b>Date (month, day, year)</b><br>10/13/2000 | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>Albert Dill<br>14 Drum Hill Road<br>Summit, NJ 07901-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)          | <b>Name of Employer</b><br>Summit<br><b>Occupation</b><br>Council Member<br><b>Aggregate Year-to-Date -&gt;</b> 300.00                       | <b>Date (month, day, year)</b><br>10/10/2000 | <b>Amount of Each Receipt this Period</b><br>200.00   |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>Gene Dimedio<br>400 Station Avenue<br>Haddonfield, NJ 08033-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   | <b>Name of Employer</b><br>Dubell Lumber<br><b>Occupation</b><br>Owner<br><b>Aggregate Year-to-Date -&gt;</b> 700.00                         | <b>Date (month, day, year)</b><br>10/12/2000 | <b>Amount of Each Receipt this Period</b><br>200.00   |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>Linda Distlereth<br>3 Colonial Way<br>Chatham, NJ 07928-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)       | <b>Name of Employer</b><br>Merck & Co., Inc.<br><b>Occupation</b><br>Vice President<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00          | <b>Date (month, day, year)</b><br>10/17/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>Susan Dobrinsky<br>11 Glenn Ave.<br>Green Brook, NJ 08812-2431<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>County of Somerset<br><b>Occupation</b><br>Human Resources Director<br><b>Aggregate Year-to-Date -&gt;</b> 300.00 | <b>Date (month, day, year)</b><br>10/16/2000 | <b>Amount of Each Receipt this Period</b><br>50.00    |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>Kelly Doherty<br>41 Post Road<br>Bernardsville, NJ 07934-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)      | <b>Name of Employer</b><br>Self Employed<br><b>Occupation</b><br>Investor<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00                    | <b>Date (month, day, year)</b><br>10/10/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>G. Full Name, Mailing Address and Zip Code</b><br>John M. Komzalski<br>11 Chipmunk Drive<br>Brick, NJ 08724-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)     | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Retired<br><b>Aggregate Year-to-Date -&gt;</b> 200.00                                 | <b>Date (month, day, year)</b><br>10/17/2000 | <b>Amount of Each Receipt this Period</b><br>200.00   |

SUBTOTAL of Receipts This Page (optional)

3,150.00

TOTAL This Period (last page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

 Use separate schedule(s)  
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Detailed Summary Page

 PAGE 35 OF 135  
FOR LINE NUMBER 11(a)(i)

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## NAME OF COMMITTEE (In Full)

Bob Franks for U.S. Senate, Inc.

|                                                                                                                                                                                                                                                                          |                                                                                                                                 |                                              |                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>Charles Dooley<br>1115 Outlook Dr.<br>Mountainside, NJ 07092-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)       | <b>Name of Employer</b><br>Summit Medical Group<br><b>Occupation</b><br>Physician<br><b>Aggregate Year-to-Date -&gt;</b> 300.00 | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>200.00   |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>Andrew Drotlauff<br>703 Sunny Slope<br>Bridgewater, NJ 08807-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)       | <b>Name of Employer</b><br>self<br><b>Occupation</b><br>Geologist<br><b>Aggregate Year-to-Date -&gt;</b> 750.00                 | <b>Date (month, day, year)</b><br>10/12/2000 | <b>Amount of Each Receipt this Period</b><br>750.00   |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>James Duke<br>785 Hilton Pl.<br>Paramus, NJ 07652-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                  | <b>Name of Employer</b><br>AESMO<br><b>Occupation</b><br>Sales<br><b>Aggregate Year-to-Date -&gt;</b> 200.00                    | <b>Date (month, day, year)</b><br>10/12/2000 | <b>Amount of Each Receipt this Period</b><br>100.00   |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>Jill Dunn<br>38 Welsh Lane<br>P.O. Box 607<br>New Vernon, NJ 07876-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Homemaker<br><b>Aggregate Year-to-Date -&gt;</b> 1,500.00                | <b>Date (month, day, year)</b><br>10/16/2000 | <b>Amount of Each Receipt this Period</b><br>100.00   |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>Dexter Earle<br>P.O. Box 611<br>Bedminster, NJ 07921-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)               | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Retired<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00                  | <b>Date (month, day, year)</b><br>10/18/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>Robert Eason<br>65 Temques Way<br>Westfield, NJ 07090-3622<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)          | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Retired<br><b>Aggregate Year-to-Date -&gt;</b> 400.00                    | <b>Date (month, day, year)</b><br>10/18/2000 | <b>Amount of Each Receipt this Period</b><br>100.00   |
| <b>G. Full Name, Mailing Address and Zip Code</b><br>James Eastwood<br>Granary Associates<br>Bryn. Mawr, PA 19010-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)       | <b>Name of Employer</b><br>Granary Associates<br><b>Occupation</b><br>Executive<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00 | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |

SUBTOTAL of Receipts This Page (optional)

3,250.00

TOTAL This Period (last page this line number only)

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## NAME OF COMMITTEE (In Full)

Bob Franks for U.S. Senate, Inc.

|                                                                                                                                                                                                                                                                          |                                                                                                                                     |                                              |                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>Linda Eastwood<br>c/o Granary Associates<br>Bryn Mawr, PA 19010-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)           | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Homemaker<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00                    | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>A. Theodore Eckenhoff<br>40 Retreat Rd<br>SouthHampton, NJ 08088-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)          | <b>Name of Employer</b><br>self<br><b>Occupation</b><br>Car Dealer<br><b>Aggregate Year-to-Date -&gt;</b> 500.00                    | <b>Date (month, day, year)</b><br>10/12/2000 | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>Cynthia Edelman<br>1701 Woodland Road<br>Abington, PA 19001-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)               | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Homemaker<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00                    | <b>Date (month, day, year)</b><br>10/17/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>Thomas Egan<br>41 Biltmore Avenue<br>Rye, NY 10580-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                        | <b>Name of Employer</b><br>Solomon, Smith, Barney<br><b>Occupation</b><br>Executive<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00 | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>Peter Ehrenberg<br>65 Livingston Avenue<br>Roseland, NJ 07068-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)             | <b>Name of Employer</b><br>Lowenstein Sandler<br><b>Occupation</b><br>Attorney<br><b>Aggregate Year-to-Date -&gt;</b> 500.00        | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>Lillian Eisenberg<br>9 Summit Street<br>Apt. 211<br>West Orange, NJ 07052-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Homemaker<br><b>Aggregate Year-to-Date -&gt;</b> 200.00                      | <b>Date (month, day, year)</b><br>10/06/2000 | <b>Amount of Each Receipt this Period</b><br>100.00   |
| <b>G. Full Name, Mailing Address and Zip Code</b><br>Ann S. Eldridge<br>23 Winchip Road<br>Summit, NJ 07901-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                    | <b>Name of Employer</b><br>Pricewaterhouse Cooper<br><b>Occupation</b><br>Investor<br><b>Aggregate Year-to-Date -&gt;</b> 450.00    | <b>Date (month, day, year)</b><br>10/12/2000 | <b>Amount of Each Receipt this Period</b><br>100.00   |

SUBTOTAL of Receipts This Page (optional)

4,200.00

TOTAL This Period (last page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary PagePAGE 37 OF 135  
FOR LINE NUMBER  
11(a)(i)

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## NAME OF COMMITTEE (In Full)

Bob Franks for U.S. Senate, Inc.

|                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                        |                                              |                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>Michael Ely<br>93 Prospect Fl<br>Hillsdale, NJ 07642-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                                        | <b>Name of Employer</b><br>Scholastic Bus Co.<br><b>Occupation</b><br>Owner<br><b>Aggregate Year-to-Date -&gt;</b> 250.00                              | <b>Date (month, day, year)</b><br>10/12/2000 | <b>Amount of Each Receipt this Period</b><br>250.00   |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>Employee Benefit Designs, L.L.C.<br>Attn: Mr. John Robert Murray<br>350 Shaler Blvd<br>Ridgefield, NJ 07657-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>Partnership Attribution Listed Individually<br><b>Occupation</b><br>Executive<br><b>Aggregate Year-to-Date -&gt;</b> 150.00 | <b>Date (month, day, year)</b><br>10/18/2000 | <b>Amount of Each Receipt this Period</b><br>150.00   |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>Employee Benefit Designs, L.L.C.<br>Attn: Mr. John Robert Murray<br>350 Shaler Blvd<br>Ridgefield, NJ 07657-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>Partnership Attribution Listed Individually<br><b>Occupation</b><br>Executive<br><b>Aggregate Year-to-Date -&gt;</b> 250.00 | <b>Date (month, day, year)</b><br>10/18/2000 | <b>Amount of Each Receipt this Period</b><br>100.00   |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>Stephen Engelberg<br>54 lakeside Drive apt. B<br>Millburn, NJ 07041-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                         | <b>Name of Employer</b><br>Kean University<br><b>Occupation</b><br>Professor<br><b>Aggregate Year-to-Date -&gt;</b> 250.00                             | <b>Date (month, day, year)</b><br>10/18/2000 | <b>Amount of Each Receipt this Period</b><br>250.00   |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>Michael R. Englund<br>624 Corriente Pointe Dr<br>Redwood City, CA 94065-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                     | <b>Name of Employer</b><br>Standard & Poors<br><b>Occupation</b><br>Economist<br><b>Aggregate Year-to-Date -&gt;</b> 200.00                            | <b>Date (month, day, year)</b><br>10/06/2000 | <b>Amount of Each Receipt this Period</b><br>200.00   |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>Environmental<br>Mr. Vincent Fox<br>4 Crest Court<br>Morris Plains, NJ 07950-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                | <b>Name of Employer</b><br>Environmental Strategies<br><b>Occupation</b><br>Owner<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00                      | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>G. Full Name, Mailing Address and Zip Code</b><br>Nancy Eppel<br>769 Cherry Valley Rd<br>Princeton, NJ 08540-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                                  | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Homemaker<br><b>Aggregate Year-to-Date -&gt;</b> 300.00                                         | <b>Date (month, day, year)</b><br>10/12/2000 | <b>Amount of Each Receipt this Period</b><br>200.00   |

SUBTOTAL of Receipts This Page (optional)

2,150.00

TOTAL This Period (last page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
detailed Summary pagePAGE 38 OF 135  
FOR LINE NUMBER  
11(a)(i)

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## NAME OF COMMITTEE (In Full)

Bob Franks for U.S. Senate, Inc.

|                                                                                                                                                                                                                                                                                  |                                                                                                                                       |                                              |                                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>Jonathan Epstein<br>122 King George Road<br>Pennington, NJ 08534-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)           | <b>Name of Employer</b><br>Dunker, Biddle<br><b>Occupation</b><br>Attorney<br><b>Aggregate Year-to-Date -&gt;</b> 500.00              | <b>Date (month, day, year)</b><br>10/16/2000 | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>R.F.G. Equity<br>Richard Grasso<br>11 North Jersey Lane<br>Wayne, NJ 07470-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>Lakeview Subacute Care<br><b>Occupation</b><br>Administrator<br><b>Aggregate Year-to-Date -&gt;</b> 200.00 | <b>Date (month, day, year)</b><br>10/12/2000 | <b>Amount of Each Receipt this Period</b><br>200.00   |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>Warren Erdmann<br>12 Forest Ridge Terrace<br>Oak Ridge, NJ 07439-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)           | <b>Name of Employer</b><br>Bioreference<br><b>Occupation</b><br>V.P.<br><b>Aggregate Year-to-Date -&gt;</b> 50.00                     | <b>Date (month, day, year)</b><br>10/16/2000 | <b>Amount of Each Receipt this Period</b><br>50.00    |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>Warren Erdmann<br>12 Forest Ridge Terrace<br>Oak Ridge, NJ 07438-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)           | <b>Name of Employer</b><br>Bioreference<br><b>Occupation</b><br>V.P.<br><b>Aggregate Year-to-Date -&gt;</b> 300.00                    | <b>Date (month, day, year)</b><br>10/16/2000 | <b>Amount of Each Receipt this Period</b><br>250.00   |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>Robert Essner<br>2 Van Buren Rd<br>Morristown, NJ 07960-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                    | <b>Name of Employer</b><br>Am. Home Products<br><b>Occupation</b><br>Executive<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00        | <b>Date (month, day, year)</b><br>10/12/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>J.M. Farinella<br>52 Tree Top Drive<br>Springfield, NJ 07081-3632<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)           | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Retired<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00                        | <b>Date (month, day, year)</b><br>10/13/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>G. Full Name, Mailing Address and Zip Code</b><br>Nancy N. Farley<br>Ridge Road<br>West Orange, NJ 07052-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                     | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Homemaker<br><b>Aggregate Year-to-Date -&gt;</b> 200.00                        | <b>Date (month, day, year)</b><br>10/18/2000 | <b>Amount of Each Receipt this Period</b><br>200.00   |

SUBTOTAL of Receipts This Page (optional)

3,200.00

TOTAL This Period (last page this line number only)



**SCHEDULE A**

**ITEMIZED RECEIPTS**

See separate schedule for each category of the Detailed Summary Page

PAGE 39 OF 135  
FOR LINE NUMBER 11(a)(i)

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**NAME OF COMMITTEE (in full)**

Bob Franks for U.S. Senate, Inc.

|                                                                                                                                                                                                                                                                         |                                                                                                                                    |                                              |                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>Clare Farragher<br>400 West Main Street, 3rd Floor<br>Freehold, NJ 07728-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>State of NJ<br><b>Occupation</b><br>Assemblywoman<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00       | <b>Date (month, day, year)</b><br>10/18/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>Robert Farrell<br>151 Sylvan Avenue<br>Leonia, NJ 07605-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                  | <b>Name of Employer</b><br>Salomon Smith Barney<br><b>Occupation</b><br>Stock broker<br><b>Aggregate Year-to-Date -&gt;</b> 200.00 | <b>Date (month, day, year)</b><br>10/06/2000 | <b>Amount of Each Receipt this Period</b><br>100.00   |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>Donald Felker<br>43 Independence Way<br>Convent Station, NJ 07961-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)        | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Retired<br><b>Aggregate Year-to-Date -&gt;</b> 210.00                       | <b>Date (month, day, year)</b><br>10/06/2000 | <b>Amount of Each Receipt this Period</b><br>60.00    |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>Donald Felker<br>43 Independence Way<br>Convent Station, NJ 07961-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)        | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Retired<br><b>Aggregate Year-to-Date -&gt;</b> 260.00                       | <b>Date (month, day, year)</b><br>10/12/2000 | <b>Amount of Each Receipt this Period</b><br>50.00    |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>Donald Felker<br>43 Independence Way<br>Convent Station, NJ 07961-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)        | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Retired<br><b>Aggregate Year-to-Date -&gt;</b> 285.00                       | <b>Date (month, day, year)</b><br>10/18/2000 | <b>Amount of Each Receipt this Period</b><br>25.00    |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>Bella Fellig<br>17 Wadsworth Road<br>Glen Rock, NJ 07452-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                 | <b>Name of Employer</b><br>Borough of Glen Rock<br><b>Occupation</b><br>Councilwoman<br><b>Aggregate Year-to-Date -&gt;</b> 200.00 | <b>Date (month, day, year)</b><br>10/06/2000 | <b>Amount of Each Receipt this Period</b><br>50.00    |
| <b>G. Full Name, Mailing Address and Zip Code</b><br>Ben Ferrara<br>77 Spring Street<br>Harrington Park, NJ 07640-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)             | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Retired<br><b>Aggregate Year-to-Date -&gt;</b> 350.00                       | <b>Date (month, day, year)</b><br>10/10/2000 | <b>Amount of Each Receipt this Period</b><br>100.00   |

**SUBTOTAL of Receipts This Page (optional)**

1,385.00

**TOTAL This Period (last page this line number only)**

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule for each category of the Detailed Summary Page

|                 |    |    |     |
|-----------------|----|----|-----|
| PAGE            | 40 | OF | 135 |
| FOR LINE NUMBER |    |    |     |
| 11(a) (1)       |    |    |     |

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## NAME OF COMMITTEE (In Full)

Bob Franks for U.S. Senate, Inc.

|                                                                                                                                                                                                                                                                            |                                                                                                                                          |                                              |                                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>Joseph Perri<br>16 Windswept Way<br>Long Valley, NJ 07853-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)            | <b>Name of Employer</b><br>Secinka Dumbach Perri<br><b>Occupation</b><br>manufacturers rep<br><b>Aggregate Year-to-Date -&gt;</b> 200.00 | <b>Date (month, day, year)</b><br>10/06/2000 | <b>Amount of Each Receipt this Period</b><br>25.00    |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>Lawrence Fette<br>19 Sloping Hill Ter<br>Wayne, NJ 07470-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)             | <b>Name of Employer</b><br>Fette Ford Inc<br><b>Occupation</b><br>Car Dealer<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00             | <b>Date (month, day, year)</b><br>10/12/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>Hubert Fiaccone<br>10 Euclid Avenue<br>Apt. 401<br>Summit, NJ 07901-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)  | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Retired<br><b>Aggregate Year-to-Date -&gt;</b> 700.00                             | <b>Date (month, day, year)</b><br>10/13/2000 | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>Doris Fife<br>6 Ea Provence<br>Cherry Hill, NJ 08003-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                 | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Homemaker<br><b>Aggregate Year-to-Date -&gt;</b> 500.00                           | <b>Date (month, day, year)</b><br>10/18/2000 | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>John Filice<br>95 Hillside Avenue<br>Berkeley Heights, NJ 07922-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)      | <b>Name of Employer</b><br>Researching<br><b>Occupation</b><br>Researching<br><b>Aggregate Year-to-Date -&gt;</b> 250.00                 | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>250.00   |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>Steven W. Firestone<br>131 Bloomfield Street #2<br>Hoboken, NJ 07030-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>CIBC World Markets<br><b>Occupation</b><br>Investment Banker<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00  | <b>Date (month, day, year)</b><br>10/16/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>G. Full Name, Mailing Address and Zip Code</b><br>Donald Fitz Maurice<br>3B Hickory Court<br>Brielle, NJ 08730-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)         | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Retired<br><b>Aggregate Year-to-Date -&gt;</b> 600.00                             | <b>Date (month, day, year)</b><br>10/10/2000 | <b>Amount of Each Receipt this Period</b><br>100.00   |

SUBTOTAL of Receipts This Page (optional)

3,375.00

TOTAL This Period (last page this line number only)

**SCHEDULE A**

**ITEMIZED RECEIPTS**

One separate schedule is  
for each category of line  
Detailed Summary Page

PAGE 41 OF 135  
FOR LINE NUMBER  
11(a)(i)

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**NAME OF COMMITTEE (In Full)**

Bob Franks for U.S. Senate, Inc.

|                                                                                                                                                                                                                                                                        |                                                                                                                                     |                                              |                                                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>William Flahive<br>43 Delevan Street<br>Lambertville, NJ 08530-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   | <b>Name of Employer</b><br>Self Employed<br><b>Occupation</b><br>Lawyer<br><b>Aggregate Year-to-Date -&gt;</b> 275.00               | <b>Date (month, day, year)</b><br>10/12/2000 | <b>Amount of Each Receipt this Period</b><br>75.00    |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>Ronald Flynn<br>80 Montross Avenue<br>Rutherford, NJ 07070-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)       | <b>Name of Employer</b><br>Richmond Express<br><b>Occupation</b><br>Trucking Industry<br><b>Aggregate Year-to-Date -&gt;</b> 275.00 | <b>Date (month, day, year)</b><br>10/16/2000 | <b>Amount of Each Receipt this Period</b><br>250.00   |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>Linda Foell<br>175 Rolling Hill Road<br>Skillman, NJ 08558-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)       | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Homemaker<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00                    | <b>Date (month, day, year)</b><br>10/13/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>Rosemarie Foley<br>13 Village Rd.<br>Florham Park, NJ 07932-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)      | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Homemaker<br><b>Aggregate Year-to-Date -&gt;</b> 350.00                      | <b>Date (month, day, year)</b><br>10/13/2000 | <b>Amount of Each Receipt this Period</b><br>250.00   |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>Linda Fountain<br>P.O. Box 964<br>Branchville, NJ 07826-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)          | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Homemaker<br><b>Aggregate Year-to-Date -&gt;</b> 500.00                      | <b>Date (month, day, year)</b><br>10/17/2000 | <b>Amount of Each Receipt this Period</b><br>200.00   |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>Austin Fragomen<br>515 Madison Ave<br>New York, NY 10022-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)         | <b>Name of Employer</b><br>self<br><b>Occupation</b><br>Attorney<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00                    | <b>Date (month, day, year)</b><br>10/13/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>G. Full Name, Mailing Address and Zip Code</b><br>Guy Francfort<br>34 Pulaski Road<br>Whitehouse Station, NJ 08889-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>Mega Electronics<br><b>Occupation</b><br>Executive<br><b>Aggregate Year-to-Date -&gt;</b> 200.00         | <b>Date (month, day, year)</b><br>10/06/2000 | <b>Amount of Each Receipt this Period</b><br>25.00    |

**SUBTOTAL of Receipts This Page (optional)**

2,800.00

**TOTAL This Period (last page this line number only)**

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 42 OF 135  
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)**

Bob Franks for U.S. Senate, Inc.

|                                                                                                                                                                                                                                                                                           |                                                                                                                                    |                                              |                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-----------------------------------------------------|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>John Francis<br>144 Oak Creek Road<br>E. Windsor, NJ 08520-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                 | <b>Name of Employer</b><br>Self-Employed<br><b>Occupation</b><br>Consultant<br><b>Aggregate Year-to-Date --&gt;</b> 450.00         | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>250.00 |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>David Fraytak<br>7 Rivulet Way<br>Mercerville, NJ 08619-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                    | <b>Name of Employer</b><br>Fancy, Thorne Fraytak<br><b>Occupation</b><br>Accountant<br><b>Aggregate Year-to-Date --&gt;</b> 250.00 | <b>Date (month, day, year)</b><br>10/12/2000 | <b>Amount of Each Receipt this Period</b><br>250.00 |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>Patricia Freda<br>339 Old Grove Road<br>Mountainside, NJ 07092-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                             | <b>Name of Employer</b><br>Self Employed<br><b>Occupation</b><br>Physician<br><b>Aggregate Year-to-Date --&gt;</b> 450.00          | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>200.00 |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>William E. Frederick<br>1413 Golf Street<br>Scotch Plains, NJ 07076-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                        | <b>Name of Employer</b><br>Debitte & Touche<br><b>Occupation</b><br>Partner<br><b>Aggregate Year-to-Date --&gt;</b> 250.00         | <b>Date (month, day, year)</b><br>10/16/2000 | <b>Amount of Each Receipt this Period</b><br>250.00 |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>Ellen Freeman<br>12 Orchrd Way<br>Warren, NJ 07059-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                         | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Homemaker<br><b>Aggregate Year-to-Date --&gt;</b> 250.00                    | <b>Date (month, day, year)</b><br>10/06/2000 | <b>Amount of Each Receipt this Period</b><br>250.00 |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>Harry Freitag, Jr<br>137 Commerce St W<br>Bridgeton, NJ 08302-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                              | <b>Name of Employer</b><br>County of Cumberland<br><b>Occupation</b><br>Manager<br><b>Aggregate Year-to-Date --&gt;</b> 500.00     | <b>Date (month, day, year)</b><br>10/10/2000 | <b>Amount of Each Receipt this Period</b><br>500.00 |
| <b>G. Full Name, Mailing Address and Zip Code</b><br>Laurence French<br>French & Parrello Assoc.<br>670 North Beers Street<br>Holmdel, NJ 07733-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>French & Parrello<br><b>Occupation</b><br>Engineer<br><b>Aggregate Year-to-Date --&gt;</b> 500.00       | <b>Date (month, day, year)</b><br>10/18/2000 | <b>Amount of Each Receipt this Period</b><br>500.00 |

**SUBTOTAL of Receipts This Page (optional)**

2,200.00

**TOTAL This Period (last page this line number only)**

**SCHEDULE A**

**ITEMIZED RECEIPTS**

See separate schedule (a)  
for each category of the  
Detailed Summary Page

PAGE 43 OF 135  
FOR LINE NUMBER  
11(a)(i)

Any information copied from such receipts 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)**  
Bob Franks for U.S. Senate, Inc.

|                                                                                                                                                                                                                                                                            |                                                                                                                                     |                                              |                                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>Robert W. Friant, Jr.<br>120 Stokes Rd<br>Medford, NJ 08055-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)          | <b>Name of Employer</b><br>GluckShaw Group<br><b>Occupation</b><br>Senior VP<br><b>Aggregate Year-to-Date -&gt;</b> 625.00          | <b>Date (month, day, year)</b><br>10/12/2000 | <b>Amount of Each Receipt this Period</b><br>125.00   |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>Mitchell Friedman<br>1460 Cooper Road<br>Scotch Plains, NJ 07076-2834<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>New Norris Chevrolet<br><b>Occupation</b><br>Auto Dealer<br><b>Aggregate Year-to-Date -&gt;</b> 1,500.00 | <b>Date (month, day, year)</b><br>10/12/2000 | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>Steven Puerat<br>100 North Dougherty Avenue<br>Somerville, NJ 08876-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)  | <b>Name of Employer</b><br>Lowenstein Sandler<br><b>Occupation</b><br>Attorney<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00      | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>Robert Fuhrman<br>420 Wychwood Road<br>Westfield, NJ 07090-2338<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)       | <b>Name of Employer</b><br>Self-Employed<br><b>Occupation</b><br>Physician<br><b>Aggregate Year-to-Date -&gt;</b> 250.00            | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>150.00   |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>Alfred Gabrio<br>32 Glaser Avenue<br>Raritan, NJ 08869-2106<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)           | <b>Name of Employer</b><br>Borough of Raritan<br><b>Occupation</b><br>Council Member<br><b>Aggregate Year-to-Date -&gt;</b> 375.00  | <b>Date (month, day, year)</b><br>10/12/2000 | <b>Amount of Each Receipt this Period</b><br>125.00   |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>Paul Gaffney<br>3 Observatory Hill<br>Cincinnati, OH 45208-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)           | <b>Name of Employer</b><br>Shoemaker Gaffney Co.<br><b>Occupation</b><br>Accountant<br><b>Aggregate Year-to-Date -&gt;</b> 600.00   | <b>Date (month, day, year)</b><br>10/16/2000 | <b>Amount of Each Receipt this Period</b><br>100.00   |
| <b>G. Full Name, Mailing Address and Zip Code</b><br>Warren Gaffney<br>29 Lenape Dr.<br>Montville, NJ 07045-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)               | <b>Name of Employer</b><br>Damman & Co., Inc.<br><b>Occupation</b><br>President<br><b>Aggregate Year-to-Date -&gt;</b> 500.00       | <b>Date (month, day, year)</b><br>10/06/2000 | <b>Amount of Each Receipt this Period</b><br>500.00   |

**SUBTOTAL of Receipts This Page (optional)**

2,500.00

**TOTAL This Period (last page this line number only)**

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule (a)  
for each category of the  
Detailed Summary PagePAGE 44 OF 135  
FOR LINE NUMBER  
11(a) (i)

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## NAME OF COMMITTEE (in full)

Bob Franks for U.S. Senate, Inc.

|                                                                                                                                                                                                                                                                         |                                                                                                                                |                                              |                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>Cheryl Gallagher<br>P.O. Box 123<br>Pitman, NJ 08071-0123<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)          | <b>Name of Employer</b><br>Campbell's Express<br><b>Occupation</b><br>Executive<br><b>Aggregate Year-to-Date -&gt;</b> 250.00  | <b>Date (month, day, year)</b><br>10/17/2000 | <b>Amount of Each Receipt this Period</b><br>250.00   |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>Denis Gallagher<br>1604 Wall Church Road<br>Wall Twp., NJ 07719-<br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Retired<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00                 | <b>Date (month, day, year)</b><br>10/16/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>Denis Gallagher<br>1604 Wall Church Road<br>Wall Twp., NJ 07719-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Retired<br><b>Aggregate Year-to-Date -&gt;</b> 2,000.00                 | <b>Date (month, day, year)</b><br>10/16/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>Barbara Gargort<br>312 Sussex Avenue<br>Spring Lake, NJ 07762-1230<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Homemaker<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00               | <b>Date (month, day, year)</b><br>10/13/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>R. P. Gargort<br>312 Sussex Avenue<br>Spring Lake, NJ 07762-1230<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   | <b>Name of Employer</b><br>J & J<br><b>Occupation</b><br>V.P.<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00                  | <b>Date (month, day, year)</b><br>10/13/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>Alan Gardiner<br>1650 Lenape Rd.<br>Linden, NJ 07036-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)              | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Retired<br><b>Aggregate Year-to-Date -&gt;</b> 350.00                   | <b>Date (month, day, year)</b><br>10/06/2000 | <b>Amount of Each Receipt this Period</b><br>100.00   |
| <b>G. Full Name, Mailing Address and Zip Code</b><br>James Gardner<br>14 Stiles Road<br>Summit, NJ 07901-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)               | <b>Name of Employer</b><br>Self Employed<br><b>Occupation</b><br>Plastic Surgeon<br><b>Aggregate Year-to-Date -&gt;</b> 500.00 | <b>Date (month, day, year)</b><br>10/10/2000 | <b>Amount of Each Receipt this Period</b><br>500.00   |

SUBTOTAL of Receipts This Page (optional)

4,850.00

TOTAL This Period (last page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

 Use separate schedule(s)  
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Detailed Summary Page

 PAGE 45 OF 135  
FOR LINE NUMBER  
11(a)(i)

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## NAME OF COMMITTEE (In Full)

Bob Franks for U.S. Senate, Inc.

|                                                                                                                                                                                                                                                                        |                                                                                                                                     |                                              |                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-----------------------------------------------------|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>Joan Gargiulo<br>47 Lancaster Ct.<br>New Providence, NJ 07974-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)    | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Self-Employed<br><b>Aggregate Year-to-Date -&gt;</b> 400.00                  | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>50.00  |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>Joan Gargiulo<br>47 Lancaster Ct.<br>New Providence, NJ 07974-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)    | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Self-Employed<br><b>Aggregate Year-to-Date -&gt;</b> 450.00                  | <b>Date (month, day, year)</b><br>10/17/2000 | <b>Amount of Each Receipt this Period</b><br>50.00  |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>Marie Louise Garibaldi<br>34 Kingswood Rd<br>Weehawken, NJ 07087-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Retired<br><b>Aggregate Year-to-Date -&gt;</b> 750.00                        | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>250.00 |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>Robert B. Garman<br>26 Dogwood Drive<br>Madison, NJ 07940-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)        | <b>Name of Employer</b><br>Researching<br><b>Occupation</b><br>Researching<br><b>Aggregate Year-to-Date -&gt;</b> 200.00            | <b>Date (month, day, year)</b><br>10/12/2000 | <b>Amount of Each Receipt this Period</b><br>200.00 |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>Jean Gascoigne<br>7 Rockaway Drive<br>Boonton, NJ 07005-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)          | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Homemaker<br><b>Aggregate Year-to-Date -&gt;</b> 350.00                      | <b>Date (month, day, year)</b><br>10/16/2000 | <b>Amount of Each Receipt this Period</b><br>100.00 |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>Beth Gates<br>12 Cherryville Rd.<br>Flemington, NJ 08822-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)         | <b>Name of Employer</b><br>Elizabethtown Water<br><b>Occupation</b><br>Vice President<br><b>Aggregate Year-to-Date -&gt;</b> 500.00 | <b>Date (month, day, year)</b><br>10/10/2000 | <b>Amount of Each Receipt this Period</b><br>500.00 |
| <b>G. Full Name, Mailing Address and Zip Code</b><br>Robert Gehring<br>16 Courter Ave<br>Maplewood, NJ 07040-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)          | <b>Name of Employer</b><br>Trantechology<br><b>Occupation</b><br>Finance<br><b>Aggregate Year-to-Date -&gt;</b> 475.00              | <b>Date (month, day, year)</b><br>10/15/2000 | <b>Amount of Each Receipt this Period</b><br>100.00 |

SUBTOTAL of Receipts This Page (optional)

1,350.00

TOTAL This Period (last page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary PagePAGE 46 OF 135  
FOR LINE NUMBER  
11(a)(1)

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## NAME OF COMMITTEE (In Full)

Bob Franks for U.S. Senate, Inc.

|                                                                                                                                                                                                                                                                      |                                                                                                                                 |                                              |                                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>John Gelson<br>801 Orchard Ave<br>Point Pleasant Beach, NJ 08742-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)      | <b>Name of Employer</b><br>McLaughlin, Middleton<br><b>Occupation</b><br>Attorney<br><b>Aggregate Year-to-Date -&gt;</b> 500.00 | <b>Date (month, day, year)</b><br>10/10/2000 | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>Nancy Geltman<br>Redgate Road<br>P.O. Box 850<br>New Vernon, NJ 07976-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Homemaker<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00                | <b>Date (month, day, year)</b><br>10/18/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>Ronald Gianettino<br>788 Morris Pike,<br>Short Hills, NJ 07078-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)        | <b>Name of Employer</b><br>self<br><b>Occupation</b><br>Advertising<br><b>Aggregate Year-to-Date -&gt;</b> 250.00               | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>250.00   |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>Alexander Giaquinto<br>34 Redman Terrace<br>West Caldwell, NJ 07066-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Retired<br><b>Aggregate Year-to-Date -&gt;</b> 250.00                    | <b>Date (month, day, year)</b><br>10/18/2000 | <b>Amount of Each Receipt this Period</b><br>250.00   |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>Anne Gibbons<br>11 Little Wolf Rd.<br>Summit, NJ 07901-<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Student<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00                  | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>Anne Gibbons<br>11 Little Wolf Rd.<br>Summit, NJ 07901-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Student<br><b>Aggregate Year-to-Date -&gt;</b> 2,000.00                  | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>G. Full Name, Mailing Address and Zip Code</b><br>Mary Gibbons<br>11 Little Wolf Road<br>Summit, NJ 07901-<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)               | <b>Name of Employer</b><br>Access<br><b>Occupation</b><br>Social Work<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00           | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |

SUBTOTAL of Receipts This Page (optional)

5,000.00

TOTAL This Period (last page this line number only)



## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed summary pagePAGE 47 OF 135  
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)

Bob Franks for U.S. Senate, Inc.

|                                                                                                                                                                                                                                                                                |                                                                                                                                   |                                              |                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>Mary Gibbons<br>11 Little Wolf Road<br>Summit, NJ 07901-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                  | <b>Name of Employer</b><br>Access<br><b>Occupation</b><br>Social Work<br><b>Aggregate Year-to-Date -&gt;</b> 2,000.00             | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>Susan Gibbons<br>212 Bloomfield Street<br>Hoboken, NJ 07030-<br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)              | <b>Name of Employer</b><br>Somerset County<br><b>Occupation</b><br>Social Work<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00    | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>Susan Gibbons<br>212 Bloomfield Street<br>Hoboken, NJ 07030-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)              | <b>Name of Employer</b><br>Somerset County<br><b>Occupation</b><br>Social Work<br><b>Aggregate Year-to-Date -&gt;</b> 2,000.00    | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>Gladys Gilmarcin<br>308 Chelsea Manor<br>Park Ridge, NJ 07656-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)            | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Homemaker<br><b>Aggregate Year-to-Date -&gt;</b> 200.00                    | <b>Date (month, day, year)</b><br>10/17/2000 | <b>Amount of Each Receipt this Period</b><br>100.00   |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>Gladys Gilsenan<br>189 Chestnut Ridge Road<br>Saddle River, NJ 07458-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)     | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Homemaker<br><b>Aggregate Year-to-Date -&gt;</b> 200.00                    | <b>Date (month, day, year)</b><br>10/06/2000 | <b>Amount of Each Receipt this Period</b><br>200.00   |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>Douglas Gingarella<br>171 Central Avenue<br>Madison, NJ 07940-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)            | <b>Name of Employer</b><br>Schering-Plough<br><b>Occupation</b><br>Vice President<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00 | <b>Date (month, day, year)</b><br>10/18/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>G. Full Name, Mailing Address and Zip Code</b><br>Thomas Githens<br>25 Bay Point Harbour<br>Point Pleasant Beach, NJ 08742-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Retired<br><b>Aggregate Year-to-Date -&gt;</b> 475.00                      | <b>Date (month, day, year)</b><br>10/10/2000 | <b>Amount of Each Receipt this Period</b><br>100.00   |

SUBTOTAL of Receipts This Page (optional)

4,400.00

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 48 OF 135  
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)

Bob Franks for U.S. Senate, Inc.

|                                                                                                                                                                                                                                                                                                     |                                                                                                                                         |                                              |                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>Thomas Oithens<br>25 Bay Point Harbour<br>Point Pleasant Beach, NJ 08742-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                             | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Retired<br><b>Aggregate Year-to-Date -&gt;</b> 575.00                            | <b>Date (month, day, year)</b><br>10/18/2000 | <b>Amount of Each Receipt this Period</b><br>100.00   |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>Robert Gladstone<br>131 Madison Avenue<br>Morristown, NJ 07962-1979<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                   | <b>Name of Employer</b><br>Drinker Biddle<br><b>Occupation</b><br>Attorney<br><b>Aggregate Year-to-Date -&gt;</b> 500.00                | <b>Date (month, day, year)</b><br>10/16/2000 | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>Gerald Glasser<br>159 Landsdowne Ave.<br>Westfield, NJ 07090-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                         | <b>Name of Employer</b><br>Statistical Analytical Services<br><b>Occupation</b><br>CEO<br><b>Aggregate Year-to-Date -&gt;</b> 2,000.00  | <b>Date (month, day, year)</b><br>10/05/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>Susan Olick<br>955 S. Springfield Avenue<br>Unit 1309<br>Springfield, NJ 07081-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                       | <b>Name of Employer</b><br>Consolidated Shoe<br><b>Occupation</b><br>Sales Representative<br><b>Aggregate Year-to-Date -&gt;</b> 300.00 | <b>Date (month, day, year)</b><br>10/12/2000 | <b>Amount of Each Receipt this Period</b><br>100.00   |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>David Gockel<br>13 Strawberry Hill Road<br>Branchburg, NJ 08876-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                      | <b>Name of Employer</b><br>Langan Engineering<br><b>Occupation</b><br>Engineer<br><b>Aggregate Year-to-Date -&gt;</b> 2,000.00          | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>Harold Goff<br>5 Roberts Road<br>Randolph, NJ 07869-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                                  | <b>Name of Employer</b><br>Pfizer Corp.<br><b>Occupation</b><br>Executive<br><b>Aggregate Year-to-Date -&gt;</b> 300.00                 | <b>Date (month, day, year)</b><br>10/12/2000 | <b>Amount of Each Receipt this Period</b><br>100.00   |
| <b>G. Full Name, Mailing Address and Zip Code</b><br>Peter Gold<br>Blank Rome Corisky McCauley<br>210 Lake Drive East, Suite 200<br>Cherry Hill, NJ 08002-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>Blank, Rome, et al<br><b>Occupation</b><br>Attorney<br><b>Aggregate Year-to-Date -&gt;</b> 500.00            | <b>Date (month, day, year)</b><br>10/12/2000 | <b>Amount of Each Receipt this Period</b><br>500.00   |

SUBTOTAL of Receipts This Page (optional)

3,300.00

TOTAL This Period (last page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

See separate schedule(s)  
for each category of the  
Detailed Summary PagePAGE 49 OF 135  
FOR LINE NUMBER  
11 (a) (i)

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## NAME OF COMMITTEE (In Full)

Bob Franks for U.S. Senate, Inc.

|                                                                                                                                                                                                                                                                                                 |                                                                                                                                         |                                              |                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>David Goldberg<br>11 Commerce Drive<br>Cranford, NJ 07016-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                 | <b>Name of Employer</b><br>self<br><b>Occupation</b><br>Attorney<br><b>Aggregate Year-to-Date -&gt;</b> 250.00                          | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>250.00   |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>Robert Golden<br>67 Grandner Court<br>Bridgewater, NJ 08807-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                               | <b>Name of Employer</b><br>Golden, Rothschild, Spagnola,<br><b>Occupation</b><br>Attorney<br><b>Aggregate Year-to-Date -&gt;</b> 250.00 | <b>Date (month, day, year)</b><br>10/10/2000 | <b>Amount of Each Receipt this Period</b><br>250.00   |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>John R. Goltra<br>30 technology Blvd.<br>Warren, NJ 07059-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                 | <b>Name of Employer</b><br>Atlantic Development<br><b>Occupation</b><br>Executive<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00       | <b>Date (month, day, year)</b><br>10/10/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>Lisa Gomez-Rivera<br>221 Summer Avenue<br>Newark, NJ 07104-2626<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                            | <b>Name of Employer</b><br>County of Newark<br><b>Occupation</b><br>Attorney<br><b>Aggregate Year-to-Date -&gt;</b> 500.00              | <b>Date (month, day, year)</b><br>10/18/2000 | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>Robert Goode<br>30 Creemer Avenue<br>Aselin, NJ 08830-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                     | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Retired<br><b>Aggregate Year-to-Date -&gt;</b> 200.00                            | <b>Date (month, day, year)</b><br>10/12/2000 | <b>Amount of Each Receipt this Period</b><br>100.00   |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>Robert Goodman<br>70 Castle Point Blvd<br>Piscataway, NJ 08854-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                            | <b>Name of Employer</b><br>Prudential Pioneer<br><b>Occupation</b><br>Real estate<br><b>Aggregate Year-to-Date -&gt;</b> 250.00         | <b>Date (month, day, year)</b><br>10/17/2000 | <b>Amount of Each Receipt this Period</b><br>250.00   |
| <b>G. Full Name, Mailing Address and Zip Code</b><br>Lon Gorman<br>The Lon Gorman Rev Liv Trust<br>24 Sherwood Downs<br>Saddle River, NJ 07458-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>Charles Schwab<br><b>Occupation</b><br>Finance<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00               | <b>Date (month, day, year)</b><br>10/16/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |

SUBTOTAL of Receipts This Page (optional)

3,950.00

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 50 OF 135

FOR LINE NUMBER  
11(a) (1)

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## NAME OF COMMITTEE (In Full)

Bob Franks for U.S. Senate, Inc.

|                                                                                                                                                                                                                                                                                           |                                                                                                                                                  |                                                                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>T.M. Gorrie<br>Johnson & Johnson<br>One Johnson & Johnson Plaza<br>New Brunswick, NJ 08933-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>J & J<br><b>Occupation</b><br>Executive<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00                               | <b>Date (month, day, year)</b><br>10/12/2000<br><b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>Denis Grady<br>5 Wyckoff Lane<br>Flemington, NJ 08822-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                      | <b>Name of Employer</b><br>Novartis<br><b>Occupation</b><br>Executive<br><b>Aggregate Year-to-Date -&gt;</b> 500.00                              | <b>Date (month, day, year)</b><br>10/06/2000<br><b>Amount of Each Receipt this Period</b><br>200.00   |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>Devon Graf<br>326 Riverview Avenue<br>Florence, NJ 08518-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                   | <b>Name of Employer</b><br>State of New Jersey<br><b>Occupation</b><br>Attorney<br><b>Aggregate Year-to-Date -&gt;</b> 725.00                    | <b>Date (month, day, year)</b><br>10/12/2000<br><b>Amount of Each Receipt this Period</b><br>125.00   |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>Louis Grato<br>803 Circle Avenue<br>Franklin Lakes, NJ 07417-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                               | <b>Name of Employer</b><br>International Motor Freight<br><b>Occupation</b><br>Trucking Industry<br><b>Aggregate Year-to-Date -&gt;</b> 500.00   | <b>Date (month, day, year)</b><br>10/16/2000<br><b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>Louis Grato<br>809 Circle Avenue<br>Franklin Lakes, NJ 07417-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                               | <b>Name of Employer</b><br>International Motor Freight<br><b>Occupation</b><br>Trucking Industry<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00 | <b>Date (month, day, year)</b><br>10/18/2000<br><b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>Stephen Grato<br>8 Roseland Court<br>Cranbury, NJ 08512-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                    | <b>Name of Employer</b><br>Best Transportation<br><b>Occupation</b><br>Executive<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00                 | <b>Date (month, day, year)</b><br>10/16/2000<br><b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>G. Full Name, Mailing Address and Zip Code</b><br>William Grato<br>5 Princess Court<br>Holmdel, NJ 07733-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                     | <b>Name of Employer</b><br>Best Transportation<br><b>Occupation</b><br>Executive<br><b>Aggregate Year-to-Date -&gt;</b> 1,500.00                 | <b>Date (month, day, year)</b><br>10/16/2000<br><b>Amount of Each Receipt this Period</b><br>1,000.00 |

SUBTOTAL of Receipts This Page (optional)

3,825.00

TOTAL This Period (last page this line number only)

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## NAME OF COMMITTEE (In Full)

Bob Franks for U.S. Senate, Inc.

|                                                                                                                                                                                                                                                                                        |                                                                                                                                        |                                              |                                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>William Grato<br>5 Princess Court<br>Holmdel, NJ 07733-<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                  | <b>Name of Employer</b><br>Best Transportation<br><b>Occupation</b><br>Executive<br><b>Aggregate Year-to-Date -&gt;</b> 2,000.00       | <b>Date (month, day, year)</b><br>10/18/2000 | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>Frank Greek, Jr.<br>33 Cotters Lane<br>East Brunswick, NJ 08816-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                         | <b>Name of Employer</b><br>Self Employed<br><b>Occupation</b><br>Real Estate Developer<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00 | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>Howard Green<br>7 Mill Lane<br>Linwood, NJ 08221-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                        | <b>Name of Employer</b><br>WINCM<br><b>Occupation</b><br>broadcaster<br><b>Aggregate Year-to-Date -&gt;</b> 250.00                     | <b>Date (month, day, year)</b><br>10/10/2000 | <b>Amount of Each Receipt this Period</b><br>250.00   |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>Ralph A. Grieco<br>758 Morris Trpk.<br>Short Hills, NJ 07078-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                            | <b>Name of Employer</b><br>self<br><b>Occupation</b><br>Self Employed<br><b>Aggregate Year-to-Date -&gt;</b> 250.00                    | <b>Date (month, day, year)</b><br>10/16/2000 | <b>Amount of Each Receipt this Period</b><br>250.00   |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>R. James Griffith<br>210 Cherryville Road<br>Flemington, NJ 08822-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                       | <b>Name of Employer</b><br>Princeton Risk Managers<br><b>Occupation</b><br>Insurance<br><b>Aggregate Year-to-Date -&gt;</b> 350.00     | <b>Date (month, day, year)</b><br>10/18/2000 | <b>Amount of Each Receipt this Period</b><br>100.00   |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>Kenneth Grispin<br>328 Park Avenue<br>P.O. Box 310<br>Scotch Plains, NJ 07076-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)           | <b>Name of Employer</b><br>Leib, Kraus, Grispin & Rotie<br><b>Occupation</b><br>Attorney<br><b>Aggregate Year-to-Date -&gt;</b> 200.00 | <b>Date (month, day, year)</b><br>10/16/2000 | <b>Amount of Each Receipt this Period</b><br>100.00   |
| <b>G. Full Name, Mailing Address and Zip Code</b><br>C.H. Grondin<br>Grondin Executive Manor<br>655 Amboy Avenue<br>Woodbridge, NJ 07095-3145<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>Self-Employed<br><b>Occupation</b><br>Grondin Executive Manor<br><b>Aggregate Year-to-Date -&gt;</b> 575.00 | <b>Date (month, day, year)</b><br>10/06/2000 | <b>Amount of Each Receipt this Period</b><br>75.00    |

SUBTOTAL of Receipts This Page (optional)

2,275.00

TOTAL This Period (last page this line number only)

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## NAME OF COMMITTEE (in full)

Bob Franks for U.S. Senate, Inc.

|                                                                                                                                                                                                                                                                           |                                                                                                                                |                                              |                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>Alan Grosman<br>Grosman & Grosman<br>75 Main Street<br>Millburn, NJ 07041-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)  | <b>Name of Employer</b><br>self<br><b>Occupation</b><br>Attorney<br><b>Aggregate Year-to-Date -&gt;</b> 200.00                 | <b>Date (month, day, year)</b><br>10/06/2000 | <b>Amount of Each Receipt this Period</b><br>200.00   |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>Vaughn Grundy III<br>10 Rosedale Way<br>Pennington, NJ 08534-9739<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)           | <b>Name of Employer</b><br>IEW Construction<br><b>Occupation</b><br>President<br><b>Aggregate Year-to-Date -&gt;</b> 1,500.00  | <b>Date (month, day, year)</b><br>10/06/2000 | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>Erika Gummel<br>192 Gallinson Drive<br>New Providence, NJ 07974-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)            | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Homemaker<br><b>Aggregate Year-to-Date -&gt;</b> 225.00                 | <b>Date (month, day, year)</b><br>10/16/2000 | <b>Amount of Each Receipt this Period</b><br>25.00    |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>T. Carter Hagaman<br>21 Hickory Road<br>Maplewood, NJ 07040-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                | <b>Name of Employer</b><br>Kean University<br><b>Occupation</b><br>Professor<br><b>Aggregate Year-to-Date -&gt;</b> 200.00     | <b>Date (month, day, year)</b><br>10/06/2000 | <b>Amount of Each Receipt this Period</b><br>100.00   |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>James Hager<br>3 Hoagland Road<br>Flemington, NJ 08822-7151<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                 | <b>Name of Employer</b><br>James Hager, Jr.<br><b>Occupation</b><br>Contractor<br><b>Aggregate Year-to-Date -&gt;</b> 350.00   | <b>Date (month, day, year)</b><br>10/06/2000 | <b>Amount of Each Receipt this Period</b><br>100.00   |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>William S. Haines<br>3430-A, Route 563<br>Chatsworth, NJ 08019-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)             | <b>Name of Employer</b><br>self<br><b>Occupation</b><br>Farmer<br><b>Aggregate Year-to-Date -&gt;</b> 200.00                   | <b>Date (month, day, year)</b><br>10/06/2000 | <b>Amount of Each Receipt this Period</b><br>200.00   |
| <b>G. Full Name, Mailing Address and Zip Code</b><br>Carol Hallett<br>1301 Pennsylvania Ave NW<br>#1100<br>Washington, DC 20004-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>Air Transport Assn<br><b>Occupation</b><br>Lobbyist<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00 | <b>Date (month, day, year)</b><br>10/17/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |

SUBTOTAL of Receipts This Page (optional)

2,125.00

TOTAL This Period (last page this line number only)

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## NAME OF COMMITTEE (in full)

Bob Franks for U.S. Senate, Inc.

|                                                                                                                                                                                                                                                                      |                                                                                                                                     |                                              |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-----------------------------------------------------|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>Bill Handley<br>78 Massel Ter<br>South Orange, NJ 07079-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)               | <b>Name of Employer</b><br>County of Essex<br><b>Occupation</b><br>Chair Rep<br><b>Aggregate Year-to-Date -&gt;</b> 200.00          | <b>Date (month, day, year)</b><br>10/18/2000 | <b>Amount of Each Receipt this Period</b><br>100.00 |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>Maxine Haneman<br>PO Box 390<br>Ocean City, NJ 08226-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                  | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Homemaker<br><b>Aggregate Year-to-Date -&gt;</b> 250.00                      | <b>Date (month, day, year)</b><br>10/06/2000 | <b>Amount of Each Receipt this Period</b><br>250.00 |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>Frank Hankins<br>237 Sewall Road<br>Bridgeton, NC 08302-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)               | <b>Name of Employer</b><br>self<br><b>Occupation</b><br>Lumber Dealer<br><b>Aggregate Year-to-Date -&gt;</b> 250.00                 | <b>Date (month, day, year)</b><br>10/06/2000 | <b>Amount of Each Receipt this Period</b><br>250.00 |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>Daniel Hanks<br>39 Huntington Rd. SW<br>Rome, GA 30165-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                | <b>Name of Employer</b><br>Romp Radiology Group<br><b>Occupation</b><br>Physician<br><b>Aggregate Year-to-Date -&gt;</b> 200.00     | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>100.00 |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>Paul Hanlon<br>93 Kensington Avenue<br>Jersey City, NJ 07304-1805<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)      | <b>Name of Employer</b><br>self<br><b>Occupation</b><br>Attorney<br><b>Aggregate Year-to-Date -&gt;</b> 185.00                      | <b>Date (month, day, year)</b><br>10/12/2000 | <b>Amount of Each Receipt this Period</b><br>50.00  |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>Paul Hanlon<br>93 Kensington Avenue<br>Jersey City, NJ 07304-1805<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)      | <b>Name of Employer</b><br>self<br><b>Occupation</b><br>Attorney<br><b>Aggregate Year-to-Date -&gt;</b> 250.00                      | <b>Date (month, day, year)</b><br>10/17/2000 | <b>Amount of Each Receipt this Period</b><br>75.00  |
| <b>G. Full Name, Mailing Address and Zip Code</b><br>Daniel Hensburg<br>36 Dispatch Drive<br>Washington Crossing, PA 18977-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>Darby & Darby, P.C<br><b>Occupation</b><br>Patent Attorney<br><b>Aggregate Year-to-Date -&gt;</b> 500.00 | <b>Date (month, day, year)</b><br>10/10/2000 | <b>Amount of Each Receipt this Period</b><br>500.00 |

SUBTOTAL of Receipts This Page (optional)

1,325.00

TOTAL This Period (last page this line number only)

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## NAME OF COMMITTEE (In Full)

Bob Franks for U.S. Senate, Inc.

|                                                                                                                                                                                                                                                                                           |                                                                                                                                             |                                              |                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>John Hansbury<br>1216 Bear Tavern Road<br>Titusville, NJ 08560-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                             | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Retired<br><b>Aggregate Year-to-Date -&gt;</b> 300.00                                | <b>Date (month, day, year)</b><br>10/17/2000 | <b>Amount of Each Receipt this Period</b><br>300.00   |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>Mildred Hanson<br>235 Moore Street<br>Hackensack, NJ 07601-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                 | <b>Name of Employer</b><br>James E. Hanson, Inc.<br><b>Occupation</b><br>Executive<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00          | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>Andrew Hardtke<br>213 Vernon Rd<br>Morrisville, PA 19062-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                   | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Retired<br><b>Aggregate Year-to-Date -&gt;</b> 200.00                                | <b>Date (month, day, year)</b><br>10/12/2000 | <b>Amount of Each Receipt this Period</b><br>200.00   |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>Chuck Hardwick<br>1610 Beacon Lane<br>235 E. 42nd Street<br>Point Pleasant Beach, NJ 08742-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>Pfizer Corp.<br><b>Occupation</b><br>Vice President<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00              | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>John Harrison<br>28 Spurce Run Road<br>Clinton, NJ 08809-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                   | <b>Name of Employer</b><br>AAA Guaranteed On Time Limo<br><b>Occupation</b><br>Limosine Owner<br><b>Aggregate Year-to-Date -&gt;</b> 500.00 | <b>Date (month, day, year)</b><br>10/10/2000 | <b>Amount of Each Receipt this Period</b><br>100.00   |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>Lowell Harwood<br>26 Journal Square, Suite 804<br>Jersey City, NJ 07306-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                    | <b>Name of Employer</b><br>Self Employed<br><b>Occupation</b><br>Consultant<br><b>Aggregate Year-to-Date -&gt;</b> 1,500.00                 | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>G. Full Name, Mailing Address and Zip Code</b><br>Ferne Hassan<br>221 Broadwoor Cb# 3<br>Union, NJ 07003-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                     | <b>Name of Employer</b><br>Researching<br><b>Occupation</b><br>Researching<br><b>Aggregate Year-to-Date -&gt;</b> 200.00                    | <b>Date (month, day, year)</b><br>10/18/2000 | <b>Amount of Each Receipt this Period</b><br>100.00   |

SUBTOTAL of Receipts This Page (optional)

3,700.00

TOTAL This Period (last page this line number only)



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## NAME OF COMMITTEE (In Full)

Bob Franks for U.S. Senate, Inc.

|                                                                                                                                                                                                                                                                           |                                                                                                                                       |                                                                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>Alan M. Haveson<br>PO Box 313<br>Berkeley Heights, NJ 07922-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                | <b>Name of Employer</b><br>Researching<br><b>Occupation</b><br>Researching<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00            | <b>Date (month, day, year)</b><br>10/16/2000<br><b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>Carol A. Head<br>11 Harwood Drive<br>Madison, NJ 07940-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                     | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Homemaker<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00                      | <b>Date (month, day, year)</b><br>10/11/2000<br><b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>Judith Heim<br>390 Phillip Lane<br>Watchung, NJ 07060-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                      | <b>Name of Employer</b><br>Chubb<br><b>Occupation</b><br>Attorney<br><b>Aggregate Year-to-Date -&gt;</b> 500.00                       | <b>Date (month, day, year)</b><br>10/10/2000<br><b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>Peter Heimbold<br>25 Leeland Lane<br>Riverside, CT 06878-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                   | <b>Name of Employer</b><br>self<br><b>Occupation</b><br>Musician<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00                      | <b>Date (month, day, year)</b><br>10/17/2000<br><b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>Thomas Heimgartner<br>330 West Saddle River Road<br>Saddle River, NJ 07458-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>Best Transportation<br><b>Occupation</b><br>Transportation<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00 | <b>Date (month, day, year)</b><br>10/16/2000<br><b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>Joann Heisen<br>124 Brookstone Drive<br>Princeton, NJ 08540-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                | <b>Name of Employer</b><br>J & J<br><b>Occupation</b><br>Executive<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00                    | <b>Date (month, day, year)</b><br>10/18/2000<br><b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>G. Full Name, Mailing Address and Zip Code</b><br>Barbara Helser<br>61 Glendale Street<br>Nutley, NJ 07110-1219<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)               | <b>Name of Employer</b><br>PSE&G<br><b>Occupation</b><br>Legislative Affairs<br><b>Aggregate Year-to-Date -&gt;</b> 875.00            | <b>Date (month, day, year)</b><br>10/17/2000<br><b>Amount of Each Receipt this Period</b><br>125.00   |

SUBTOTAL of Receipts This Page (optional)

5,025.00

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

56

135

FOR LINE NUMBER

11(a) (1)

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## NAME OF COMMITTEE (In Full)

Bob Franks for U.S. Senate, Inc.

|                                                                                                                                                                                                                                                                                   |                                                                                                                                                 |                                              |                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>Isaac Heller<br>2080 Arrowwood Drive<br>Scotch Plains, NJ 07076-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)             | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Retired<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00                                  | <b>Date (month, day, year)</b><br>10/13/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>Isaac Heller<br>2080 Arrowwood Drive<br>Scotch Plains, NJ 07076-<br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)             | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Retired<br><b>Aggregate Year-to-Date -&gt;</b> 2,000.00                                  | <b>Date (month, day, year)</b><br>10/13/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>Garret Hengeli<br>115 Brookwood Road<br>Trenton, NJ 08619-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                   | <b>Name of Employer</b><br>NJ Dept. of Banking & Ins.<br><b>Occupation</b><br>Executive Assistant<br><b>Aggregate Year-to-Date -&gt;</b> 250.00 | <b>Date (month, day, year)</b><br>10/17/2000 | <b>Amount of Each Receipt this Period</b><br>125.00   |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>Le Roy Herbert<br>2111 Channel Club Tower<br>Monmouth Beach, NJ 07751-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)       | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Retired<br><b>Aggregate Year-to-Date -&gt;</b> 200.00                                    | <b>Date (month, day, year)</b><br>10/10/2000 | <b>Amount of Each Receipt this Period</b><br>100.00   |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>Gloria Herder<br>472 Main Street<br>P.O. Box 424<br>Three Bridges, NJ 08887-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>Chester Herder & Son<br><b>Occupation</b><br>Executive<br><b>Aggregate Year-to-Date -&gt;</b> 200.00                 | <b>Date (month, day, year)</b><br>10/17/2000 | <b>Amount of Each Receipt this Period</b><br>200.00   |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>Sharon Hes<br>68 Edgemont Place<br>Teaneck, NJ 07666-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                        | <b>Name of Employer</b><br>Stevens Institute of Tech.<br><b>Occupation</b><br>Web site editor<br><b>Aggregate Year-to-Date -&gt;</b> 1,125.00   | <b>Date (month, day, year)</b><br>10/17/2000 | <b>Amount of Each Receipt this Period</b><br>125.00   |
| <b>G. Full Name, Mailing Address and Zip Code</b><br>Tom Heyman<br>65 High Bridge Road<br>Skillman, NJ 08558-2375<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                 | <b>Name of Employer</b><br>J & J<br><b>Occupation</b><br>Financial Executive<br><b>Aggregate Year-to-Date -&gt;</b> 250.00                      | <b>Date (month, day, year)</b><br>10/16/2000 | <b>Amount of Each Receipt this Period</b><br>250.00   |

SUBTOTAL of Receipts This Page (optional)

2,800.00

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

57

135

FOR LINE NUMBER  
11(a)(i)

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## NAME OF COMMITTEE (In Full)

Bob Franks for U.S. Senate, Inc.

|                                                                                                                                                                                                                                                                                     |                                                                                                 |                                              |                                                                                                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|----------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>Joseph Hillen<br>Inverness Packaging Consultants<br>Chapel Green<br>Mahwah, NJ 07430-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>Inverness Packaging<br>Consultant<br><b>Occupation</b><br>Consultant | <b>Date (month, day, year)</b><br>10/12/2000 | <b>Amount of Each Receipt this Period</b><br>25.00<br><br><b>Aggregate Year-to-Date -&gt;</b> 25.00 MEMO  |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>Joyce Himekmar<br>2247 S. Chanticleer<br>Toms River, NJ 08755-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                        | <b>Name of Employer</b><br>State of New Jersey<br><b>Occupation</b><br>director of admin        | <b>Date (month, day, year)</b><br>10/12/2000 | <b>Amount of Each Receipt this Period</b><br>125.00<br><br><b>Aggregate Year-to-Date -&gt;</b> 275.00     |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>Paul Hirsch<br>720 U.S. Highway. 202-206<br>Bridgewater, NJ 08807-<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                    | <b>Name of Employer</b><br>Self-Employed<br><b>Occupation</b><br>Physician                      | <b>Date (month, day, year)</b><br>10/17/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00<br><br><b>Aggregate Year-to-Date -&gt;</b> 2,000.00 |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>Amy B. Hold<br>3 Stonewood Court<br>Warren, NJ 07059-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                 | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Homemaker                                | <b>Date (month, day, year)</b><br>10/18/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00<br><br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00 |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>Steven Hold<br>3 Stonewood Court<br>Warren, NJ 07059-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                 | <b>Name of Employer</b><br>On-Line Investment<br>Services<br><b>Occupation</b><br>President     | <b>Date (month, day, year)</b><br>10/18/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00<br><br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00 |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>Elizabeth Holdsworth<br>Village Road<br>Green Village, NJ 07935-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                      | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Retired                                  | <b>Date (month, day, year)</b><br>10/12/2000 | <b>Amount of Each Receipt this Period</b><br>125.00<br><br><b>Aggregate Year-to-Date -&gt;</b> 325.00     |
| <b>G. Full Name, Mailing Address and Zip Code</b><br>Robert Holla<br>1607 Deer Path<br>Mountainside, NJ 07092-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                             | <b>Name of Employer</b><br>Johnson & Johnson<br><b>Occupation</b><br>Executive                  | <b>Date (month, day, year)</b><br>10/06/2000 | <b>Amount of Each Receipt this Period</b><br>500.00<br><br><b>Aggregate Year-to-Date -&gt;</b> 500.00     |

SUBTOTAL of Receipts This Page (optional)

3,750.00

TOTAL This Period (last page this line number only)

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## NAME OF COMMITTEE (In Full)

Bob Franks for U.S. Senate, Inc.

|                                                                                                                                                                                                                                                                          |                                                                                                                               |                                              |                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>Joseph Holman<br>350 Station Ave<br>Haddonfield, NJ 08033-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)          | <b>Name of Employer</b><br>Holman Enterprises<br><b>Occupation</b><br>Executive<br><b>Aggregate Year-to-Date -&gt;</b> 500.00 | <b>Date (month, day, year)</b><br>10/13/2000 | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>Earle Holzapple<br>36 Homestead Road<br>Califon, NJ 07830-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)          | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Retired<br><b>Aggregate Year-to-Date -&gt;</b> 250.00                  | <b>Date (month, day, year)</b><br>10/12/2000 | <b>Amount of Each Receipt this Period</b><br>200.00   |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>Adrian Hooper<br>1343 Street Rd<br>Chester Springs, PA 19425-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)       | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Retired<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00                | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>Ralph Hooper<br>499 Devon Park Drive<br># 300 B<br>Wayne, PA 19087-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Retired<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00                | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>Ralph Hooper<br>489 Devon Park Drive<br># 300 B<br>Wayne, PA 19067-<br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Retired<br><b>Aggregate Year-to-Date -&gt;</b> 2,000.00                | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>Susan Hooper<br>P.O. Box 237<br>Devon, PA 19333-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                    | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Homemaker<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00              | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>G. Full Name, Mailing Address and Zip Code</b><br>Shirley Horbatt<br>40 Whitney Road<br>Short Hills, NJ 07078-3409<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)    | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Retired<br><b>Aggregate Year-to-Date -&gt;</b> 250.00                  | <b>Date (month, day, year)</b><br>10/16/2000 | <b>Amount of Each Receipt this Period</b><br>250.00   |

SUBTOTAL of Receipts This Page (optional)

4,950.00

TOTAL This Period (last page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

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

 59 135  
FOR LINE NUMBER  
11(a) (i)

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## NAME OF COMMITTEE (In Full)

Bob Franks for U.S. Senate, Inc.

|                                                                                                                                                                                                                                                                              |                                                                                                                                      |                                              |                                                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>Martin Horn<br>21 West Lane<br>Madison, NC 27340-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                              | <b>Name of Employer</b><br>Rockpro Capital Corp.<br><b>Occupation</b><br>Executive<br><b>Aggregate Year-to-Date -&gt;</b> 200.00     | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>200.00   |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>James Houghton<br>Corning, Inc.<br>80 East Market Street<br>Corning, NY 14830-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Retired<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00                       | <b>Date (month, day, year)</b><br>10/06/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>Charles Hug<br>263 Gregory Ave<br>West Orange, NJ 07052-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                       | <b>Name of Employer</b><br>Researching<br><b>Occupation</b><br>Researching<br><b>Aggregate Year-to-Date -&gt;</b> 25.00              | <b>Date (month, day, year)</b><br>10/13/2000 | <b>Amount of Each Receipt this Period</b><br>25.00    |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>Charles Hug<br>263 Gregory Ave<br>West Orange, NJ 07052-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                       | <b>Name of Employer</b><br>Researching<br><b>Occupation</b><br>Researching<br><b>Aggregate Year-to-Date -&gt;</b> 250.00             | <b>Date (month, day, year)</b><br>10/13/2000 | <b>Amount of Each Receipt this Period</b><br>225.00   |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>Robert Huggins<br>115 S. Alward Avenue<br>Basking Ridge, NJ 07920-1842<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)         | <b>Name of Employer</b><br>Self Employed<br><b>Occupation</b><br>Insurance Consultant<br><b>Aggregate Year-to-Date -&gt;</b> 300.00  | <b>Date (month, day, year)</b><br>10/06/2000 | <b>Amount of Each Receipt this Period</b><br>100.00   |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>Gerald Hull<br>63 Susan Drive<br>Chatham, NJ 07928-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                            | <b>Name of Employer</b><br>Orinker Biddle<br><b>Occupation</b><br>Attorney<br><b>Aggregate Year-to-Date -&gt;</b> 500.00             | <b>Date (month, day, year)</b><br>10/16/2000 | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>G. Full Name, Mailing Address and Zip Code</b><br>Wallace Hudd<br>1030 Mason Avenue<br>Drexel Hill, PA 19026-2508<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                | <b>Name of Employer</b><br>Salomon Smith Barney<br><b>Occupation</b><br>Exec. Admin.<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00 | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |

SUBTOTAL of Receipts This Page (optional)

3,050.00

TOTAL This Period (last page this line number only)

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## NAME OF COMMITTEE (In Full)

Bob Franks for U.S. Senate, Inc.

|                                                                                                                                                                                                                                                                               |                                                                                                                                             |                                              |                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>Robert B. Hunt<br>638 Andria Ave.<br>Somerville, NJ 08876-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                      | <b>Name of Employer</b><br>Statewide Savings Bank<br><b>Occupation</b><br>Banker<br><b>Aggregate Year-to-Date -&gt;</b> 200.00              | <b>Date (month, day, year)</b><br>10/06/2000 | <b>Amount of Each Receipt this Period</b><br>200.00   |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>Elizabeth Hurley<br>374 Holly Avenue<br>Bay Head, NJ 08742-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                     | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Retired<br><b>Aggregate Year-to-Date -&gt;</b> 200.00                                | <b>Date (month, day, year)</b><br>10/06/2000 | <b>Amount of Each Receipt this Period</b><br>100.00   |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>George Hutchinson<br>100 Manhattan Avenue<br>Apt. 2114<br>Union City, NJ 07087-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Retired<br><b>Aggregate Year-to-Date -&gt;</b> 300.00                                | <b>Date (month, day, year)</b><br>10/18/2000 | <b>Amount of Each Receipt this Period</b><br>150.00   |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>Joseph Innaccone<br>42 Cedar Grove Road<br>Somerville, NJ 08876-3652<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)            | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Retired<br><b>Aggregate Year-to-Date -&gt;</b> 750.00                                | <b>Date (month, day, year)</b><br>10/16/2000 | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>Marc Jacobs<br>406 Chanticleer<br>Cherry Hill, NJ 08003-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                        | <b>Name of Employer</b><br>Global Currency Services, Inc.<br><b>Occupation</b><br>President<br><b>Aggregate Year-to-Date -&gt;</b> 2,000.00 | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>Morrene Jacobs<br>155 Robert Avenue<br>Summit, NJ 07901-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                        | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Homemaker<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00                            | <b>Date (month, day, year)</b><br>10/10/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>G. Full Name, Mailing Address and Zip Code</b><br>Edward Jaekle<br>41 East Main Street<br>Mendham, NJ 07945-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                      | <b>Name of Employer</b><br>Self Employed<br><b>Occupation</b><br>Jeweler<br><b>Aggregate Year-to-Date -&gt;</b> 550.00                      | <b>Date (month, day, year)</b><br>10/17/2000 | <b>Amount of Each Receipt this Period</b><br>500.00   |

SUBTOTAL of Receipts This Page (optional)

3,450.00

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
 17861 of 135  
 51  
 FOR LINE NUMBER  
 11(a)(i)

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## NAME OF COMMITTEE (in full)

Bob Franks for U.S. Senate, Inc.

|                                                                                                                                                                                                                                                                           |                                                                                                                                     |                                              |                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>Hilton Jervay<br>130 Roland Road<br>Murray Hill, NJ 07974-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)           | <b>Name of Employer</b><br>Summit Bank<br><b>Occupation</b><br>Investment Manager<br><b>Aggregate Year-to-Date -&gt;</b> 200.00     | <b>Date (month, day, year)</b><br>10/06/2000 | <b>Amount of Each Receipt this Period</b><br>200.00   |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>Santosh Jiwrajka<br>104 Orion Way<br>Mahanick Station, NJ 08053-4253<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>J & J<br><b>Occupation</b><br>Executive<br><b>Aggregate Year-to-Date -&gt;</b> 200.00                    | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>200.00   |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>Harold B. Johnson<br>16 Barberty Way<br>Essex Fells, NJ 07021-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)       | <b>Name of Employer</b><br>Verner Cadby Inc<br><b>Occupation</b><br>Chairman<br><b>Aggregate Year-to-Date -&gt;</b> 500.00          | <b>Date (month, day, year)</b><br>10/12/2000 | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>Jennifer Johnson<br>Box 127<br>Oldwick, NJ 08858-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                    | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Homemaker<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00                    | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>Joseph Johnson<br>10 Laurel Rd<br>Green Pond, NJ 07435-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)              | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Retired<br><b>Aggregate Year-to-Date -&gt;</b> 200.00                        | <b>Date (month, day, year)</b><br>10/18/2000 | <b>Amount of Each Receipt this Period</b><br>100.00   |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>Lois Johnson<br>7 Pointview Place<br>Mountain Lakes, NJ 07046-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)       | <b>Name of Employer</b><br>State of New Jersey<br><b>Occupation</b><br>Exec. Director<br><b>Aggregate Year-to-Date -&gt;</b> 800.00 | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>100.00   |
| <b>G. Full Name, Mailing Address and Zip Code</b><br>Lois Johnson<br>7 Pointview Place<br>Mountain Lakes, NJ 07046-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)       | <b>Name of Employer</b><br>State of New Jersey<br><b>Occupation</b><br>Exec. Director<br><b>Aggregate Year-to-Date -&gt;</b> 925.00 | <b>Date (month, day, year)</b><br>10/18/2000 | <b>Amount of Each Receipt this Period</b><br>125.00   |

SUBTOTAL of Receipts This Page (optional)

2,225.00

TOTAL This Period (last page this line number only)

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## NAME OF COMMITTEE (in full)

Bob Franks for U.S. Senate, Inc.

|                                                                                                                                                                                                                                                                                                     |                                                                                                     |                                                                                              |                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>Greg Jones<br>McCormick Corporate Communications<br>59 East Mill Road 3-302<br>Long Valley, NJ 07853-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>McCormick Corporate<br>Communicar<br><b>Occupation</b><br>Communications | <b>Date (month, day, year)</b><br>10/10/2000<br><b>Aggregate Year-to-Date -&gt;</b> 250.00   | <b>Amount of Each Receipt this Period</b><br>250.00   |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>Morgan Jones<br>Drinker, Biddle and Reath, LLP<br>One Logan Square<br>Philadelphia, PA 19103-6933<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)     | <b>Name of Employer</b><br>Dricker Biddle<br><b>Occupation</b><br>Attorney                          | <b>Date (month, day, year)</b><br>10/16/2000<br><b>Aggregate Year-to-Date -&gt;</b> 500.00   | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>Robert Jones<br>1221 Avenue of the Americas<br>32nd Floor<br>New York, NY 10020-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                      | <b>Name of Employer</b><br>Researching<br><b>Occupation</b><br>Researching                          | <b>Date (month, day, year)</b><br>10/16/2000<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>Samuel Jones<br>P.O. Box 169<br>1176 US Rt. 40<br>Woodstown, NJ 08098-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                | <b>Name of Employer</b><br>S. J. Transportation<br><b>Occupation</b><br>Owner                       | <b>Date (month, day, year)</b><br>10/16/2000<br><b>Aggregate Year-to-Date -&gt;</b> 400.00   | <b>Amount of Each Receipt this Period</b><br>100.00   |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>Debra Joren<br>285 Stirling Road<br>Watchung, NJ 07060-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                               | <b>Name of Employer</b><br>NJ General Assembly<br><b>Occupation</b><br>Legislative Aide             | <b>Date (month, day, year)</b><br>10/18/2000<br><b>Aggregate Year-to-Date -&gt;</b> 260.00   | <b>Amount of Each Receipt this Period</b><br>125.00   |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>Howard Kallman<br>25 Lester Avenue<br>Westwood, NJ 07675-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                             | <b>Name of Employer</b><br>self<br><b>Occupation</b><br>Optometrist                                 | <b>Date (month, day, year)</b><br>10/12/2000<br><b>Aggregate Year-to-Date -&gt;</b> 250.00   | <b>Amount of Each Receipt this Period</b><br>100.00   |
| <b>G. Full Name, Mailing Address and Zip Code</b><br>Laurel Kamin<br>13 Downstream Drive<br>Flanders, NC 07835-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                            | <b>Name of Employer</b><br>NJ General Assembly<br><b>Occupation</b><br>Manager                      | <b>Date (month, day, year)</b><br>10/11/2000<br><b>Aggregate Year-to-Date -&gt;</b> 300.00   | <b>Amount of Each Receipt this Period</b><br>100.00   |

SUBTOTAL of Receipts This Page (optional)

2,175.00

TOTAL This Period (last page this line number only)



## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule for each category of the detailed summary page

 Page 63 of 135  
 FOR LINE NUMBER  
 11(a) (i)

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## NAME OF COMMITTEE (in full)

Bob Franks for U.S. Senate, Inc.

|                                                                                                                                                                                                                                                                |                                                                                                                                                             |                                              |                                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>John Kandray<br>56 Monte Vista Avenue<br>Ridgewood, NJ 07450-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)    | <b>Name of Employer</b><br>Drinker Biddle<br><b>Occupation</b><br>Attorney<br><b>Aggregate Year-to-Date -&gt;</b> 500.00                                    | <b>Date (month, day, year)</b><br>10/16/2000 | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>Timothy Kane<br>119 Sylvan Road<br>Bloomfield, NJ 07003-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)         | <b>Name of Employer</b><br>Coram Healthcare<br><b>Occupation</b><br>Executive<br><b>Aggregate Year-to-Date -&gt;</b> 200.00                                 | <b>Date (month, day, year)</b><br>10/12/2000 | <b>Amount of Each Receipt this Period</b><br>100.00   |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>Helene Kaplan<br>76 Oxford Street<br>Glen Ridge, NJ 07028-1606<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   | <b>Name of Employer</b><br>Professional Security Bureau<br><b>Occupation</b><br>V.P Corporate Training & Dev.<br><b>Aggregate Year-to-Date -&gt;</b> 450.00 | <b>Date (month, day, year)</b><br>10/12/2000 | <b>Amount of Each Receipt this Period</b><br>250.00   |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>Carol Katz<br>1 Lotus Lane<br>Lawrenceville, NJ 08643-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)           | <b>Name of Employer</b><br>Public Strategy-Impact<br><b>Occupation</b><br>Lobbyist<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00                          | <b>Date (month, day, year)</b><br>10/06/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>Donald Katz<br>17 Buffalo Run<br>East Brunswick, NJ 08816-4078<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   | <b>Name of Employer</b><br>Self-Employed<br><b>Occupation</b><br>Attorney<br><b>Aggregate Year-to-Date -&gt;</b> 250.00                                     | <b>Date (month, day, year)</b><br>10/18/2000 | <b>Amount of Each Receipt this Period</b><br>50.00    |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>J.S. Kaufman<br>1728 St. Johns Ct<br>Bloomfield Hills, MI 48302-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>self<br><b>Occupation</b><br>Physician<br><b>Aggregate Year-to-Date -&gt;</b> 400.00                                             | <b>Date (month, day, year)</b><br>10/16/2000 | <b>Amount of Each Receipt this Period</b><br>200.00   |
| <b>G. Full Name, Mailing Address and Zip Code</b><br>David Kaugher<br>Leddell Road, R.D. 1<br>Mendham, NJ 07945-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)      | <b>Name of Employer</b><br>Goldman Sachs & CO<br><b>Occupation</b><br>Manager<br><b>Aggregate Year-to-Date -&gt;</b> 250.00                                 | <b>Date (month, day, year)</b><br>10/17/2000 | <b>Amount of Each Receipt this Period</b><br>250.00   |

SUBTOTAL of Receipts This Page (optional)

2,350.00

TOTAL This Period (last page this line number only)

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## NAME OF COMMITTEE (in full)

Bob Franks for U.S. Senate, Inc.

|                                                                                                                                                                                                                                                                          |                                                                                                                                               |                                              |                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>Katherine Kean<br>Box 618<br>Oldwick, NJ 08858-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                     | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Homemaker<br><b>Aggregate Year-to-Date -&gt;</b> 500.00                                | <b>Date (month, day, year)</b><br>10/12/2000 | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>Thomas J. Kean<br>P.O. Box 48<br>Allenhurst, NJ 07711-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)              | <b>Name of Employer</b><br>Drew University<br><b>Occupation</b><br>President<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00                  | <b>Date (month, day, year)</b><br>10/10/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>Louis Keeler<br>140 Partree Road<br>Cherry Hill, NJ 08003-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)          | <b>Name of Employer</b><br>Self Employed<br><b>Occupation</b><br>Physical Therapist<br><b>Aggregate Year-to-Date -&gt;</b> 500.00             | <b>Date (month, day, year)</b><br>10/17/2000 | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>Peter R. Kellogg<br>120 Broadway<br>New York, NY 10271-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)             | <b>Name of Employer</b><br>Spear Leeds & Kellogg<br><b>Occupation</b><br>Financial Consultant<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00 | <b>Date (month, day, year)</b><br>10/10/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>Sylvia Kelly<br>1 Whispering Way<br>Berkeley Heights, NJ 07922-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)     | <b>Name of Employer</b><br>Summit Warren Pediatric<br><b>Occupation</b><br>Medical Secretary<br><b>Aggregate Year-to-Date -&gt;</b> 375.00    | <b>Date (month, day, year)</b><br>10/18/2000 | <b>Amount of Each Receipt this Period</b><br>125.00   |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>Patricia Kelly-Hatfield<br>215 Oakridge Avenue<br>Summit, NJ 07901-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Homemaker<br><b>Aggregate Year-to-Date -&gt;</b> 350.00                                | <b>Date (month, day, year)</b><br>10/18/2000 | <b>Amount of Each Receipt this Period</b><br>250.00   |
| <b>G. Full Name, Mailing Address and Zip Code</b><br>John Kemmerer<br>323 Main Street<br>Chatham, NJ 07928-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)              | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Retired<br><b>Aggregate Year-to-Date -&gt;</b> 1,400.00                                | <b>Date (month, day, year)</b><br>10/10/2000 | <b>Amount of Each Receipt this Period</b><br>200.00   |

SUBTOTAL of Receipts This Page (optional)

3,575.00

TOTAL This Period (last page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule (a) for each category of the detailed summary page

 PAGE 65 OF 135  
 FOR LINE NUMBER 11(a)(i)

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## NAME OF COMMITTEE (In Full)

Bob Franks for U.S. Senate, Inc.

|                                                                                                                                                                                                                                                                              |                                                                                                                                   |                                                                                                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>John Kemmerer<br>323 Main Street<br>Chatham, NJ 07928-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                         | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Retired<br><b>Aggregate Year-to-Date -&gt;</b> 1,650.00                    | <b>Date (month, day, year)</b><br>10/17/2000<br><b>Amount of Each Receipt this Period</b><br>250.00   |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>Ronald Kennedy<br>P.O. Box 279<br>Gladstone, NJ 07934-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                         | <b>Name of Employer</b><br>Gladstone design<br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> 500.00                | <b>Date (month, day, year)</b><br>10/11/2000<br><b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>Michael Kerner<br>21 Hemlock Road<br>Livingston, NJ 07039-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                     | <b>Name of Employer</b><br>self<br><b>Occupation</b><br>Physician<br><b>Aggregate Year-to-Date -&gt;</b> 300.00                   | <b>Date (month, day, year)</b><br>10/16/2000<br><b>Amount of Each Receipt this Period</b><br>100.00   |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>Phil Kerstein<br>15 Washington Avenue<br>Lawrence, NY 11559-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                   | <b>Name of Employer</b><br>Pfizer Corp.<br><b>Occupation</b><br>Vice President<br><b>Aggregate Year-to-Date -&gt;</b> 500.00      | <b>Date (month, day, year)</b><br>10/11/2000<br><b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>Archibald E. King<br>18 Madison Ave.<br>Spring Lake, NJ 07762-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                 | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Retired<br><b>Aggregate Year-to-Date -&gt;</b> 250.00                      | <b>Date (month, day, year)</b><br>10/18/2000<br><b>Amount of Each Receipt this Period</b><br>250.00   |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>Richard Kinney<br>One Giraida Farms<br>Madison, NJ 07940-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                      | <b>Name of Employer</b><br>Schering-Plough<br><b>Occupation</b><br>Vice President<br><b>Aggregate Year-to-Date -&gt;</b> 2,000.00 | <b>Date (month, day, year)</b><br>10/10/2000<br><b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>G. Full Name, Mailing Address and Zip Code</b><br>Allan Kirby, Jr<br>14 East Main St<br>Post Office Box 90<br>Mendham, NJ 07945-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>self<br><b>Occupation</b><br>Investments<br><b>Aggregate Year-to-Date -&gt;</b> 500.00                 | <b>Date (month, day, year)</b><br>10/10/2000<br><b>Amount of Each Receipt this Period</b><br>500.00   |

SUBTOTAL of Receipts This Page (optional)

3,100.00

TOTAL This Period (last page this line number only)

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## NAME OF COMMITTEE (In Full)

Bob Franks for U.S. Senate, Inc.

|                                                                                                                                                                                                                                                                               |                                                                                                                            |                                              |                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>Elaine Klein<br>15 Stone Drive<br>West Orange, NJ 07052-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                 | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Homemaker<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00           | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>Robert Klein<br>30 Maple Terrace<br>P.O. Box 344<br>Maplewood, NJ 07040-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>Self-Employed<br><b>Occupation</b><br>Real estate<br><b>Aggregate Year-to-Date -&gt;</b> 420.00 | <b>Date (month, day, year)</b><br>10/16/2000 | <b>Amount of Each Receipt this Period</b><br>120.00   |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>William Klein<br>16 Stone Drive<br>West Orange, NJ 07052-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                | <b>Name of Employer</b><br>self<br><b>Occupation</b><br>Consultant<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00         | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>Nancy Knapp<br>4 Ferndale Road<br>Chatham, NJ 07928-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                     | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Retired<br><b>Aggregate Year-to-Date -&gt;</b> 300.00               | <b>Date (month, day, year)</b><br>10/17/2000 | <b>Amount of Each Receipt this Period</b><br>125.00   |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>Christopher Kniesler<br>31 Long Acre Drive<br>Cream Ridge, NJ 08514-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)     | <b>Name of Employer</b><br>NJ DMV<br><b>Occupation</b><br>Deputy Director<br><b>Aggregate Year-to-Date -&gt;</b> 500.00    | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>Frederick Kniesler<br>16 Navesink Avenue<br>Rumson, NJ 07760-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)            | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Retired<br><b>Aggregate Year-to-Date -&gt;</b> 200.00               | <b>Date (month, day, year)</b><br>10/06/2000 | <b>Amount of Each Receipt this Period</b><br>100.00   |
| <b>G. Full Name, Mailing Address and Zip Code</b><br>Joel Kobert<br>304 5th Avenue<br>Hackettstown, NJ 07840-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                 | <b>Name of Employer</b><br>Self-Employed<br><b>Occupation</b><br>Attorney<br><b>Aggregate Year-to-Date -&gt;</b> 2,000.00  | <b>Date (month, day, year)</b><br>10/16/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |

SUBTOTAL of Receipts This Page (optional)

3,845.00

TOTAL This Period (last page this line number only)

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## NAME OF COMMITTEE (In Full)

Bob Franks for U.S. Senate, Inc.

|                                                                                                                                                                                                                                                                       |                                                                                                                                             |                                              |                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|---------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>Nancy Robert<br>304 5th Avenue<br>Hackettstown, NJ 07840-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)        | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Homemaker<br><b>Aggregate Year-to-Date -&gt;</b> 2,000.00                            | <b>Date (month, day, year)</b><br>10/16/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00         |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>Christian Koffmann<br>4375 Route 1 South<br>Princeton, NJ 08543-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>J & C<br><b>Occupation</b><br>Executive<br><b>Aggregate Year-to-Date -&gt;</b> 500.00                            | <b>Date (month, day, year)</b><br>10/18/2000 | <b>Amount of Each Receipt this Period</b><br>500.00           |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>John W. Kolb<br>407 Chester Ave.<br>Moorestown, NJ 08057-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)        | <b>Name of Employer</b><br>Holman<br><b>Occupation</b><br>Executive<br><b>Aggregate Year-to-Date -&gt;</b> 200.00                           | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>200.00           |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>Phyllis Komen<br>1652 Rector Road<br>Bridgewater, NJ 08807-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)      | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Homemaker<br><b>Aggregate Year-to-Date -&gt;</b> 325.00                              | <b>Date (month, day, year)</b><br>10/16/2000 | <b>Amount of Each Receipt this Period</b><br>125.00           |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>Christine Koe<br>38 Stockton Road<br>Summit, NJ 07901-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)           | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Homemaker<br><b>Aggregate Year-to-Date -&gt;</b> 200.00                              | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>200.00           |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>David Kostinas<br>18 Bruin Drive<br>Trenton, NJ 08619-<br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)           | <b>Name of Employer</b><br>David G. Kostinas & Associates<br><b>Occupation</b><br>President<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00 | <b>Date (month, day, year)</b><br>10/17/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00<br>MEMO |
| <b>G. Full Name, Mailing Address and Zip Code</b><br>David Kostinas<br>18 Bruin Drive<br>Trenton, NJ 08619-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)           | <b>Name of Employer</b><br>David G. Kostinas & Associates<br><b>Occupation</b><br>President<br><b>Aggregate Year-to-Date -&gt;</b> 2,000.00 | <b>Date (month, day, year)</b><br>10/17/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00<br>MEMO |

SUBTOTAL of Receipts This Page (optional)

2,025.00

TOTAL This Period (last page this line number only)

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## NAME OF COMMITTEE (In Full)

Bob Franks for U.S. Senate, Inc.

|                                                                                                                                                                                                                                                               |                                                                                                                                                  |                                              |                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>Dorothy Koprowski<br>204 Ayliffe Avenue<br>Westfield, NJ 07090-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Homemaker<br><b>Aggregate Year-to-Date -&gt;</b> 250.00                                   | <b>Date (month, day, year)</b><br>10/10/2000 | <b>Amount of Each Receipt this Period</b><br>100.00   |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>John Kraft<br>3504 Gates Court<br>Morris Plains, NJ 07950-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)      | <b>Name of Employer</b><br>Lowenstein Sandler<br><b>Occupation</b><br>Attorney<br><b>Aggregate Year-to-Date -&gt;</b> 500.00                     | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>Helene Kranichfeld<br>16 Westminster Road<br>Summit, NJ 07901-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)  | <b>Name of Employer</b><br>H.C. Kranichfeld, Inc.<br><b>Occupation</b><br>Builder<br><b>Aggregate Year-to-Date -&gt;</b> 275.00                  | <b>Date (month, day, year)</b><br>10/13/2000 | <b>Amount of Each Receipt this Period</b><br>100.00   |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>Ira Krauss<br>183 Grant Ave.<br>New Providence, NJ 07974-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)       | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Retired<br><b>Aggregate Year-to-Date -&gt;</b> 200.00                                     | <b>Date (month, day, year)</b><br>10/06/2000 | <b>Amount of Each Receipt this Period</b><br>50.00    |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>Nicholas Krausz<br>8 Marion Avenue<br>Franklin Park, NC 02824-<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)  | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Retired<br><b>Aggregate Year-to-Date -&gt;</b> 2,000.00                                   | <b>Date (month, day, year)</b><br>10/17/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>Michael Kraynak, Jr<br>59 Wall St<br>New York, NY 10005-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)        | <b>Name of Employer</b><br>Brown Brothers Harriman & Co<br><b>Occupation</b><br>Investment Manager<br><b>Aggregate Year-to-Date -&gt;</b> 250.00 | <b>Date (month, day, year)</b><br>10/17/2000 | <b>Amount of Each Receipt this Period</b><br>250.00   |
| <b>G. Full Name, Mailing Address and Zip Code</b><br>Alan Krieger<br>7 Manor Drive<br>Warren, NJ 07059-6138<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)          | <b>Name of Employer</b><br>Advanced Urology<br><b>Occupation</b><br>Physician<br><b>Aggregate Year-to-Date -&gt;</b> 500.00                      | <b>Date (month, day, year)</b><br>10/13/2000 | <b>Amount of Each Receipt this Period</b><br>500.00   |

SUBTOTAL of Receipts This Page (optional)

2,500.00

TOTAL This Period (last page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page69 135  
FOR LINE NUMBER  
11(a)(i)

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## NAME OF COMMITTEE (In Full)

Bob Franks for U.S. Senate, Inc.

|                                                                                                                                                                                                                                                                                               |                                                                                                                                             |                                              |                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>Joseph Kuchinski<br>6 Sherwood Drive<br>Morristown, NJ 07960-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                   | <b>Name of Employer</b><br>Quarry Road Emergency<br>Srvc.<br><b>Occupation</b><br>Physician<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00 | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>Joseph Kuchinski<br>6 Sherwood Drive<br>Morristown, NJ 07960-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                   | <b>Name of Employer</b><br>Quarry Road Emergency<br>Srvc.<br><b>Occupation</b><br>Physician<br><b>Aggregate Year-to-Date -&gt;</b> 1,500.00 | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>Chitra Kumar, MD<br>5311 Boulevard E.<br>West New York, NJ 07093-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                               | <b>Name of Employer</b><br>Self Employed<br><b>Occupation</b><br>Physician<br><b>Aggregate Year-to-Date -&gt;</b> 550.00                    | <b>Date (month, day, year)</b><br>10/16/2000 | <b>Amount of Each Receipt this Period</b><br>250.00   |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>Elizabeth L'Hommedieu<br>12 Concord Ln<br>Convent Station, NJ 07960-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                            | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Retired<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00                              | <b>Date (month, day, year)</b><br>10/12/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>Michael Lackland<br>Storage Assets, L.L.C.<br>400 South Avenue, Suite 8<br>Middlesex, NJ 08846-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>Storage Assets, LLC<br><b>Occupation</b><br>Owner<br><b>Aggregate Year-to-Date -&gt;</b> 500.00                  | <b>Date (month, day, year)</b><br>10/13/2000 | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>Raymond Laffin<br>3 Hillmont Terrace<br>Colts Neck, NJ 07722-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                   | <b>Name of Employer</b><br>Self-Employed<br><b>Occupation</b><br>Auto Dealer<br><b>Aggregate Year-to-Date -&gt;</b> 1,100.00                | <b>Date (month, day, year)</b><br>10/12/2000 | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>G. Full Name, Mailing Address and Zip Code</b><br>Samuel Lambert<br>59 West Shore Drive<br>Pennington, NJ 08534-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                  | <b>Name of Employer</b><br>Drinker Biddle & Shanley<br><b>Occupation</b><br>Attorney<br><b>Aggregate Year-to-Date -&gt;</b> 500.00          | <b>Date (month, day, year)</b><br>10/16/2000 | <b>Amount of Each Receipt this Period</b><br>500.00   |

SUBTOTAL of Receipts This Page (optional)

3,750.00

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## NAME OF COMMITTEE (In Full)

Bob Franks for U.S. Senate, Inc.

|                                                                                                                                                                                                                                                                      |                                                                                                                          |                                                                                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>George Lambrianakos<br>1000 Plaza III<br>Jersey City, NJ 07311-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)        | <b>Name of Employer</b><br>GL Assoc.<br><b>Occupation</b><br>Consultant<br><b>Aggregate Year-to-Date -&gt;</b> 200.00    | <b>Date (month, day, year)</b><br>10/18/2000<br><b>Amount of Each Receipt this Period</b><br>200.00   |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>C. Terrence Lanni<br>195 Orlando Rd.<br>Pasadena, CA 91106-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)            | <b>Name of Employer</b><br>MGM- Mixage<br><b>Occupation</b><br>CEO<br><b>Aggregate Year-to-Date -&gt;</b> 2,000.00       | <b>Date (month, day, year)</b><br>10/11/2000<br><b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>Paul Larson, Jr<br>3221 Allaire Rd<br>Wall Twp., NJ 07719-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)             | <b>Name of Employer</b><br>self<br><b>Occupation</b><br>Car Dealer<br><b>Aggregate Year-to-Date -&gt;</b> 500.00         | <b>Date (month, day, year)</b><br>10/12/2000<br><b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>Stuart Lasser<br>65 Picatinny Rd<br>Morristown, NJ 07960-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)              | <b>Name of Employer</b><br>self<br><b>Occupation</b><br>Car Dealer<br><b>Aggregate Year-to-Date -&gt;</b> 250.00         | <b>Date (month, day, year)</b><br>10/12/2000<br><b>Amount of Each Receipt this Period</b><br>250.00   |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>William Lasser<br>51 Main St<br>Box 606<br>Hackensack, NJ 07840-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)       | <b>Name of Employer</b><br>self<br><b>Occupation</b><br>Dentist<br><b>Aggregate Year-to-Date -&gt;</b> 500.00            | <b>Date (month, day, year)</b><br>10/17/2000<br><b>Amount of Each Receipt this Period</b><br>250.00   |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>Peter Lathrop<br>1255 Meadow Park Lane<br>Scotch Plains, NJ 07076-2539<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>AIG<br><b>Occupation</b><br>Finance<br><b>Aggregate Year-to-Date -&gt;</b> 250.00             | <b>Date (month, day, year)</b><br>10/16/2000<br><b>Amount of Each Receipt this Period</b><br>250.00   |
| <b>G. Full Name, Mailing Address and Zip Code</b><br>L. Donald Latorze<br>29 Oakwood Trail<br>Sparta, NJ 07871-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)             | <b>Name of Employer</b><br>Researching<br><b>Occupation</b><br>Researching<br><b>Aggregate Year-to-Date -&gt;</b> 250.00 | <b>Date (month, day, year)</b><br>10/18/2000<br><b>Amount of Each Receipt this Period</b><br>250.00   |

SUBTOTAL of Receipts This Page (optional)

2,700.00

TOTAL This Period (last page this line number only)



## SCHEDULE A

## ITEMIZED RECEIPTS

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Detailed Summary PagePAGE 71 OF 135  
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11(a)(1)

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## NAME OF COMMITTEE (in full)

Bob Franks for U.S. Senate, Inc.

|                                                                                                                                                                                                                                                                                 |                                                                                                                                      |                                              |                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>Stewart Lavey<br>11 Riverside Drive<br>New York, NY 10023-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                 | <b>Name of Employer</b><br>Drinker Biddle<br><br><b>Occupation</b><br>Attorney<br><br><b>Aggregate Year-to-Date -&gt;</b> 500.00     | <b>Date (month, day, year)</b><br>10/16/2000 | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>Law Offices of Karl<br>1327 White Horse Pike<br>Egg Harbor City, NJ 08215-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>Self Employed<br><br><b>Occupation</b><br>Attorney<br><br><b>Aggregate Year-to-Date -&gt;</b> 210.00      | <b>Date (month, day, year)</b><br>10/17/2000 | <b>Amount of Each Receipt this Period</b><br>210.00   |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>Rodger Alan Lawson<br>330 East 38th Street #49E<br>New York, NY 10016-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)     | <b>Name of Employer</b><br>DLJ<br><br><b>Occupation</b><br>Executive<br><br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00             | <b>Date (month, day, year)</b><br>10/16/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>Peter Lawson-Johnson<br>215 Carter Road<br>Princeton, NJ 08540-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)            | <b>Name of Employer</b><br>Guggenheim Brothers<br><br><b>Occupation</b><br>Finance<br><br><b>Aggregate Year-to-Date -&gt;</b> 500.00 | <b>Date (month, day, year)</b><br>10/16/2000 | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>Jack Lay<br>19 Briarcliff Drive<br>Scotch Plains, NJ 07076-2314<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)            | <b>Name of Employer</b><br>N/A<br><br><b>Occupation</b><br>Retired<br><br><b>Aggregate Year-to-Date -&gt;</b> 500.00                 | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>Daniel Lahar<br>P.O. Box 4495<br>Metuchen, NJ 08840-4495<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                   | <b>Name of Employer</b><br>self<br><br><b>Occupation</b><br>Attorney<br><br><b>Aggregate Year-to-Date -&gt;</b> 200.00               | <b>Date (month, day, year)</b><br>10/12/2000 | <b>Amount of Each Receipt this Period</b><br>100.00   |
| <b>G. Full Name, Mailing Address and Zip Code</b><br>Isidore Lee<br>2 Summerhill Drive<br>Warren, NJ 07059-5149<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                 | <b>Name of Employer</b><br>self<br><br><b>Occupation</b><br>Physician<br><br><b>Aggregate Year-to-Date -&gt;</b> 500.00              | <b>Date (month, day, year)</b><br>10/17/2000 | <b>Amount of Each Receipt this Period</b><br>500.00   |

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3,310.00

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## NAME OF COMMITTEE (In Full)

Bob Franks for U.S. Senate, Inc.

|                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                        |                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>Olga Lee<br>55 Galway Drive<br>Mendham, NJ 07945-2011<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)         |  | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Homemaker<br><b>Date (month, day, year)</b><br>10/06/2000<br><b>Aggregate Year-to-Date -&gt;</b> 250.00                         | <b>Amount of Each Receipt this Period</b><br>50.00    |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>Olga Lee<br>65 Galway Drive<br>Mendham, NJ 07945-2011<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)         |  | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Homemaker<br><b>Date (month, day, year)</b><br>10/17/2000<br><b>Aggregate Year-to-Date -&gt;</b> 375.00                         | <b>Amount of Each Receipt this Period</b><br>125.00   |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>Edwin Lebecka<br>217 Hazel Avenue<br>Westfield, NJ 07090-4144<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Retired<br><b>Date (month, day, year)</b><br>10/10/2000<br><b>Aggregate Year-to-Date -&gt;</b> 200.00                           | <b>Amount of Each Receipt this Period</b><br>50.00    |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>Joel F. Lehrer<br>210 Booth Avenue<br>Englewood, NJ 07631-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)    |  | <b>Name of Employer</b><br>Northern Jersey Med. Center<br><b>Occupation</b><br>Physician<br><b>Date (month, day, year)</b><br>10/18/2000<br><b>Aggregate Year-to-Date -&gt;</b> 900.00 | <b>Amount of Each Receipt this Period</b><br>200.00   |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>Daniel Lehrhoff<br>50 Camptown Road<br>Maplewood, NJ 07040-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   |  | <b>Name of Employer</b><br>I. Lehrhoffer & Co.<br><b>Occupation</b><br>Executive<br><b>Date (month, day, year)</b><br>10/11/2000<br><b>Aggregate Year-to-Date -&gt;</b> 500.00         | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>David Lenihan<br>124 Brookstone Drive<br>Princeton, NJ 08540-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  | <b>Name of Employer</b><br>Neuvis, Inc<br><b>Occupation</b><br>Executive<br><b>Date (month, day, year)</b><br>10/18/2000<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00               | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>G. Full Name, Mailing Address and Zip Code</b><br>Dorothy Leonard<br>63 Hazelwood Road<br>Bloomfield, NJ 07003-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Homemaker<br><b>Date (month, day, year)</b><br>10/13/2000<br><b>Aggregate Year-to-Date -&gt;</b> 250.00                         | <b>Amount of Each Receipt this Period</b><br>250.00   |

SUBTOTAL of Receipts This Page (optional)

2,175.00

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## NAME OF COMMITTEE (In Full)

Bob Franks for U.S. Senate, Inc.

|                                                                                                                                                                                                                                                                                 |                                                                                                                                                       |                                              |                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>John F. Leonard<br>90 Tanner St<br>Haddonfield, NJ 08033-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                         | <b>Name of Employer</b><br>self<br><b>Occupation</b><br>Real estate<br><b>Aggregate Year-to-Date -&gt;</b> 250.00                                     | <b>Date (month, day, year)</b><br>10/12/2000 | <b>Amount of Each Receipt this Period</b><br>250.00   |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>Alan Levin<br>23 Skylark Drive<br>Spring Valley, NY 10977-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                        | <b>Name of Employer</b><br>Pfizer Corp.<br><b>Occupation</b><br>Executive<br><b>Aggregate Year-to-Date -&gt;</b> 2,000.00                             | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>Pui-Kan Liao<br>3 High Oaks Drive<br>Berkeley Heights, NJ 07922-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                  | <b>Name of Employer</b><br>JFK Hospital<br><b>Occupation</b><br>Physician<br><b>Aggregate Year-to-Date -&gt;</b> 500.00                               | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>Frank Licato<br>2325 Plainfield Avenue<br>South Plainfield, NJ 07080-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)             | <b>Name of Employer</b><br>Licato Agency<br><b>Occupation</b><br>Owner<br><b>Aggregate Year-to-Date -&gt;</b> 250.00                                  | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>250.00   |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>Clifford Lindholm<br>10 Mountainside Park Ter<br>Upper Montclair, NJ 07043-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)       | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Retired<br><b>Aggregate Year-to-Date -&gt;</b> 250.00                                          | <b>Date (month, day, year)</b><br>10/18/2000 | <b>Amount of Each Receipt this Period</b><br>250.00   |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>Janet Linnus<br>Somerset County GOP<br>45 Berkley Avenue<br>Belle Mead, NJ 08502-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>Somerset County<br>Republican Org<br><b>Occupation</b><br>Executive Director<br><b>Aggregate Year-to-Date -&gt;</b> 725.00 | <b>Date (month, day, year)</b><br>10/18/2000 | <b>Amount of Each Receipt this Period</b><br>125.00   |
| <b>G. Full Name, Mailing Address and Zip Code</b><br>Robert Littell<br>15 Jenkins Road<br>Box 328<br>Franklin, NJ 07416-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)               | <b>Name of Employer</b><br>Littell Gas Service, Inc<br><b>Occupation</b><br>President<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00                 | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |

SUBTOTAL of Receipts This Page (optional)

3,375.00

TOTAL This Period (last page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

See separate schedule(s)  
for each category of the  
Detailed Summary PagePAGE 74 OF 135  
FOR LINE NUMBER  
11 (A) (i)

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## NAME OF COMMITTEE (In Full)

Bob Franks for U.S. Senate, Inc.

|                                                                                                                                                                                                                                                               |                                                                                                                                      |                                              |                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>Bartley Livolsi<br>89 Morris Lane<br>Scarsdale, NY 10581-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)       | <b>Name of Employer</b><br>Salomon Smith Barney<br><b>Occupation</b><br>Exec. Admin.<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00 | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>Julie Livolsi<br>89 Morris Lane<br>Scarsdale, NY<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Homemaker<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00                     | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>Leonard Lo Mauro<br>6 Cottage Place<br>Gillette, NJ 07933-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)      | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Retired<br><b>Aggregate Year-to-Date -&gt;</b> 250.00                         | <b>Date (month, day, year)</b><br>10/16/2000 | <b>Amount of Each Receipt this Period</b><br>250.00   |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>Louise LoMoraco<br>6 Klimback Court<br>West Caldwell, NJ 07006-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Homemaker<br><b>Aggregate Year-to-Date -&gt;</b> 200.00                       | <b>Date (month, day, year)</b><br>10/17/2000 | <b>Amount of Each Receipt this Period</b><br>200.00   |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>Pauline Lock<br>94 Sunset Dr<br>Chatham, NJ 07928-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)              | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Homemaker<br><b>Aggregate Year-to-Date -&gt;</b> 300.00                       | <b>Date (month, day, year)</b><br>10/13/2000 | <b>Amount of Each Receipt this Period</b><br>300.00   |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>Mary Lockwood<br>45 Laurelwood Drive<br>Rockaway, NJ 07866-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)     | <b>Name of Employer</b><br>Council Person<br><b>Occupation</b><br>Rockaway Twp<br><b>Aggregate Year-to-Date -&gt;</b> 250.00         | <b>Date (month, day, year)</b><br>10/12/2000 | <b>Amount of Each Receipt this Period</b><br>50.00    |
| <b>G. Full Name, Mailing Address and Zip Code</b><br>Nicholas Loimono<br>P.O. Box 192953<br>San Francisco, CA 94119-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>McKesson HBOC<br><b>Occupation</b><br>Vice President<br><b>Aggregate Year-to-Date -&gt;</b> 500.00        | <b>Date (month, day, year)</b><br>10/17/2000 | <b>Amount of Each Receipt this Period</b><br>500.00   |

SUBTOTAL of Receipts This Page (optional)

3,300.00

TOTAL This Period (last page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page75 135  
FOR LINE NUMBER  
11(a)(i)

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## NAME OF COMMITTEE (In Full)

Bob Franks for U.S. Senate, Inc.

|                                                                                                                                                                                                                                                                               |                                                                                                                                   |                                              |                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>Dianne Longstreet<br>938 Sunset Ridge<br>Bridgewater, NJ 08807-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                 | <b>Name of Employer</b><br>J & J<br><b>Occupation</b><br>Executive<br><b>Aggregate Year-to-Date -&gt;</b> 500.00                  | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>Eugene Lord<br>1283 Route 22<br>State Farm Insurance<br>Mountainside, NJ 07092-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>State Farm Insurance<br><b>Occupation</b><br>Insurance<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00 | <b>Date (month, day, year)</b><br>10/13/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>Daniel Loughlin<br>69 Deerfield Trail<br>North Branch, NJ 08876-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                | <b>Name of Employer</b><br>Stauchbach<br><b>Occupation</b><br>Real Estate Broker<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00  | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>Valentin Loureiro<br>44 Ackerman Road<br>Saddle River, NJ 07458-2602<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)            | <b>Name of Employer</b><br>Paramus High School<br><b>Occupation</b><br>Teacher<br><b>Aggregate Year-to-Date -&gt;</b> 275.00      | <b>Date (month, day, year)</b><br>10/10/2000 | <b>Amount of Each Receipt this Period</b><br>25.00    |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>Robert Lubrano<br>64 Grand Avenue<br>Long Branch, NJ 07740-5907<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                 | <b>Name of Employer</b><br>Lynwood Co, Inc<br><b>Occupation</b><br>Owner<br><b>Aggregate Year-to-Date -&gt;</b> 250.00            | <b>Date (month, day, year)</b><br>10/06/2000 | <b>Amount of Each Receipt this Period</b><br>100.00   |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>George Luciano<br>1138 Iris Avenue<br>Vineland, NJ 08361-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                       | <b>Name of Employer</b><br>Cumberland Recycling<br><b>Occupation</b><br>Owner<br><b>Aggregate Year-to-Date -&gt;</b> 650.00       | <b>Date (month, day, year)</b><br>10/17/2000 | <b>Amount of Each Receipt this Period</b><br>150.00   |
| <b>G. Full Name, Mailing Address and Zip Code</b><br>John Luckstone<br>58 Hunterdon Boulevard<br>New Providence, NJ 07974-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)           | <b>Name of Employer</b><br>Self Employed<br><b>Occupation</b><br>Lawyer<br><b>Aggregate Year-to-Date -&gt;</b> 435.00             | <b>Date (month, day, year)</b><br>10/13/2000 | <b>Amount of Each Receipt this Period</b><br>100.00   |

SUBTOTAL of Receipts This Page (optional)

2,875.00

TOTAL This Period (last page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
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Detailed Summary PagePAGE 76 OF 135  
FOR LINE NUMBER  
11(a)(i)

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## NAME OF COMMITTEE (In Full)

Bob Franks for U.S. Senate, Inc.

|                                                                                                                                                                                                                                                                          |                                                                                              |                                              |                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>Steven Ludlow<br>605 S. Edgemere Drive<br>Allenhurst, NJ 07711-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)     | <b>Name of Employer</b><br>K. Hovnanian<br><br><b>Occupation</b><br>Manager                  | <b>Date (month, day, year)</b><br>10/12/2000 | <b>Amount of Each Receipt this Period</b><br>50.00    |
| <b>Aggregate Year-to-Date -&gt;</b> 300.00                                                                                                                                                                                                                               |                                                                                              |                                              |                                                       |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>Daniel Luna<br>24 Sneider Road<br>Warren, NJ 07059-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                 | <b>Name of Employer</b><br>Self-Employed<br><br><b>Occupation</b><br>CPA                     | <b>Date (month, day, year)</b><br>10/06/2000 | <b>Amount of Each Receipt this Period</b><br>20.00    |
| <b>Aggregate Year-to-Date -&gt;</b> 770.00                                                                                                                                                                                                                               |                                                                                              |                                              |                                                       |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>Thomas Lusty<br>33 Hurlingham Club Road<br>Far Hills, NJ 07931-2479<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>PACE, inc<br><br><b>Occupation</b><br>President                   | <b>Date (month, day, year)</b><br>10/10/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>Aggregate Year-to-Date -&gt;</b> 1,000.00                                                                                                                                                                                                                             |                                                                                              |                                              |                                                       |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>John Luttman<br>41 Octo Avenue<br>Milltown, NJ 08850-1424<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)           | <b>Name of Employer</b><br>N/A<br><br><b>Occupation</b><br>Retired                           | <b>Date (month, day, year)</b><br>10/16/2000 | <b>Amount of Each Receipt this Period</b><br>50.00    |
| <b>Aggregate Year-to-Date -&gt;</b> 200.00                                                                                                                                                                                                                               |                                                                                              |                                              |                                                       |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>Jay Scott MacNeill<br>90 Sulfrian Road<br>New Providence, NJ 07974-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>Post, Polak, Goodsell et al.<br><br><b>Occupation</b><br>Attorney | <b>Date (month, day, year)</b><br>10/17/2000 | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>Aggregate Year-to-Date -&gt;</b> 600.00                                                                                                                                                                                                                               |                                                                                              |                                              |                                                       |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>Bruce Macphail<br>19 Painters Lane<br>Wayne, PA 19087-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)              | <b>Name of Employer</b><br>Whitehall Int'l Inc<br><br><b>Occupation</b><br>Executive         | <b>Date (month, day, year)</b><br>10/12/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>Aggregate Year-to-Date -&gt;</b> 1,000.00                                                                                                                                                                                                                             |                                                                                              |                                              |                                                       |
| <b>G. Full Name, Mailing Address and Zip Code</b><br>Peter Madsen<br>415 Wychwood Road<br>Westfield, NJ 07090-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)           | <b>Name of Employer</b><br>Madsen & Howell<br><br><b>Occupation</b><br>Executive             | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>200.00   |
| <b>Aggregate Year-to-Date -&gt;</b> 200.00                                                                                                                                                                                                                               |                                                                                              |                                              |                                                       |

SUBTOTAL of Receipts This Page (optional)

2,820.00

TOTAL This Period (last page this line number only)

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

77

135

FOR LIKE NUMBER  
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**NAME OF COMMITTEE (in Full)**

Bob Franks for U.S. Senate, Inc.

|                                                                                                                                                                                                                                                                 |                                                                                                                                          |                                              |                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-----------------------------------------------------|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>Constance Maffucci<br>34 Partridge Lane<br>Cherry Hill, NJ 08003-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>self<br><b>Occupation</b><br>Investor<br><b>Aggregate Year-to-Date -&gt;</b> 200.00                           | <b>Date (month, day, year)</b><br>10/18/2000 | <b>Amount of Each Receipt this Period</b><br>100.00 |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>Bart Maggic<br>427 Passaic Avenue<br>Passaic, NJ 07055-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)           | <b>Name of Employer</b><br>Self Employed<br><b>Occupation</b><br>Physician<br><b>Aggregate Year-to-Date -&gt;</b> 450.00                 | <b>Date (month, day, year)</b><br>10/16/2000 | <b>Amount of Each Receipt this Period</b><br>200.00 |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>Hassan Mahmoud<br>705 Oak Avenue<br>Westfield, NJ 07090-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)          | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Retired<br><b>Aggregate Year-to-Date -&gt;</b> 600.00                             | <b>Date (month, day, year)</b><br>10/06/2000 | <b>Amount of Each Receipt this Period</b><br>100.00 |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>Louis Mai<br>Partner<br>KPMG<br>Short Hills, NJ 07078-2778<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)        | <b>Name of Employer</b><br>KPMG<br><b>Occupation</b><br>CPA<br><b>Aggregate Year-to-Date -&gt;</b> 500.00                                | <b>Date (month, day, year)</b><br>10/13/2000 | <b>Amount of Each Receipt this Period</b><br>500.00 |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>Rosemarie Maisano<br>100 Frost St<br>Hackensack, NJ 07602-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)        | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Homemaker<br><b>Aggregate Year-to-Date -&gt;</b> 200.00                           | <b>Date (month, day, year)</b><br>10/12/2000 | <b>Amount of Each Receipt this Period</b><br>200.00 |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>Jane Majcher<br>32 Gate House Ln.<br>Edison, NJ 08820-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)            | <b>Name of Employer</b><br>State of NJ<br><b>Occupation</b><br>Special Deputy Commissioner<br><b>Aggregate Year-to-Date -&gt;</b> 250.00 | <b>Date (month, day, year)</b><br>10/10/2000 | <b>Amount of Each Receipt this Period</b><br>125.00 |
| <b>G. Full Name, Mailing Address and Zip Code</b><br>Marc Malberg<br>182 Autumn Hill Road<br>Princeton, NJ 08540-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)      | <b>Name of Employer</b><br>Self Employed<br><b>Occupation</b><br>Physician<br><b>Aggregate Year-to-Date -&gt;</b> 500.00                 | <b>Date (month, day, year)</b><br>10/13/2000 | <b>Amount of Each Receipt this Period</b><br>500.00 |

**SUBTOTAL** of Receipts This Page (optional)

1,725.00

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## NAME OF COMMITTEE (In Full)

Bob Franke for U.S. Senate, Inc.

|                                                                                                                                                                                                                                                                     |                                                                                                                                         |                                              |                                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-----------------------------------------------------|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>Warren Mang<br>3 Westwood Dr<br>Haddonfield, NJ 08033-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                | <b>Name of Employer</b><br>Markel Corp<br><b>Occupation</b><br>Chairman<br><b>Aggregate Year-to-Date -&gt;</b> 750.00                   | <b>Date (month, day, year)</b><br>10/12/2000 | <b>Amount of Each Receipt this Period</b><br>750.00 |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>Virginia Manheimer<br>P O Box 60<br>Lambertville, NJ 08530-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)           | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Homemaker<br><b>Aggregate Year-to-Date -&gt;</b> 500.00                          | <b>Date (month, day, year)</b><br>10/16/2000 | <b>Amount of Each Receipt this Period</b><br>500.00 |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>Jeanne Manley<br>Featherbed Lane<br>New Vernon, NJ 07976-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)             | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Homemaker<br><b>Aggregate Year-to-Date -&gt;</b> 625.00                          | <b>Date (month, day, year)</b><br>10/18/2000 | <b>Amount of Each Receipt this Period</b><br>125.00 |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>Roger Mann<br>273 Engle St.<br>Tenafly, NJ 07670-2138<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                 | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Retired<br><b>Aggregate Year-to-Date -&gt;</b> 300.00                            | <b>Date (month, day, year)</b><br>10/17/2000 | <b>Amount of Each Receipt this Period</b><br>100.00 |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>Raymond Marler<br>37 Howell Road<br>Mountain Lakes, NJ 07046-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)         | <b>Name of Employer</b><br>Researching<br><b>Occupation</b><br>Researching<br><b>Aggregate Year-to-Date -&gt;</b> 300.00                | <b>Date (month, day, year)</b><br>10/18/2000 | <b>Amount of Each Receipt this Period</b><br>100.00 |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>Morris Mark<br>625 Park Avenue<br>Apt. 7 A<br>New York, NY 10021-6545<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>Mark Asset Management Corp.<br><b>Occupation</b><br>Executive<br><b>Aggregate Year-to-Date -&gt;</b> 500.00  | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>500.00 |
| <b>G. Full Name, Mailing Address and Zip Code</b><br>Susan Mark<br>625 Park Avenue<br>Apt. 7A<br>New York, NY 10021-6545<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   | <b>Name of Employer</b><br>Mark Asset Management Corp.<br><b>Occupation</b><br>Sr. V.P.<br><b>Aggregate Year-to-Date -&gt;</b> 2,000.00 | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>500.00 |

SUBTOTAL of Receipts This Page (optional)

2,575.00

TOTAL This Period (last page this line number only)



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## NAME OF COMMITTEE (In Full)

Bob Franks for U.S. Senate, Inc.

|                                                                                                                                                                                                                                                                                                    |                                                                                                                                    |                                              |                                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>Antoinette Marone<br>295 Division Ave<br>Belleville, NJ 07109-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                       | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Homemaker<br><b>Aggregate Year-to-Date -&gt;</b> 200.00                     | <b>Date (month, day, year)</b><br>10/10/2000 | <b>Amount of Each Receipt this Period</b><br>100.00   |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>Robert Martie<br>156 Miller Road<br>Kinnelon, NJ 07435-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                              | <b>Name of Employer</b><br>Gale & Wentworth<br><b>Occupation</b><br>Real estate<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00    | <b>Date (month, day, year)</b><br>10/17/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>Don Martin<br>918 Roselofs Road<br>Yardley, PA 19067-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                                | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Homemaker<br><b>Aggregate Year-to-Date -&gt;</b> 500.00                     | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>Joseph Martini<br>138 Glen Rock Road<br>Little Falls, NJ 07424-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                      | <b>Name of Employer</b><br>Sales Resources<br><b>Occupation</b><br>President<br><b>Aggregate Year-to-Date -&gt;</b> 1,300.00       | <b>Date (month, day, year)</b><br>10/06/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>Eric Martins<br>Drinker Biddle & Shanley<br>105 College Road East, Suite 300<br>Princeton, NJ 08542-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>Drinker Biddle & Shanley<br><b>Occupation</b><br>Attorney<br><b>Aggregate Year-to-Date -&gt;</b> 250.00 | <b>Date (month, day, year)</b><br>10/16/2000 | <b>Amount of Each Receipt this Period</b><br>250.00   |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>Ann Marzano<br>29 Salter Place<br>Maplewood, NJ 07040-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                               | <b>Name of Employer</b><br>AT&T<br><b>Occupation</b><br>Executive<br><b>Aggregate Year-to-Date -&gt;</b> 285.00                    | <b>Date (month, day, year)</b><br>10/16/2000 | <b>Amount of Each Receipt this Period</b><br>250.00   |
| <b>G. Full Name, Mailing Address and Zip Code</b><br>Dennis Masar<br>1940 Mary Ellen Lane<br>Scotch Plains, NJ 07076-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                     | <b>Name of Employer</b><br>self<br><b>Occupation</b><br>Attorney<br><b>Aggregate Year-to-Date -&gt;</b> 200.00                     | <b>Date (month, day, year)</b><br>10/16/2000 | <b>Amount of Each Receipt this Period</b><br>200.00   |

SUBTOTAL of Receipts This Page (optional)

3,300.00

TOTAL This Period (last page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

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

PAGE 80 OF 135

FOR LINE NUMBER  
11(a)(i)

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## NAME OF COMMITTEE (in full)

Bob Franks for U.S. Senate, Inc.

|                                                                                                                                       |                                                                                 |                                              |                                                          |
|---------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|----------------------------------------------|----------------------------------------------------------|
| A. Full Name, Mailing Address and Zip Code<br>Mary Jane Maser<br>5 MC Donald Ct.<br><br>Red Bank, NJ 07701-                           | Name of Employer<br>N/A<br><br>Occupation<br>Homemaker                          | Date (month,<br>day, year)<br><br>10/16/2000 | Amount of Each<br>Receipt this<br>Period<br><br>500.00   |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Aggregate Year-to-Date -> 500.00                                                |                                              |                                                          |
| B. Full Name, Mailing Address and Zip Code<br>Barney Mactia<br>110 Devon Road<br><br>Essex Falls, NJ 07021-                           | Name of Employer<br>Carlson Marketing Group<br><br>Occupation<br>Vice President | Date (month,<br>day, year)<br><br>10/10/2000 | Amount of Each<br>Receipt this<br>Period<br><br>1,000.00 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Aggregate Year-to-Date -> 2,000.00                                              |                                              |                                                          |
| C. Full Name, Mailing Address and Zip Code<br>Henry J. Mayer<br>2 West Avenue<br><br>Gladstone, NJ 07934-                             | Name of Employer<br>Rutgers University<br><br>Occupation<br>Administrator       | Date (month,<br>day, year)<br><br>10/06/2000 | Amount of Each<br>Receipt this<br>Period<br><br>99.00    |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Aggregate Year-to-Date -> 499.00                                                |                                              |                                                          |
| D. Full Name, Mailing Address and Zip Code<br>Robert Mayer<br>29 Lawnee Tr<br><br>Sparta, NJ 37871-                                   | Name of Employer<br><br><br>Occupation<br>Pharmacy Consultant                   | Date (month,<br>day, year)<br><br>10/11/2000 | Amount of Each<br>Receipt this<br>Period<br><br>125.00   |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Aggregate Year-to-Date -> 125.00                                                |                                              |                                                          |
| E. Full Name, Mailing Address and Zip Code<br>Robert Mayer<br>29 Lawnee Tr<br><br>Sparta, NJ 07871-                                   | Name of Employer<br><br><br>Occupation<br>Pharmacy Consultant                   | Date (month,<br>day, year)<br><br>10/11/2000 | Amount of Each<br>Receipt this<br>Period<br><br>125.00   |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Aggregate Year-to-Date -> 250.00                                                |                                              |                                                          |
| F. Full Name, Mailing Address and Zip Code<br>Robert Mayer<br>29 Lawnee Tr<br><br>Sparta, NJ 07871-                                   | Name of Employer<br><br><br>Occupation<br>Pharmacy Consultant                   | Date (month,<br>day, year)<br><br>10/16/2000 | Amount of Each<br>Receipt this<br>Period<br><br>125.00   |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Aggregate Year-to-Date -> 375.00                                                |                                              |                                                          |
| G. Full Name, Mailing Address and Zip Code<br>William Mayhall<br>176 Rolling Hill Road<br><br>Skillman, NJ 08558-                     | Name of Employer<br>self<br><br>Occupation<br>Manager                           | Date (month,<br>day, year)<br><br>10/13/2000 | Amount of Each<br>Receipt this<br>Period<br><br>1,000.00 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Aggregate Year-to-Date -> 1,000.00                                              |                                              |                                                          |

SUBTOTAL of Receipts This Page (optional)

2,974.00

TOTAL This Period (last page this line number only)

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## NAME OF COMMITTEE (In Full)

Bob Franks for U.S. Senate, Inc.

|                                                                                                                                                                                                                                                                          |                                                                                                                                           |                                              |                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>David McCarthy<br>McCarthy Industry<br>New Providence, NJ 07974-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)           | <b>Name of Employer</b><br>McCarthy Trucking<br><b>Occupation</b><br>Trucking Industry<br><b>Aggregate Year-to-Date -&gt;</b> 500.00      | <b>Date (month, day, year)</b><br>10/16/2000 | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>S. Griffin McClellan<br>23 Cedar Road<br>Whitehouse Station, NJ 08889-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)     | <b>Name of Employer</b><br>Researching<br><b>Occupation</b><br>Researching<br><b>Aggregate Year-to-Date -&gt;</b> 250.00                  | <b>Date (month, day, year)</b><br>10/12/2000 | <b>Amount of Each Receipt this Period</b><br>250.00   |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>Elizabeth McColgan<br>11 Edgewood Road<br>Summit, NJ 07901-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Homemaker<br><b>Aggregate Year-to-Date -&gt;</b> 350.00                            | <b>Date (month, day, year)</b><br>10/17/2000 | <b>Amount of Each Receipt this Period</b><br>200.00   |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>Steven McConnell<br>51 Forest Ave.<br>Unit 171<br>Old Greenwich, CT 06870-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>Knight Tailman & Co.<br><b>Occupation</b><br>Investment Banker<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00 | <b>Date (month, day, year)</b><br>10/16/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>Harry McEnroe<br>920 Ocean Ave<br>Mantoloking, NJ 08738-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                   | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Retired<br><b>Aggregate Year-to-Date -&gt;</b> 200.00                              | <b>Date (month, day, year)</b><br>10/10/2000 | <b>Amount of Each Receipt this Period</b><br>200.00   |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>Harry D. McEnroe<br>203 Underhill Rd<br>South Orange, NJ 07079-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)            | <b>Name of Employer</b><br>Chubb<br><b>Occupation</b><br>Attorney<br><b>Aggregate Year-to-Date -&gt;</b> 200.00                           | <b>Date (month, day, year)</b><br>10/10/2000 | <b>Amount of Each Receipt this Period</b><br>200.00   |
| <b>G. Full Name, Mailing Address and Zip Code</b><br>Michael McGranaghan<br>29 Oak Ridge Dr<br>Belle Mead, NJ 08502-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)            | <b>Name of Employer</b><br>Johnson & Johnson<br><b>Occupation</b><br>Executive<br><b>Aggregate Year-to-Date -&gt;</b> 200.00              | <b>Date (month, day, year)</b><br>10/12/2000 | <b>Amount of Each Receipt this Period</b><br>200.00   |

SUBTOTAL of Receipts This Page (optional)

2,550.00

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 92 OF 135

FOR LINE NUMBER  
11(a)(i)

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## NAME OF COMMITTEE (In Full)

Bob Franks for U.S. Senate, Inc.

|                                                                                                                                                                                                                                                                                                     |                                                                                                                                                |                                              |                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>Patricia McKenna<br>38-58 Victoria Road<br>Fair Lawn, NJ 07410-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                       | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Homemaker<br><b>Aggregate Year-to-Date -&gt;</b> 1,100.00                               | <b>Date (month, day, year)</b><br>10/18/2000 | <b>Amount of Each Receipt this Period</b><br>100.00   |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>Henry McKinnell<br>6 Guinea Road<br>Greenwich, CT 06830-3546<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                          | <b>Name of Employer</b><br>Pfizer Corp.<br><b>Occupation</b><br>CMO<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00                            | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>William McMahon<br>130 West Atlantic Blvd.<br>Ocean City, NJ 08226-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                   | <b>Name of Employer</b><br>self<br><b>Occupation</b><br>Attorney<br><b>Aggregate Year-to-Date -&gt;</b> 250.00                                 | <b>Date (month, day, year)</b><br>10/18/2000 | <b>Amount of Each Receipt this Period</b><br>250.00   |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>McManimon & Scotland, L.L.C.<br>Att: Mr. Glenn Scotland.<br>One Riverfront Plaza<br>Newark, NJ 07102-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>Partnership Attribution<br>Listed Individually<br><b>Occupation</b><br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00 | <b>Date (month, day, year)</b><br>10/18/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>McManimon & Scotland, L.L.C.<br>Att: Mr. Glenn Scotland.<br>One Riverfront Plaza<br>Newark, NJ 07102-<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>Partnership Attribution<br>Listed Individually<br><b>Occupation</b><br><b>Aggregate Year-to-Date -&gt;</b> 2,000.00 | <b>Date (month, day, year)</b><br>10/18/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>Thomas McFair<br>31 Crest Lake Drive<br>Oak Ridge, NJ 07438-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                          | <b>Name of Employer</b><br>J. P. Dalet<br>International<br><b>Occupation</b><br>V.P.<br><b>Aggregate Year-to-Date -&gt;</b> 500.00             | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>G. Full Name, Mailing Address and Zip Code</b><br>Christopher McNichol<br>736 Pine Street<br>Apt. J<br>Philadelphia, PA 19106-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                          | <b>Name of Employer</b><br>Solomon, Smith, Barney<br><b>Occupation</b><br>Executives<br><b>Aggregate Year-to-Date -&gt;</b> 500.00             | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>500.00   |

SUBTOTAL of Receipts This Page (optional)

4,350.00

TOTAL This Period (last page this line number only)

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## NAME OF COMMITTEE (In Full)

Bob Franks for U.S. Senate, Inc.

|                                                                                                                                                                                                                                                                                |                                                                                                                          |                                              |                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>Joan Mebane<br>16 Haddonfield Road<br>Short Hills, NJ 07078-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                     | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Homemaker<br><b>Aggregate Year-to-Date -&gt;</b> 250.00           | <b>Date (month, day, year)</b><br>10/06/2000 | <b>Amount of Each Receipt this Period</b><br>250.00   |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>Frank M. Meeks, III<br>1749 Sleepy Hollow Lane<br>Plainfield, NJ 07060-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)          | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Retired<br><b>Aggregate Year-to-Date -&gt;</b> 550.00             | <b>Date (month, day, year)</b><br>10/13/2000 | <b>Amount of Each Receipt this Period</b><br>100.00   |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>William Megna<br>Caldwell Megna<br>224 W. State Street<br>Trenton, NJ 08608-1102<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>Caldwell Megna<br><b>Occupation</b><br>Attorney<br><b>Aggregate Year-to-Date -&gt;</b> 750.00 | <b>Date (month, day, year)</b><br>10/16/2000 | <b>Amount of Each Receipt this Period</b><br>250.00   |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>Robert X. Weisner<br>3420 Lakeside View Drive<br>Falls Church, VA 22041-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)         | <b>Name of Employer</b><br>Siscorp<br><b>Occupation</b><br>Executive<br><b>Aggregate Year-to-Date -&gt;</b> 1,250.00     | <b>Date (month, day, year)</b><br>10/06/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>Pamela Melinson<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                                                  | <b>Name of Employer</b><br>Drinker Biddle<br><b>Occupation</b><br>Attorney<br><b>Aggregate Year-to-Date -&gt;</b> 500.00 | <b>Date (month, day, year)</b><br>10/16/2000 | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>Dolores Memmer<br>98 Stonehenge Terrace<br>Clark, NJ 07066-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                      | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Homemaker<br><b>Aggregate Year-to-Date -&gt;</b> 225.00           | <b>Date (month, day, year)</b><br>10/13/2000 | <b>Amount of Each Receipt this Period</b><br>125.00   |
| <b>G. Full Name, Mailing Address and zip Code</b><br>William Mergler<br>38 Mc Kinley Ave<br>West Caldwell, NJ 07006-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                  | <b>Name of Employer</b><br>Researching<br><b>Occupation</b><br>Researching<br><b>Aggregate Year-to-Date -&gt;</b> 750.00 | <b>Date (month, day, year)</b><br>10/17/2000 | <b>Amount of Each Receipt this Period</b><br>750.00   |

SUBTOTAL of Receipts This Page (optional)

2,975.00

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 34 OF 135  
FOR LINE NUMBER 11(a) (1)

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**NAME OF COMMITTEE (in full)**

Bob Franks for U.S. Senate, Inc.

|                                                                                                                                                                                                                                                                    |                                                                                                                               |                                              |                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>Richard Merkt<br>P. O. Box 444<br>Brookside, NJ 07926-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)               | <b>Name of Employer</b><br>State of NJ<br><b>Occupation</b><br>Assemblyman<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00    | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>Thomas Messner<br>15 Tamarack Street<br>Howell, NJ 07731-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)            | <b>Name of Employer</b><br>Messner, Vetere<br><b>Occupation</b><br>Consultant<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00 | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>Thomas Messner<br>15 Tamarack Street<br>Howell, NJ 07731-<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)            | <b>Name of Employer</b><br>Messner, Vetere<br><b>Occupation</b><br>Consultant<br><b>Aggregate Year-to-Date -&gt;</b> 2,000.00 | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>Charles Meyer<br>81 North Lakeside Drive, West<br>Medford, NJ 08055-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>Researching<br><b>Occupation</b><br>Researching<br><b>Aggregate Year-to-Date -&gt;</b> 200.00      | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>200.00   |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>Paul Michaels<br>21 Edgewood Road<br>Montclair, NJ 07042-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)            | <b>Name of Employer</b><br>Summit Insurance<br><b>Occupation</b><br>Insurance<br><b>Aggregate Year-to-Date -&gt;</b> 250.00   | <b>Date (month, day, year)</b><br>10/18/2000 | <b>Amount of Each Receipt this Period</b><br>250.00   |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>William Michelson<br>661 Belvidere Ave<br>Plainfield, NJ 07062-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)      | <b>Name of Employer</b><br>self<br><b>Occupation</b><br>Attorney<br><b>Aggregate Year-to-Date -&gt;</b> 250.00                | <b>Date (month, day, year)</b><br>10/10/2000 | <b>Amount of Each Receipt this Period</b><br>250.00   |
| <b>G. Full Name, Mailing Address and Zip Code</b><br>Samir S. Mikhail<br>133 Copper Tree Circle<br>Edison, NJ 08820-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)      | <b>Name of Employer</b><br>Prestige A/B<br><b>Occupation</b><br>President<br><b>Aggregate Year-to-Date -&gt;</b> 250.00       | <b>Date (month, day, year)</b><br>10/16/2000 | <b>Amount of Each Receipt this Period</b><br>250.00   |

**SUBTOTAL of Receipts This Page (optional)**

3,450.00

**TOTAL This Period (last page this line number only)**

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## NAME OF COMMITTEE (in full)

Bob Franks for U.S. Senate, Inc.

|                                                                                                                                                                                                                                                                      |                                                                                                                                       |                                              |                                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>Frank A. Mikorski<br>1294 Regency Place<br>South Plainfield, NJ 07080-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Retired<br><b>Aggregate Year-to-Date -&gt;</b> 386.00                          | <b>Date (month, day, year)</b><br>10/18/2000 | <b>Amount of Each Receipt this Period</b><br>25.00    |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>Jeremiah Milbank<br>53 East 66th St.<br>New York, NY 10021-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)            | <b>Name of Employer</b><br>Milbank Winthrop & Co.<br><b>Occupation</b><br>Investments<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00 | <b>Date (month, day, year)</b><br>10/16/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>Robert Milbank<br>1 Sweetbriar Rd.<br>Summit, NJ 07901-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Retired<br><b>Aggregate Year-to-Date -&gt;</b> 225.00                          | <b>Date (month, day, year)</b><br>10/17/2000 | <b>Amount of Each Receipt this Period</b><br>50.00    |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>Robert Mill<br>873 Village Green<br>Westfield, NJ 07090-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)               | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Retired<br><b>Aggregate Year-to-Date -&gt;</b> 200.00                          | <b>Date (month, day, year)</b><br>10/18/2000 | <b>Amount of Each Receipt this Period</b><br>100.00   |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>Adele Miller<br>Box 125<br>New Vernon, NJ 07976-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                       | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Homemaker<br><b>Aggregate Year-to-Date -&gt;</b> 250.00                        | <b>Date (month, day, year)</b><br>10/17/2000 | <b>Amount of Each Receipt this Period</b><br>250.00   |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>Charles Miller<br>PO Box 549<br>Rt 38<br>Mount Holly, NJ 08060-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)        | <b>Name of Employer</b><br>C.A. Miller Associates<br><b>Occupation</b><br>Auto Retailer<br><b>Aggregate Year-to-Date -&gt;</b> 500.00 | <b>Date (month, day, year)</b><br>10/12/2000 | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>G. Full Name, Mailing Address and Zip Code</b><br>John Miller<br>104 Cedar Lane, Apt. 6<br>Teaneck, NJ 07666-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)            | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Retired<br><b>Aggregate Year-to-Date -&gt;</b> 350.00                          | <b>Date (month, day, year)</b><br>10/17/2000 | <b>Amount of Each Receipt this Period</b><br>250.00   |

SUBTOTAL of Receipts This Page (optional)

2,175.00

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 86 OF 135  
FOR LINE NUMBER  
11(a)(1)

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**NAME OF COMMITTEE (in full)**

Bob Franks for U.S. Senate, Inc.

|                                                                                                                                                                                                                                                                                                               |                                                                                                                                                    |                                              |                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>Mary Miller<br>379 Ridgewood Avenue<br>Glen Ridge, NJ 07028-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                             | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Retired<br><b>Aggregate Year-to-Date -&gt;</b> 500.00                                       | <b>Date (month, day, year)</b><br>10/18/2000 | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>Robert C. Miller<br>30 Maple Avenue<br>Berkeley Heights, NJ 07922-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                       | <b>Name of Employer</b><br>State of NJ<br><b>Occupation</b><br>Manager<br><b>Aggregate Year-to-Date -&gt;</b> 350.00                               | <b>Date (month, day, year)</b><br>10/13/2000 | <b>Amount of Each Receipt this Period</b><br>100.00   |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>Sue Miller<br>Point Associates, D.L.C.<br>30 Ways Landing Road<br>Somers Point, NJ 08244-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                | <b>Name of Employer</b><br>Point Associates, LLC<br><b>Occupation</b><br>Executive<br><b>Aggregate Year-to-Date -&gt;</b> 250.00                   | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>250.00   |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>Thomas C. Miller<br>10 Dogwood Drive<br>Neshanic Station, NJ 08853-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                      | <b>Name of Employer</b><br>Walaj Miller & Robinson<br><b>Occupation</b><br>Attorney<br><b>Aggregate Year-to-Date -&gt;</b> 250.00                  | <b>Date (month, day, year)</b><br>10/12/2000 | <b>Amount of Each Receipt this Period</b><br>250.00   |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>Samuel Mills<br>255 Old Tote Road<br>Mountainside, NJ 07092-1836<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                         | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Retired<br><b>Aggregate Year-to-Date -&gt;</b> 194.00                                       | <b>Date (month, day, year)</b><br>10/06/2000 | <b>Amount of Each Receipt this Period</b><br>35.00    |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>Samuel Mills<br>255 Old Tote Road<br>Mountainside, NJ 07092-1836<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                         | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Retired<br><b>Aggregate Year-to-Date -&gt;</b> 229.00                                       | <b>Date (month, day, year)</b><br>10/17/2000 | <b>Amount of Each Receipt this Period</b><br>35.00    |
| <b>G. Full Name, Mailing Address and Zip Code</b><br>Mills and DeFilippis, L.L.P.<br>Att: Ronald DeFilippis<br>420 Boulevard<br>Mountain Lakes, NJ 07046-4784<br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>Partnership Attribution<br>Listed Individually<br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00 | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |

|                                                            |          |
|------------------------------------------------------------|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional)           | 2,170.00 |
| <b>TOTAL</b> This Period (last page this line number only) |          |



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## NAME OF COMMITTEE (In Full)

Bob Franke for U.S. Senate, Inc.

|                                                                                                                                                                                                                                                                                                                |                                                                                                                                           |                                                              |                                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>Mills and DeFilippis, L.L.P.<br>Att: Ronald DeFilippis.<br>420 Boulevard<br>Mountain Lakes, NJ 07045-1784<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>Partnership Attribution<br>Listed Individually<br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Date (month, day, year)</b><br>10/11/2000<br><br>2,000.00 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>Gordon Millsbaugh<br>40 Overleigh Road<br>Bernardsville, NJ 07924-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                        | <b>Name of Employer</b><br>Harold & Haines<br><br><b>Occupation</b><br>Attorney<br><b>Aggregate Year-to-Date -&gt;</b>                    | <b>Date (month, day, year)</b><br>10/19/2000<br><br>500.00   | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>Robert Mintz<br>6 East Acres Drive<br>Pennington, NJ 08534-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                               | <b>Name of Employer</b><br>McCarter English<br><br><b>Occupation</b><br>Attorney<br><b>Aggregate Year-to-Date -&gt;</b>                   | <b>Date (month, day, year)</b><br>10/18/2000<br><br>250.00   | <b>Amount of Each Receipt this Period</b><br>100.00   |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>Jane Ellen Mitnick<br>19 Van Seuren Rd.<br>Morristown, NJ 07960-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                          | <b>Name of Employer</b><br>Bob P. Raboldt & Company<br><br><b>Occupation</b><br>Art Dealer<br><b>Aggregate Year-to-Date -&gt;</b>         | <b>Date (month, day, year)</b><br>10/18/2000<br><br>1,000.00 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>Patricia Molino<br>10 Old Church Road<br>Warren, NJ 07059-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                                | <b>Name of Employer</b><br>J & C<br><br><b>Occupation</b><br>Executive<br><b>Aggregate Year-to-Date -&gt;</b>                             | <b>Date (month, day, year)</b><br>10/13/2000<br><br>250.00   | <b>Amount of Each Receipt this Period</b><br>250.00   |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>Renee Montgomery<br>Ocean Club<br>Apt. 1012-1<br>Atlantic City, NJ 08401-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                 | <b>Name of Employer</b><br>N/A<br><br><b>Occupation</b><br>Retired<br><b>Aggregate Year-to-Date -&gt;</b>                                 | <b>Date (month, day, year)</b><br>10/17/2000<br><br>350.00   | <b>Amount of Each Receipt this Period</b><br>100.00   |
| <b>G. Full Name, Mailing Address and Zip Code</b><br>Maria Monto<br>119 Sinclair Avenue<br>Union, NJ 07083-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                                    | <b>Name of Employer</b><br>N/A<br><br><b>Occupation</b><br>Homemaker<br><b>Aggregate Year-to-Date -&gt;</b>                               | <b>Date (month, day, year)</b><br>10/17/2000<br><br>1,125.00 | <b>Amount of Each Receipt this Period</b><br>125.00   |

SUBTOTAL of Receipts This Page (optional)

3,075.00

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

88

135

FOR LINE NUMBER  
11(a)(i)

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## NAME OF COMMITTEE (In Full)

Bob Franks for U.S. Senate, Inc.

|                                                                                                                                              |                                                                                                |                                              |                                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>James A. Moore<br>290 Hillside Ave.<br>Livingston, NJ 07039-                            | <b>Name of Employer</b><br>N/A<br><br><b>Occupation</b><br>Retired                             | <b>Date (month, day, year)</b><br>10/06/2000 | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Aggregate Year-to-Date -&gt;</b> 500.00                                                     |                                              |                                                       |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>Rebecca Morgan<br>13728 La Cuesta<br>Los Altos, CA 94022-                               | <b>Name of Employer</b><br>self<br><br><b>Occupation</b><br>philanthropist                     | <b>Date (month, day, year)</b><br>10/10/2000 | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Aggregate Year-to-Date -&gt;</b> 500.00                                                     |                                              |                                                       |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>Jennifer Morris<br>846 Holland Road<br>Far Hills, NJ 07931-                             | <b>Name of Employer</b><br>N/A<br><br><b>Occupation</b><br>Homemaker                           | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Aggregate Year-to-Date -&gt;</b> 1,000.00                                                   |                                              |                                                       |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>Joseph Morris<br>846 Holland Road<br>Far Hills, NJ 07931-                               | <b>Name of Employer</b><br>The Morris Companies<br><br><b>Occupation</b><br>Executive          | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Aggregate Year-to-Date -&gt;</b> 1,000.00                                                   |                                              |                                                       |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>Robert Morris<br>Timberland Drive<br>Alpine, NJ 07620-                                  | <b>Name of Employer</b><br>The Advance Group<br><br><b>Occupation</b><br>Real Estate Developer | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Aggregate Year-to-Date -&gt;</b> 1,000.00                                                   |                                              |                                                       |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>Yael Morris<br>23 Timberline Drive<br>Alpine, NJ 07620-                                 | <b>Name of Employer</b><br>Self-Employed<br><br><b>Occupation</b><br>Developer                 | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Aggregate Year-to-Date -&gt;</b> 1,000.00                                                   |                                              |                                                       |
| <b>G. Full Name, Mailing Address and Zip Code</b><br>Gerald Mosca<br>40 Rose Lane<br>Rockaway, NJ 07866-                                     | <b>Name of Employer</b><br>Gannett Outdoor<br><br><b>Occupation</b><br>Executive               | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>200.00   |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Aggregate Year-to-Date -&gt;</b> 450.00                                                     |                                              |                                                       |

SUBTOTAL of Receipts This Page (optional)

5,200.00

TOTAL This Period (last page this line number only)

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## NAME OF COMMITTEE (In Full)

Bob Franks for U.S. Senate, Inc.

|                                                                                                                                                                                                                                                              |                                                                                                                                              |                                              |                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-----------------------------------------------------|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>Sondra Moylan<br>29 Wythe Court<br>Belle Mead, NJ 08502-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)       | <b>Name of Employer</b><br>Academy of Medicine of NJ<br><b>Occupation</b><br>Nurse/Medical Ed.<br><b>Aggregate Year-to-Date -&gt;</b> 225.00 | <b>Date (month, day, year)</b><br>10/17/2000 | <b>Amount of Each Receipt this Period</b><br>125.00 |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>S. Christina Moynihan<br>P.O. Box 192<br>Bedminster, NJ 07921-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Homemaker<br><b>Aggregate Year-to-Date -&gt;</b> 500.00                               | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>500.00 |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>Marie Muhler<br>113 Beacon Blvd<br>Sea Birt, NJ 08750-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)         | <b>Name of Employer</b><br>Monmouth County<br><b>Occupation</b><br>county official<br><b>Aggregate Year-to-Date -&gt;</b> 550.00             | <b>Date (month, day, year)</b><br>10/18/2000 | <b>Amount of Each Receipt this Period</b><br>500.00 |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>Eric Mund<br>115-72 Hilltop Rd<br>Kinnelon, NJ 07405-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)          | <b>Name of Employer</b><br>Burger King Franchise<br><b>Occupation</b><br>Owner<br><b>Aggregate Year-to-Date -&gt;</b> 250.00                 | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>250.00 |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>Eric Munoz<br>121 Oak Ridge Avenue<br>Summit, NJ 07901-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)        | <b>Name of Employer</b><br>UMDNJ<br><b>Occupation</b><br>Physician<br><b>Aggregate Year-to-Date -&gt;</b> 250.00                             | <b>Date (month, day, year)</b><br>10/18/2000 | <b>Amount of Each Receipt this Period</b><br>250.00 |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>Richard Munson<br>102 Tulip Avenue<br>Takoma Park, MD 20912-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   | <b>Name of Employer</b><br>Northeast/Midwest Institute<br><b>Occupation</b><br>Director<br><b>Aggregate Year-to-Date -&gt;</b> 350.00        | <b>Date (month, day, year)</b><br>10/10/2000 | <b>Amount of Each Receipt this Period</b><br>100.00 |
| <b>G. Full Name, Mailing Address and Zip Code</b><br>John Nakashian<br>2-29 - 27th Street<br>Fair Lawn, NJ 07410-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   | <b>Name of Employer</b><br>HH Nakasian & Sons<br><b>Occupation</b><br>Retail/Sales<br><b>Aggregate Year-to-Date -&gt;</b> 200.00             | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>100.00 |

SUBTOTAL of Receipts This Page (optional)

1,825.00

TOTAL This Period (last page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Budgetary PagePAGE 90 OF 135  
FOR LINE NUMBER  
11 (a) (i)

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## NAME OF COMMITTEE (In Full)

Bob Franks for U.S. Senate, Inc.

|                                                                                                                                                                                                                                                                      |                                                                                                                                        |                                              |                                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>Frank Nagpa<br>c/o Wayne Ford<br>444 Rt. 46<br>Wayne, NJ 07470-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)        | <b>Name of Employer</b><br>Wayne Ford<br><b>Occupation</b><br>Auto Dealer<br><b>Aggregate Year-to-Date -&gt;</b> 750.00                | <b>Date (month, day, year)</b><br>10/12/2000 | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>Artemis Nazarian<br>147 Demarest Avenue<br>Englewood Cliffs, NJ 07632-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Homemaker<br><b>Aggregate Year-to-Date -&gt;</b> 500.00                         | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>Thomas M. Nee<br>811 Starview Way<br>Bridgewater, NJ 08807-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)            | <b>Name of Employer</b><br>American Home Products<br><b>Occupation</b><br>VP & Counsel<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00 | <b>Date (month, day, year)</b><br>10/16/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>Carol Nelson<br>4 Mount Dr<br>Perrineville, NJ 08535-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                  | <b>Name of Employer</b><br>ACR<br><b>Occupation</b><br>Engineer<br><b>Aggregate Year-to-Date -&gt;</b> 250.00                          | <b>Date (month, day, year)</b><br>10/12/2000 | <b>Amount of Each Receipt this Period</b><br>250.00   |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>Maryann Nergaard<br>111 Preston Drive<br>Gillette, NJ 07933-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)           | <b>Name of Employer</b><br>Woolson Law Firm<br><b>Occupation</b><br>Attorney<br><b>Aggregate Year-to-Date -&gt;</b> 225.00             | <b>Date (month, day, year)</b><br>10/18/2000 | <b>Amount of Each Receipt this Period</b><br>125.00   |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>Les Nestel<br>931 Sunset Rdg<br>Bridgewater, NJ 08807-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                 | <b>Name of Employer</b><br>Researching<br><b>Occupation</b><br>Researching<br><b>Aggregate Year-to-Date -&gt;</b> 250.00               | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>250.00   |
| <b>G. Full Name, Mailing Address and Zip Code</b><br>John L. Newbold<br>47 Hillcrest Avenue<br>Summit, NJ 07901-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)            | <b>Name of Employer</b><br>Citibank<br><b>Occupation</b><br>Executive<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00                  | <b>Date (month, day, year)</b><br>10/10/2000 | <b>Amount of Each Receipt this Period</b><br>500.00   |

SUBTOTAL of Receipts This Page (optional)

3,125.00

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            | OF  |
| 91              | 135 |
| FOR LINE NUMBER |     |
| 11(a)(i)        |     |

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## NAME OF COMMITTEE (In Full)

Bob Franks for U.S. Senate, Inc.

|                                                                                                                                       |  |                                              |                                          |                                                      |
|---------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------|------------------------------------------|------------------------------------------------------|
| A. Full Name, Mailing Address and Zip Code<br>Laurie Newhouse<br>22 Canterbury Ln<br>Summit, NJ 07901-                                |  | Name of Employer<br>N/A                      | Date (month,<br>day, year)<br>10/12/2000 | Amount of Each<br>Receipt this<br>Period<br>1,000.00 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  | Occupation<br>Homemaker                      | Aggregate Year-to-Date ->                | 1,000.00                                             |
| B. Full Name, Mailing Address and Zip Code<br>Helen Newmierzyskyj<br>24 Notch Court<br>Clifton, NJ 07013-                             |  | Name of Employer<br>Chubb                    | Date (month,<br>day, year)<br>10/13/2000 | Amount of Each<br>Receipt this<br>Period<br>100.00   |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  | Occupation<br>Vice President                 | Aggregate Year-to-Date ->                | 350.00                                               |
| C. Full Name, Mailing Address and Zip Code<br>Helen Newmierzyskyj<br>24 Notch Court<br>Clifton, NJ 07013-                             |  | Name of Employer<br>Chubb                    | Date (month,<br>day, year)<br>10/13/2000 | Amount of Each<br>Receipt this<br>Period<br>125.00   |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  | Occupation<br>Vice President                 | Aggregate Year-to-Date ->                | 475.00                                               |
| D. Full Name, Mailing Address and Zip Code<br>Gordon R. Nicholas<br>86 Walnut Avenue<br>Somerset, NJ 08873-                           |  | Name of Employer<br>PUN                      | Date (month,<br>day, year)<br>10/17/2000 | Amount of Each<br>Receipt this<br>Period<br>20.00    |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  | Occupation<br>Developer                      | Aggregate Year-to-Date ->                | 210.00                                               |
| E. Full Name, Mailing Address and Zip Code<br>William Nicholson<br>46 Farley Road<br>Short Hills, NJ 07078-                           |  | Name of Employer<br>N/A                      | Date (month,<br>day, year)<br>10/18/2000 | Amount of Each<br>Receipt this<br>Period<br>500.00   |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  | Occupation<br>Retired                        | Aggregate Year-to-Date ->                | 1,500.00                                             |
| F. Full Name, Mailing Address and Zip Code<br>Margaret Nicolais<br>26 Chandler Road<br>Chatham, NJ 07928-                             |  | Name of Employer<br>Non Profit Fundraiser    | Date (month,<br>day, year)<br>10/13/2000 | Amount of Each<br>Receipt this<br>Period<br>100.00   |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  | Occupation<br>The Library of the<br>Chathams | Aggregate Year-to-Date ->                | 200.00                                               |
| G. Full Name, Mailing Address and Zip Code<br>Doris Nielson<br>10 Chase Hollow Road<br>Hopewell, NJ 08525-9735                        |  | Name of Employer<br>N/A                      | Date (month,<br>day, year)<br>10/13/2000 | Amount of Each<br>Receipt this<br>Period<br>1,000.00 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  | Occupation<br>Homemaker                      | Aggregate Year-to-Date ->                | 1,000.00                                             |

SUBTOTAL of Receipts This Page (optional)

2,845.00

TOTAL This Period (last page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

See separate schedule(s)  
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Detailed Summary PagePAGE 92 OF 135  
FOR LINE NUMBER  
11(a)(i)

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## NAME OF COMMITTEE (In Full)

Bob Franks for U.S. Senate, Inc.

|                                                                                                                                                                                                                                                                                    |                                                                                                                              |                                              |                                                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>Williard Nielsen<br>10 Chase Hollow Road<br>Hopewell, NJ 08525-9715<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                  | <b>Name of Employer</b><br>J & J<br><b>Occupation</b><br>V.P.<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00                | <b>Date (month, day, year)</b><br>10/13/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>Michael Nimeroff<br>721 Gravelly Hollow Rd.<br>Medford, NJ 08055-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                    | <b>Name of Employer</b><br>Researching<br><b>Occupation</b><br>Researching<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00   | <b>Date (month, day, year)</b><br>10/06/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>Patricia Nimeroff<br>721 Gravelly Hollow Rd.<br>Medford, NJ 08055-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                   | <b>Name of Employer</b><br>Health Trans<br><b>Occupation</b><br>Owner<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00        | <b>Date (month, day, year)</b><br>10/06/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>Paul Wittoly<br>Drinker Biddle<br>500 Campus Drive<br>Plongham Park, NJ 07932-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)       | <b>Name of Employer</b><br>Drinker Biddle<br><b>Occupation</b><br>Attorney<br><b>Aggregate Year-to-Date -&gt;</b> 250.00     | <b>Date (month, day, year)</b><br>10/16/2000 | <b>Amount of Each Receipt this Period</b><br>250.00   |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>Gary Noble<br>24 Rutlingham Club Road<br>Far Hills, NJ 07931-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                        | <b>Name of Employer</b><br>J & J<br><b>Occupation</b><br>V.P.<br><b>Aggregate Year-to-Date -&gt;</b> 300.00                  | <b>Date (month, day, year)</b><br>10/13/2000 | <b>Amount of Each Receipt this Period</b><br>300.00   |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>Franklyn Nofziger<br>1299 Pennsylvania Ave<br>NW Suite 800<br>Washington, DC 20004-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)  | <b>Name of Employer</b><br>self<br><b>Occupation</b><br>Political Consultant<br><b>Aggregate Year-to-Date -&gt;</b> 500.00   | <b>Date (month, day, year)</b><br>10/17/2000 | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>G. Full Name, Mailing Address and Zip Code</b><br>Clifford Northrup<br>700 Thirteenth Street, NW<br>Suite 350<br>Washington, DC 20005-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>Boland & Madigan<br><b>Occupation</b><br>Consultant<br><b>Aggregate Year-to-Date -&gt;</b> 500.00 | <b>Date (month, day, year)</b><br>10/16/2000 | <b>Amount of Each Receipt this Period</b><br>500.00   |

SUBTOTAL of Receipts This Page (optional)

4,550.00

TOTAL This Period (last page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
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Detailed Summary PagePAGE 93 OF 135  
FOR LINE NUMBER  
11 (a) (i)

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## NAME OF COMMITTEE (In Full)

Bob Franks for U.S. Senate, Inc.

|                                                                                                                                                                                                                                                                                     |                                                                                                                                    |                                              |                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>Edward Notch<br>P.O. Box 535<br>Rahway, NJ 07065-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                              | <b>Name of Employer</b><br>self<br><b>Occupation</b><br>Financial Consultant<br><b>Aggregate Year-to-Date -&gt;</b> 300.00         | <b>Date (month, day, year)</b><br>10/15/2000 | <b>Amount of Each Receipt this Period</b><br>300.00   |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>Edward Notch<br>P.O. Box 535<br>Rahway, NJ 07065-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                              | <b>Name of Employer</b><br>self<br><b>Occupation</b><br>Financial Consultant<br><b>Aggregate Year-to-Date -&gt;</b> 400.00         | <b>Date (month, day, year)</b><br>10/17/2000 | <b>Amount of Each Receipt this Period</b><br>100.00   |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>Thomas Nuckel<br>100 Jacobs Rd.<br>Rockaway, NJ 07866-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                         | <b>Name of Employer</b><br>Newnet Corp.<br><b>Occupation</b><br>Owner<br><b>Aggregate Year-to-Date -&gt;</b> 500.00                | <b>Date (month, day, year)</b><br>10/06/2000 | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>Irene Mann<br>1030 Mason Avenue<br>Drexel Hill, PA 19026-2500<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                  | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Homemaker<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00                   | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>Gene O'Brien<br>13 Greene Drive<br>P.O. Box 101<br>West Windsor, NJ 08550-0101<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>Self-Employed<br><b>Occupation</b><br>Engineer<br><b>Aggregate Year-to-Date -&gt;</b> 300.00            | <b>Date (month, day, year)</b><br>10/12/2000 | <b>Amount of Each Receipt this Period</b><br>100.00   |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>Mary O'Brien<br>534 Valley Street<br>Maplewood, NJ 07040-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                      | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Homemaker<br><b>Aggregate Year-to-Date -&gt;</b> 250.00                     | <b>Date (month, day, year)</b><br>10/16/2000 | <b>Amount of Each Receipt this Period</b><br>250.00   |
| <b>G. Full Name, Mailing Address and Zip Code</b><br>Daniel O'Connell<br>11 Patriot Road<br>Gladstone, NJ 07934-2102<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                | <b>Name of Employer</b><br>Drinker Biddle & Shanley<br><b>Occupation</b><br>Attorney<br><b>Aggregate Year-to-Date -&gt;</b> 500.00 | <b>Date (month, day, year)</b><br>10/16/2000 | <b>Amount of Each Receipt this Period</b><br>500.00   |

SUBTOTAL of Receipts This Page (optional)

2,750.00

TOTAL This Period (last page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

Use Separate schedule(s)  
for each category of the  
Detailed Summary PagePAGE 94 OF 135  
FOR LINE NUMBER  
11(a)(i)

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## NAME OF COMMITTEE (In Full)

Bob Franks for U.S. Senate, Inc.

|                                                                                                                                                                                                                                                                          |                                                                                                                             |                                              |                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-----------------------------------------------------|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>John O'Connor<br>28 Powder Horn Way<br>Berkeley Heights, NJ 07922-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)  | <b>Name of Employer</b><br>self<br><b>Occupation</b><br>Restaurant Consultant<br><b>Aggregate Year-to-Date -&gt;</b> 200.00 | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>200.00 |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>Madeline O'Connor<br>11 Essex Road<br>Summit, NJ 07901-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)             | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Retired<br><b>Aggregate Year-to-Date -&gt;</b> 350.00                | <b>Date (month, day, year)</b><br>10/18/2000 | <b>Amount of Each Receipt this Period</b><br>200.00 |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>Declan O'Scanlon<br>21 Northvale Avenue<br>Little Silver, NJ 07739-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>Self-Employed<br><b>Occupation</b><br>Executive<br><b>Aggregate Year-to-Date -&gt;</b> 300.00    | <b>Date (month, day, year)</b><br>10/18/2000 | <b>Amount of Each Receipt this Period</b><br>300.00 |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>J. Brian O'Shea<br>19 Shara Lane<br>Pennington, NJ 08534-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)           | <b>Name of Employer</b><br>Self-Employed<br><b>Occupation</b><br>Auto Dealer<br><b>Aggregate Year-to-Date -&gt;</b> 500.00  | <b>Date (month, day, year)</b><br>10/12/2000 | <b>Amount of Each Receipt this Period</b><br>500.00 |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>B. O'Toole<br>2 Railroad Pl<br>Whippany, NJ 07981-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                  | <b>Name of Employer</b><br>O'Toole And Couch<br><b>Occupation</b><br>Attorney<br><b>Aggregate Year-to-Date -&gt;</b> 500.00 | <b>Date (month, day, year)</b><br>10/12/2000 | <b>Amount of Each Receipt this Period</b><br>500.00 |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>Robert F. Obler<br>200 Stuart Rd, 3.<br>Princeton, NJ 08540-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)        | <b>Name of Employer</b><br>J & J<br><b>Occupation</b><br>V.P.<br><b>Aggregate Year-to-Date -&gt;</b> 500.00                 | <b>Date (month, day, year)</b><br>10/12/2000 | <b>Amount of Each Receipt this Period</b><br>500.00 |
| <b>G. Full Name, Mailing Address and Zip Code</b><br>Nelson Obus<br>291 Russell Road<br>Princeton, NJ 08540-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)             | <b>Name of Employer</b><br>self<br><b>Occupation</b><br>Portfolio Manager<br><b>Aggregate Year-to-Date -&gt;</b> 500.00     | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>500.00 |

SUBTOTAL of Receipts This Page (optional)

2,700.00

TOTAL This Period (last page this line number only)



## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary PagePAGE 95 OF 135  
FOR LINE NUMBER  
11(a)(i)

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## NAME OF COMMITTEE (in full)

Bob Franks for U.S. Senate, Inc.

|                                                                                                                                                                                                                                                                                |                                                                                                                                          |                                              |                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>Robert P. Odenweller<br>40 Chalon Round Top Road<br>Bernardsville, NJ 07924-2101<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Retired<br><b>Aggregate Year-to-Date -&gt;</b> 100.00                             | <b>Date (month, day, year)</b><br>10/13/2000 | <b>Amount of Each Receipt this Period</b><br>100.00   |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>Robert P. Odenweller<br>40 Chalon Round Top Road<br>Bernardsville, NJ 07924-2101<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Retired<br><b>Aggregate Year-to-Date -&gt;</b> 200.00                             | <b>Date (month, day, year)</b><br>10/17/2000 | <b>Amount of Each Receipt this Period</b><br>100.00   |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>Christopher Ogorman<br>6 Midland Gardens 5c<br>Bronxville, NY 10708-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)             | <b>Name of Employer</b><br>On-Line Investment Services<br><b>Occupation</b><br>Executive<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00 | <b>Date (month, day, year)</b><br>10/16/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>Frank Oliver<br>51 Park Avenue<br>Hawthorne, NJ 07006-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                           | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Self Employed<br><b>Aggregate Year-to-Date -&gt;</b> 250.00                       | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>250.00   |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>Cande Olsen<br>85 Canterbury Road<br>Chatham, NJ 07928-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                          | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Homemaker<br><b>Aggregate Year-to-Date -&gt;</b> 500.00                           | <b>Date (month, day, year)</b><br>10/06/2000 | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>Ephraim Oybhkar<br>23 Coral Drive<br>Hazlet, NJ 07730-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                           | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Retired<br><b>Aggregate Year-to-Date -&gt;</b> 200.00                             | <b>Date (month, day, year)</b><br>10/18/2000 | <b>Amount of Each Receipt this Period</b><br>200.00   |
| <b>G. Full Name, Mailing Address and Zip Code</b><br>Joanne M. Padotti<br>9 Morse Avenue<br>Cranford, NJ 07016-2712<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                   | <b>Name of Employer</b><br>The Old mansion<br><b>Occupation</b><br>Owner<br><b>Aggregate Year-to-Date -&gt;</b> 750.00                   | <b>Date (month, day, year)</b><br>10/17/2000 | <b>Amount of Each Receipt this Period</b><br>750.00   |

SUBTOTAL of Receipts This Page (optional)

2,900.00

TOTAL This Period (last page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary PagePAGE 09  
96 135  
FOR LINE NUMBER  
11(a)(i)

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## NAME OF COMMITTEE (In Full)

Bob Franks for U.S. Senate, Inc.

|                                                                                                                                                                                                                                                               |                                                                                                                                                                                               |                                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>Sally Padhi<br>11 South Dr<br>East Brunswick, NJ 08816-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)         | <b>Name of Employer</b><br>Amboy Ave. Veterinarian<br>Hosp<br><b>Occupation</b><br>veterinarian<br><b>Date (month, day, year)</b><br>10/13/2000<br><b>Aggregate Year-to-Date -&gt;</b> 250.00 | <b>Amount of Each Receipt this Period</b><br>250.00 |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>Patti Page<br>17 John Street<br>Chatham, NJ 07928-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)              | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Homemaker<br><b>Date (month, day, year)</b><br>10/16/2000<br><b>Aggregate Year-to-Date -&gt;</b> 925.00                                | <b>Amount of Each Receipt this Period</b><br>50.00  |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>Patti Page<br>17 John Street<br>Chatham, NJ 07928-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)              | <b>Name of Employer</b><br>K/A<br><b>Occupation</b><br>Homemaker<br><b>Date (month, day, year)</b><br>10/17/2000<br><b>Aggregate Year-to-Date -&gt;</b> 1,050.00                              | <b>Amount of Each Receipt this Period</b><br>125.00 |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>Glenn Pantel<br>3 Cross Way<br>Mendham, NJ 07945-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)               | <b>Name of Employer</b><br>Drinker Biddle<br><b>Occupation</b><br>Attorney<br><b>Date (month, day, year)</b><br>10/16/2000<br><b>Aggregate Year-to-Date -&gt;</b> 500.00                      | <b>Amount of Each Receipt this Period</b><br>500.00 |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>John Papa<br>3 Stonehenge Lane<br>Bridgewater, NJ 08807-2063<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)    | <b>Name of Employer</b><br>J & J<br><b>Occupation</b><br>Treasurer<br><b>Date (month, day, year)</b><br>10/16/2000<br><b>Aggregate Year-to-Date -&gt;</b> 500.00                              | <b>Amount of Each Receipt this Period</b><br>500.00 |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>Nazario Paragano<br>365 South Street<br>Morristown, NJ 07960-<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   | <b>Name of Employer</b><br>Paragano Enterprises<br><b>Occupation</b><br>President<br><b>Date (month, day, year)</b><br>10/06/2000<br><b>Aggregate Year-to-Date -&gt;</b> 1,800.00             | <b>Amount of Each Receipt this Period</b><br>500.00 |
| <b>G. Full Name, Mailing Address and Zip Code</b><br>Paul Paray<br>173 Cornell Avenue<br>Berkeley Heights, NJ 07922-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>Cool License Corporation<br><b>Occupation</b><br>President/CEO<br><b>Date (month, day, year)</b><br>10/18/2000<br><b>Aggregate Year-to-Date -&gt;</b> 300.00       | <b>Amount of Each Receipt this Period</b><br>100.00 |

SUBTOTAL of Receipts This Page (optional)

2,025.00

TOTAL This Period (last page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary PagePAGE 09 135  
FOR LINE NUMBER  
11(a)(i)

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## NAME OF COMMITTEE (In Full)

Bob Franks for U.S. Senate, Inc.

|                                                                                                                                                                                                                                                                      |                                                                                                                                                        |                                              |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-----------------------------------------------------|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>Richard Passov<br>15 Half Moon Lane<br>Irvington, NY 10533-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)     | <b>Name of Employer</b><br>Pfizer Corp.<br><br><b>Occupation</b><br>Executive<br><br><b>Aggregate Year-to-Date -&gt;</b> 500.00                        | <b>Date (month, day, year)</b><br>10/17/2000 | <b>Amount of Each Receipt this Period</b><br>500.00 |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>Manmohan Patel<br>5 Jennie Court<br>Cedar Grove, NJ 07009-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)      | <b>Name of Employer</b><br>Jersey Integrated Health<br>Prac.<br><br><b>Occupation</b><br>Physician<br><br><b>Aggregate Year-to-Date -&gt;</b> 2,500.00 | <b>Date (month, day, year)</b><br>10/06/2000 | <b>Amount of Each Receipt this Period</b><br>500.00 |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>Edward Patrone<br>101 S 15th Avenue<br>Longport, NJ 08403-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)      | <b>Name of Employer</b><br>N/A<br><br><b>Occupation</b><br>Retired<br><br><b>Aggregate Year-to-Date -&gt;</b> 250.00                                   | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>250.00 |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>Kathleen M. Patton<br>5 Saddle Hill Rd.<br>Far Hills, NJ 07931-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>N/A<br><br><b>Occupation</b><br>Homemaker<br><br><b>Aggregate Year-to-Date -&gt;</b> 200.00                                 | <b>Date (month, day, year)</b><br>10/17/2000 | <b>Amount of Each Receipt this Period</b><br>200.00 |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>Henry S. Patterson<br>30 Princeton Ave.<br><br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                     | <b>Name of Employer</b><br>Elizabethtown Water<br><br><b>Occupation</b><br>Executive<br><br><b>Aggregate Year-to-Date -&gt;</b> 300.00                 | <b>Date (month, day, year)</b><br>10/12/2000 | <b>Amount of Each Receipt this Period</b><br>300.00 |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>Edward Patterson, Jr<br>PO Box 99<br>Swedesboro, NJ 08086-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)      | <b>Name of Employer</b><br>Arthur Thomas<br><br><b>Occupation</b><br>Executive<br><br><b>Aggregate Year-to-Date -&gt;</b> 750.00                       | <b>Date (month, day, year)</b><br>10/12/2000 | <b>Amount of Each Receipt this Period</b><br>750.00 |
| <b>G. Full Name, Mailing Address and Zip Code</b><br>Peter Pearlman<br>9 Harvey Drive<br>Short Hills, NJ 07078-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)      | <b>Name of Employer</b><br>Cohn, Lifland<br><br><b>Occupation</b><br>Attorney<br><br><b>Aggregate Year-to-Date -&gt;</b> 200.00                        | <b>Date (month, day, year)</b><br>10/16/2000 | <b>Amount of Each Receipt this Period</b><br>100.00 |

SUBTOTAL of Receipts This Page (optional)

2,500.00

TOTAL This Period (last page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
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Detailed Summary PagePAGE 98 OF 135  
FOR LINE NUMBER  
11(a)(i)

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## NAME OF COMMITTEE (In Full)

Bob Franks for U.S. Senate, Inc.

|                                                                                                                                                                                                                                                               |                                                                                                                                |                                              |                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>John Pehlivanian<br>332 Western Avenue<br>Bay Head, NJ 08742-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   | <b>Name of Employer</b><br>self<br><b>Occupation</b><br>Attorney<br><b>Aggregate Year-to-Date -&gt;</b> 500.00                 | <b>Date (month, day, year)</b><br>10/18/2000 | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>George Pence<br>3218 Monument Avenue<br>Richmond, VA 23221-1313<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>Pence Nissan<br><b>Occupation</b><br>Auto Retailer<br><b>Aggregate Year-to-Date -&gt;</b> 200.00    | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>200.00   |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>Cecilia Perez<br>135 Lincoln Ave<br>Elizabeth, NJ 07208-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)        | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Homemaker<br><b>Aggregate Year-to-Date -&gt;</b> 290.00                 | <b>Date (month, day, year)</b><br>10/10/2000 | <b>Amount of Each Receipt this Period</b><br>40.00    |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>Rita Perez<br>310 70th Street, 2-F<br>Guttenberg, NJ 07093-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)     | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Homemaker<br><b>Aggregate Year-to-Date -&gt;</b> 225.00                 | <b>Date (month, day, year)</b><br>10/06/2000 | <b>Amount of Each Receipt this Period</b><br>25.00    |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>Brian Perkins<br>68 Farrand Road<br>Princeton, NJ 08540-6770<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)    | <b>Name of Employer</b><br>Johnson & Johnson<br><b>Occupation</b><br>Executive<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00 | <b>Date (month, day, year)</b><br>10/18/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>Lois Perkins<br>68 Farrand Road<br>Princeton, NJ 08540-6770<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)     | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Homemaker<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00               | <b>Date (month, day, year)</b><br>10/18/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>G. Full Name, Mailing Address and Zip Code</b><br>Joel Perlmutter<br>954 Rt. 166<br>Toms River, NJ 08753-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)         | <b>Name of Employer</b><br>Perlmart, Inc.<br><b>Occupation</b><br>Executive<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00    | <b>Date (month, day, year)</b><br>10/16/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |

SUBTOTAL of Receipts This Page (optional)

3,765.00

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 99 OF 135  
 FOR LINE NUMBER 11(a)(i)

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## NAME OF COMMITTEE (In Full)

Bob Franks for U.S. Senate, Inc.

|                                                                                                                                                                                                                                                                          |                                                                                                                              |                                                                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>Adam Perna<br>123 Personette Avenue<br>Verona, NJ 07044-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                   | <b>Name of Employer</b><br>Election Graphics<br><b>Occupation</b><br>Printer<br><b>Aggregate Year-to-Date -&gt;</b> 2,000.00 | <b>Date (month, day, year)</b><br>10/11/2000<br><b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>Thomas Petrisso<br>11 Cherry Valley Ave<br>Garden City, NY 11530-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)          | <b>Name of Employer</b><br>Tricon Enterprises<br><b>Occupation</b><br>Engineer<br><b>Aggregate Year-to-Date -&gt;</b> 500.00 | <b>Date (month, day, year)</b><br>10/06/2000<br><b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>Watson Pharo<br>431 Centre Street<br>Beach Haven, NJ 08008-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                | <b>Name of Employer</b><br><br><b>Occupation</b><br>Researching<br><b>Aggregate Year-to-Date -&gt;</b> 650.00                | <b>Date (month, day, year)</b><br>10/11/2000<br><b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>Larry Pickering<br>One Johnson & Johnson Plaza<br>New Brunswick, NJ 08933-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>J & J<br><b>Occupation</b><br>Executive<br><b>Aggregate Year-to-Date -&gt;</b> 500.00             | <b>Date (month, day, year)</b><br>10/18/2000<br><b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>Sybil Pinkham<br>423 Long Hill Drive<br>Short Hills, NJ 07078-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)             | <b>Name of Employer</b><br><br><b>Occupation</b><br>Homemaker<br><b>Aggregate Year-to-Date -&gt;</b> 200.00                  | <b>Date (month, day, year)</b><br>10/16/2000<br><b>Amount of Each Receipt this Period</b><br>200.00   |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>James Piro<br>360 Passaic Avenue<br>Nutley, NJ 07110-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                      | <b>Name of Employer</b><br>Self Employed<br><b>Occupation</b><br>Attorney<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00    | <b>Date (month, day, year)</b><br>10/18/2000<br><b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>G. Full Name, Mailing Address and Zip Code</b><br>Mark Porcuro<br>19 Country Place<br>Lebanon, NJ 08833-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                     | <b>Name of Employer</b><br>Clinton Car & Truck<br><b>Occupation</b><br>Owner<br><b>Aggregate Year-to-Date -&gt;</b> 1,100.00 | <b>Date (month, day, year)</b><br>10/12/2000<br><b>Amount of Each Receipt this Period</b><br>500.00   |

SUBTOTAL of Receipts This Page (optional)

4,200.00

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 100 OF 135  
FOR LINE NUMBER  
11(a)(i)

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**NAME OF COMMITTEE (In Full)**  
Bob Franks for U.S. Senate, Inc.

|                                                                                                                                                                                                                                                                           |                                                                                                                                                    |                                              |                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>James Porfido<br>Rt. 10 at Hillside Avenue<br>Stuccasunna, NJ 07876-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>Self-Employed<br><br><b>Occupation</b><br>Attorney<br><br><b>Aggregate Year-to-Date -&gt;</b> 300.00                    | <b>Date (month, day, year)</b><br>10/10/2000 | <b>Amount of Each Receipt this Period</b><br>150.00   |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>John N. Post<br>1557 Coles Ave.<br>Mountainside, NJ 07091-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)           | <b>Name of Employer</b><br>Stavola Management<br><br><b>Occupation</b><br>Executive<br><br><b>Aggregate Year-to-Date -&gt;</b> 250.00              | <b>Date (month, day, year)</b><br>10/16/2000 | <b>Amount of Each Receipt this Period</b><br>250.00   |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>Ronald Posyton<br>Jefferson Avenue, Br. 04<br>Westfield, NJ 07090-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   | <b>Name of Employer</b><br>Smith Cadillac<br><br><b>Occupation</b><br>Car Dealer<br><br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00               | <b>Date (month, day, year)</b><br>10/13/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>Janet Prince<br>91 Hamilton Avenue<br>Berkeley Heights, NJ 07922-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)    | <b>Name of Employer</b><br>Kean University<br><br><b>Occupation</b><br>Professor<br><br><b>Aggregate Year-to-Date -&gt;</b> 450.00                 | <b>Date (month, day, year)</b><br>10/16/2000 | <b>Amount of Each Receipt this Period</b><br>100.00   |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>Theodore Proctor<br>18 Park Terrace<br>West Orange, NJ 07052-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)        | <b>Name of Employer</b><br>NJ Med. School, Univ. of<br>Med. &<br><b>Occupation</b><br>Geochemist<br><br><b>Aggregate Year-to-Date -&gt;</b> 265.00 | <b>Date (month, day, year)</b><br>10/10/2000 | <b>Amount of Each Receipt this Period</b><br>100.00   |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>Samuel Pryor, III<br>450 Lexington Avenue<br>New York, NY 10017-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)     | <b>Name of Employer</b><br>Davis Polk<br><br><b>Occupation</b><br>Attorney<br><br><b>Aggregate Year-to-Date -&gt;</b> 2,000.00                     | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>G. Full Name, Mailing Address and Zip Code</b><br>Anthony Pugliese<br>25 E. Vassar Ave<br>Ancubon, NJ 08106-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)           | <b>Name of Employer</b><br>Madden Madden et al<br><br><b>Occupation</b><br>Attorney<br><br><b>Aggregate Year-to-Date -&gt;</b> 500.00              | <b>Date (month, day, year)</b><br>10/12/2000 | <b>Amount of Each Receipt this Period</b><br>500.00   |

**SUBTOTAL of Receipts This Page (optional)**

3,100.00

**TOTAL This Period (last page this line number only)**

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate subtotals for each category of the Detailed Summary Page

 PAGE 101 OF 135  
 FOR LINE NUMBER 11(a)(i)

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## NAME OF COMMITTEE (In Full)

Bob Franks for U.S. Senate, Inc.

|                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>John Puglisi<br>25 Beacon Hill Drive<br>Chester, NJ 07936-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)        | <b>Name of Employer</b><br>Lowe McAdams Healthcare<br><b>Occupation</b><br>CEO<br><b>Date (month, day, year)</b><br>10/10/2000<br><b>Amount of Each Receipt this Period</b><br>1,000.00<br><b>Aggregate Year-to-Date -&gt;</b> 2,000.00             |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>Alfred Putnam<br>500 Campus Drive<br>Florham Park, NJ 07932-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)      | <b>Name of Employer</b><br>Drinker Biddle<br><b>Occupation</b><br>Attorney<br><b>Date (month, day, year)</b><br>10/16/2000<br><b>Amount of Each Receipt this Period</b><br>500.00<br><b>Aggregate Year-to-Date -&gt;</b> 500.00                     |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>Frank Puzio<br>116 East Lake Avenue<br>Spring Lake, NJ 07762-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)     | <b>Name of Employer</b><br>self<br><b>Occupation</b><br>Nursing Home Administrator<br><b>Date (month, day, year)</b><br>10/17/2000<br><b>Amount of Each Receipt this Period</b><br>200.00<br><b>Aggregate Year-to-Date -&gt;</b> 300.00             |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>Christina Ramirez<br>30 Frederick Street<br>Morristown, NJ 07960-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>Advanced American Telephone<br><b>Occupation</b><br>Executive<br><b>Date (month, day, year)</b><br>10/11/2000<br><b>Amount of Each Receipt this Period</b><br>50.00<br><b>Aggregate Year-to-Date -&gt;</b> 700.00        |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>Christina Ramirez<br>30 Frederick Street<br>Morristown, NJ 07960-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>Advanced American Telephone<br><b>Occupation</b><br>Executive<br><b>Date (month, day, year)</b><br>10/16/2000<br><b>Amount of Each Receipt this Period</b><br>50.00<br><b>Aggregate Year-to-Date -&gt;</b> 750.00        |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>Bruce Rand<br>9 Brentwood Drive<br>Morris Plains, NJ 07950-<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)       | <b>Name of Employer</b><br>The Advance Group<br><b>Occupation</b><br>Real Estate Developer<br><b>Date (month, day, year)</b><br>10/11/2000<br><b>Amount of Each Receipt this Period</b><br>1,000.00<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00 |
| <b>G. Full Name, Mailing Address and Zip Code</b><br>Bruce Rand<br>9 Brentwood Drive<br>Morris Plains, NJ 07950-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)       | <b>Name of Employer</b><br>The Advance Group<br><b>Occupation</b><br>Real Estate Developer<br><b>Date (month, day, year)</b><br>10/11/2000<br><b>Amount of Each Receipt this Period</b><br>1,000.00<br><b>Aggregate Year-to-Date -&gt;</b> 2,000.00 |

SUBTOTAL of Receipts This Page (optional)

3,800.00

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 102 OF 135  
FOR LINE NUMBER 11 (A) (1)

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**NAME OF COMMITTEE (In Full)**  
Bob Franks for U.S. Senate, Inc.

|                                                                                                                                                                                                                                                                      |                                                                                                                                   |                                              |                                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>Barbara Reiche<br>P.O. Box 1513<br>Princeton, NJ 08540-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                | <b>Name of Employer</b><br>Mandy Becker & Assoc.<br><b>Occupation</b><br>Lobbyist<br><b>Aggregate Year-to-Date -&gt;</b> 1,375.00 | <b>Date (month, day, year)</b><br>10/13/2000 | <b>Amount of Each Receipt this Period</b><br>375.00   |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>Charles Reid<br>52 Branch Road<br>P.O. Box 398<br>Gladstone, NJ 07934-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>Drinker Biddle<br><b>Occupation</b><br>Attorney<br><b>Aggregate Year-to-Date -&gt;</b> 500.00          | <b>Date (month, day, year)</b><br>10/16/2000 | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>Kathleen Reilly<br>50 Midland Ave<br>Kennerly, NJ 07032-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)               | <b>Name of Employer</b><br>self<br><b>Occupation</b><br>Attorney<br><b>Aggregate Year-to-Date -&gt;</b> 250.00                    | <b>Date (month, day, year)</b><br>10/17/2000 | <b>Amount of Each Receipt this Period</b><br>250.00   |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>Michael Reilly<br>91 Durand Drive<br>Marlboro, NJ 07746-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)               | <b>Name of Employer</b><br>J & J<br><b>Occupation</b><br>Tax Attorney<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00             | <b>Date (month, day, year)</b><br>10/17/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>Franklin Reinsner<br>3 University Plaza # 606<br>Hackensack, NJ 07601-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>Reinsner Realty<br><b>Occupation</b><br>Real estate<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00    | <b>Date (month, day, year)</b><br>10/18/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>Peter Reinhart<br>2 Bayhill Road<br>Leonardo, NJ 07727-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                | <b>Name of Employer</b><br>K. Hovnanian<br><b>Occupation</b><br>Attorney<br><b>Aggregate Year-to-Date -&gt;</b> 500.00            | <b>Date (month, day, year)</b><br>10/17/2000 | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>G. Full Name, Mailing Address and Zip Code</b><br>G. Frederick Rixon<br>371 Bellevue Ave<br>Haddonfield, NJ 08033-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)       | <b>Name of Employer</b><br>Precision Automation Co.<br><b>Occupation</b><br>CEO<br><b>Aggregate Year-to-Date -&gt;</b> 300.00     | <b>Date (month, day, year)</b><br>10/12/2000 | <b>Amount of Each Receipt this Period</b><br>300.00   |

**SUBTOTAL of Receipts This Page (optional)**

3,925.00

**TOTAL This Period (last page this line number only)**



## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate Schedule(s)  
for each category of the  
detailed summary pagePAGE 103 OF 135  
FOR LINE NUMBER  
11(a)(i)

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## NAME OF COMMITTEE (In Full)

Bob Franks for U.S. Senate, Inc.

|                                                                                                                                                                                                                                                                           |                                                                                              |                                                                                              |                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>Victor M. Richel<br>150 Kent Drive<br>Berkeley Heights, NJ 07922-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)    | <b>Name of Employer</b><br>Independence Bank<br><b>Occupation</b><br>Vice President          | <b>Date (month, day, year)</b><br>10/17/2000<br><b>Aggregate Year-to-Date -&gt;</b> 900.00   | <b>Amount of Each Receipt this Period</b><br>250.00   |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>Bonnie Rick<br>109 Cornflower Road<br>Trenton, NJ 08620-3010<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)         | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Homemaker                             | <b>Date (month, day, year)</b><br>10/17/2000<br><b>Aggregate Year-to-Date -&gt;</b> 375.00   | <b>Amount of Each Receipt this Period</b><br>125.00   |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>Matthew Rinaldo<br>142 Reedley Terrace<br>Union, NJ 07083-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)           | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Retired                               | <b>Date (month, day, year)</b><br>10/11/2000<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>Sharon Riva<br>195 Wyoming Avenue<br>Millburn, NJ 07041-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)             | <b>Name of Employer</b><br><br><b>Occupation</b><br>Homemaker                                | <b>Date (month, day, year)</b><br>10/11/2000<br><b>Aggregate Year-to-Date -&gt;</b> 250.00   | <b>Amount of Each Receipt this Period</b><br>250.00   |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>Robert Roberti<br>10 Dartford Road<br>Morris Plains, NJ 07950-3014<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   | <b>Name of Employer</b><br>Liberty Mechanical<br><b>Occupation</b><br>Sales                  | <b>Date (month, day, year)</b><br>10/16/2000<br><b>Aggregate Year-to-Date -&gt;</b> 600.00   | <b>Amount of Each Receipt this Period</b><br>100.00   |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>Philip Roberts<br>250 James Buchanan Drive<br>Monroe Twp., NJ 08831-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>NJ Broadcasters Assoc.<br><b>Occupation</b><br>Executive Director | <b>Date (month, day, year)</b><br>10/10/2000<br><b>Aggregate Year-to-Date -&gt;</b> 1,500.00 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>G. Full Name, Mailing Address and Zip Code</b><br>Frank E. Robertson<br>35 Butler Parkway<br>Summit, NJ 07901-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)         | <b>Name of Employer</b><br>Chubb<br><b>Occupation</b><br>Executive                           | <b>Date (month, day, year)</b><br>10/18/2000<br><b>Aggregate Year-to-Date -&gt;</b> 500.00   | <b>Amount of Each Receipt this Period</b><br>500.00   |

SUBTOTAL of Receipts This Page (optional)

3,225.00

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (In Full)  
Bob Franks for U.S. Senate, Inc.

|                                                                                                                                                                                                                                                                             |                                                                                                                                         |                                               |                                                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--------------------------------------------------------|
| <p>A. Full Name, Mailing Address and Zip Code<br/>Robert Robinson<br/>1351 Springfield Ave.<br/>New Providence, NJ 07974-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify)</p> | <p>Name of Employer<br/>Self Employed</p> <p>Occupation<br/>Orthodontist</p> <p>Aggregate Year-to-Date -&gt; 550.00</p>                 | <p>Date (month, day, year)<br/>10/11/2000</p> | <p>Amount of Each Receipt this Period<br/>250.00</p>   |
| <p>B. Full Name, Mailing Address and Zip Code<br/>Thomas Roche<br/>7 Summit Road<br/>Brookside, NJ 07926-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify)</p>                 | <p>Name of Employer<br/>N/A</p> <p>Occupation<br/>Retired</p> <p>Aggregate Year-to-Date -&gt; 200.00</p>                                | <p>Date (month, day, year)<br/>10/12/2000</p> | <p>Amount of Each Receipt this Period<br/>100.00</p>   |
| <p>C. Full Name, Mailing Address and Zip Code<br/>Bertha Rochford<br/>32 Sherman Avenue<br/>Morris Plains, NJ 07950-1744</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify)</p>  | <p>Name of Employer<br/>N/A</p> <p>Occupation<br/>Retired</p> <p>Aggregate Year-to-Date -&gt; 275.00</p>                                | <p>Date (month, day, year)<br/>10/10/2000</p> | <p>Amount of Each Receipt this Period<br/>250.00</p>   |
| <p>D. Full Name, Mailing Address and Zip Code<br/>Diana Rochford<br/>P.O. Box 108<br/>Convent Station, NJ 07961-0108</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify)</p>      | <p>Name of Employer<br/>N/A</p> <p>Occupation<br/>Retired</p> <p>Aggregate Year-to-Date -&gt; 1,132.00</p>                              | <p>Date (month, day, year)<br/>10/10/2000</p> | <p>Amount of Each Receipt this Period<br/>400.00</p>   |
| <p>E. Full Name, Mailing Address and Zip Code<br/>Edward Rochford<br/>P.O. Box 108<br/>Convent Station, NJ 07961-0108</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify)</p>     | <p>Name of Employer<br/>County of Morris</p> <p>Occupation<br/>Sheriff</p> <p>Aggregate Year-to-Date -&gt; 1,232.00</p>                 | <p>Date (month, day, year)<br/>10/11/2000</p> | <p>Amount of Each Receipt this Period<br/>300.00</p>   |
| <p>F. Full Name, Mailing Address and Zip Code<br/>Richard Rockwell<br/>27 Glasgold Terrace<br/>Mahwah, NJ 07430-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify)</p>          | <p>Name of Employer<br/>Professional Security Bureau</p> <p>Occupation<br/>Researching</p> <p>Aggregate Year-to-Date -&gt; 2,000.00</p> | <p>Date (month, day, year)<br/>10/06/2000</p> | <p>Amount of Each Receipt this Period<br/>1,000.00</p> |
| <p>G. Full Name, Mailing Address and Zip Code<br/>Richard Rockwell<br/>27 Glasgold Terrace<br/>Mahwah, NJ 07430-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify)</p>          | <p>Name of Employer<br/>Professional Security Bureau</p> <p>Occupation<br/>Researching</p> <p>Aggregate Year-to-Date -&gt; 3,000.00</p> | <p>Date (month, day, year)<br/>10/12/2000</p> | <p>Amount of Each Receipt this Period<br/>1,000.00</p> |

SUBTOTAL of Receipts This Page (optional)

3,300.00

TOTAL This Period (last page this line number only)

**SCHEDULE A**

**ITEMIZED RECEIPTS**

See separate schedule(s) for each category of the detailed summary page

PAGE 105 OF 135  
FOR LINE NUMBER 11(a)(i)

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**NAME OF COMMITTEE (In Full)**  
Bob Franks for U.S. Senate, Inc.

|                                                                                                                                                                                                                                                                       |                                                                                                                                |                                                                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>Michael Rodburg<br>65 Livingston Avenue<br>Roseland, NJ 07068-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   | <b>Name of Employer</b><br>Lowenstein Sandler<br><b>Occupation</b><br>Attorney<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00 | <b>Date (month, day, year)</b><br>10/11/2000<br><b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>Patricia B. Rpe<br>10 Brighton Ave.<br>Seaside Park, NJ 08752-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   | <b>Name of Employer</b><br>self<br><b>Occupation</b><br>Attorney<br><b>Aggregate Year-to-Date -&gt;</b> 250.00                 | <b>Date (month, day, year)</b><br>10/16/2000<br><b>Amount of Each Receipt this Period</b><br>250.00   |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>Dorothy Romaine<br>30 George Road<br>Emerson, NJ 07633-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)          | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Homemaker<br><b>Aggregate Year-to-Date -&gt;</b> 400.00                 | <b>Date (month, day, year)</b><br>10/18/2000<br><b>Amount of Each Receipt this Period</b><br>100.00   |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>Richard Romano<br>10 Westminster Road<br>Summit, NJ 07901-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)       | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Retired<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00                 | <b>Date (month, day, year)</b><br>10/13/2000<br><b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>Kassandra Roman<br>153 Tennyson Drive<br>Short Hills, NJ 07075-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)  | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Homemaker<br><b>Aggregate Year-to-Date -&gt;</b> 500.00                 | <b>Date (month, day, year)</b><br>10/16/2000<br><b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>William W. Rooke<br>175 South Street<br>Morristown, NJ 07960-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)    | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Retired<br><b>Aggregate Year-to-Date -&gt;</b> 500.00                   | <b>Date (month, day, year)</b><br>10/16/2000<br><b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>G. Full Name, Mailing Address and Zip Code</b><br>Kenneth A. Rosen<br>13 Woodland Ave<br>North Caldwell, NJ 07006-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>Lowenstein Sandler<br><b>Occupation</b><br>Attorney<br><b>Aggregate Year-to-Date -&gt;</b> 200.00   | <b>Date (month, day, year)</b><br>10/06/2000<br><b>Amount of Each Receipt this Period</b><br>200.00   |

**SUBTOTAL** of Receipts This Page (optional)

3,550.00

**TOTAL** This Period (last page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary PagePAGE 106 OF 135  
FOR LINE NUMBERS  
11(a) (i)

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## NAME OF COMMITTEE (In Full)

Bob Franks for U.S. Senate, Inc.

|                                                                                                                                                                                                                                                                                            |                                                                                                                                          |                                              |                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>Steven Rosenblum<br>1125 Park Avenue<br>New York, NY 10128-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                  | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Retired<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00                           | <b>Date (month, day, year)</b><br>10/18/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>Joel Rosenfeld<br>Mintz Rosenfeld & Company, LLC<br>60 Route 46 East<br>Fairfield, NJ 07004-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>Mintz Rosenfeld & Co<br><b>Occupation</b><br>CPA<br><b>Aggregate Year-to-Date -&gt;</b> 250.00                | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>250.00   |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>Douglas Rotella<br>Bergen Commercial Bank<br>Paramus, NY 07652-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                              | <b>Name of Employer</b><br>Bergen Commercial Bank<br><b>Occupation</b><br>Executive<br><b>Aggregate Year-to-Date -&gt;</b> 250.00        | <b>Date (month, day, year)</b><br>10/18/2000 | <b>Amount of Each Receipt this Period</b><br>250.00   |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>Michael Rothplatz<br>45 Sutton Road<br>Lebanon, NJ 08633-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                    | <b>Name of Employer</b><br>Drinker Biddle<br><b>Occupation</b><br>Attorney<br><b>Aggregate Year-to-Date -&gt;</b> 500.00                 | <b>Date (month, day, year)</b><br>10/16/2000 | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>Louis Rotolo<br>4 Fay Place<br>Summit, NJ 07901-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                             | <b>Name of Employer</b><br>Real Estate & Mtg.<br>Network<br><b>Occupation</b><br>Executive<br><b>Aggregate Year-to-Date -&gt;</b> 250.00 | <b>Date (month, day, year)</b><br>10/18/2000 | <b>Amount of Each Receipt this Period</b><br>250.00   |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>Charles Rotondi<br>P.O. Box M-461<br>Hoboken, NJ 07030-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                      | <b>Name of Employer</b><br>Researching<br><b>Occupation</b><br>Manufacturing/sales<br><b>Aggregate Year-to-Date -&gt;</b> 200.00         | <b>Date (month, day, year)</b><br>10/12/2000 | <b>Amount of Each Receipt this Period</b><br>100.00   |
| <b>G. Full Name, Mailing Address and Zip Code</b><br>G. Roy<br>6 Alton Way<br>Scotch Plains, NJ 07076-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                            | <b>Name of Employer</b><br>Self Employed<br><b>Occupation</b><br>veterinarian<br><b>Aggregate Year-to-Date -&gt;</b> 750.00              | <b>Date (month, day, year)</b><br>10/16/2000 | <b>Amount of Each Receipt this Period</b><br>250.00   |

SUBTOTAL of Receipts This Page (optional)

2,500.00

TOTAL This Period (last page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule:  
for each category of the  
detailed Summary Page
 PAGE 107 OF 135  
 FOR LINE NUMBER  
 11(a)(i)

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 NAME OF COMMITTEE (In Full)  
 Bob Franks for U.S. Senate, Inc.

|                                                                                                                                                                                                                                                               |                                                                                                                              |                                              |                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>Mary Lynne Riddon<br>163 Rolling Hill Rd<br>Skillman, NJ 08558-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>J & J<br><b>Occupation</b><br>Executive<br><b>Aggregate Year-to-Date -&gt;</b> 500.00             | <b>Date (month, day, year)</b><br>10/12/2000 | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>Peter Rudy<br>2727 Killian Place<br>Union, NJ 07083-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)            | <b>Name of Employer</b><br>Alpine Resources L.L.C.<br><b>Occupation</b><br>CPA<br><b>Aggregate Year-to-Date -&gt;</b> 250.00 | <b>Date (month, day, year)</b><br>10/12/2000 | <b>Amount of Each Receipt this Period</b><br>150.00   |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>Club Rumspon Republican Cl<br>PO Box 133<br>Rumson, NJ 07760-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> 500.00                        | <b>Date (month, day, year)</b><br>10/18/2000 | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>John Rannella<br>P.O. Box 53<br>Oldwick, NJ 08858-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)              | <b>Name of Employer</b><br>self<br><b>Occupation</b><br>Investment Banker<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00    | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>Paula Rannella<br>P.O. Box 53<br>Oldwick, NJ 08858-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)             | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Homemaker<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00             | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>Nicole Russo<br>1605 Gates Court<br>Morris Plains, NJ 07950-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)    | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Homemaker<br><b>Aggregate Year-to-Date -&gt;</b> 200.00               | <b>Date (month, day, year)</b><br>10/06/2000 | <b>Amount of Each Receipt this Period</b><br>100.00   |
| <b>G. Full Name, Mailing Address and Zip Code</b><br>F. J. Ryan<br>77 Cairns Place<br>Belle Mead, NJ 08502-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)          | <b>Name of Employer</b><br>J & J<br><b>Occupation</b><br>Executive<br><b>Aggregate Year-to-Date -&gt;</b> 600.00             | <b>Date (month, day, year)</b><br>10/12/2000 | <b>Amount of Each Receipt this Period</b><br>600.00   |

SUBTOTAL of Receipts This Page (optional)

3,850.00

TOTAL This Period (last page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
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detailed summary pagePAGE 108 OF 135  
FOR LINE NUMBER  
11 (a) (1)

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## NAME OF COMMITTEE (In Full)

Bob Franks for U.S. Senate, Inc.

|                                                                                                                                                                                                                                                                           |                                                                                                     |                                              |                                                                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>Patrick Ryan<br>20 Sheephill Drive<br>Gladstone, NJ 07934-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                  | <b>Name of Employer</b><br>Hopewell Valley<br>Community Bank<br><b>Occupation</b><br>Vice President | <b>Date (month, day, year)</b><br>10/17/2000 | <b>Amount of Each Receipt this Period</b><br>250.00<br><b>Aggregate Year-to-Date -&gt;</b> 250.00     |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>R. Gregory Sachs<br>92 Mountain Avenue<br>Summit, NJ 07901-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                 | <b>Name of Employer</b><br>Summit Medical Group<br><b>Occupation</b><br>Physician                   | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>500.00<br><b>Aggregate Year-to-Date -&gt;</b> 1,500.00   |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>Roger Sachs<br>7 Apache Trail<br>Westport, CT 06880-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                        | <b>Name of Employer</b><br>Pfizer Corp.<br><b>Occupation</b><br>Executive                           | <b>Date (month, day, year)</b><br>10/17/2000 | <b>Amount of Each Receipt this Period</b><br>500.00<br><b>Aggregate Year-to-Date -&gt;</b> 500.00     |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>Stuart M. Sait<br>1040 Park Ave.<br>New York, NY 10028-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                     | <b>Name of Employer</b><br>Wolf, Holden, et.al<br><b>Occupation</b><br>Attorney                     | <b>Date (month, day, year)</b><br>10/16/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00 |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>Howard Sanders<br>741 Bound Brook Road<br>Unit 5<br>Dunellen, NJ 08812-1076<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>Somerset Hills School<br><b>Occupation</b><br>Technology Coordinator     | <b>Date (month, day, year)</b><br>10/16/2000 | <b>Amount of Each Receipt this Period</b><br>28.33<br><b>Aggregate Year-to-Date -&gt;</b> 528.33      |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>Barbara T. Sandford<br>1275 Denmark Road<br>Plainfield, NJ 07062-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)           | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Retired                                      | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>500.00<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00   |
| <b>G. Full Name, Mailing Address and Zip Code</b><br>Janice Sandri<br>5 Douglas Drive<br>Little Falls, NJ 07424-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                 | <b>Name of Employer</b><br>FSR<br><b>Occupation</b><br>President                                    | <b>Date (month, day, year)</b><br>10/06/2000 | <b>Amount of Each Receipt this Period</b><br>100.00<br><b>Aggregate Year-to-Date -&gt;</b> 200.00     |

SUBTOTAL of Receipts This Page (optional)

2,878.33

TOTAL This Period (last page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
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Detailed Summary PagePAGE 109 OF 135  
FOR LINE NUMBER  
11(a)(1)

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## NAME OF COMMITTEE (In Full)

Bob Franks for U.S. Senate, Inc.

|                                                                                                                                                                                                                                                                |                                                                                                                         |                                              |                                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>Louis Sanfilippo<br>9 Pilgrim Road<br>Short Hills, NJ 07078-1446<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Retired<br><b>Aggregate Year-to-Date -&gt;</b> 600.00            | <b>Date (month, day, year)</b><br>10/06/2000 | <b>Amount of Each Receipt this Period</b><br>100.00   |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>Louis Sanfilippo<br>9 Pilgrim Road<br>Short Hills, NJ 07078-1446<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Retired<br><b>Aggregate Year-to-Date -&gt;</b> 700.00            | <b>Date (month, day, year)</b><br>10/16/2000 | <b>Amount of Each Receipt this Period</b><br>100.00   |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>Frank Santoro<br>220 Princeton Avenue<br>Brick, NJ 08724-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)        | <b>Name of Employer</b><br>self<br><b>Occupation</b><br>Attorney<br><b>Aggregate Year-to-Date -&gt;</b> 250.00          | <b>Date (month, day, year)</b><br>10/17/2000 | <b>Amount of Each Receipt this Period</b><br>250.00   |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>Frank A. Santoro<br>PO Box 272<br>South Plainfield, NJ 07080-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)    | <b>Name of Employer</b><br>Self Employed<br><b>Occupation</b><br>Attorney<br><b>Aggregate Year-to-Date -&gt;</b> 750.00 | <b>Date (month, day, year)</b><br>10/13/2000 | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>Theresa Santoro<br>31 Allen Ave.<br>Allentown, NJ 07711-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)         | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Housewife<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00        | <b>Date (month, day, year)</b><br>10/16/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>Raymond Sarinelli<br>137 Church Street<br>Rockaway, NJ 07866-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)    | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Retired<br><b>Aggregate Year-to-Date -&gt;</b> 250.00            | <b>Date (month, day, year)</b><br>10/16/2000 | <b>Amount of Each Receipt this Period</b><br>100.00   |
| <b>G. Full Name, Mailing Address and Zip Code</b><br>Jean E. Sawtelle<br>920 Highland Avenue<br>Westfield, NJ 07090-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)  | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Retired<br><b>Aggregate Year-to-Date -&gt;</b> 150.00            | <b>Date (month, day, year)</b><br>10/12/2000 | <b>Amount of Each Receipt this Period</b><br>50.00    |

SUBTOTAL of Receipts This Page (optional)

2,100.00

TOTAL This Period (last page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
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detailed Summary PagePAGE 110 OF 135  
FOR LINE NUMBER  
11(a) (1)

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## NAME OF COMMITTEE (in full)

Bob Franks for U.S. Senate, Inc.

|                                                                                                                                                                                                                                                                          |                                                                                                                                      |                                              |                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>Jean E. Sawtelle<br>920 Highland Avenue<br>Westfield, NJ 07090-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)     | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Retired<br><b>Aggregate Year-to-Date -&gt;</b> 200.00                         | <b>Date (month, day, year)</b><br>10/16/2000 | <b>Amount of Each Receipt this Period</b><br>50.00    |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>Thomas Sayles<br>58 Lincoln Avenue<br>Chatham, NJ 07928-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)            | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Retired<br><b>Aggregate Year-to-Date -&gt;</b> 1,500.00                       | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>Alan Schneider<br>25 Glendale Road<br>Summit, NJ 07901-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)             | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Retired<br><b>Aggregate Year-to-Date -&gt;</b> 600.00                         | <b>Date (month, day, year)</b><br>10/17/2000 | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>Mary Schott<br>4 Linden Lane South<br>Plainsboro, NJ 08536-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)         | <b>Name of Employer</b><br>State of New Jersey<br><b>Occupation</b><br>Project Manager<br><b>Aggregate Year-to-Date -&gt;</b> 250.00 | <b>Date (month, day, year)</b><br>10/13/2000 | <b>Amount of Each Receipt this Period</b><br>250.00   |
| <b>E. Full Name, Mailing Address and zip Code</b><br>Ronald Schram<br>149 Norman Drive<br>Ramsey, NJ 07446-2669<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)          | <b>Name of Employer</b><br>The Advance Group<br><b>Occupation</b><br>Sales Manager<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00   | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>William Schreiber<br>75 Dogwood Lane<br>Berkeley Heights, NJ 07922-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>Researching<br><b>Occupation</b><br>Researching<br><b>Aggregate Year-to-Date -&gt;</b> 200.00             | <b>Date (month, day, year)</b><br>10/06/2000 | <b>Amount of Each Receipt this Period</b><br>50.00    |
| <b>G. Full Name, Mailing Address and Zip Code</b><br>John Schupper<br>6 Cherry Hill Rd<br>Livingston, NJ 07039-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)          | <b>Name of Employer</b><br>Lowenstein Sandler<br><b>Occupation</b><br>Attorney<br><b>Aggregate Year-to-Date -&gt;</b> 500.00         | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>500.00   |

SUBTOTAL of Receipts This Page (optional)

2,850.00

TOTAL This Period (last page this line number only)



## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule for each category of tax detailed summary page

 PAGE 111 OF 135  
 FOR LINE NUMBER 11 (B) (1)

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## NAME OF COMMITTEE (In Full)

Bob Franks for U.S. Senate, Inc.

|                                                                                                                                                                                                                                                                               |                                                                                                                                      |                                              |                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>Paul Schwanenflugel<br>8 Wall Court<br><br>Glen Ridge, NJ 07028-2116<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)        | <b>Name of Employer</b><br>Dept. of Defense<br><br><b>Occupation</b><br>Director<br><br><b>Aggregate Year-to-Date -&gt;</b> 600.00   | <b>Date (month, day, year)</b><br>10/10/2000 | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>Ernest A. Scinto<br>388 Knickerbocker Road<br><br>Tenafly, NJ 07670-<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)        | <b>Name of Employer</b><br>N/A<br><br><b>Occupation</b><br>Retired<br><br><b>Aggregate Year-to-Date -&gt;</b> 200.00                 | <b>Date (month, day, year)</b><br>10/16/2000 | <b>Amount of Each Receipt this Period</b><br>200.00   |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>Mark Scott<br>36 East Shore Tr<br><br>Sparta, NJ 07871-<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                     | <b>Name of Employer</b><br>CMC<br><br><b>Occupation</b><br>mortgage banker<br><br><b>Aggregate Year-to-Date -&gt;</b> 500.00         | <b>Date (month, day, year)</b><br>10/17/2000 | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>S. Christopher Scudato<br>174 Old Clinton Road<br><br>Flemington, NJ 08822-<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>Met. Life<br><br><b>Occupation</b><br>Sr. Acct. Exec.<br><br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00 | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>Anna Scudato<br>38 Wolf Hill<br><br>Warren, NJ 07059-<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                       | <b>Name of Employer</b><br>N/A<br><br><b>Occupation</b><br>Homemaker<br><br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00             | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>William Scully<br>123 Whittredge Road<br><br>Summit, NJ 07901-<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)              | <b>Name of Employer</b><br>N/A<br><br><b>Occupation</b><br>Retired<br><br><b>Aggregate Year-to-Date -&gt;</b> 500.00                 | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>G. Full Name, Mailing Address and Zip Code</b><br>Dorene Sefack<br>2615 Lantern Light Way<br><br>Manasquan, NJ 08736-<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)         | <b>Name of Employer</b><br>N/A<br><br><b>Occupation</b><br>Homemaker<br><br><b>Aggregate Year-to-Date -&gt;</b> 750.00               | <b>Date (month, day, year)</b><br>10/12/2000 | <b>Amount of Each Receipt this Period</b><br>500.00   |

SUBTOTAL of Receipts This Page (optional)

3,700.00

TOTAL This Period (last page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule,  
for each category of the  
Detailed Summary PagePAGE 112 OF 135  
FOR LINE NUMBER  
11(a) (1)

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NAME OF COMMITTEE (In Full)  
Bob Franks for U.S. Senate, Inc.

|                                                                                                                                                                                                                                                                 |                                                                                                                                               |                                              |                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>Linda Seguire<br>71 Mc Quire Street<br>Metuchen, NJ 08840-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)        | <b>Name of Employer</b><br>McMea<br><b>Occupation</b><br>Clerk<br><b>Aggregate Year-to-Date -&gt;</b> 460.00                                  | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>250.00   |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>Marie Sevell<br>1600 Cooper Road<br>Scotch Plains, NJ 07076-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)      | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Homemaker<br><b>Aggregate Year-to-Date -&gt;</b> 1,800.00                              | <b>Date (month, day, year)</b><br>10/13/2000 | <b>Amount of Each Receipt this Period</b><br>1,800.00 |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>Jacqueline Sewing<br>346 Kennedy Street<br>Iselin, NJ 08830-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)      | <b>Name of Employer</b><br>Middlesex Cty Republican Org.<br><b>Occupation</b><br>Exec. Director<br><b>Aggregate Year-to-Date -&gt;</b> 325.00 | <b>Date (month, day, year)</b><br>10/13/2000 | <b>Amount of Each Receipt this Period</b><br>125.00   |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>Norman Shaffer<br>110 Highland Ave.<br>Short Hills, NJ 07078-2845<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Retired<br><b>Aggregate Year-to-Date -&gt;</b> 200.00                                  | <b>Date (month, day, year)</b><br>10/18/2000 | <b>Amount of Each Receipt this Period</b><br>100.00   |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>C. Kenneth Shank<br>69 Elm St<br>Summit, NJ 07901-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                | <b>Name of Employer</b><br>Wilentz, Goldman & Spitzer<br><b>Occupation</b><br>Attorney<br><b>Aggregate Year-to-Date -&gt;</b> 500.00          | <b>Date (month, day, year)</b><br>10/06/2000 | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>Kevin Shanley<br>P.O. Box 201<br>Gladstone, NJ 07934-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)             | <b>Name of Employer</b><br>Atlantic Health Systems<br><b>Occupation</b><br>CFU<br><b>Aggregate Year-to-Date -&gt;</b> 1,500.00                | <b>Date (month, day, year)</b><br>10/12/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>G. Full Name, Mailing Address and Zip Code</b><br>Brian T. Shea<br>17 Surrey Road<br>New Hyde Park, NY 11040-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)       | <b>Name of Employer</b><br>Pershing Division of DLG<br><b>Occupation</b><br>Managing Director<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00 | <b>Date (month, day, year)</b><br>10/16/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |

SUBTOTAL of Receipts This Page (optional)

4,775.00

TOTAL This Period (last page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Unrelated Summary PagePAGE 07  
113 135  
FOR LINE NUMBER  
11(a) (1)

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## NAME OF COMMITTEE (In Full)

Bob Franks for U.S. Senate, Inc.

|                                                                                                                                                                                                                                                                            |                                                                                                                                             |                                              |                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>David Shedlats<br>2378 Field Street<br><br>Cortlandt Manor, NY 10567-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>Pfizer Corp.<br><br><b>Occupation</b><br>Executive<br><br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00           | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00             |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>James P. Sheehan<br>74 Beverly Drive<br><br>Bernardsville, NJ 07924-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)  | <b>Name of Employer</b><br>N/A<br><br><b>Occupation</b><br>Retired<br><br><b>Aggregate Year-to-Date -&gt;</b> 200.00                        | <b>Date (month, day, year)</b><br>10/12/2000 | <b>Amount of Each Receipt this Period</b><br>200.00               |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>Max Sherman<br>26 Linden Avenue<br><br>Springfield, NJ 07081-1806<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)     | <b>Name of Employer</b><br>Self-Employed<br><br><b>Occupation</b><br>Attorney<br><br><b>Aggregate Year-to-Date -&gt;</b> 200.00             | <b>Date (month, day, year)</b><br>10/06/2000 | <b>Amount of Each Receipt this Period</b><br>50.00                |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>Timothy Shinn<br>1405 Pippin Drive<br><br>Manasquan, NJ 08735-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)        | <b>Name of Employer</b><br>United Crane & Shovel<br><br><b>Occupation</b><br>Principal<br><br><b>Aggregate Year-to-Date -&gt;</b> 3,000.00  | <b>Date (month, day, year)</b><br>10/12/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00<br><br>MEMO |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>David Shulman<br>100 Lenape Lane<br><br>Berkeley Heights, NJ 07922-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   | <b>Name of Employer</b><br>Lehman Brothers<br><br><b>Occupation</b><br>Securities Analyst<br><br><b>Aggregate Year-to-Date -&gt;</b> 750.00 | <b>Date (month, day, year)</b><br>10/12/2000 | <b>Amount of Each Receipt this Period</b><br>500.00               |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>Patricia Shulman<br>100 Lenape Ln<br><br>Berkeley Heights, NJ 07922-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)  | <b>Name of Employer</b><br>N/A<br><br><b>Occupation</b><br>Homemaker<br><br><b>Aggregate Year-to-Date -&gt;</b> 500.00                      | <b>Date (month, day, year)</b><br>10/12/2000 | <b>Amount of Each Receipt this Period</b><br>500.00               |
| <b>G. Full Name, Mailing Address and Zip Code</b><br>Laura Shultz<br>101 King Street<br><br>Fanwood, NJ 07023-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)             | <b>Name of Employer</b><br>The Shultz Agency<br><br><b>Occupation</b><br>Insurance Agent<br><br><b>Aggregate Year-to-Date -&gt;</b> 300.00  | <b>Date (month, day, year)</b><br>10/12/2000 | <b>Amount of Each Receipt this Period</b><br>100.00               |

SUBTOTAL of Receipts This Page (optional)

2,350.00

TOTAL This Period (last page this line number only)

**SCHEDULE A**

**ITEMIZED RECEIPTS**

See separate schedule (a)  
for each category of the  
Detailed Summary Page

PAGE OF  
114 135  
FOR LINE NUMBER  
11(a) (i)

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**NAME OF COMMITTEE (In Full)**

Bob Franks for U.S. Senate, Inc.

|                                                                                                                                                                                                                                                                     |                                                                                                                                                                         |                                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>Denis Shusterman<br>467 Leah Dr.<br><br>Fort Washington, PA 19034-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)    | <b>Name of Employer</b><br>Kimber Manufacturing<br><br><b>Occupation</b><br>Executive<br><br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00                               | <b>Date (month, day, year)</b><br>10/11/2000<br><br><b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>Mindy Shusterman<br>467 Leah Dr.<br><br>Fort Washington, PA 19034-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)    | <b>Name of Employer</b><br>N/A<br><br><b>Occupation</b><br>Homemaker<br><br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00                                                | <b>Date (month, day, year)</b><br>10/11/2000<br><br><b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>Harry F. Sica<br>No. 3 Laomatong Way<br><br>Bedminster, NJ 07921-2859<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>VanGuard Holdings<br><br><b>Occupation</b><br>CEO<br><br><b>Aggregate Year-to-Date -&gt;</b> 500.00                                          | <b>Date (month, day, year)</b><br>10/06/2000<br><br><b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>Jeffrey Siegel<br>58 Farbrook Drive<br><br>Short Hills, NJ 07078-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)     | <b>Name of Employer</b><br>Murray Construction Co., Inc.<br><br><b>Occupation</b><br>Executive - Real Estate Constr<br><br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00 | <b>Date (month, day, year)</b><br>10/11/2000<br><br><b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>Noel Siegel<br>20 Brook Lane<br><br>Maplewood, NJ 07040-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)              | <b>Name of Employer</b><br>Self-Employed<br><br><b>Occupation</b><br>Electronics<br><br><b>Aggregate Year-to-Date -&gt;</b> 250.00                                      | <b>Date (month, day, year)</b><br>10/10/2000<br><br><b>Amount of Each Receipt this Period</b><br>50.00    |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>Noel Siegel<br>20 Brook Lane<br><br>Maplewood, NJ 07040-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)              | <b>Name of Employer</b><br>Self-Employed<br><br><b>Occupation</b><br>Electronics<br><br><b>Aggregate Year-to-Date -&gt;</b> 350.00                                      | <b>Date (month, day, year)</b><br>10/18/2000<br><br><b>Amount of Each Receipt this Period</b><br>100.00   |
| <b>G. Full Name, Mailing Address and Zip Code</b><br>Seymour Silver<br>3300 Route 9 South<br><br>Freehold, NJ 07728-<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)       | <b>Name of Employer</b><br>Silver Enterprises, Inc.<br><br><b>Occupation</b><br>Real estate<br><br><b>Aggregate Year-to-Date -&gt;</b> 1,025.00                         | <b>Date (month, day, year)</b><br>10/16/2000<br><br><b>Amount of Each Receipt this Period</b><br>1,000.00 |

**SUBTOTAL of Receipts This Page (optional)**

4,650.00

**TOTAL This Period (last page this line number only)**

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule for each category of the Detailed Summary Page

PAGE 115 OF 135

FOR LINE NUMBER  
11 (a) (i)

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## NAME OF COMMITTEE (in full)

Bob Franks for U.S. Senate, Inc.

|                                                                                                                                                                                                                                                                                    |                                                                                                                                         |                                              |                                                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>Seymour Silver<br>3300 Route 9 South<br>Freehold, NJ 07728-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                   | <b>Name of Employer</b><br>Silver Enterprises, Inc.<br><b>Occupation</b><br>Real estate<br><b>Aggregate Year-to-Date -&gt;</b> 2,025.00 | <b>Date (month, day, year)</b><br>10/16/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>Bruce Siminoff<br>10 Benjamin Road<br>Chester, NJ 07930-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                      | <b>Name of Employer</b><br>self<br><b>Occupation</b><br>Real estate<br><b>Aggregate Year-to-Date -&gt;</b> 250.00                       | <b>Date (month, day, year)</b><br>10/13/2000 | <b>Amount of Each Receipt this Period</b><br>250.00   |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>Anthony Simonelli<br>8 Cobble Lane<br>Bedminster, NJ 07921-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                   | <b>Name of Employer</b><br>Dendrite International<br><b>Occupation</b><br>Executive<br><b>Aggregate Year-to-Date -&gt;</b> 250.00       | <b>Date (month, day, year)</b><br>10/06/2000 | <b>Amount of Each Receipt this Period</b><br>250.00   |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>Michael Sivy<br>Time Warner<br>305 Second Avenue, #801<br>New York, NY 10003-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>Time Warner<br><b>Occupation</b><br>Executive<br><b>Aggregate Year-to-Date -&gt;</b> 500.00                  | <b>Date (month, day, year)</b><br>10/06/2000 | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>Donald Slaght<br>33 Glen Oaks Avenue<br>Summit, NJ 07901-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                     | <b>Name of Employer</b><br>Gale & Wentworth<br><b>Occupation</b><br>Executive<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00           | <b>Date (month, day, year)</b><br>10/17/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>Eve Slater<br>19 Kenilworth Drive<br>Short Hills, NJ 07078-1606<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)               | <b>Name of Employer</b><br>self<br><b>Occupation</b><br>Physician<br><b>Aggregate Year-to-Date -&gt;</b> 625.00                         | <b>Date (month, day, year)</b><br>10/10/2000 | <b>Amount of Each Receipt this Period</b><br>125.00   |
| <b>G. Full Name, Mailing Address and Zip Code</b><br>James Smith<br>P.O. Box 12563<br>Pittsburgh, PA 15241-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                        | <b>Name of Employer</b><br>Salomon Smith Barney<br><b>Occupation</b><br>Exec. Admin.<br><b>Aggregate Year-to-Date -&gt;</b> 500.00      | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>500.00   |

SUBTOTAL of Receipts This Page (optional)

3,625.00

TOTAL This Period (last page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

See separate schedule(s)  
for each category of the  
detailed summary pagePAGE 116 OF 135  
FOR LINE NUMBER  
11(a)(i)

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## NAME OF COMMITTEE (in full)

Bob Franks for U.S. Senate, Inc.

|                                                                                                                                                                                                                                                                                    |                                                                                                                                                  |                                              |                                                             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>James A. Smith<br>PO Box 149<br>Delaware, NJ 07833-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                           | <b>Name of Employer</b><br><br><b>Occupation</b><br>Researching<br><b>Aggregate Year-to-Date -&gt;</b> 200.00                                    | <b>Date (month, day, year)</b><br>10/13/2000 | <b>Amount of Each Receipt this Period</b><br>200.00         |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>Leo Smith<br>6E Pleasant Grove Road<br>Long Valley, NJ 07853-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                 | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Retired<br><b>Aggregate Year-to-Date -&gt;</b> 200.00                                     | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>200.00         |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>R.F. Smith<br>P.O. Box 135<br>Convent Station, NJ 07961-0135<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                  | <b>Name of Employer</b><br>R.F. Smith & Associates<br><b>Occupation</b><br>Partner<br><b>Aggregate Year-to-Date -&gt;</b> 100.00                 | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>100.00<br>MEMO |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>Michael Sneed<br>P.O. Box 950<br>New Brunswick, NJ 08903-0950<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                 | <b>Name of Employer</b><br>Johnson & Johnson<br><b>Occupation</b><br>Administrator<br><b>Aggregate Year-to-Date -&gt;</b> 250.00                 | <b>Date (month, day, year)</b><br>10/17/2000 | <b>Amount of Each Receipt this Period</b><br>250.00         |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>John Somerville<br>174 Buttonwood Drive<br>Fair Haven, NJ 07704-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)              | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Retired<br><b>Aggregate Year-to-Date -&gt;</b> 210.00                                     | <b>Date (month, day, year)</b><br>10/10/2000 | <b>Amount of Each Receipt this Period</b><br>35.00          |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>Herbert Sontz<br>2185 Lampine Avenue<br>Apt. 8 - E<br>Fort Lee, NJ 07624-6003<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>On-Line Investment Services<br><b>Occupation</b><br>Compliance Director<br><b>Aggregate Year-to-Date -&gt;</b> 250.00 | <b>Date (month, day, year)</b><br>10/18/2000 | <b>Amount of Each Receipt this Period</b><br>250.00         |
| <b>G. Full Name, Mailing Address and Zip Code</b><br>Jill Sorger<br>1 Claridge Dr<br>Apt 316<br>Verona, NJ 07044-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                  | <b>Name of Employer</b><br>Schwartz, Tobias & Stanzola<br><b>Occupation</b><br>Attorney<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00          | <b>Date (month, day, year)</b><br>10/06/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00       |

SUBTOTAL of Receipts This Page (optional)

1,935.00

TOTAL This Period (last page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
detailed Summary PagePAGE 117 OF 135  
FOR LINE NUMBER  
11(a) (i)

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## NAME OF COMMITTEE (in full)

Bob Franks for U.S. Senate, Inc.

|                                                                                                                                                                                                                                                                    |                                                                                           |                                                                                            |                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>Joseph Soriano<br>116 Castle Ridge Drive<br>East Hanover, NJ 07936-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)  | <b>Name of Employer</b><br>Rotella & Soriano<br><b>Occupation</b><br>Attorney             | <b>Date (month, day, year)</b><br>10/17/2000<br><b>Aggregate Year-to-Date -&gt;</b> 300.00 | <b>Amount of Each Receipt this Period</b><br>100.00 |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>Gary Spagnola<br>782 Riverside Drive<br>Westfield Station, NJ 08853-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>Golden, Rothschild, Spagnola,<br><b>Occupation</b><br>Attorney | <b>Date (month, day, year)</b><br>10/10/2000<br><b>Aggregate Year-to-Date -&gt;</b> 250.00 | <b>Amount of Each Receipt this Period</b><br>250.00 |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>Joseph Spatola<br>2431 Bryant Ave<br>Westfield, NJ 07090-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)            | <b>Name of Employer</b><br>Union County<br><b>Occupation</b><br>Exec. Director            | <b>Date (month, day, year)</b><br>10/13/2000<br><b>Aggregate Year-to-Date -&gt;</b> 250.00 | <b>Amount of Each Receipt this Period</b><br>250.00 |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>Carol Spencer<br>86 Woodstone Road<br>Rockaway, NJ 07865-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)            | <b>Name of Employer</b><br>County of Morris<br><b>Occupation</b><br>Systems Administrator | <b>Date (month, day, year)</b><br>10/16/2000<br><b>Aggregate Year-to-Date -&gt;</b> 450.00 | <b>Amount of Each Receipt this Period</b><br>50.00  |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>Ernest Spies<br>1 Mountain View Rd<br>Clark, NJ 07066-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)               | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Retired                            | <b>Date (month, day, year)</b><br>10/17/2000<br><b>Aggregate Year-to-Date -&gt;</b> 250.00 | <b>Amount of Each Receipt this Period</b><br>250.00 |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>Christine St. John<br>293 Prospect Avenue<br>Princeton, NJ 08540-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)    | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Retired                            | <b>Date (month, day, year)</b><br>10/18/2000<br><b>Aggregate Year-to-Date -&gt;</b> 400.00 | <b>Amount of Each Receipt this Period</b><br>200.00 |
| <b>G. Full Name, Mailing Address and Zip Code</b><br>Robert Stackpole<br>29 Scotland Road<br>Elizabeth, NJ 07208-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)         | <b>Name of Employer</b><br>Self-Employed<br><b>Occupation</b><br>Physician                | <b>Date (month, day, year)</b><br>10/17/2000<br><b>Aggregate Year-to-Date -&gt;</b> 200.00 | <b>Amount of Each Receipt this Period</b><br>100.00 |

SUBTOTAL of Receipts This Page (optional)

1,200.00

TOTAL This Period (last page this line number only)

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedules for each category on the Detailed Summary Page

PAGE 118 OF 135  
FOR LINE NUMBER 11(a)(1)

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**NAME OF COMMITTEE (In Full)**  
Bob Franks for U.S. Senate, Inc.

|                                                                                                                                                  |                                                                                                    |                                              |                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>Barbara Scamato<br>19 Half Moon Isle<br>Jersey City, NJ 07305-                              | <b>Name of Employer</b><br>N/A<br><br><b>Occupation</b><br>Homemaker                               | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)     | <b>Aggregate Year-to-Date -&gt;</b> 1,000.00                                                       |                                              |                                                       |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>Patrick Scamato<br>Dreammaker Sport Fishing<br>26 Winfield Avenue<br>Jersey City, NJ 07305- | <b>Name of Employer</b><br>H.C. Co., Inc.<br><br><b>Occupation</b><br>Executive                    | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)     | <b>Aggregate Year-to-Date -&gt;</b> 1,000.00                                                       |                                              |                                                       |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>Thomas Stanton<br>74 Sunset Avenue<br>Verona, NJ 07044-                                     | <b>Name of Employer</b><br>The Staubach Company<br><br><b>Occupation</b><br>Commercial Real Estate | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)     | <b>Aggregate Year-to-Date -&gt;</b> 1,000.00                                                       |                                              |                                                       |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>Paul Stein<br>166 Oak Ridge Avenue<br>Summit, NJ 07901-4316                                 | <b>Name of Employer</b><br>Merrill Lynch<br><br><b>Occupation</b><br>Managing Director             | <b>Date (month, day, year)</b><br>10/06/2000 | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)     | <b>Aggregate Year-to-Date -&gt;</b> 750.00                                                         |                                              |                                                       |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>Paul Stein<br>166 Oak Ridge Avenue<br>Summit, NJ 07901-4316                                 | <b>Name of Employer</b><br>Merrill Lynch<br><br><b>Occupation</b><br>Managing Director             | <b>Date (month, day, year)</b><br>10/12/2000 | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)     | <b>Aggregate Year-to-Date -&gt;</b> 1,250.00                                                       |                                              |                                                       |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>Adrian Stevens<br>3468 Rt 9 South<br>2nd Floor<br>Freehold, NJ 07728-                       | <b>Name of Employer</b><br>Eagle Rock Mkt Inc<br><br><b>Occupation</b><br>Restaurateur             | <b>Date (month, day, year)</b><br>10/06/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)     | <b>Aggregate Year-to-Date -&gt;</b> 1,000.00                                                       |                                              |                                                       |
| <b>G. Full Name, Mailing Address and Zip Code</b><br>Beverly Sticzel<br>289 Brentwood Blvd.<br>Princeton, NJ 08540-                              | <b>Name of Employer</b><br>N/A<br><br><b>Occupation</b><br>Homemaker                               | <b>Date (month, day, year)</b><br>10/10/2000 | <b>Amount of Each Receipt this Period</b><br>50.00    |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)     | <b>Aggregate Year-to-Date -&gt;</b> 250.00                                                         |                                              |                                                       |

**SUBTOTAL** of Receipts This Page (optional)

5,050.00

**TOTAL** This Period (last page this line number only)



## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule:  
for each category of the  
Detailed Survey PagePAGE OF  
119 135  
FOR LINE NUMBER  
11(a) (1)

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## NAME OF COMMITTEE (In Full)

Bob Franks for U.S. Senate, Inc.

|                                                                                                                                                                                                                                                                        |                                                                                                                              |                                              |                                                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>H.D. Storer<br>154 Old Farm Road<br>Basking Ridge, NJ 07920-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)      | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Retired<br><b>Aggregate Year-to-Date -&gt;</b> 200.00                 | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>100.00   |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>John R. Strangfeld<br>51 Post Lane<br>Bernardsville, NJ 07924-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)    | <b>Name of Employer</b><br>Prudential<br><b>Occupation</b><br>Vice President<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00 | <b>Date (month, day, year)</b><br>10/16/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>Mary Kay Strangfeld<br>51 Post Lane<br>Bernardsville, NJ 07924-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Homemaker<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00             | <b>Date (month, day, year)</b><br>10/16/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>Charles Straub<br>35 Woodland Drive<br>Fair Haven, NJ 07704-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)      | <b>Name of Employer</b><br>Self-Employed<br><b>Occupation</b><br>Auto Dealer<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00 | <b>Date (month, day, year)</b><br>10/12/2000 | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>Edward Stroblino<br>1391 Chapel Hill<br>Mountainside, NJ 07092-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   | <b>Name of Employer</b><br>C & J<br><b>Occupation</b><br>Executive<br><b>Aggregate Year-to-Date -&gt;</b> 400.00             | <b>Date (month, day, year)</b><br>10/18/2000 | <b>Amount of Each Receipt this Period</b><br>400.00   |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>Eric Strolowitz<br>3113 Park Place<br>Springfield, NJ 07081-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)      | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Retired<br><b>Aggregate Year-to-Date -&gt;</b> 250.00                 | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>250.00   |
| <b>G. Full Name, Mailing Address and Zip Code</b><br>Clifford Swain<br>710 West Allens Lane<br>Philadelphia, PA 19119-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>Dunker, Biddle<br><b>Occupation</b><br>Attorney<br><b>Aggregate Year-to-Date -&gt;</b> 300.00     | <b>Date (month, day, year)</b><br>10/16/2000 | <b>Amount of Each Receipt this Period</b><br>300.00   |

SUBTOTAL of Receipts This Page (optional)

3,550.00

TOTAL This Period (last page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

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

|                 |     |
|-----------------|-----|
| PAGE            | OF  |
| 120             | 135 |
| FOR LINE NUMBER |     |
| 11(a) (i)       |     |

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## NAME OF COMMITTEE (In Full)

Bob Franks for U.S. Senate, Inc.

|                                                                                                                                                                                                                                                                        |                                                                                                                                            |                                              |                                                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>Stephen Sweet<br>8 Arrowhead Rd<br>Whiterhouse Station, NJ 08889-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>Sweet, etal<br><br><b>Occupation</b><br>Attorney<br><br><b>Aggregate Year-to-Date -&gt;</b> 500.00              | <b>Date (month, day, year)</b><br>10/10/2000 | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>Richard Swenson<br>760 Norman Drive<br>Ridgewood, NJ 07450-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)       | <b>Name of Employer</b><br>Eastern State Steel<br><br><b>Occupation</b><br>President<br><br><b>Aggregate Year-to-Date -&gt;</b> 200.00     | <b>Date (month, day, year)</b><br>10/18/2000 | <b>Amount of Each Receipt this Period</b><br>200.00   |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>William Sword<br>1036 The Great Road<br>Princeton, NJ 08540-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)      | <b>Name of Employer</b><br>Wm. Sword & Co.<br><br><b>Occupation</b><br>Investment Banker<br><br><b>Aggregate Year-to-Date -&gt;</b> 500.00 | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>Thayer Talcott<br>32 Lake Shore Drive<br>Short Hills, NJ 07078-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   | <b>Name of Employer</b><br>N/A<br><br><b>Occupation</b><br>Retired<br><br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00                     | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>John Tamagni<br>124 Hobart Avenue<br>Summit, NJ 07901-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)            | <b>Name of Employer</b><br>Lazard Freres<br><br><b>Occupation</b><br>Executive<br><br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00         | <b>Date (month, day, year)</b><br>10/18/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>John Tamagni<br>124 Hobart Avenue<br>Summit, NJ 07901-<br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)            | <b>Name of Employer</b><br>Lazard Freres<br><br><b>Occupation</b><br>Executive<br><br><b>Aggregate Year-to-Date -&gt;</b> 2,000.00         | <b>Date (month, day, year)</b><br>10/18/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>G. Full Name, Mailing Address and Zip Code</b><br>Michele Tanczyk<br>50 Buck Road<br>East Brunswick, NJ 08816-1906<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)  | <b>Name of Employer</b><br>N/A<br><br><b>Occupation</b><br>Homemaker<br><br><b>Aggregate Year-to-Date -&gt;</b> 160.00                     | <b>Date (month, day, year)</b><br>10/06/2000 | <b>Amount of Each Receipt this Period</b><br>50.00    |

SUBTOTAL of Receipts This Page (optional)

4,250.00

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 121 OF 135  
FOR LINE NUMBER 13(a) (i)

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**NAME OF COMMITTEE (In Full)**  
Bob Franks for U.S. Senate, Inc.

|                                                                                                                                                                                                                                                                                |                                                                                                                                                        |                                              |                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>Michele Tanchyk<br>50 Buck Road<br><br>East Brunswick, NJ 08816-3906<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)         | <b>Name of Employer</b><br>N/A<br><br><b>Occupation</b><br>Homemaker<br><br><b>Aggregate Year-to-Date -&gt;</b> 210.00                                 | <b>Date (month, day, year)</b><br>10/17/2000 | <b>Amount of Each Receipt this Period</b><br>50.00    |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>Evelyn Tappen<br>175 Claremont Road<br><br>Franklin Park, NJ 08823-<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)          | <b>Name of Employer</b><br>N/A<br><br><b>Occupation</b><br>Retired<br><br><b>Aggregate Year-to-Date -&gt;</b> 225.00                                   | <b>Date (month, day, year)</b><br>10/10/2000 | <b>Amount of Each Receipt this Period</b><br>50.00    |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>Thomas Tarantin<br>19 Lincoln Avenue<br><br>Avon By The Sea, NJ 07717-<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)       | <b>Name of Employer</b><br>Tarantin Tank & Equipment<br><br><b>Occupation</b><br>Owner<br><br><b>Aggregate Year-to-Date -&gt;</b> 500.00               | <b>Date (month, day, year)</b><br>10/10/2000 | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>Steven Tasher<br>5 Giralda Farms<br><br>Madison, NJ 07940-6131<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)               | <b>Name of Employer</b><br>American Home Products<br><br><b>Occupation</b><br>Vice President<br><br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00       | <b>Date (month, day, year)</b><br>10/17/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>Peter Tattle<br>11 Governor's Lane<br><br>Princeton, NJ 08540-<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)               | <b>Name of Employer</b><br>J & J<br><br><b>Occupation</b><br>Executive<br><br><b>Aggregate Year-to-Date -&gt;</b> 250.00                               | <b>Date (month, day, year)</b><br>10/16/2000 | <b>Amount of Each Receipt this Period</b><br>250.00   |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>Barbara Taylor<br>1980 Rochambeau Dr.<br><br>Malvern, PA 19355-9723<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)          | <b>Name of Employer</b><br>N/A<br><br><b>Occupation</b><br>Homemaker<br><br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00                               | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>G. Full Name, Mailing Address and Zip Code</b><br>Joseph Taylor<br>1112 Riverside Avenue<br>Apt. 5 B<br>Trenton, NJ 08618-5237<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>Mercer County Community Colleg<br><br><b>Occupation</b><br>Security Guard<br><br><b>Aggregate Year-to-Date -&gt;</b> 300.00 | <b>Date (month, day, year)</b><br>10/18/2000 | <b>Amount of Each Receipt this Period</b><br>100.00   |

**SUBTOTAL of Receipts This Page (optional)**

2,950.00

**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 OF  
122 135  
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, unless then using the name and address of any political committee to solicit contributions from such committee.

 NAME OF COMMITTEE (In Full)  
Bob Franks for U.S. Senate, Inc.

|                                                                                                                                                                                                                                                                |                                                                                                                              |                                                                                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>Nelson Taylor<br>2546 Heathrow Lane<br>Manassquan, NJ 08736-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)     | <b>Name of Employer</b><br>Self-Employed<br><b>Occupation</b><br>Auto Dealer<br><b>Aggregate Year-to-Date -&gt;</b> 750.00   | <b>Date (month, day, year)</b><br>10/12/2000<br><b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>Robert W. Taylor<br>253 Ross Ave.<br>Hackensack, NJ 07601-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)       | <b>Name of Employer</b><br>Ranapo University<br><b>Occupation</b><br>Professor<br><b>Aggregate Year-to-Date -&gt;</b> 200.00 | <b>Date (month, day, year)</b><br>10/18/2000<br><b>Amount of Each Receipt this Period</b><br>200.00   |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>Wilson Taylor<br>1980 Rochambeau Drive<br>Melvern, PA 19355-9723<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>CIGNA Tristate<br><b>Occupation</b><br>Executive<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00  | <b>Date (month, day, year)</b><br>10/11/2000<br><b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>A. Dennis Terrell<br>Long Hill Road<br>New Vernon, NJ 07976-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)     | <b>Name of Employer</b><br>Drinker Biddle<br><b>Occupation</b><br>Attorney<br><b>Aggregate Year-to-Date -&gt;</b> 500.00     | <b>Date (month, day, year)</b><br>10/16/2000<br><b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>Louis Thebault<br>3 Morgan Court<br>Morristown, NJ 07960-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)        | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Retired<br><b>Aggregate Year-to-Date -&gt;</b> 250.00                 | <b>Date (month, day, year)</b><br>10/11/2000<br><b>Amount of Each Receipt this Period</b><br>250.00   |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>Harold Thomson<br>3 Seaside Place<br>Sea Girt, NJ 08750-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)         | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Retired<br><b>Aggregate Year-to-Date -&gt;</b> 300.00                 | <b>Date (month, day, year)</b><br>10/18/2000<br><b>Amount of Each Receipt this Period</b><br>300.00   |
| <b>G. Full Name, Mailing Address and Zip Code</b><br>Mary W. Thorburn<br>600 Charlotte Road<br>Plainfield, NJ 07060-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)  | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Homemaker<br><b>Aggregate Year-to-Date -&gt;</b> 1,400.00             | <b>Date (month, day, year)</b><br>10/10/2000<br><b>Amount of Each Receipt this Period</b><br>100.00   |

SUBTOTAL of Receipts This Page (optional)

2,950.00

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            | OF  |
| 123             | 135 |
| FOR LINE NUMBER |     |
| 11(a) (1)       |     |

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## NAME OF COMMITTEE (In Full)

Bob Franks for U.S. Senate, Inc.

|                                                                                                                                                                                                                                                            |                                                                                                                                |                                              |                                                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>Raymond Thornton<br>590 Cherry Lane<br>Mendham, NJ 07945-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)    | <b>Name of Employer</b><br>Self Employed<br><b>Occupation</b><br>Physician<br><b>Aggregate Year-to-Date -&gt;</b> 500.00       | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>John H. Timoney<br>117 Lambrock Lane<br>Princeton, NJ 08540-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Retired<br><b>Aggregate Year-to-Date -&gt;</b> 200.00                   | <b>Date (month, day, year)</b><br>10/16/2000 | <b>Amount of Each Receipt this Period</b><br>200.00   |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>Vincent A. Timoni<br>716 Warren St.<br>Westfield, NJ 07090-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)  | <b>Name of Employer</b><br>Self<br><b>Occupation</b><br>Self Employed<br><b>Aggregate Year-to-Date -&gt;</b> 250.00            | <b>Date (month, day, year)</b><br>10/16/2000 | <b>Amount of Each Receipt this Period</b><br>250.00   |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>James Tino, Jr.<br>38 Hall Road<br>Chatham, NJ 07928-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)        | <b>Name of Employer</b><br>Tino Chevrolet<br><b>Occupation</b><br>Owner<br><b>Aggregate Year-to-Date -&gt;</b> 2,000.00        | <b>Date (month, day, year)</b><br>10/12/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>James Tino, Sr.<br>2675 Route 22 West<br>Union, NJ 07083-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)    | <b>Name of Employer</b><br>Tino Chevrolet<br><b>Occupation</b><br>CEO<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00          | <b>Date (month, day, year)</b><br>10/13/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>James Tino, Sr.<br>2675 Route 22 West<br>Union, NJ 07083-<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)    | <b>Name of Employer</b><br>Tino Chevrolet<br><b>Occupation</b><br>CEO<br><b>Aggregate Year-to-Date -&gt;</b> 2,000.00          | <b>Date (month, day, year)</b><br>10/13/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>G. Full Name, Mailing Address and Zip Code</b><br>Glenn K. Tippy<br>62 Pollard Rd<br>Mountain Lakes, NJ 07046-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>palisades insurance<br><b>Occupation</b><br>Insurance<br><b>Aggregate Year-to-Date -&gt;</b> 200.00 | <b>Date (month, day, year)</b><br>10/06/2000 | <b>Amount of Each Receipt this Period</b><br>200.00   |

SUBTOTAL of Receipts This Page (optional)

4,150.00

TOTAL This Period (last page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule  
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Detailed Summary PagePAGE OF  
124 135  
FOR LINE NUMBER  
11(a)(i)

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NAME OF COMMITTEE (In Full)  
Bob Franks for U.S. Senate, Inc.

|                                                                                                                                                                                                                                                                            |                                                                                                                                                          |                                              |                                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>Ronald L. Tobia<br>48 Old Indian Rd<br>West Orange, NJ 07052-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                | <b>Name of Employer</b><br>Schwartz, Tobia &<br>Stanziola<br><b>Occupation</b><br>Attorney<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00               | <b>Date (month, day, year)</b><br>10/06/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>William J. Tobias<br>2 Constitution Court # 1016<br>Hoboken, NJ 07030-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)       | <b>Name of Employer</b><br>On-Line Investment<br>Services<br><b>Occupation</b><br>Accountant<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00             | <b>Date (month, day, year)</b><br>10/18/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>Joseph Todino<br>2133 Bridge Ave<br>Point Pleasant Beach, NJ 08742-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)          | <b>Name of Employer</b><br>self<br><b>Occupation</b><br>Builder<br><b>Aggregate Year-to-Date -&gt;</b> 500.00                                            | <b>Date (month, day, year)</b><br>10/17/2000 | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>Doris S. Tollefson<br>26 Park Lane<br>Essex Fells, NJ 07021-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                 | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Retired<br><b>Aggregate Year-to-Date -&gt;</b> 500.00                                             | <b>Date (month, day, year)</b><br>10/06/2000 | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>Margaret Topper<br>100 Parker Road<br>Eatontown, NJ 07734-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                   | <b>Name of Employer</b><br>State of NJ-Governor's<br>Office<br><b>Occupation</b><br>Director of Scheduling<br><b>Aggregate Year-to-Date -&gt;</b> 225.00 | <b>Date (month, day, year)</b><br>10/12/2000 | <b>Amount of Each Receipt this Period</b><br>125.00   |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>Christine Torretti<br>2428 Oak Dr.<br>Indiana, PA 15701-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                     | <b>Name of Employer</b><br><br><b>Occupation</b><br>Homemaker<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00                                            | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>G. Full Name, Mailing Address and Zip Code</b><br>Dorothy Tracy<br>368 West Saddle River Road<br>Upper Saddle River, NJ 07458-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Homemaker<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00                                         | <b>Date (month, day, year)</b><br>10/16/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |

SUBTOTAL of Receipts This Page (optional)

5,125.00

TOTAL This Period (last page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule  
for each category of the  
detailed Summary Page

|                 |     |
|-----------------|-----|
| PAGE            | OF  |
| 125             | 135 |
| FOR LINE NUMBER |     |
| 11(a)(i)        |     |

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## NAME OF COMMITTEE (In Full)

Bob Franks for U.S. Senate, Inc.

|                                                                                                                                                                                                                                                                 |                                                      |                                          |                                                      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|------------------------------------------|------------------------------------------------------|
| A. Full Name, Mailing Address and Zip Code<br>Norman Tregenza<br>Kitchell Road<br><br>Convent Station, NJ 07961-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)       | Name of Employer<br>N/A                              | Date (month,<br>day, year)<br>10/18/2000 | Amount of Each<br>Receipt this<br>Period<br>1,000.00 |
|                                                                                                                                                                                                                                                                 | Occupation<br>Retired                                |                                          |                                                      |
|                                                                                                                                                                                                                                                                 | Aggregate Year-to-Date ->                            |                                          | 1,000.00                                             |
| B. Full Name, Mailing Address and Zip Code<br>Catherine Creveloni<br>16 Brook Ridge Dr<br><br>Basking Ridge, NJ 07920-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Name of Employer<br>N/A                              | Date (month,<br>day, year)<br>10/12/2000 | Amount of Each<br>Receipt this<br>Period<br>1,000.00 |
|                                                                                                                                                                                                                                                                 | Occupation<br>Homemaker                              |                                          |                                                      |
|                                                                                                                                                                                                                                                                 | Aggregate Year-to-Date ->                            |                                          | 1,000.00                                             |
| C. Full Name, Mailing Address and Zip Code<br>Simone Tuchi<br>62 Pennington Road<br><br>New Brunswick, NJ 08901-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)       | Name of Employer<br>New Jersey Turnpike<br>Authority | Date (month,<br>day, year)<br>10/10/2000 | Amount of Each<br>Receipt this<br>Period<br>200.00   |
|                                                                                                                                                                                                                                                                 | Occupation<br>Executive Assistant                    |                                          |                                                      |
|                                                                                                                                                                                                                                                                 | Aggregate Year-to-Date ->                            |                                          | 550.00                                               |
| D. Full Name, Mailing Address and Zip Code<br>Sarah Tullis<br>5 Brightwood Ln.<br><br>Bedminster, NJ 07921-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)            | Name of Employer<br>N/A                              | Date (month,<br>day, year)<br>10/16/2000 | Amount of Each<br>Receipt this<br>Period<br>125.00   |
|                                                                                                                                                                                                                                                                 | Occupation<br>Retired                                |                                          |                                                      |
|                                                                                                                                                                                                                                                                 | Aggregate Year-to-Date ->                            |                                          | 225.00                                               |
| E. Full Name, Mailing Address and Zip Code<br>Edwin Tuttle<br>117 S. Sacramento Ave.<br><br>Ventnor City, NJ 08406-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)    | Name of Employer<br>N/A                              | Date (month,<br>day, year)<br>10/17/2000 | Amount of Each<br>Receipt this<br>Period<br>100.00   |
|                                                                                                                                                                                                                                                                 | Occupation<br>Retired                                |                                          |                                                      |
|                                                                                                                                                                                                                                                                 | Aggregate Year-to-Date ->                            |                                          | 250.00                                               |
| F. Full Name, Mailing Address and Zip Code<br>Gordon Treadwell<br>69 Beachfront<br><br>Monasquan, NJ 08736-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)            | Name of Employer<br>N/A                              | Date (month,<br>day, year)<br>10/10/2000 | Amount of Each<br>Receipt this<br>Period<br>200.00   |
|                                                                                                                                                                                                                                                                 | Occupation<br>Retired                                |                                          |                                                      |
|                                                                                                                                                                                                                                                                 | Aggregate Year-to-Date ->                            |                                          | 200.00                                               |
| G. Full Name, Mailing Address and Zip Code<br>Charles E. Tweedy<br>3 Broadacres Ct.<br><br>Moorestown, NJ 08057-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)       | Name of Employer<br>N/A                              | Date (month,<br>day, year)<br>10/13/2000 | Amount of Each<br>Receipt this<br>Period<br>250.00   |
|                                                                                                                                                                                                                                                                 | Occupation<br>Retired                                |                                          |                                                      |
|                                                                                                                                                                                                                                                                 | Aggregate Year-to-Date ->                            |                                          | 250.00                                               |

SUBTOTAL of Receipts This Page (optional)

2,875.00

TOTAL This Period (last page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary PagePAGE 126 OF 135  
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)

Bob Franks for U.S. Senate, Inc.

|                                                                                                                                                                                                                                                                                                     |                                                                                                                                                 |                                              |                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|---------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>James Ulrich<br>47 Schuyler Drive<br>Clark, NJ 07066-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                          | <b>Name of Employer</b><br>Deutsche Bank<br><b>Occupation</b><br>Accountant<br><b>Aggregate Year-to-Date -&gt;</b> 685.00                       | <b>Date (month, day, year)</b><br>10/13/2000 | <b>Amount of Each Receipt this Period</b><br>200.00           |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>United Crane Motorsports, LLC<br>Timothy Shinn<br>111 N. Michigan Ave<br>Kenilworth, NJ 07033-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>Partnership Attribution Listed Individually<br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00 | <b>Date (month, day, year)</b><br>10/12/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00         |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>James Utaski<br>197 Rolling Mill Road<br>Skillman, NJ 08556-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                   | <b>Name of Employer</b><br>J & L<br><b>Occupation</b><br>Executive<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00                              | <b>Date (month, day, year)</b><br>10/16/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00         |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>John Van Dorpe<br>3256 Windsor Avenue<br>Toms River, NJ 08753-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                 | <b>Name of Employer</b><br>Researching<br><b>Occupation</b><br>Researching<br><b>Aggregate Year-to-Date -&gt;</b> 500.00                        | <b>Date (month, day, year)</b><br>10/16/2000 | <b>Amount of Each Receipt this Period</b><br>500.00           |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>Lewis Van Dusen<br>One Logan Square<br>18th and Cherry Streets<br>Philadelphia, PA 19103-6996<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)  | <b>Name of Employer</b><br>Drinker Biddle<br><b>Occupation</b><br>Attorney<br><b>Aggregate Year-to-Date -&gt;</b> 500.00                        | <b>Date (month, day, year)</b><br>10/16/2000 | <b>Amount of Each Receipt this Period</b><br>500.00           |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>Joseph Velocci<br>52 Warren Road<br>Randolph, NJ 07869-<br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                        | <b>Name of Employer</b><br>Mills & DeFilippis<br><b>Occupation</b><br>CPA<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00                       | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00<br>MEMO |
| <b>G. Full Name, Mailing Address and Zip Code</b><br>Stephen Vengrow<br>44 Ashwood Road<br>New Providence, NJ 07974-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                | <b>Name of Employer</b><br>Cichanowitz, Callan & Keane<br><b>Occupation</b><br>Attorney<br><b>Aggregate Year-to-Date -&gt;</b> 450.00           | <b>Date (month, day, year)</b><br>10/16/2000 | <b>Amount of Each Receipt this Period</b><br>250.00           |

SUBTOTAL of Receipts This Page (optional)

3,450.00

TOTAL This Period (last page this line number only)



## SCHEDULE A

## ITEMIZED RECEIPTS

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

PAGE 127 OF 135

 FOR LINE NUMBER  
 11(a) (i)

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## NAME OF COMMITTEE (In Full)

Bob Franks for U.S. Senate, Inc.

|                                                                                                                                                                                                                                                                  |                                                                                                                                   |                                              |                                                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>Gail Vernick<br>255 Munsee Way<br>Westfield, NJ 07092-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):            | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Homemaker<br><b>Aggregate Year-to-Date -&gt;</b> 1,500.00                  | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>Gail Vernick<br>255 Munsee Way<br>Westfield, NJ 07092-<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):            | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Homemaker<br><b>Aggregate Year-to-Date -&gt;</b> 2,000.00                  | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>Harris Vernick<br>128 South Euclid Avenue<br>Westfield, NJ 07092-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Retired<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00                    | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>Harris Vernick<br>128 South Euclid Avenue<br>Westfield, NJ 07092-<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Retired<br><b>Aggregate Year-to-Date -&gt;</b> 2,000.00                    | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>Weston Vernon<br>1605 Billmac Lane<br>Silver Spring, MD 20902-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):    | <b>Name of Employer</b><br>Self-Employed<br><b>Occupation</b><br>Writer<br><b>Aggregate Year-to-Date -&gt;</b> 400.00             | <b>Date (month, day, year)</b><br>10/18/2000 | <b>Amount of Each Receipt this Period</b><br>100.00   |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>Curtis Viebranz<br>55 Hacklebarney Road<br>Chester, NJ 07930-3209<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br>C3 Partners<br><b>Occupation</b><br>Marketing Director<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00 | <b>Date (month, day, year)</b><br>10/06/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>G. Full Name, Mailing Address and Zip Code</b><br>Curtis Viebranz<br>55 Hacklebarney Road<br>Chester, NJ 07930-3209<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br>C3 Partners<br><b>Occupation</b><br>Marketing Director<br><b>Aggregate Year-to-Date -&gt;</b> 2,000.00 | <b>Date (month, day, year)</b><br>10/06/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |

SUBTOTAL of Receipts This Page (optional)

5,600.00

TOTAL, This Period (last page this line number only)

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## NAME OF COMMITTEE (In Full)

Bob Franks for U.S. Senate, Inc.

|                                                                                                                                                                                                                                                                    |                                                                                                                                      |                                                                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>Thomas Viviano<br>103 Holiday Court<br>Mount Laurel, NJ 08054-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)       | <b>Name of Employer</b><br>Viviano Construction<br><b>Occupation</b><br>Construction<br><b>Aggregate Year-to-Date -&gt;</b> 335.00   | <b>Date (month, day, year)</b><br>10/06/2000<br><b>Amount of Each Receipt this Period</b><br>100.00   |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>Joseph Vormeister<br>P.O. Box 289<br>Pottersville, NJ 07979-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)         | <b>Name of Employer</b><br>Jeffries & Co.<br><b>Occupation</b><br>Securities Analyst<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00 | <b>Date (month, day, year)</b><br>10/10/2000<br><b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>Donna Vose<br>922 Hillside Avenue<br>Plainfield, NJ 07060-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)           | <b>Name of Employer</b><br>Self-Employed<br><b>Occupation</b><br>Clinical Specialist<br><b>Aggregate Year-to-Date -&gt;</b> 450.00   | <b>Date (month, day, year)</b><br>10/12/2000<br><b>Amount of Each Receipt this Period</b><br>100.00   |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>John Vetraric<br>580 Arboy Avenue<br>Woodbridge, NJ 07095-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)           | <b>Name of Employer</b><br>self<br><b>Occupation</b><br>Hair Stylist<br><b>Aggregate Year-to-Date -&gt;</b> 250.00                   | <b>Date (month, day, year)</b><br>10/06/2000<br><b>Amount of Each Receipt this Period</b><br>250.00   |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>Margaret C. Waits<br>31 Hamilton Dr. W.<br>North Caldwell, NJ 07006-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Homemaker<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00                     | <b>Date (month, day, year)</b><br>10/06/2000<br><b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>Michael Waldron<br>41 Raynor Road<br>Morris Township, NJ 07960-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)      | <b>Name of Employer</b><br>Researching<br><b>Occupation</b><br>Researching<br><b>Aggregate Year-to-Date -&gt;</b> 200.00             | <b>Date (month, day, year)</b><br>10/11/2000<br><b>Amount of Each Receipt this Period</b><br>200.00   |
| <b>G. Full Name, Mailing Address and Zip Code</b><br>Donna Walsh<br>12 Chestnut Ridge Road<br>Saddle River, NJ 07458-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)     | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Homemaker<br><b>Aggregate Year-to-Date -&gt;</b> 3,000.00                     | <b>Date (month, day, year)</b><br>10/16/2000<br><b>Amount of Each Receipt this Period</b><br>2,000.00 |

SUBTOTAL of Receipts This Page (optional)

4,650.00

TOTAL This Period (last page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule for each category of the detailed summary page

 PAGE 129 OF 135  
 FOR LINE NUMBER 11(a) (i)

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## NAME OF COMMITTEE (In Full)

Bob Franks for U.S. Senate, Inc.

|                                                                                                                                                                                                                                                                            |                                                                                                                                   |                                              |                                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>Mary Walsh<br>330 South Street<br>P.O. Box 1975<br>Morristown, NJ 07962-1975<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Homemaker<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00                  | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>Patricia Walsh<br>17 Rock Road, East<br>Green Brook, NJ 08812-2125<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)           | <b>Name of Employer</b><br>Somerset Hospital<br><b>Occupation</b><br>Nurse<br><b>Aggregate Year-to-Date -&gt;</b> 350.00          | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>250.00   |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>David Ward<br>204 North Road<br>Chester, NJ 07930-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                           | <b>Name of Employer</b><br>Ward & Assoc.<br><b>Occupation</b><br>Attorney<br><b>Aggregate Year-to-Date -&gt;</b> 700.00           | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>200.00   |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>Stephen Waterbury<br>26 Mount St<br>Bay Head, NJ 08742-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                      | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Retired<br><b>Aggregate Year-to-Date -&gt;</b> 200.00                      | <b>Date (month, day, year)</b><br>10/10/2000 | <b>Amount of Each Receipt this Period</b><br>200.00   |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>David Watts<br>30 Wildwood Lane<br>Summit, NJ 07901-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                         | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Retired<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00                    | <b>Date (month, day, year)</b><br>10/10/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>Carol Webb<br>6 Rose Ln<br>Bridgewater, NJ 08807-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                            | <b>Name of Employer</b><br>J & J<br><b>Occupation</b><br>Executive<br><b>Aggregate Year-to-Date -&gt;</b> 500.00                  | <b>Date (month, day, year)</b><br>10/12/2000 | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>G. Full Name, Mailing Address and Zip Code</b><br>Kenneth E. Weg<br>12 Boudinot Street<br>Princeton, NJ 08540-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                 | <b>Name of Employer</b><br>Bristol Myers Squibb<br><b>Occupation</b><br>President<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00 | <b>Date (month, day, year)</b><br>10/05/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |

SUBTOTAL of Receipts This Page (optional)

4,150.00

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

130 135

FOR LINE NUMBER  
11(a) (i)

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## NAME OF COMMITTEE (In Full)

Bob Franks for U.S. Senate, Inc.

|                                                                                                                                                                                                                                                                                                         |                                                                                                                                     |                                              |                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>Alyssa Weinberger<br>20 Slayback Drive<br>Princeton Junction, NJ 08550-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                            | <b>Name of Employer</b><br>State of NJ<br><br><b>Occupation</b><br>Policy Advisor<br><br><b>Aggregate Year-to-Date -&gt;</b> 225.00 | <b>Date (month, day, year)</b><br>10/12/2000 | <b>Amount of Each Receipt this Period</b><br>125.00   |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>Joel M. Weingarten<br>Election Fund of Joel Weingarten<br>28 Exeter Road<br>Short Hills, NJ 07078-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>State of NJ<br><br><b>Occupation</b><br>Assemblyman<br><br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00  | <b>Date (month, day, year)</b><br>10/16/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>Edward Weinstein<br>433 East 58th Street<br>Apt. 19A<br>New York, NY 10022-2437<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                    | <b>Name of Employer</b><br>Self-Employed<br><br><b>Occupation</b><br>Consultant<br><br><b>Aggregate Year-to-Date -&gt;</b> 750.00   | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>250.00   |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>William Weld<br>26 East 93rd Street<br>Apt. 3C<br>New York, NY 10128-3626<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                          | <b>Name of Employer</b><br>Self Employed<br><br><b>Occupation</b><br>Attorney<br><br><b>Aggregate Year-to-Date -&gt;</b> 2,000.00   | <b>Date (month, day, year)</b><br>10/16/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>Richard Weldon<br>100 Golf Edge<br>Westfield, NJ 07090-1804<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                        | <b>Name of Employer</b><br>self<br><br><b>Occupation</b><br>Manager<br><br><b>Aggregate Year-to-Date -&gt;</b> 950.00               | <b>Date (month, day, year)</b><br>10/06/2000 | <b>Amount of Each Receipt this Period</b><br>250.00   |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>Richard Weldon<br>100 Golf Edge<br>Westfield, NJ 07090-1804<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                        | <b>Name of Employer</b><br>self<br><br><b>Occupation</b><br>Manager<br><br><b>Aggregate Year-to-Date -&gt;</b> 1,050.00             | <b>Date (month, day, year)</b><br>10/16/2000 | <b>Amount of Each Receipt this Period</b><br>100.00   |
| <b>G. Full Name, Mailing Address and Zip Code</b><br>Donald Wenlinger<br>6 Rose Ln<br>Bridgewater, NJ 08807-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                            | <b>Name of Employer</b><br>J & J<br><br><b>Occupation</b><br>Executive<br><br><b>Aggregate Year-to-Date -&gt;</b> 500.00            | <b>Date (month, day, year)</b><br>10/12/2000 | <b>Amount of Each Receipt this Period</b><br>500.00   |

SUBTOTAL of Receipts This Page (optional)

3,225.00

TOTAL This Period (last page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

See separate schedule(s)  
for each category of the  
detailed summary page

|                              |     |
|------------------------------|-----|
| 131                          | 135 |
| FOR LINE NUMBER<br>11(a) (i) |     |

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## NAME OF COMMITTEE (In Full)

Bob Franks for U.S. Senate, Inc.

|                                                                                                                                                                                                                                                                    |                                                                                                                                            |                                                                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>Keith Wheelock<br>325 Mountain View Rd.<br>Skillman, NJ 08558-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)       | <b>Name of Employer</b><br>Rantan Valley County<br>College<br><b>Occupation</b><br>Professor<br><b>Aggregate Year-to-Date -&gt;</b> 500.00 | <b>Date (month, day, year)</b><br>10/12/2000<br><b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>Joel Whitaker<br>205 Marian Avenue<br>Fanwood, NJ 07023-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)             | <b>Name of Employer</b><br>Whitaker Newsletters<br><b>Occupation</b><br>Publisher<br><b>Aggregate Year-to-Date -&gt;</b> 400.00            | <b>Date (month, day, year)</b><br>10/06/2000<br><b>Amount of Each Receipt this Period</b><br>100.00   |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>Thomas Whittles<br>20 Kulik Street<br>Clifton, NJ 07014-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)             | <b>Name of Employer</b><br>Professional Security<br>Bureau<br><b>Occupation</b><br>Executive<br><b>Aggregate Year-to-Date -&gt;</b> 250.00 | <b>Date (month, day, year)</b><br>10/12/2000<br><b>Amount of Each Receipt this Period</b><br>200.00   |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>Adele Widin<br>108 Valley Dr<br>Watchung, NJ 07060-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                  | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Retired<br><b>Aggregate Year-to-Date -&gt;</b> 200.00                               | <b>Date (month, day, year)</b><br>10/11/2000<br><b>Amount of Each Receipt this Period</b><br>100.00   |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>Kathleen Wielkopolski<br>27 Chesterwoods Drive<br>Chester, NJ 07930-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Homemaker<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00                           | <b>Date (month, day, year)</b><br>10/17/2000<br><b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>Lawrence Wigdor<br>19 Brittany Rd<br>Montville, NJ 07045-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)            | <b>Name of Employer</b><br>Kronos Inc. NL<br>Industries<br><b>Occupation</b><br>CEO<br><b>Aggregate Year-to-Date -&gt;</b> 350.00          | <b>Date (month, day, year)</b><br>10/16/2000<br><b>Amount of Each Receipt this Period</b><br>250.00   |
| <b>G. Full Name, Mailing Address and Zip Code</b><br>Paul Wigdor<br>97 Overlook Rd<br>Montclair, NJ 07043-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                | <b>Name of Employer</b><br>Pershing<br><b>Occupation</b><br>Finance<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00                        | <b>Date (month, day, year)</b><br>10/12/2000<br><b>Amount of Each Receipt this Period</b><br>1,000.00 |

SUBTOTAL of Receipts This Page (optional)

3,150.00

TOTAL This Period (last page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFROM OF  
132 135

FOR LINE NUMBER

11(a)(i)

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## NAME OF COMMITTEE (In Full)

Bob Franks for U.S. Senate, Inc.

|                                                                                                                                                                                                                                                               |                                                                                                                                              |                                                                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>Christine Wilder<br>956 Lagoon Lane<br>Mantoloking, NJ 08738-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Retired<br><b>Aggregate Year-to-Date -&gt;</b> 100.00                                 | <b>Date (month, day, year)</b><br>10/10/2000<br><b>Amount of Each Receipt this Period</b><br>100.00   |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>Christine Wilder<br>956 Lagoon Lane<br>Mantoloking, NJ 08738-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Retired<br><b>Aggregate Year-to-Date -&gt;</b> 200.00                                 | <b>Date (month, day, year)</b><br>10/16/2000<br><b>Amount of Each Receipt this Period</b><br>100.00   |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>June Willson<br>42 Addison Dr<br>Basking Ridge, NJ 07920-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)       | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Retired<br><b>Aggregate Year-to-Date -&gt;</b> 325.00                                 | <b>Date (month, day, year)</b><br>10/16/2000<br><b>Amount of Each Receipt this Period</b><br>125.00   |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>Bruce Wilson<br>224 Chamounix Road<br>St. Davids, PA 19087-3606<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>Self Employed<br><b>Occupation</b><br>Attorney<br><b>Aggregate Year-to-Date -&gt;</b> 500.00                      | <b>Date (month, day, year)</b><br>10/17/2000<br><b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>Gary Wingens<br>51 Brian Road<br>West Caldwell, NJ 07005-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)       | <b>Name of Employer</b><br>Lowenstein Sandler<br><b>Occupation</b><br>Attorney<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00               | <b>Date (month, day, year)</b><br>10/11/2000<br><b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>Grant Winthrop<br>1115 Fifth Ave.<br>New York, NY 10128-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)        | <b>Name of Employer</b><br>Milbank Winthrop & Co.<br><b>Occupation</b><br>Investment Advisor<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00 | <b>Date (month, day, year)</b><br>10/16/2000<br><b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>G. Full Name, Mailing Address and Zip Code</b><br>Allen Wolf<br>7301 Atlantic Avenue<br>Ventnor City, NJ 08406-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   | <b>Name of Employer</b><br>Wolf Comfort Industries<br><b>Occupation</b><br>Sales<br><b>Aggregate Year-to-Date -&gt;</b> 550.00               | <b>Date (month, day, year)</b><br>10/11/2000<br><b>Amount of Each Receipt this Period</b><br>150.00   |

SUBTOTAL of Receipts This Page (optional)

2,975.00

TOTAL This Period (last page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule for each category of the Detailed Summary Page

133 135

FOR LINE NUMBER

11(a) (1)

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## NAME OF COMMITTEE (In Full)

Bob Franks for U.S. Senate, Inc.

|                                                                                                                                                                                                                                                               |                                                                                                                                      |                                                                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>Diane R. Wolf<br>28 East 73rd Street<br>New York, NY 10021-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)     | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>activist<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00                      | <b>Date (month, day, year)</b><br>10/16/2000<br><b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>Kate B. Wood<br>7 Foxcroft Dr.<br>Princeton, NJ 08540-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)          | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Homemaker<br><b>Aggregate Year-to-Date -&gt;</b> 500.00                       | <b>Date (month, day, year)</b><br>10/12/2000<br><b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>Kate B. Wood<br>7 Foxcroft Dr.<br>Princeton, NJ 08540-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)          | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Homemaker<br><b>Aggregate Year-to-Date -&gt;</b> 875.00                       | <b>Date (month, day, year)</b><br>10/18/2000<br><b>Amount of Each Receipt this Period</b><br>375.00   |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>David Worth<br>546 Ashwood Road<br>Springfield, NJ 07081-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)       | <b>Name of Employer</b><br>Self Employed<br><b>Occupation</b><br>Physician<br><b>Aggregate Year-to-Date -&gt;</b> 300.00             | <b>Date (month, day, year)</b><br>10/11/2000<br><b>Amount of Each Receipt this Period</b><br>300.00   |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>Barbara Wright<br>20 George Davison Road<br>Cranbury, NJ 08512-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>S. Hall University<br><b>Occupation</b><br>Associate Dean<br><b>Aggregate Year-to-Date -&gt;</b> 1,250.00 | <b>Date (month, day, year)</b><br>10/11/2000<br><b>Amount of Each Receipt this Period</b><br>250.00   |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>Hen-Vai Wu<br>22 Hunters Trail<br>Warren, NJ 07059-7117<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)         | <b>Name of Employer</b><br>Self Employed<br><b>Occupation</b><br>Physician<br><b>Aggregate Year-to-Date -&gt;</b> 500.00             | <b>Date (month, day, year)</b><br>10/11/2000<br><b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>G. Full Name, Mailing Address and Zip Code</b><br>Irwin Yagoda<br>2238 Harmon Cove Towers<br>Secaucus, NJ 07094-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)  | <b>Name of Employer</b><br>Self Employed<br><b>Occupation</b><br>Physician<br><b>Aggregate Year-to-Date -&gt;</b> 600.00             | <b>Date (month, day, year)</b><br>10/10/2000<br><b>Amount of Each Receipt this Period</b><br>100.00   |

SUBTOTAL of Receipts This Page (optional)

3,025.00

TOTAL This Period (last page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page134 135  
FOR LINE NUMBER  
11(a) (i)

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## NAME OF COMMITTEE (In Full)

Bob Franks for U.S. Senate, Inc.

|                                                                                                                                                                                                                                                                         |                                                                                                                                   |                                              |                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>William Young<br>116 Woodview Lane<br>Cinnaminson, NJ 08077-3218<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)          | <b>Name of Employer</b><br>Technic Systems, Inc<br><b>Occupation</b><br>President<br><b>Aggregate Year-to-Date -&gt;</b> 1,350.00 | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>Julie Zahn<br>P.O. Box 388<br>15 Round Top Road<br>Oldwick, NJ 08858-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)     | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Housewife<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00                  | <b>Date (month, day, year)</b><br>10/10/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>George J. Zallie<br>1224 Blackwood Clementon Road<br>Clementon, NJ 08021-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>ShopRite<br><b>Occupation</b><br>President<br><b>Aggregate Year-to-Date -&gt;</b> 200.00               | <b>Date (month, day, year)</b><br>10/16/2000 | <b>Amount of Each Receipt this Period</b><br>200.00   |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>John Zanger, Jr<br>421 White Horse Pike<br>Lindenwold, NJ 08021-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)          | <b>Name of Employer</b><br>Prestige Pontiac<br><b>Occupation</b><br>Owner<br><b>Aggregate Year-to-Date -&gt;</b> 500.00           | <b>Date (month, day, year)</b><br>10/12/2000 | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>Shannon Zeller<br>910 Charlotte Road<br>Plainfield, NJ 07060-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)             | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Homemaker<br><b>Aggregate Year-to-Date -&gt;</b> 500.00                    | <b>Date (month, day, year)</b><br>10/10/2000 | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>David Zenker<br>Van Beuren Road<br>Morristown, NJ 07960-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                  | <b>Name of Employer</b><br>self<br><b>Occupation</b><br>Physician<br><b>Aggregate Year-to-Date -&gt;</b> 200.00                   | <b>Date (month, day, year)</b><br>10/10/2000 | <b>Amount of Each Receipt this Period</b><br>200.00   |
| <b>G. Full Name, Mailing Address and Zip Code</b><br>John Zozzaro<br>175 Circle Ave<br>Clifton, NJ 07011-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                      | <b>Name of Employer</b><br>Researching<br><b>Occupation</b><br>Researching<br><b>Aggregate Year-to-Date -&gt;</b> 200.00          | <b>Date (month, day, year)</b><br>10/17/2000 | <b>Amount of Each Receipt this Period</b><br>200.00   |

SUBTOTAL of Receipts This Page (optional)

3,600.00

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 135 OF 135  
FOR LINE NUMBER 11(a) (i)

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**NAME OF COMMITTEE (In Full)**  
Bob Franks for U.S. Senate, Inc.

|                                                                                                                                                                                                                                                                   |                                                                                                                |                                              |                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>Nicholas Zwick<br>4 Bittersweet Lane<br>Far Hills, NJ 07931-<br><b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>N/A<br><b>Occupation</b><br>Retired<br><b>Aggregate Year-to-Date -&gt;</b> 2,000.00 | <b>Date (month, day, year)</b><br>10/17/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>B. Full Name, Mailing Address and Zip Code</b><br><br><b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                                                        | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b>                    | <b>Date (month, day, year)</b><br>/ /        | <b>Amount of Each Receipt this Period</b>             |
| <b>C. Full Name, Mailing Address and Zip Code</b><br><br><b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                                                        | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b>                    | <b>Date (month, day, year)</b><br>/ /        | <b>Amount of Each Receipt this Period</b>             |
| <b>D. Full Name, Mailing Address and Zip Code</b><br><br><b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                                                        | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b>                    | <b>Date (month, day, year)</b><br>/ /        | <b>Amount of Each Receipt this Period</b>             |
| <b>E. Full Name, Mailing Address and Zip Code</b><br><br><b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                                                        | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b>                    | <b>Date (month, day, year)</b><br>/ /        | <b>Amount of Each Receipt this Period</b>             |
| <b>F. Full Name, Mailing Address and Zip Code</b><br><br><b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                                                        | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b>                    | <b>Date (month, day, year)</b><br>/ /        | <b>Amount of Each Receipt this Period</b>             |
| <b>G. Full Name, Mailing Address and Zip Code</b><br><br><b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                                                        | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b>                    | <b>Date (month, day, year)</b><br>/ /        | <b>Amount of Each Receipt this Period</b>             |

**SUBTOTAL of Receipts This Page (optional)**

1,000.00

**TOTAL This Period (last page this line number only)**

421,952.33

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## NAME OF COMMITTEE (In Full)

Bob Franks for U.S. Senate, Inc.

|                                                                                                                                                                                            |                                                  |                                              |                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|----------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>NJ Republican State Committee<br>Hon. Chuck Raybajan<br>28 West State Street<br>Trenton, NJ 08608-                                    | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>10/06/2000 | <b>Amount of Each Receipt this Period</b><br>5,000.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                               | <b>Aggregate Year-to-Date -&gt;</b> 5,000.00     |                                              |                                                       |
| <b>B. Full Name, Mailing Address and Zip Code</b><br><br><b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>/ /        | <b>Amount of Each Receipt this Period</b>             |
| <b>C. Full Name, Mailing Address and Zip Code</b><br><br><b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>/ /        | <b>Amount of Each Receipt this Period</b>             |
| <b>D. Full Name, Mailing Address and Zip Code</b><br><br><b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>/ /        | <b>Amount of Each Receipt this Period</b>             |
| <b>E. Full Name, Mailing Address and Zip Code</b><br><br><b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>/ /        | <b>Amount of Each Receipt this Period</b>             |
| <b>F. Full Name, Mailing Address and Zip Code</b><br><br><b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>/ /        | <b>Amount of Each Receipt this Period</b>             |
| <b>G. Full Name, Mailing Address and Zip Code</b><br><br><b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>/ /        | <b>Amount of Each Receipt this Period</b>             |
| <b>H. Full Name, Mailing Address and Zip Code</b><br><br><b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>/ /        | <b>Amount of Each Receipt this Period</b>             |
| <b>I. Full Name, Mailing Address and Zip Code</b><br><br><b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>/ /        | <b>Amount of Each Receipt this Period</b>             |
| <b>J. Full Name, Mailing Address and Zip Code</b><br><br><b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>/ /        | <b>Amount of Each Receipt this Period</b>             |

SUBTOTAL of Receipts This Page (optional)

5,000.00

TOTAL This Period (last page this line number only)

5,000.00

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Survey Page11  
FOR LINE NUMBER  
11(c)

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## NAME OF COMMITTEE (In Full)

Bob Franks for U.S. Senate, Inc.

|                                                                                                                                                                                                                                                                                                               |                                                                                             |                                                               |                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|---------------------------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>ADPAC<br>Att: Mr. Joseph P. Grabowski<br>133 Galther Drive STE N<br>Mount Laurel, NJ 08054-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                     | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Date (month, day, year)</b><br>10/11/2000<br><br>750.00    | <b>Amount of Each Receipt this Period</b><br>250.00   |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>AZ PAC (AstraZeneca/Zeneca, Inc.)<br>Attn: Mr. Stephen McMillan<br>1250 Eye Street, NW<br>Washington, DC 20005-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Date (month, day, year)</b><br>10/17/2000<br><br>2,000.00  | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>Affinity Federal Credit Union PAC<br>Mr. Alfred Scipio<br>2 Crossroads Drive<br>Bedminster, NJ 07921-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)           | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Date (month, day, year)</b><br>10/13/2000<br><br>1,250.00  | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>Mrs. Verda D. Alliano<br>45 Ocean View Drive<br>Ocean View, NJ 08230-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                           | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Date (month, day, year)</b><br>10/12/2000<br><br>10.00     | <b>Amount of Each Receipt this Period</b><br>10.00    |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>America's Community Bankers<br>Attn: Robert A. Davis<br>900 19th Street NW #400<br>Washington, DC 20005-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)        | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Date (month, day, year)</b><br>10/16/2000<br><br>500.00    | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>American Bankers Assoc. PAC<br>Attn: Beta L. Blocklin<br>1120 Conn. Ave. NW<br>Washington, DC 20036-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)            | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Date (month, day, year)</b><br>10/16/2000<br><br>5,000.00  | <b>Amount of Each Receipt this Period</b><br>5,000.00 |
| <b>G. Full Name, Mailing Address and Zip Code</b><br>American Development PAC<br>Attn: Reba Rafaelli<br>2201 Cooperative Way<br>Herndon, VA 20171-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                   | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Date (month, day, year)</b><br>10/17/2000<br><br>10,000.00 | <b>Amount of Each Receipt this Period</b><br>5,000.00 |

SUBTOTAL of Receipts This Page (optional)

12,760.00

TOTAL This Period (last page this line number only)

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## NAME OF COMMITTEE (In Full)

Bob Franks for U.S. Senate, Inc.

|                                                                                                                                                                                                                                                                                                                                    |                                                                                             |                                                              |                                                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|--------------------------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>American Hotel & Motel Association<br>Att. John P. Connors<br>1201 New York Avenue, NW, suite 500<br>Washington, DC 20005-3931<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)       | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Date (month, day, year)</b><br>10/10/2000<br><br>6,000.00 | <b>Amount of Each Receipt this Period</b><br>3,000.00 |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>American Insurance Assoc. PAC<br>Ms. Paula Nowakowski<br>1130 Connecticut Avenue, NW<br>Washington, DC 20036-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                        | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Date (month, day, year)</b><br>10/16/2000<br><br>3,000.00 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>The American Pilot's Assoc., Inc. PAC<br>Attn: Capt. Robert Deane<br>499 S. Capitol Street, S.W., Suite 409<br>Washington, DC 20003-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Date (month, day, year)</b><br>10/17/2000<br><br>2,000.00 | <b>Amount of Each Receipt this Period</b><br>2,000.00 |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>Mr. Joseph Antico<br>Rainbow / G&J Painting<br>P.O. Box 392<br>Martinsville, NJ 08836-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                               | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Date (month, day, year)</b><br>10/10/2000<br><br>200.00   | <b>Amount of Each Receipt this Period</b><br>200.00   |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>Audubon Citizens Republican Club<br>Mr. William Corvino<br>127 Edgewood Ave<br>Audubon, NJ 08106-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                    | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Date (month, day, year)</b><br>10/12/2000<br><br>100.00   | <b>Amount of Each Receipt this Period</b><br>100.00   |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>BASS Corporation Employees PAC<br>3000 Continental Dr. North<br>Mount Olive, NJ 07828-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                               | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Date (month, day, year)</b><br>10/17/2000<br><br>5,000.00 | <b>Amount of Each Receipt this Period</b><br>2,000.00 |
| <b>G. Full Name, Mailing Address and Zip Code</b><br>Ball Corporation PAC<br>P.O. Box 5000<br>Broomfield, CO 80038-5000<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                                                   | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Date (month, day, year)</b><br>10/17/2000<br><br>1,000.00 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |

SUBTOTAL of Receipts This Page (optional)

9,300.00

TOTAL This Period (last page this line number only)

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## NAME OF COMMITTEE (In Full)

Bob Franks for U.S. Senate, Inc.

|                                                                                                                                                                                                                                                                                                    |                                                                                                      |                                              |                                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>Bread PAC<br>Att: Paul C. Abenante<br>1350 I Street, NW<br>Washington, DC 20005-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                     | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00 | <b>Date (month, day, year)</b><br>10/16/2000 | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>Bread PAC<br>Att: Paul C. Abenante<br>1350 I Street, NW<br>Washington, DC 20005-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                     | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> 1,500.00 | <b>Date (month, day, year)</b><br>10/17/2000 | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>Brown-Forman Corp. PAC<br>Attn: Stan Krangel<br><br>Louisville, KY 40201-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                            | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> 2,500.00 | <b>Date (month, day, year)</b><br>10/16/2000 | <b>Amount of Each Receipt this Period</b><br>2,500.00 |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>Business-Industry PAC<br>Daryl Smith, President<br>888 Sixteenth Street, NW<br>Washington, DC 20006-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> 4,000.00 | <b>Date (month, day, year)</b><br>10/10/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>CIGNA Corporation<br>1650 Market Street<br><br>Philadelphia, PA 19192-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                               | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> 2,000.00 | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>CPC-PAC<br>Attn: Congressman Jim McCrery<br>PO Box 22616<br>Alexandria, VA 22304-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                    | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> 5,000.00 | <b>Date (month, day, year)</b><br>10/10/2000 | <b>Amount of Each Receipt this Period</b><br>5,000.00 |
| <b>G. Full Name, Mailing Address and Zip Code</b><br>Carolina P&L Co. Employees PAC<br>Attn: Mr. David G. Roberts<br>PO Box 1510<br>Raleigh, NC 27602-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)    | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> 2,000.00 | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |

SUBTOTAL of Receipts This Page (optional)

11,500.00

TOTAL This Period (last page this line number only)

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## NAME OF COMMITTEE (in full)

Bob Franks for U.S. Senate, Inc.

|                                                                                                                                                                                                                                                                                                             |                                                                                             |                                                              |                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|--------------------------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>Carpenter Technology Corporation<br>Mr. William Pendleton<br>1047 North Park Road<br>Wyomissing, PA 19610-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)    | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Date (month, day, year)</b><br>10/11/2000<br><br>500.00   | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>Clark Republican Municipal Committee<br>675 Raritan Road<br>Clark, NJ 07066-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                  | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Date (month, day, year)</b><br>10/17/2000<br><br>200.00   | <b>Amount of Each Receipt this Period</b><br>200.00   |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>Collins for Senator<br>Hon. Susan Collins<br>P.O. Box 1096<br>Bangor, ME 04402-1096<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                           | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Date (month, day, year)</b><br>10/17/2000<br><br>1,000.00 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>Election Fund of Senator McNamara<br>Senator McNamara<br>690 Wyckoff Avenue<br>Wyckoff, NJ 07481-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)             | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Date (month, day, year)</b><br>10/11/2000<br><br>500.00   | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>Election Fund of Henry W. Kurz<br>132 W Lincoln Avenue<br>Roselle Park, NJ 07204-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                             | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Date (month, day, year)</b><br>10/11/2000<br><br>250.00   | <b>Amount of Each Receipt this Period</b><br>250.00   |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>Election Fund of Day and Rosenberg<br>Att: Elmer P. Shine, Jr.<br>7 Oates Terrace<br>West Caldwell, NJ 07006-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Date (month, day, year)</b><br>10/18/2000<br><br>250.00   | <b>Amount of Each Receipt this Period</b><br>250.00   |
| <b>G. Full Name, Mailing Address and Zip Code</b><br>Election Fund of Guy Gregg<br>P.O. Box 282<br>Chester, NJ 07930-0282<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                          | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Date (month, day, year)</b><br>10/11/2000<br><br>1,000.00 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |

SUBTOTAL of Receipts This Page (optional)

3,700.00

TOTAL, This Period (last page this line number only)

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule for each category of the Detailed Summary Page

5 11

FOR LINE NUMBER  
11(c)

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**NAME OF COMMITTEE (In Full)**

Bob Franks for U.S. Senate, Inc.

|                                                                                                                                                                                                                                                                                                                 |                                                                                             |                                                              |                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|--------------------------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>Election Fund of Pecoraro Surrogate<br>Att: John Pecoraro<br>66 East Main Street<br>Mendham, NJ 07945-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)            | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Date (month, day, year)</b><br>10/11/2000<br><br>100.00   | <b>Amount of Each Receipt this Period</b><br>100.00   |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>SMC Corporation Good Government Program<br>Att: Alise M. Troester<br>1667 K. Street, N.W<br>Washington, DC 20006-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Date (month, day, year)</b><br>10/17/2000<br><br>1,000.00 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>Fight PAC<br>Hon. Rick Santorum<br>P.O. Box 5052<br>Burke, VA 22015-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                              | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Date (month, day, year)</b><br>10/17/2000<br><br>5,000.00 | <b>Amount of Each Receipt this Period</b><br>5,000.00 |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>Financial Services Roundtable PAC<br>805 15th Street NW<br>Washington, DC 20005-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                  | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Date (month, day, year)</b><br>10/16/2000<br><br>1,000.00 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>Friends of "Jay" Delaney<br>Patricia Dangler--Treasurer<br>5 Green Hill Rd<br>Morristown, NJ 07960-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)               | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Date (month, day, year)</b><br>10/13/2000<br><br>150.00   | <b>Amount of Each Receipt this Period</b><br>150.00   |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>Friends of Phyllis Mason<br>Mose Lane, 7th. Street<br>Plainfield, NJ 07062-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                       | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Date (month, day, year)</b><br>10/06/2000<br><br>100.00   | <b>Amount of Each Receipt this Period</b><br>100.00   |
| <b>G. Full Name, Mailing Address and Zip Code</b><br>Friends of Phyllis Mason<br>Mose Lane, 7th. Street<br>Plainfield, NJ 07062-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                       | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Date (month, day, year)</b><br>10/17/2000<br><br>200.00   | <b>Amount of Each Receipt this Period</b><br>200.00   |

**SUBTOTAL** of Receipts This Page (optional)

7,550.00

**TOTAL** This Period (last page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule for each category of the Detailed Summary Page

6 11

FOR LINE NUMBER  
11(c)

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## NAME OF COMMITTEE (in full)

Bob Franks for U.S. Senate, Inc.

|                                                                                                                                                                                                                                                                                                    |                                                                                                       |                                              |                                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>GenenPAC<br>Attn: Walter Moore<br>808 17th Street NW<br>Washington, DC 20006-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                        | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00  | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>Good Government for America<br>Sen. Paul Coverdell<br>3091 Maple Drive<br>Atlanta, GA 30305-2612<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)     | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> 10,000.00 | <b>Date (month, day, year)</b><br>10/17/2000 | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>Election Fund of Rose Heck<br>53 Maitland Place<br>Garfield, NJ 07026-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                               | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> 1,250.00  | <b>Date (month, day, year)</b><br>10/10/2000 | <b>Amount of Each Receipt this Period</b><br>250.00   |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>Moneywell International PAC<br>Mr. Kenneth Cole<br>1001 Pennsylvania Avenue<br>Washington, DC 20004-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> 7,000.00  | <b>Date (month, day, year)</b><br>10/06/2000 | <b>Amount of Each Receipt this Period</b><br>1,500.00 |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>Hudson County Republican Cty Com.<br>Boulevard<br>Jersey City, NJ 07302-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                             | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> 677.33    | <b>Date (month, day, year)</b><br>10/12/2000 | <b>Amount of Each Receipt this Period</b><br>677.33   |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>Hunterdon County GOP<br>129 Main Street<br>Flemington, NJ 08822-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                     | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> 375.00    | <b>Date (month, day, year)</b><br>10/17/2000 | <b>Amount of Each Receipt this Period</b><br>125.00   |
| <b>G. Full Name, Mailing Address and Zip Code</b><br>IP Pac<br>International Paper and its Affiliates<br>Attn: John Runyan<br>Washington, DC 20004-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)       | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> 5,000.00  | <b>Date (month, day, year)</b><br>10/11/2000 | <b>Amount of Each Receipt this Period</b><br>5,000.00 |

SUBTOTAL of Receipts This Page (optional)

9,052.33

TOTAL This Period (last page this line number only)



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## NAME OF COMMITTEE (In Full)

Bob Franks for U.S. Senate, Inc.

|                                                                                                                                                                                                                                                                                                     |                                                                                                                                     |                                                              |                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>Interim Services Inc. PAC<br>2050 Spectrum Boulevard<br>Fort Lauderdale, FL 33309-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                    | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b>                                         | <b>Date (month, day, year)</b><br>10/11/2000<br><br>1,000.00 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>KPMG PAC<br>PO Box 18254<br>Washington, DC 20036-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                                     | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b>                                         | <b>Date (month, day, year)</b><br>10/15/2000<br><br>5,000.00 | <b>Amount of Each Receipt this Period</b><br>5,000.00 |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>Kasich 2000<br>Hon. John Kasich<br>865 Mason Alley<br>Columbus, OH 43206-2652<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                         | <b>Name of Employer</b><br>U.S. Federal Treasury<br><br><b>Occupation</b><br>Congressman<br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Date (month, day, year)</b><br>10/13/2000<br><br>1,000.00 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>Lumber Dealers PAC<br>666 Pennylvania Ave. #302A<br>Washington, DC 20003-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                             | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b>                                         | <b>Date (month, day, year)</b><br>10/16/2000<br><br>1,000.00 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>MCI Worldcom PAC<br>Attn: Margaret Barry<br>500 Clinton Center Drive, 4th floor<br>Clinton, MS 39056-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b>                                         | <b>Date (month, day, year)</b><br>10/16/2000<br><br>5,000.00 | <b>Amount of Each Receipt this Period</b><br>5,000.00 |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>Marriott Int'l. Inc<br>Attn: Thomas Ladd<br>One Marriott Drive<br>Washington, DC 20058-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)               | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b>                                         | <b>Date (month, day, year)</b><br>10/10/2000<br><br>2,000.00 | <b>Amount of Each Receipt this Period</b><br>2,000.00 |
| <b>G. Full Name, Mailing Address and Zip Code</b><br>McDonald's PAC<br>Mr. John R. Whipple<br>One McDonald's Plaza<br>Oak Brook, IL 60521-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                 | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b>                                         | <b>Date (month, day, year)</b><br>10/18/2000<br><br>2,500.00 | <b>Amount of Each Receipt this Period</b><br>2,500.00 |

SUBTOTAL of Receipts This Page (optional)

17,500.00

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

8 11

FOR LINE NUMBER  
11 (c)

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## NAME OF COMMITTEE (In Full)

Bob Franks for U.S. Senate, Inc.

|                                                                                                                                                                                                                                                                                                                                 |                                                                                             |                                                                                         |                                                                                                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>Mead Effective Citizenship Fund<br>Att: T.A. Debrozzi<br>Mead World Headquarters<br>Dayton, OH 45462-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                             | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Date (month, day, year)</b><br>10/18/2000<br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Amount of Each Receipt this Period</b><br>1,000.00<br><br><b>Aggregate Year-to-Date -&gt;</b> |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>Mesquite Republican Womens' PAC<br>1426 Eastern Heights<br>Mesquite, TX 75149-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                                    | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Date (month, day, year)</b><br>10/17/2000<br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Amount of Each Receipt this Period</b><br>1,000.00<br><br><b>Aggregate Year-to-Date -&gt;</b> |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>Metropolitan Life Insurance Company<br>Att: Russ Luculano<br>New York, NY 10013-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                                  | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Date (month, day, year)</b><br>10/11/2000<br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Amount of Each Receipt this Period</b><br>1,000.00<br><br><b>Aggregate Year-to-Date -&gt;</b> |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>Montclair Women's Republican Club<br>Mrs. Marilyn Sopkie<br>233 N. Mountain Avenue<br>Montclair, NC 27042-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                        | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Date (month, day, year)</b><br>10/11/2000<br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Amount of Each Receipt this Period</b><br>200.00<br><br><b>Aggregate Year-to-Date -&gt;</b>   |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>National Ready Mix Concrete Assoc.<br>Attn: Julie Luther<br>900 Spring Street<br>Silver Spring, MD 20910-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                         | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Date (month, day, year)</b><br>10/10/2000<br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Amount of Each Receipt this Period</b><br>1,000.00<br><br><b>Aggregate Year-to-Date -&gt;</b> |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>National Republican Senatorial Committee<br>Steven Law, Executive Director<br>425 2nd Street, NE<br>Washington, DC 20002-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)         | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Date (month, day, year)</b><br>10/16/2000<br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Amount of Each Receipt this Period</b><br>1,000.00<br><br><b>Aggregate Year-to-Date -&gt;</b> |
| <b>G. Full Name, Mailing Address and Zip Code</b><br>National Utility Contractors Association<br>Att: Mr. Charles McCradden<br>4301 Fairfax Drive, NO. 350<br>Arlington, VA 22203-1627<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Date (month, day, year)</b><br>10/06/2000<br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Amount of Each Receipt this Period</b><br>1,000.00<br><br><b>Aggregate Year-to-Date -&gt;</b> |

SUBTOTAL of Receipts This Page (optional)

6,200.00

TOTAL This Period (last page this line number only)

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## NAME OF COMMITTEE (In Full)

Bob Franks for U.S. Senate, Inc.

|                                                                                                                                                                                                                                                                                                                   |                                                                                             |                                                              |                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|--------------------------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>New Century Project<br>Attn: Honorable John Kasich<br>2021 East Dublin - Granville Road #161<br>Columbus, OH 43229-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Date (month, day, year)</b><br>10/13/2000<br><br>1,000.00 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>New Jersey Chamber PAC Network<br>215 West State Street<br>Trenton, NJ 08608-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                       | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Date (month, day, year)</b><br>10/11/2000<br><br>500.00   | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>Next Century Fund<br>Mr. Richard Burr<br>P.O. Box 99779<br>Raleigh, NC 27624-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                       | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Date (month, day, year)</b><br>10/11/2000<br><br>2,000.00 | <b>Amount of Each Receipt this Period</b><br>2,000.00 |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>Osteopathic PAC<br>Att: Michael Mayers<br>1090 Vermont Avenue, NW<br>Washington, DC 20005-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                          | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Date (month, day, year)</b><br>10/11/2000<br><br>2,500.00 | <b>Amount of Each Receipt this Period</b><br>2,500.00 |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>PAC 96<br>PO Box 15080<br>Washington, DC 20003-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                                                     | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Date (month, day, year)</b><br>10/16/2000<br><br>1,000.00 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>PECO Energy Company PAC<br>Att: Mr. David Woods<br>2301 Market Street, S-13-1<br>Philadelphia, PA 19103-1338<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)        | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Date (month, day, year)</b><br>10/11/2000<br><br>1,000.00 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>G. Full Name, Mailing Address and Zip Code</b><br>PH & S Federal PAC<br>Researching<br>Researching<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                                                    | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Date (month, day, year)</b><br>10/11/2000<br><br>1,000.00 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |

SUBTOTAL of Receipts This Page (optional)

9,000.00

TOTAL This Period (last page this line number only)

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## NAME OF COMMITTEE (In Full)

Bob Franks for U.S. Senate, Inc.

|                                                                                                                                                                                                                                                                                               |                                                                                             |                                                                                         |                                                                                                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>Pfizer PAC<br>Attn: Mr. Constantine Clemente<br>235 East 42nd Street<br>New York, NY 10017-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)     | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Date (month, day, year)</b><br>10/17/2000<br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Amount of Each Receipt this Period</b><br>250.00<br><br><b>Aggregate Year-to-Date -&gt;</b>   |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>Plumsted Township Republican Club<br>PO Box 126<br>New Egypt, NJ 08533-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                         | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Date (month, day, year)</b><br>10/12/2000<br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Amount of Each Receipt this Period</b><br>1,000.00<br><br><b>Aggregate Year-to-Date -&gt;</b> |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>Precision Metal & Forming<br>Attn: Chris Howell<br>6363 Oak Tree<br>Independence, OH 44131-2505<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Date (month, day, year)</b><br>10/10/2000<br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Amount of Each Receipt this Period</b><br>1,000.00<br><br><b>Aggregate Year-to-Date -&gt;</b> |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>Republican Club of Nutley<br>Att: J.S. Baldino<br>Nutley, NJ 07110-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                             | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Date (month, day, year)</b><br>10/18/2000<br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Amount of Each Receipt this Period</b><br>500.00<br><br><b>Aggregate Year-to-Date -&gt;</b>   |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>Republican Club of Morristown<br>5 Jenni Lane<br>Morristown, NJ 07960-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                          | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Date (month, day, year)</b><br>10/13/2000<br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Amount of Each Receipt this Period</b><br>350.00<br><br><b>Aggregate Year-to-Date -&gt;</b>   |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>Sills Federal PAC<br>The Legal Center<br>1 Riverfront Plaza<br>Newark, NJ 07102-5400<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)            | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Date (month, day, year)</b><br>10/06/2000<br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Amount of Each Receipt this Period</b><br>2,000.00<br><br><b>Aggregate Year-to-Date -&gt;</b> |
| <b>G. Full Name, Mailing Address and Zip Code</b><br>Stone Harbor republican Club<br>Att: Bill Keenan<br>P.O. Box 242<br>Stone Harbor, NJ 08247-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)     | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Date (month, day, year)</b><br>10/11/2000<br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Amount of Each Receipt this Period</b><br>2,000.00<br><br><b>Aggregate Year-to-Date -&gt;</b> |

SUBTOTAL of Receipts This Page (optional)

7,100.00

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

11 11

FOR LINE NUMBER  
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## NAME OF COMMITTEE (In Full)

Bob Franks for U.S. Senate, Inc.

|                                                                                                                                                                                                                                                                                                   |                                                                                             |                                                              |                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|--------------------------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>Sun Microsystems, Inc<br>Attn: Piper Cole<br>Burlingame, CA 94010-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                  | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Date (month, day, year)</b><br>10/10/2000<br><br>1,000.00 | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>UnitedHealth Group PAC<br>Attn: Elaine A. Gemeinhardt<br>1225 KY Ave. #475<br>Washington, DC 20005-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Date (month, day, year)</b><br>10/16/2000<br><br>5,000.00 | <b>Amount of Each Receipt this Period</b><br>5,000.00 |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>Ms. Geraldine Verniero<br>8 Dogwood Circle<br>Pine Brook, NJ 07058-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                 | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Date (month, day, year)</b><br>10/16/2000<br><br>10.00    | <b>Amount of Each Receipt this Period</b><br>10.00    |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>Washington Township Republican Club<br>c/o Guy Gregg<br>Main Street<br>Chester, NJ 07930-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)           | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Date (month, day, year)</b><br>10/11/2000<br><br>250.00   | <b>Amount of Each Receipt this Period</b><br>250.00   |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>Weston PAC<br>Att: Wayne F.C. Hosking.<br>One Weston Way<br>West Chester, PA 19380-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                 | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Date (month, day, year)</b><br>10/11/2000<br><br>500.00   | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>White Castle PAC<br>555 W. Goodale St<br>Columbus, OH 43215-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                        | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Date (month, day, year)</b><br>10/10/2000<br><br>500.00   | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>G. Full Name, Mailing Address and Zip Code</b><br>Wholesalers-Distributor PAC<br>1725 K Street NW<br>Washington, DC 20006-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                            | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date -&gt;</b> | <b>Date (month, day, year)</b><br>10/10/2000<br><br>1,000.00 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |

SUBTOTAL of Receipts This Page (optional)

7,760.00

TOTAL This Period (last page this line number only)

101,422.93

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## NAME OF COMMITTEE (In Full)

Bob Franks for U.S. Senate, Inc.

|                                                                                                                                                                                                                                              |                                 |                                              |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|----------------------------------------------|-----------------------------------------------------|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>Verizon<br>P.O. Box 4933<br>Trenton, NJ 08650-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br><br> | <b>Date (month, day, year)</b><br>10/10/2000 | <b>Amount of Each Receipt this Period</b><br>127.28 |
| <b>B. Full Name, Mailing Address and Zip Code</b><br><br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                                          | <b>Name of Employer</b><br><br> | <b>Date (month, day, year)</b><br>/ /        | <b>Amount of Each Receipt this Period</b><br><br>   |
| <b>C. Full Name, Mailing Address and Zip Code</b><br><br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                                          | <b>Name of Employer</b><br><br> | <b>Date (month, day, year)</b><br>/ /        | <b>Amount of Each Receipt this Period</b><br><br>   |
| <b>D. Full Name, Mailing Address and Zip Code</b><br><br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                                          | <b>Name of Employer</b><br><br> | <b>Date (month, day, year)</b><br>/ /        | <b>Amount of Each Receipt this Period</b><br><br>   |
| <b>E. Full Name, Mailing Address and Zip Code</b><br><br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                                          | <b>Name of Employer</b><br><br> | <b>Date (month, day, year)</b><br>/ /        | <b>Amount of Each Receipt this Period</b><br><br>   |
| <b>F. Full Name, Mailing Address and Zip Code</b><br><br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                                          | <b>Name of Employer</b><br><br> | <b>Date (month, day, year)</b><br>/ /        | <b>Amount of Each Receipt this Period</b><br><br>   |
| <b>G. Full Name, Mailing Address and Zip Code</b><br><br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                                          | <b>Name of Employer</b><br><br> | <b>Date (month, day, year)</b><br>/ /        | <b>Amount of Each Receipt this Period</b><br><br>   |

SUBTOTAL of Receipts This Page (optional)

127.28

TOTAL This Period (last page this line number only)

127.28

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## NAME OF COMMITTEE (In Full)

Bob Franks for U.S. Senate, Inc.

|                                                                                                                                         |                                                                                                                                                                                                      |                                       |                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------|
| Full Name, Mailing Address and Zip Code<br>A Video Company<br><br>PO Box 324 Monmouth Junction<br><br>Monmouth Junction, NJ 08852-      | Purpose of Disbursement<br>sound equipment<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                   | Date (month, day, year)<br>10/10/2000 | Amount of Each Disbursement This Period<br>400.00   |
| Full Name, Mailing Address and Zip Code<br>ASAP Printing<br><br>5012 Bunker Hill Road<br><br>Lincoln, NE 68521-                         | Purpose of Disbursement<br>printing/invitations<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):              | Date (month, day, year)<br>10/06/2000 | Amount of Each Disbursement This Period<br>977.88   |
| Full Name, Mailing Address and Zip Code<br>AT&T<br><br>P.O. Box 2971<br><br>Omaha, NE 68103-2971                                        | Purpose of Disbursement<br>Phone Bill<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                        | Date (month, day, year)<br>10/06/2000 | Amount of Each Disbursement This Period<br>627.77   |
| Full Name, Mailing Address and Zip Code<br>Academy Bus Tours, I<br><br>Box 1410<br>11 Paterson Avenue<br>Hoboken, NJ 07030-             | Purpose of Disbursement<br>Transportation<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                    | Date (month, day, year)<br>10/06/2000 | Amount of Each Disbursement This Period<br>1,450.00 |
| Full Name, Mailing Address and Zip Code<br>Aetna/US Healthcare<br><br>1425 Union Meeting Road<br>PO Box 963<br>Blue Bell, PA 19422-0317 | Purpose of Disbursement<br>health insurance<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                  | Date (month, day, year)<br>10/06/2000 | Amount of Each Disbursement This Period<br>359.00   |
| Full Name, Mailing Address and Zip Code<br>Alchar Printing<br><br>602 Pawling Avenue<br><br>Troy, NY 12180-                             | Purpose of Disbursement<br>Printing/invitations<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):              | Date (month, day, year)<br>10/06/2000 | Amount of Each Disbursement This Period<br>1,976.67 |
| Full Name, Mailing Address and Zip Code<br>American Express<br><br>Box 1270<br><br>Newark, NJ 07101-1270                                | Purpose of Disbursement<br>Reimbursement-Travel/Room/Lodging<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Date (month, day, year)<br>10/02/2000 | Amount of Each Disbursement This Period<br>9,480.77 |

SUBTOTAL of Disbursements This Page (optional)

15,272.09

TOTAL This Period (last page this line number only)

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## NAME OF COMMITTEE (In Full)

Bob Franks for U.S. Senate, Inc.

|                                                                                                                                  |                                                                                                                                                                                                        |                                          |                                                            |
|----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|------------------------------------------------------------|
| Full Name, Mailing Address and Zip Code<br>Aristotle Publishing<br><br>205 Pennsylvania Ave., SE<br><br>Washington, DC 20003-    | Purpose of Disbursement<br>computer<br>equipment/maintenance<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):   | Date (month,<br>day, year)<br>10/06/2000 | Amount of Each<br>Disbursement<br>This Period<br>2,323.00  |
| Full Name, Mailing Address and Zip Code<br>Aristotle Publishing<br><br>205 Pennsylvania Ave., SE<br><br>Washington, DC 20003-    | Purpose of Disbursement<br>computer<br>equipment/maintenance<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):   | Date (month,<br>day, year)<br>10/06/2000 | Amount of Each<br>Disbursement<br>This Period<br>21,674.83 |
| Full Name, Mailing Address and Zip Code<br>Baltusrol Golf Club<br><br>Mr. Mark DeNoble<br>20 Box 5<br>Springfield, NJ 07081-9906 | Purpose of Disbursement<br>reception<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                           | Date (month,<br>day, year)<br>10/06/2000 | Amount of Each<br>Disbursement<br>This Period<br>1,457.00  |
| Full Name, Mailing Address and Zip Code<br>Becky Hamill Caterers<br><br>1431 Foxhall Road, NW<br><br>Washington, DC 20007-       | Purpose of Disbursement<br>catering<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                            | Date (month,<br>day, year)<br>10/06/2000 | Amount of Each<br>Disbursement<br>This Period<br>825.55    |
| Full Name, Mailing Address and Zip Code<br>Nancy Boeskor<br><br>3323 N. Washington Blvd.<br><br>Arlington, VA 22201-             | Purpose of Disbursement<br>consulting/expenses/fund<br>raising<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Date (month,<br>day, year)<br>10/04/2000 | Amount of Each<br>Disbursement<br>This Period<br>10,498.02 |
| Full Name, Mailing Address and Zip Code<br>Hal Brown<br><br>21 Stonewyck Drive<br><br>Belle Mead, NJ 08502-                      | Purpose of Disbursement<br>photos<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                              | Date (month,<br>day, year)<br>10/06/2000 | Amount of Each<br>Disbursement<br>This Period<br>288.30    |
| Full Name, Mailing Address and Zip Code<br>CIGNA Corporation<br><br>1630 Market Street<br><br>Philadelphia, PA 19192-            | Purpose of Disbursement<br>reception<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                           | Date (month,<br>day, year)<br>10/02/2000 | Amount of Each<br>Disbursement<br>This Period<br>500.00    |

SUBTOTAL of Disbursements This Page (optional)

37,556.70

TOTAL This Period (last page this line number only)



## SCHEDULE B

## ITEMIZED DISBURSEMENTS

See Reports Schedule (a)  
For each category of the  
Detailed Summary PagePAGE 3 OF 14  
FOR LINE NUMBER  
17

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## NAME OF COMMITTEE (In Full)

Bob Franks for U.S. Senate, Inc.

|                                                                                                                                     |                                                                                                                                                                                               |                                       |                                                      |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|------------------------------------------------------|
| Full Name, Mailing Address and Zip Code<br>CNDI<br><br>7734 Leesburg Pike<br><br>Falls Church, VA 22043-                            | Purpose of Disbursement<br>Direct Mail Expense<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)         | Date (month, day, year)<br>10/06/2000 | Amount of Each Disbursement This Period<br>1,405.09  |
| Full Name, Mailing Address and Zip Code<br>Campaign Services, I<br><br>115 E. Travis Street<br>Suite 1739<br>San Antonio, TX 78205- | Purpose of Disbursement<br>mail<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                        | Date (month, day, year)<br>10/06/2000 | Amount of Each Disbursement This Period<br>10,405.63 |
| Full Name, Mailing Address and Zip Code<br>Campbell & Pusateri<br><br>3 Sherwood Drive<br><br>Mountain Lakes, NJ 07046-             | Purpose of Disbursement<br>consulting/expenses/general<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month, day, year)<br>10/06/2000 | Amount of Each Disbursement This Period<br>7,738.00  |
| Full Name, Mailing Address and Zip Code<br>Campbell & Pusateri<br><br>3 Sherwood Drive<br><br>Mountain Lakes, NJ 07046-             | Purpose of Disbursement<br>consulting/expenses/general<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month, day, year)<br>10/06/2000 | Amount of Each Disbursement This Period<br>7,738.00  |
| Full Name, Mailing Address and Zip Code<br>Capitol Hill Club<br><br>300 First St., SE<br><br>Washington, DC 20003-                  | Purpose of Disbursement<br>reception<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                   | Date (month, day, year)<br>10/06/2000 | Amount of Each Disbursement This Period<br>1,042.91  |
| Full Name, Mailing Address and Zip Code<br>Catterton Printing<br><br>100 Post Office Road<br><br>Waldorf, MD 20602-                 | Purpose of Disbursement<br>printing/direct mail<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)        | Date (month, day, year)<br>10/06/2000 | Amount of Each Disbursement This Period<br>5,389.00  |
| Full Name, Mailing Address and Zip Code<br>City Club<br><br>555 13th Street, NW<br><br>Washington, DC 20004-                        | Purpose of Disbursement<br>reception<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                   | Date (month, day, year)<br>10/06/2000 | Amount of Each Disbursement This Period<br>232.85    |

|                                                     |           |
|-----------------------------------------------------|-----------|
| SUBTOTAL of Disbursements This Page (optional)      | 33,951.48 |
| TOTAL This Period (last page this line number only) |           |

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## NAME OF COMMITTEE (In Full)

Bob Franks for U.S. Senate, Inc.

|                                                                                                                        |                                                                                                                                                                                                     |                                          |                                                            |
|------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|------------------------------------------------------------|
| Full Name, Mailing Address and Zip Code<br>Comcast<br><br>P.O. Box 1562<br><br>Union, NJ 07093-                        | Purpose of Disbursement<br>cable TV<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                          | Date (month,<br>day, year)<br>10/06/2000 | Amount of Each<br>Disbursement<br>This Period<br>351.66    |
| Full Name, Mailing Address and Zip Code<br>Country Club Service<br><br>P.O. Box 725<br><br>Millburn, NJ 07041-         | Purpose of Disbursement<br>parking<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                           | Date (month,<br>day, year)<br>10/06/2000 | Amount of Each<br>Disbursement<br>This Period<br>1,100.00  |
| Full Name, Mailing Address and Zip Code<br>Cumberland Mutual<br><br>Main Street<br><br>Bridgeton, NJ 08302-            | Purpose of Disbursement<br>insurance<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                         | Date (month,<br>day, year)<br>10/18/2000 | Amount of Each<br>Disbursement<br>This Period<br>441.00    |
| Full Name, Mailing Address and Zip Code<br>Custom Coach Leasing<br><br>1400 Dublin Road<br><br>Columbus, OH 43215-1088 | Purpose of Disbursement<br>transportation<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                    | Date (month,<br>day, year)<br>10/13/2000 | Amount of Each<br>Disbursement<br>This Period<br>12,478.50 |
| Full Name, Mailing Address and Zip Code<br>Wayne D'Angelo<br><br>10 Elm Street<br><br>Clark, NJ 07065-                 | Purpose of Disbursement<br>Reimbursement-food/travel/lodging<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month,<br>day, year)<br>10/06/2000 | Amount of Each<br>Disbursement<br>This Period<br>132.50    |
| Full Name, Mailing Address and Zip Code<br>Peter DeMarco<br><br>3216 Fryman Road<br><br>Studio City, CA 91634-         | Purpose of Disbursement<br>reimbursement-food/travel/lodging<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month,<br>day, year)<br>10/06/2000 | Amount of Each<br>Disbursement<br>This Period<br>5,496.51  |
| Full Name, Mailing Address and Zip Code<br>Deluxe Services Int'<br><br>P.O. Box 1662<br><br>Union, NJ 07083-1662       | Purpose of Disbursement<br>cleaning service<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                  | Date (month,<br>day, year)<br>10/06/2000 | Amount of Each<br>Disbursement<br>This Period<br>254.40    |

SUBTOTAL of Disbursements This Page (optional)

20,244.57

TOTAL This Period (last page this line number only)

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## NAME OF COMMITTEE (In Full)

Bob Franks for U.S. Senate, Inc.

|                                                                                                                         |                                                                                                                                                                                         |                                          |                                                            |
|-------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|------------------------------------------------------------|
| Full Name, Mailing Address and Zip Code<br>Dept. of NJ, Jewish<br>Trenton, NJ 08608                                     | Purpose of Disbursement<br>ad journal<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)            | Date (month,<br>day, year)<br>10/13/2000 | Amount of Each<br>Disbursement<br>This Period<br>275.00    |
| Full Name, Mailing Address and Zip Code<br>Division of Alcoholic Beverage Control<br>P.O. Box 087<br>Trenton, NJ 08625- | Purpose of Disbursement<br>liquor license<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)        | Date (month,<br>day, year)<br>10/02/2000 | Amount of Each<br>Disbursement<br>This Period<br>75.00     |
| Full Name, Mailing Address and Zip Code<br>Federal Express<br>Box 332<br>Memphis, TN 38194-4741                         | Purpose of Disbursement<br>mail<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                  | Date (month,<br>day, year)<br>10/06/2000 | Amount of Each<br>Disbursement<br>This Period<br>3,220.87  |
| Full Name, Mailing Address and Zip Code<br>First Impressions<br><br>New York, NY 10021-                                 | Purpose of Disbursement<br>printing<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)              | Date (month,<br>day, year)<br>10/11/2000 | Amount of Each<br>Disbursement<br>This Period<br>3,609.06  |
| Full Name, Mailing Address and Zip Code<br>Foto Finish<br>700 C Boulevard<br>Kenilworth, NJ 07033-                      | Purpose of Disbursement<br>photos<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                | Date (month,<br>day, year)<br>10/06/2000 | Amount of Each<br>Disbursement<br>This Period<br>327.98    |
| Full Name, Mailing Address and Zip Code<br>GOP Marketplace<br>600 Cameron Street<br>Suite 402<br>Alexandria, VA 22314-  | Purpose of Disbursement<br>communications/phones<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month,<br>day, year)<br>10/17/2000 | Amount of Each<br>Disbursement<br>This Period<br>80,000.00 |
| Full Name, Mailing Address and Zip Code<br>Graphics by J&B<br>1461 Hamilton Avenue<br>Trenton, NJ 08629-                | Purpose of Disbursement<br>invitations/printing<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)  | Date (month,<br>day, year)<br>10/06/2000 | Amount of Each<br>Disbursement<br>This Period<br>1,113.00  |

SUBTOTAL of Disbursements This Page (optional)

88,620.91

TOTAL This Period (last page this line number only)

## SCHEDULE B

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary PagePAGE 5 OF 14  
FOR LINE NUMBER  
17

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## NAME OF COMMITTEE (In Full)

Bob Franks for U.S. Senate, Inc.

|                                                                                                                                                     |                                                                                                                                                                                                        |                                          |                                                            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|------------------------------------------------------------|
| Full Name, Mailing Address and Zip Code<br>Moon Designs<br><br>1121 Westbriar Court, NE<br><br>Vienna, VA 22180-                                    | Purpose of Disbursement<br>Direct Mail Expense<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                 | Date (month,<br>day, year)<br>10/06/2000 | Amount of Each<br>Disbursement<br>This Period<br>1,300.00  |
| Full Name, Mailing Address and Zip Code<br>Integram<br><br>c/o Precision Marketing<br>5653 Columbia Pike<br>Falls Church, VA 22044-                 | Purpose of Disbursement<br>Communications/mail<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                 | Date (month,<br>day, year)<br>10/03/2000 | Amount of Each<br>Disbursement<br>This Period<br>12,261.00 |
| Full Name, Mailing Address and Zip Code<br>Lily Nasturtium<br><br>2136 Millburn Avenue<br><br>Maplewood, NJ 07040-                                  | Purpose of Disbursement<br>catering<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                            | Date (month,<br>day, year)<br>10/04/2000 | Amount of Each<br>Disbursement<br>This Period<br>3,001.88  |
| Full Name, Mailing Address and Zip Code<br>Lynn Shapiro, Inc.<br><br>Ms. Lynn Shapiro<br>2 Hartford Drive, Suite 206<br>Red Bank, NJ 07701-         | Purpose of Disbursement<br>consulting/expenses/fund<br>raising<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Date (month,<br>day, year)<br>10/04/2000 | Amount of Each<br>Disbursement<br>This Period<br>5,825.80  |
| Full Name, Mailing Address and Zip Code<br>Messner, Veterans, Bur<br><br>McNamee, Schmetterer/Buro RGCG<br>350 Hudson Street<br>New York, NY 10014- | Purpose of Disbursement<br>Communications/media<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                | Date (month,<br>day, year)<br>10/06/2000 | Amount of Each<br>Disbursement<br>This Period<br>219.31    |
| Full Name, Mailing Address and Zip Code<br>Murray Hill Inn Assoc<br><br>213 South Street<br><br>New Providence, NJ 07974-                           | Purpose of Disbursement<br>rent<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                | Date (month,<br>day, year)<br>10/06/2000 | Amount of Each<br>Disbursement<br>This Period<br>1,653.00  |
| Full Name, Mailing Address and Zip Code<br>National Republican<br><br>320 First Street, N.E.<br><br>Washington, DC 20003-                           | Purpose of Disbursement<br>Camera crew<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                         | Date (month,<br>day, year)<br>10/06/2000 | Amount of Each<br>Disbursement<br>This Period<br>330.47    |

SUBTOTAL of Disbursements This Page (optional)

24,591.46

TOTAL This Period (last page this line number only)

## SCHEDULE B

## ITEMIZED DISBURSEMENTS

See separate schedule(s)  
for each category at the  
Detailed Summary PagePAGE 7 OF 14  
FOR LINE NUMBER  
17

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## NAME OF COMMITTEE (In Full)

Bob Franke for U.S. Senate, Inc.

|                                                                                                                                            |                                                                                                                                                                                 |                                          |                                                            |
|--------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|------------------------------------------------------------|
| Full Name, Mailing Address and Zip Code<br>New Court Leasing Se<br><br>10151 Deerwood Park Blvd.<br><br>Jacksonville, FL 32256-0566        | Purpose of Disbursement<br>Phone expense<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month,<br>day, year)<br>10/06/2000 | Amount of Each<br>Disbursement<br>This Period<br>1,840.70  |
| Full Name, Mailing Address and Zip Code<br>PSE&G<br><br>Box 490<br><br>Cranford, NJ 07015-0490                                             | Purpose of Disbursement<br>Utilities<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)     | Date (month,<br>day, year)<br>10/06/2000 | Amount of Each<br>Disbursement<br>This Period<br>2,562.43  |
| Full Name, Mailing Address and Zip Code<br>PSE&G<br><br>Box 490<br><br>Cranford, NJ 07016-0490                                             | Purpose of Disbursement<br>Utilities<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)     | Date (month,<br>day, year)<br>10/06/2000 | Amount of Each<br>Disbursement<br>This Period<br>334.22    |
| Full Name, Mailing Address and Zip Code<br>Park-a-thon<br><br>Executive Suites at the Park<br>900 South Avenue<br>Staten Island, NY 10314- | Purpose of Disbursement<br>parking<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)       | Date (month,<br>day, year)<br>10/04/2000 | Amount of Each<br>Disbursement<br>This Period<br>300.00    |
| Full Name, Mailing Address and Zip Code<br>Patel Printing Plus<br><br>1036 Commerce Avenue<br><br>Union, NJ 07083-                         | Purpose of Disbursement<br>printing<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)      | Date (month,<br>day, year)<br>10/06/2000 | Amount of Each<br>Disbursement<br>This Period<br>7,235.29  |
| Full Name, Mailing Address and Zip Code<br>Paychex<br><br>1551 S. Washington Avenue<br>Box 1180<br>Piscataway, NJ 08854-                   | Purpose of Disbursement<br>payroll<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)       | Date (month,<br>day, year)<br>10/13/2000 | Amount of Each<br>Disbursement<br>This Period<br>31,819.07 |
| Full Name, Mailing Address and Zip Code<br>Paychex<br><br>1551 S. Washington Avenue<br>Box 1180<br>Piscataway, NJ 08854-                   | Purpose of Disbursement<br>payroll<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)       | Date (month,<br>day, year)<br>10/02/2000 | Amount of Each<br>Disbursement<br>This Period<br>31,863.03 |

SUBTOTAL of Disbursements This Page (optional)

75,954.74

TOTAL This Period (last page this line number only)

## SCHEDULE B

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary PagePAGE 8 OF 14  
FOR LINE NUMBER  
17

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## NAME OF COMMITTEE (In Full)

Bob Franks for U.S. Senate, Inc.

|                                                                                                                        |                                                                                                                                                                               |                                          |                                                           |
|------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|-----------------------------------------------------------|
| Full Name, Mailing Address and Zip Code<br>Pershing<br><br>1 Pershing Plaza<br><br>Jersey City, NJ 07302-              | Purpose of Disbursement<br>reception<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   | Date (month,<br>day, year)<br>10/13/2000 | Amount of Each<br>Disbursement<br>This Period<br>200.00   |
| Full Name, Mailing Address and Zip Code<br>Postmaster, Elizabet<br><br>E. Westfield Avenue<br><br>Elizabeth, NJ 07207- | Purpose of Disbursement<br>postage<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)     | Date (month,<br>day, year)<br>10/01/2000 | Amount of Each<br>Disbursement<br>This Period<br>42.35    |
| Full Name, Mailing Address and Zip Code<br>Postmaster, Elizabet<br><br>E. Westfield Avenue<br><br>Elizabeth, NJ 07207- | Purpose of Disbursement<br>postage<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)     | Date (month,<br>day, year)<br>10/04/2000 | Amount of Each<br>Disbursement<br>This Period<br>187.88   |
| Full Name, Mailing Address and Zip Code<br>Postmaster, Elizabet<br><br>E. Westfield Avenue<br><br>Elizabeth, NJ 07207- | Purpose of Disbursement<br>postage<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)     | Date (month,<br>day, year)<br>10/01/2000 | Amount of Each<br>Disbursement<br>This Period<br>102.41   |
| Full Name, Mailing Address and Zip Code<br>Postmaster, Elizabet<br><br>E. Westfield Avenue<br><br>Elizabeth, NJ 07207- | Purpose of Disbursement<br>postage<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)     | Date (month,<br>day, year)<br>10/09/2000 | Amount of Each<br>Disbursement<br>This Period<br>500.00   |
| Full Name, Mailing Address and Zip Code<br>Postmaster, Elizabet<br><br>E. Westfield Avenue<br><br>Elizabeth, NJ 07207- | Purpose of Disbursement<br>postage<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)     | Date (month,<br>day, year)<br>10/04/2000 | Amount of Each<br>Disbursement<br>This Period<br>3,300.00 |
| Full Name, Mailing Address and Zip Code<br>Postmaster, Elizabet<br><br>E. Westfield Avenue<br><br>Elizabeth, NJ 07207- | Purpose of Disbursement<br>BRE/postage<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month,<br>day, year)<br>10/18/2000 | Amount of Each<br>Disbursement<br>This Period<br>1,000.00 |

SUBTOTAL of Disbursements This Page (optional)

5,392.64

TOTAL This Period (last page this line number only)

## SCHEDULE B

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Primary PagePAGE 9 OF 14  
FOR LINE NUMBER  
17

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## NAME OF COMMITTEE (In Full)

Bob Franks for U.S. Senate, Inc.

|                                                                                                                               |                                                                                                                                                                                |                                          |                                                           |
|-------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|-----------------------------------------------------------|
| Full Name, Mailing Address and Zip Code<br>Postmaster, Elizabeth<br><br>E. Westfield Avenue<br><br>Elizabeth, NJ 07207-       | Purpose of Disbursement<br>postage<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):     | Date (month,<br>day, year)<br>10/02/2000 | Amount of Each<br>Disbursement<br>This Period<br>500.00   |
| Full Name, Mailing Address and Zip Code<br>Postmaster, Elizabeth<br><br>E. Westfield Avenue<br><br>Elizabeth, NJ 07207-       | Purpose of Disbursement<br>postage<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):     | Date (month,<br>day, year)<br>10/01/2000 | Amount of Each<br>Disbursement<br>This Period<br>45.43    |
| Full Name, Mailing Address and Zip Code<br>Postmaster, Roselle Park<br><br>W. Westfield Avenue<br><br>Roselle Park, NJ 07204- | Purpose of Disbursement<br>BBE/postage<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Date (month,<br>day, year)<br>10/11/2000 | Amount of Each<br>Disbursement<br>This Period<br>1,000.00 |
| Full Name, Mailing Address and Zip Code<br>Precision Marketing<br><br>5653 Columbia Pike<br><br>Falls Church, VA 22041-       | Purpose of Disbursement<br>direct mail<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Date (month,<br>day, year)<br>10/05/2000 | Amount of Each<br>Disbursement<br>This Period<br>2,666.48 |
| Full Name, Mailing Address and Zip Code<br>Precision Marketing<br><br>5653 Columbia Pike<br><br>Falls Church, VA 22041-       | Purpose of Disbursement<br>Direct mail<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Date (month,<br>day, year)<br>10/05/2000 | Amount of Each<br>Disbursement<br>This Period<br>8,254.02 |
| Full Name, Mailing Address and Zip Code<br>Premiere Tech, Inc.<br><br>One Industrial Way<br>Bldg. D<br>Eatontown, NJ 07724-   | Purpose of Disbursement<br>blast fax<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):   | Date (month,<br>day, year)<br>10/06/2000 | Amount of Each<br>Disbursement<br>This Period<br>2,797.75 |
| Full Name, Mailing Address and Zip Code<br>Restaurant Association<br><br>1 Pershing Plaza<br><br>Jersey City, NJ 07302-       | Purpose of Disbursement<br>reception<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):   | Date (month,<br>day, year)<br>10/12/2000 | Amount of Each<br>Disbursement<br>This Period<br>852.75   |

SUBTOTAL of Disbursements This Page (optional)

16,114.43

TOTAL This Period (last page this line number only)

## SCHEDULE B

## ITEMIZED DISBURSEMENTS

See separate schedule(s)  
for each category of the  
Detailed Summary PagePAGE 10 OF 14  
FOR LINE NUMBER  
17

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## NAME OF COMMITTEE (In Full)

Bob Franks for U.S. Senate, Inc.

|                                                                                                                               |                                                                                                                                                                                                         |                                          |                                                             |
|-------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|-------------------------------------------------------------|
| Full Name, Mailing Address and Zip Code<br>Royal Albert's Palac<br><br>1053 King George Post Road<br><br>Fords, NJ 08862-     | Purpose of Disbursement<br>reception<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                             | Date (month,<br>day, year)<br>10/06/2000 | Amount of Each<br>Disbursement<br>This Period<br>3,760.63   |
| Full Name, Mailing Address and Zip Code<br>Laura Sionka<br><br>32 Bond Street<br><br>Bridgewater, NJ 08807-                   | Purpose of Disbursement<br>consulting/expenses/fund<br>raising<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   | Date (month,<br>day, year)<br>10/06/2000 | Amount of Each<br>Disbursement<br>This Period<br>10,000.00  |
| Full Name, Mailing Address and Zip Code<br>Charlie Smith<br><br>99 Benjamin Court<br><br>Dayton, NJ 08510-                    | Purpose of Disbursement<br>reimbursement-food/trave<br>l/lodging<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month,<br>day, year)<br>10/06/2000 | Amount of Each<br>Disbursement<br>This Period<br>227.84     |
| Full Name, Mailing Address and Zip Code<br>Smith & Harroff<br><br>99 Canal Center Plaza<br>Suite 200<br>Alexandria, VA 22314- | Purpose of Disbursement<br>consulting/expenses/medi<br>a<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)         | Date (month,<br>day, year)<br>10/18/2000 | Amount of Each<br>Disbursement<br>This Period<br>13,506.74  |
| Full Name, Mailing Address and Zip Code<br>Smith & Harroff<br><br>99 Canal Center Plaza<br>Suite 200<br>Alexandria, VA 22314- | Purpose of Disbursement<br>communications/media<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                  | Date (month,<br>day, year)<br>10/16/2000 | Amount of Each<br>Disbursement<br>This Period<br>500,000.00 |
| Full Name, Mailing Address and Zip Code<br>Smith & Harroff<br><br>99 Canal Center Plaza<br>Suite 200<br>Alexandria, VA 22314- | Purpose of Disbursement<br>communications/media<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                  | Date (month,<br>day, year)<br>10/03/2000 | Amount of Each<br>Disbursement<br>This Period<br>225,003.50 |
| Full Name, Mailing Address and Zip Code<br>Sodexo Marriott<br><br>P.O. Box 905674<br><br>Charlotte, NC 28290-                 | Purpose of Disbursement<br>reception<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                             | Date (month,<br>day, year)<br>10/06/2000 | Amount of Each<br>Disbursement<br>This Period<br>7,155.00   |

SUBTOTAL of Disbursements This Page (optional)

759,653.89

TOTAL This Period (last page this line number only)



## SCHEDULE B

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary PagePAGE 11 OF 14  
FOR LINE NUMBER  
17

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## NAME OF COMMITTEE (In Full)

Bob Franks for U.S. Senate, Inc.

|                                                                                                                                               |                                                                                                                                                                                        |                                          |                                                            |
|-----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|------------------------------------------------------------|
| Full Name, Mailing Address and Zip Code<br>Southwest Publishing<br><br>2500 NW Topeka Blvd.<br><br>Topeka, KS 66617-1131                      | Purpose of Disbursement<br>Communications/mail<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Date (month,<br>day, year)<br>10/06/2000 | Amount of Each<br>Disbursement<br>This Period<br>10,398.25 |
| Full Name, Mailing Address and Zip Code<br>Sprint<br><br>1099 18th Street<br>Suite 1400<br>Denver, CO 80202-6213                              | Purpose of Disbursement<br>Phones<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):              | Date (month,<br>day, year)<br>10/06/2000 | Amount of Each<br>Disbursement<br>This Period<br>2,470.25  |
| Full Name, Mailing Address and Zip Code<br>Staples<br><br>155 US Hwy 22<br><br>Springfield, NJ 07081-                                         | Purpose of Disbursement<br>office supplies<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):     | Date (month,<br>day, year)<br>10/04/2000 | Amount of Each<br>Disbursement<br>This Period<br>562.03    |
| Full Name, Mailing Address and Zip Code<br>Staples<br><br>155 US Hwy 22<br><br>Springfield, NJ 07081-                                         | Purpose of Disbursement<br>office supplies<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):     | Date (month,<br>day, year)<br>10/18/2000 | Amount of Each<br>Disbursement<br>This Period<br>586.88    |
| Full Name, Mailing Address and Zip Code<br>Staples<br><br>155 US Hwy 22<br><br>Springfield, NJ 07081-                                         | Purpose of Disbursement<br>office supplies<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):     | Date (month,<br>day, year)<br>10/06/2000 | Amount of Each<br>Disbursement<br>This Period<br>371.00    |
| Full Name, Mailing Address and Zip Code<br>Strategic Telecommun<br><br>Suite 500<br>2610 University Avenue, West<br>Saint Paul, MN 55114-     | Purpose of Disbursement<br>telemarketing<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):       | Date (month,<br>day, year)<br>10/06/2000 | Amount of Each<br>Disbursement<br>This Period<br>32,776.59 |
| Full Name, Mailing Address and Zip Code<br>Sullivan & Mitchell, PLLC<br><br>1100 Connecticut Avenue, NW<br>Suite 330<br>Washington, DC 20036- | Purpose of Disbursement<br>legal fees<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):          | Date (month,<br>day, year)<br>10/06/2000 | Amount of Each<br>Disbursement<br>This Period<br>1,057.72  |

SUBTOTAL of Disbursements This Page (optional)

56,222.72

TOTAL This Period (last page this line number only)

## SCHEDULE B

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
detailed Summary PagePAGE 12 OF 14  
FOR LINE NUMBER  
17

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## NAME OF COMMITTEE (In Full)

Bob Franks for U.S. Senate, Inc.

|                                                                                                                           |                                                                                                                                                                                                      |                                          |                                                            |
|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|------------------------------------------------------------|
| Full Name, Mailing Address and Zip Code<br>Summit Hills Florist<br><br>11 Beachwood Road<br><br>Summit, NJ 07901-         | Purpose of Disbursement<br>Flowers<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                           | Date (month,<br>day, year)<br>10/06/2000 | Amount of Each<br>Disbursement<br>This Period<br>120.00    |
| Full Name, Mailing Address and Zip Code<br>Summit Hills Florist<br><br>11 Beachwood Road<br><br>Summit, NJ 07901-         | Purpose of Disbursement<br>Flowers<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                           | Date (month,<br>day, year)<br>10/06/2000 | Amount of Each<br>Disbursement<br>This Period<br>292.46    |
| Full Name, Mailing Address and Zip Code<br>Terrance Group<br><br>201 N. Union Street<br>#410<br>Alexandria, VA 22314-     | Purpose of Disbursement<br>survey<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                            | Date (month,<br>day, year)<br>10/04/2000 | Amount of Each<br>Disbursement<br>This Period<br>20,992.00 |
| Full Name, Mailing Address and Zip Code<br>Taylor Rental<br><br>284 Springfield Avenue<br><br>Berkeley Heights, NJ 07922- | Purpose of Disbursement<br>supplies<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                          | Date (month,<br>day, year)<br>10/06/2000 | Amount of Each<br>Disbursement<br>This Period<br>662.21    |
| Full Name, Mailing Address and Zip Code<br>TeleSolutions<br><br>1767 Rt. 22 West<br><br>Union, NJ 07083-                  | Purpose of Disbursement<br>phone system<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                      | Date (month,<br>day, year)<br>10/06/2000 | Amount of Each<br>Disbursement<br>This Period<br>530.00    |
| Full Name, Mailing Address and Zip Code<br>US Postmaster<br><br>U.S. Post Office<br><br>Washington, DC 20003-             | Purpose of Disbursement<br>postage<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                           | Date (month,<br>day, year)<br>10/05/2000 | Amount of Each<br>Disbursement<br>This Period<br>396.00    |
| Full Name, Mailing Address and Zip Code<br>Bill Ulrey<br><br>95 County Line Road<br><br>Riegelsville, PA 18077-           | Purpose of Disbursement<br>Reimbursement-Food/Travel/Lodging<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Date (month,<br>day, year)<br>10/10/2000 | Amount of Each<br>Disbursement<br>This Period<br>181.87    |

SUBTOTAL of Disbursements This Page (optional)

23,374.54

TOTAL This Period (last page this line number only)

## SCHEDULE B

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary pagePAGE 13 OF 14  
FOR LINE NUMBER  
17

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## NAME OF COMMITTEE (In Full)

Bob Franks for U.S. Senate, Inc.

|                                                                                                                                     |                                                                                                                                                                                                      |                                       |                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------|
| Full Name, Mailing Address and Zip Code<br>Verizon<br><br>P.O. Box 4833<br><br>Trenton, NJ 08650-                                   | Purpose of Disbursement<br>Phone Bill<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                        | Date (month, day, year)<br>10/06/2000 | Amount of Each Disbursement This Period<br>1,242.18 |
| Full Name, Mailing Address and Zip Code<br>Verizon Wireless<br><br>P.O. Box 489<br><br>Newark, NJ 07101-0489                        | Purpose of Disbursement<br>cell phones<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                       | Date (month, day, year)<br>10/06/2000 | Amount of Each Disbursement This Period<br>1,558.31 |
| Full Name, Mailing Address and Zip Code<br>Vialog Group Communications<br><br>P.O. Box 9449<br><br>Boston, MA 02209-9449            | Purpose of Disbursement<br>conference calls<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                  | Date (month, day, year)<br>10/06/2000 | Amount of Each Disbursement This Period<br>2,234.26 |
| Full Name, Mailing Address and Zip Code<br>Vialog Group Communications<br><br>P.O. Box 9449<br><br>Boston, MA 02209-9449            | Purpose of Disbursement<br>conference calls<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                  | Date (month, day, year)<br>10/06/2000 | Amount of Each Disbursement This Period<br>375.00   |
| Full Name, Mailing Address and Zip Code<br>Video Data Services<br><br>406 Chestnut Street<br><br>Union, NJ 07083-                   | Purpose of Disbursement<br>communications/tape<br>dubbing<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):    | Date (month, day, year)<br>10/06/2000 | Amount of Each Disbursement This Period<br>293.62   |
| Full Name, Mailing Address and Zip Code<br>Donita Walker-Opiyo<br><br><br><br><br>                                                  | Purpose of Disbursement<br>Reimbursement-Travel/Food/Lodging<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Date (month, day, year)<br>10/13/2000 | Amount of Each Disbursement This Period<br>300.00   |
| Full Name, Mailing Address and Zip Code<br>William McClintock Associates<br><br>269 Sheffield Street<br><br>Mountainside, NJ 07092- | Purpose of Disbursement<br>communications/printing<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):           | Date (month, day, year)<br>10/06/2000 | Amount of Each Disbursement This Period<br>459.23   |

SUBTOTAL of Disbursements This Page (optional)

6,462.60

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            | OF |
| 14              | 14 |
| FOR LINE NUMBER |    |
| 17              |    |

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## NAME OF COMMITTEE (In Full)

Bob Franks for U.S. Senate, Inc.

|                                                                                                                                     |                                                                                                                                                                                             |                                          |                                                            |
|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|------------------------------------------------------------|
| Full Name, Mailing Address and Zip Code<br>William McClintock Associates<br><br>269 Sheffield Street<br><br>Mountainside, NJ 07092- | Purpose of Disbursement<br>communications/maillings<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Date (month,<br>day, year)<br>10/04/2000 | Amount of Each<br>Disbursement<br>This Period<br>50,527.14 |
| Full Name, Mailing Address and Zip Code<br>William McClintock Associates<br><br>269 Sheffield Street<br><br>Mountainside, NJ 07092- | Purpose of Disbursement<br>communications/mail<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):      | Date (month,<br>day, year)<br>10/06/2000 | Amount of Each<br>Disbursement<br>This Period<br>14,663.70 |
| Full Name, Mailing Address and Zip Code                                                                                             | Purpose of Disbursement<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                             | Date (month,<br>day, year)<br>/ /        | Amount of Each<br>Disbursement<br>This Period              |
| Full Name, Mailing Address and Zip Code                                                                                             | Purpose of Disbursement<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                             | Date (month,<br>day, year)<br>/ /        | Amount of Each<br>Disbursement<br>This Period              |
| Full Name, Mailing Address and Zip Code                                                                                             | Purpose of Disbursement<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                             | Date (month,<br>day, year)<br>/ /        | Amount of Each<br>Disbursement<br>This Period              |
| Full Name, Mailing Address and Zip Code                                                                                             | Purpose of Disbursement<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                             | Date (month,<br>day, year)<br>/ /        | Amount of Each<br>Disbursement<br>This Period              |
| Full Name, Mailing Address and Zip Code                                                                                             | Purpose of Disbursement<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                             | Date (month,<br>day, year)<br>/ /        | Amount of Each<br>Disbursement<br>This Period              |
| Full Name, Mailing Address and Zip Code                                                                                             | Purpose of Disbursement<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                             | Date (month,<br>day, year)<br>/ /        | Amount of Each<br>Disbursement<br>This Period              |

SUBTOTAL of Disbursements This Page (optional)

65,190.84

TOTAL This Period (last page this line number only)

1,228,543.41

## SCHEDULE B

## ITEMIZED DISBURSEMENTS

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

|                 |    |
|-----------------|----|
| PAGE            | OF |
| 1               | 1  |
| FOR LINE NUMBER |    |
| 200             |    |

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## NAME OF COMMITTEE (In Full)

Bob Franks for U.S. Senate, Inc.

|                                                                                                                                                           |                                                                                                                                                                                      |                                          |                                                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|-----------------------------------------------------------|
| Full Name, Mailing Address and Zip Code<br>Petroleum Marketers Committee<br><br>Attn.: Ms. Sarah Dodge<br>1901 N. Fort Myer Drive<br>Arlington, VA 22209- | Purpose of Disbursement<br>refund<br><br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Date (month,<br>day, year)<br>10/17/2000 | Amount of Each<br>Disbursement<br>This Period<br>1,000.00 |
| Full Name, Mailing Address and Zip Code                                                                                                                   | Purpose of Disbursement<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                      | Date (month,<br>day, year)<br>/ /        | Amount of Each<br>Disbursement<br>This Period             |
| Full Name, Mailing Address and Zip Code                                                                                                                   | Purpose of Disbursement<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                      | Date (month,<br>day, year)<br>/ /        | Amount of Each<br>Disbursement<br>This Period             |
| Full Name, Mailing Address and Zip Code                                                                                                                   | Purpose of Disbursement<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                      | Date (month,<br>day, year)<br>/ /        | Amount of Each<br>Disbursement<br>This Period             |
| Full Name, Mailing Address and Zip Code                                                                                                                   | Purpose of Disbursement<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                      | Date (month,<br>day, year)<br>/ /        | Amount of Each<br>Disbursement<br>This Period             |
| Full Name, Mailing Address and Zip Code                                                                                                                   | Purpose of Disbursement<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                      | Date (month,<br>day, year)<br>/ /        | Amount of Each<br>Disbursement<br>This Period             |
| Full Name, Mailing Address and Zip Code                                                                                                                   | Purpose of Disbursement<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                      | Date (month,<br>day, year)<br>/ /        | Amount of Each<br>Disbursement<br>This Period             |

SUBTOTAL of Disbursements This Page (optional)

1,000.00

TOTAL This Period (last page this line number only)

1,000.00

**SCHEDULE D**

(Revised 3/80)

**DEBTS AND OBLIGATIONS**

Excluding Loans

 Page 1 of 1 for  
 LINE NUMBER  
 (Use separate schedules  
 for each numbered line)

| Name of Committee (in Full)                                                                                                                                           | Outstanding<br>Balance Beginning<br>This Period | Amount<br>Incurred<br>This Period | Payment<br>This<br>Period | Outstanding<br>Balance at Close<br>of This Period |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-----------------------------------|---------------------------|---------------------------------------------------|
| <b>Bob Franks for US Senate, Inc.</b>                                                                                                                                 |                                                 |                                   |                           |                                                   |
| A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor<br>Ernestnut Street Home Realty<br>PO Box 323<br>Union, NJ 07083                                     | 975                                             | 0                                 | 975                       | 0                                                 |
| Nature of Debt (Purpose):<br>Rent                                                                                                                                     |                                                 |                                   |                           |                                                   |
| B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor<br>Academy Bus Tours, Inc<br>PO Box 1410<br>Hoboken, NJ 07030                                        | 2175                                            | 0                                 | 2175                      | 0                                                 |
| Nature of Debt (Purpose):<br>Buses                                                                                                                                    |                                                 |                                   |                           |                                                   |
| C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor<br>Anstotle Publishing<br>50 E Street, SE #300<br>Washington, DC 20003                               | 21,674.83                                       | 0                                 | 0                         | 0                                                 |
| Nature of Debt (Purpose):<br>Promotional Equipment / Services                                                                                                         |                                                 |                                   |                           |                                                   |
| D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor<br>Alan Zakin + Assoc.<br>Eisenhower Plaza South #245<br>70 South Orange Ave<br>Livingston, NJ 07039 | 126.55                                          | 0                                 | 126.55                    | 0                                                 |
| Nature of Debt (Purpose):<br>Consulting / Expenses                                                                                                                    |                                                 |                                   |                           |                                                   |
| E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor<br>AT&T<br>PO Box 2969<br>Omaha, NE 68103-2969                                                       | 836.13                                          | 0                                 | 836.13                    | 0                                                 |
| Nature of Debt (Purpose):<br>Phone Bill                                                                                                                               |                                                 |                                   |                           |                                                   |
| F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor<br>Bell Atlantic<br>PO Box 4833<br>Trenton, NJ 08650-4833                                            | 4552.65                                         | 0                                 | 4552.65                   | 0                                                 |
| Nature of Debt (Purpose):<br>Phone Bill                                                                                                                               |                                                 |                                   |                           |                                                   |
| 1) SUBTOTALS This Period This Page (optional)                                                                                                                         |                                                 |                                   |                           | 21,674.83                                         |
| 2) TOTALS This Period (last page in this line only)                                                                                                                   |                                                 |                                   |                           |                                                   |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)                                                                                                           |                                                 |                                   |                           |                                                   |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)                                                                               |                                                 |                                   |                           |                                                   |

| Name of Committee (in Full)                                                                                                                                | Outstanding Balance Beginning This Period | Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-----------------------------|---------------------|---------------------------------------------|
| <b>Bob Franks for US Senate, Inc.</b>                                                                                                                      |                                           |                             |                     |                                             |
| A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor<br>Bell Atlantic<br>PO Box 4833<br>Trenton, NJ 08650-4833                                 | 40.81                                     | 0                           | 40.81               | 0                                           |
| Nature of Debt (Purpose):<br>Phone Bill                                                                                                                    |                                           |                             |                     |                                             |
| B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor<br>Bell Atlantic<br>PO Box 4833<br>Trenton, NJ 08650-4833                                 | 333.65                                    | 0                           | 333.65              | 0                                           |
| Nature of Debt (Purpose):<br>Phone Bill                                                                                                                    |                                           |                             |                     |                                             |
| C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor<br>Berwyn Editorial, Inc.<br>350 Hudson St. 6th Fl.<br>New York, NY 10014                 | 9000.01                                   | 0                           | 9000.01             | 0                                           |
| Nature of Debt (Purpose):<br>Communications                                                                                                                |                                           |                             |                     |                                             |
| D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor<br>Charlie Smith<br>40 Franks for Senate<br>310 W Westfield Ave<br>Roselle Park, NJ 07068 | 227.84                                    | 0                           | 0                   | 0                                           |
| Nature of Debt (Purpose):<br>Reimbursement Fed Travel / Lodging                                                                                            |                                           |                             |                     |                                             |
| E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor<br>Culinary Concepts Caterers<br>Boulevard + S. 31st Street<br>Kenilworth, NJ 07033       | 1189.50                                   | 0                           | 1189.50             | 0                                           |
| Nature of Debt (Purpose):<br>Reception                                                                                                                     |                                           |                             |                     |                                             |
| F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor<br>Federal Express<br>PO Box 1140<br>Memphis, TN 38101-1140                               | 361.50                                    | 0                           | 361.50              | 0                                           |
| Nature of Debt (Purpose):<br>Mail                                                                                                                          |                                           |                             |                     |                                             |

|                                                                                         |        |
|-----------------------------------------------------------------------------------------|--------|
| 1) SUBTOTALS This Period This Page (optional)                                           | 227.84 |
| 2) TOTALS This Period (last page in this line only)                                     |        |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)                             |        |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) |        |

**SCHEDULE D**  
(Revised 3/80)

**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

Page 3 of 4 for  
LINE NUMBER         
(Use separate schedules  
for each numbered line)

| Name of Committee (in Full)                                                                                                                                              | Outstanding<br>Balance Beginning<br>This Period | Amount<br>Incurred<br>This Period | Payment<br>This<br>Period | Outstanding<br>Balance at Close<br>of This Period |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-----------------------------------|---------------------------|---------------------------------------------------|
| <b>Bob Franks for U.S. Senate, Inc</b>                                                                                                                                   |                                                 |                                   |                           |                                                   |
| A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor<br>Laura Slomka<br>32 Bond Street<br>Bridgewater, NJ 08807                                              | 10,000                                          | 10,000                            | 10,000                    | 0                                                 |
| Nature of Debt (Purpose):<br>Consulting                                                                                                                                  |                                                 |                                   |                           |                                                   |
| B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor<br>Messner, Vetere, Berger et al<br>350 Hudson St.<br>New York, NY 10014                                | 219.31                                          | 0                                 | 0                         | 0                                                 |
| Nature of Debt (Purpose):<br>Consulting                                                                                                                                  |                                                 |                                   |                           |                                                   |
| C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor<br>Millenium Marketing 3000<br>PO Box 644<br>New Monmouth, NJ 07748                                     | 4772.50                                         | 0                                 | 4772.50                   | 0                                                 |
| Nature of Debt (Purpose):<br>Communications / Website                                                                                                                    |                                                 |                                   |                           |                                                   |
| D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor<br>New Court Leasing Services<br>10151 Deerwood Park Blvd<br>Bldg 100 Ste 330<br>Jacksonville, FL 32256 | 585.83                                          | 0                                 | 585.83                    | 0                                                 |
| Nature of Debt (Purpose):<br>Telephones                                                                                                                                  |                                                 |                                   |                           |                                                   |
| E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor<br>Boyle Realty<br>219 South Street<br>New Providence, NJ 07970                                         | 1153                                            | 0                                 | 0                         | 0                                                 |
| Nature of Debt (Purpose):<br>Rent                                                                                                                                        |                                                 |                                   |                           |                                                   |
| F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor<br>NRCC<br>320 First Street, SE<br>Washington, DC 20003                                                 | 330.47                                          | 0                                 | 0                         | 0                                                 |
| Nature of Debt (Purpose):<br>Communications / Travel                                                                                                                     |                                                 |                                   |                           |                                                   |
| 1) SUBTOTALS This Period This Page (optional)                                                                                                                            |                                                 |                                   |                           | 12,202.78                                         |
| 2) TOTALS This Period (last page in this line only)                                                                                                                      |                                                 |                                   |                           |                                                   |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)                                                                                                              |                                                 |                                   |                           |                                                   |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)                                                                                  |                                                 |                                   |                           |                                                   |



| Name of Committee (in Full)                                             | Outstanding Balance Beginning This Period | Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |
|-------------------------------------------------------------------------|-------------------------------------------|-----------------------------|---------------------|---------------------------------------------|
| <b>Bob Franks For US Senate, Inc</b>                                    |                                           |                             |                     |                                             |
| A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor        |                                           |                             |                     |                                             |
| Premier Technologies<br>1 Industrial way W. Bldg<br>Eatontown, NJ 07724 | 4389.87                                   | 0                           | 4389.87             | 0                                           |
| Nature of Debt (Purpose):                                               |                                           |                             |                     |                                             |
| Communications / Blast Fax                                              |                                           |                             |                     |                                             |
| B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor        |                                           |                             |                     |                                             |
| PSE+G<br>PO Box 14105<br>New Brunswick, NJ 08906                        | 334.22                                    | 0                           | 0                   | 0                                           |
| Nature of Debt (Purpose):                                               |                                           |                             |                     |                                             |
| Utilities                                                               |                                           |                             |                     |                                             |
| C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor        |                                           |                             |                     |                                             |
| Smith + Harroff<br>99 Canal Center Plaza #200<br>Alexandria, VA 22314   | 5000                                      | 0                           | 5000                | 0                                           |
| Nature of Debt (Purpose):                                               |                                           |                             |                     |                                             |
| Consulting                                                              |                                           |                             |                     |                                             |
| D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor        |                                           |                             |                     |                                             |
| Steve Salmore<br>Ravitan Assoc.<br>Morristown, NJ 07960                 | 4750                                      | 0                           | 0                   | 4750                                        |
| Nature of Debt (Purpose):                                               |                                           |                             |                     |                                             |
| Consulting                                                              |                                           |                             |                     |                                             |
| E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor        |                                           |                             |                     |                                             |
| Summit Hills Florist<br>11 Beechwood Ave<br>Summit, NJ 07901            | 120                                       | 0                           | 0                   | 0                                           |
| Nature of Debt (Purpose):                                               |                                           |                             |                     |                                             |
| Flowers                                                                 |                                           |                             |                     |                                             |
| F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor        |                                           |                             |                     |                                             |
| Taylor Rental<br>284 Springfield Ave<br>Berkeley Hts, NJ 07922          | 1508.93                                   | 0                           | 0                   | 0                                           |
| Nature of Debt (Purpose):                                               |                                           |                             |                     |                                             |
| Helium / Supplies                                                       |                                           |                             |                     |                                             |

|                                                                                         |          |
|-----------------------------------------------------------------------------------------|----------|
| 1) SUBTOTALS This Period This Page (optional)                                           | 16713.15 |
| 2) TOTALS This Period (last page in this line only)                                     |          |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)                             |          |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) |          |

| Name of Committee (in Full)                                                                                                             | Outstanding Balance Beginning This Period | Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |
|-----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-----------------------------|---------------------|---------------------------------------------|
| Bob Franks for US Senate, Inc.                                                                                                          |                                           |                             |                     |                                             |
| A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor<br>Vialog<br>1861 Wiehle Ave.<br>Reston, VA 20190-5200                 | 375.60                                    | 0                           | 0                   | 0                                           |
| Nature of Debt (Purpose):<br>Conference Calls                                                                                           |                                           |                             |                     |                                             |
| B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor<br>WEBARI                                                              | 475                                       | 0                           | 0                   | 475                                         |
| Nature of Debt (Purpose):<br>Communications/Website                                                                                     |                                           |                             |                     |                                             |
| C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor<br>William McClintock Assoc.<br>269 Sheffield Ave.<br>Albany, NY 12210 | 1959.23                                   | 0                           | 1500                | 0                                           |
| Nature of Debt (Purpose):<br>Printing/Labels/Lists                                                                                      |                                           |                             |                     |                                             |
| D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor<br>Fort Washington Club<br>110 Washington Ave<br>Albany, NY 12210      | 726.75                                    | 0                           | 726.75              | 0                                           |
| Nature of Debt (Purpose):<br>Reception                                                                                                  |                                           |                             |                     |                                             |
| E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor<br>Country Club Service                                                | 0                                         | 400                         | 0                   | 0                                           |
| Nature of Debt (Purpose):<br>Parking                                                                                                    |                                           |                             |                     |                                             |
| F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor<br>Sodexo Hamnett<br>PO Box 905374<br>Charlotte, NC 28290-5374         | 0                                         | 7155                        | 0                   | 0                                           |
| Nature of Debt (Purpose):<br>Reception/Catering                                                                                         |                                           |                             |                     |                                             |
| 1) SUBTOTALS This Period This Page (optional)                                                                                           |                                           |                             |                     | 9564.83                                     |
| 2) TOTALS This Period (last page in this line only)                                                                                     |                                           |                             |                     |                                             |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)                                                                             |                                           |                             |                     |                                             |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)                                                 |                                           |                             |                     |                                             |

**SCHEDULE D**

(Revised 3/80)

**DEBTS AND OBLIGATIONS**

Excluding Loans

 Page 6 of 7 for  
 LINE NUMBER  
 (Use separate schedules  
 for each numbered line)

| Name of Committee (in Full)                                                  | Outstanding Balance Beginning This Period | Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |
|------------------------------------------------------------------------------|-------------------------------------------|-----------------------------|---------------------|---------------------------------------------|
| Bob Franks for US Senate                                                     |                                           |                             |                     |                                             |
| A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor             |                                           |                             |                     |                                             |
| Sullivan + Mitchell<br>1100 Connecticut Ave, NW #330<br>Washington, DC 20036 | 0                                         | 1057.72                     | 0                   | 0                                           |
| Nature of Debt (Purpose):                                                    | Local Services                            |                             |                     |                                             |
| B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor             |                                           |                             |                     |                                             |
| Yvette Calvo<br>Whitehouse, NJ 08888                                         | 0                                         | 104.94                      | 0                   | 0                                           |
| Nature of Debt (Purpose):                                                    | Reimbursement for Expenses                |                             |                     |                                             |
| C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor             |                                           |                             |                     |                                             |
| Bill Wrey<br>95 County Line Rd<br>Riegelsville, PA                           | 0                                         | 381.87                      | 0                   | 0                                           |
| Nature of Debt (Purpose):                                                    | Reimbursement for Expenses                |                             |                     |                                             |
| D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor             |                                           |                             |                     |                                             |
| Robin Visconti<br>370 Tall Tree Ct<br>Jackson NJ 08527                       | 0                                         | 10,000                      | 0                   | 0                                           |
| Nature of Debt (Purpose):                                                    | Consulting                                |                             |                     |                                             |
| E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor             |                                           |                             |                     |                                             |
| Campbell + Pusateri LTD<br>421 South Washington St<br>Alexandria, VA 22304   | 0                                         | 36,000                      | 0                   | 36,000                                      |
| Nature of Debt (Purpose):                                                    | Consulting / Mail                         |                             |                     |                                             |
| F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor             |                                           |                             |                     |                                             |
| Kindle Auto Place<br>525 Stone Harbor<br>Cape May Ct House NJ 08210          | 0                                         | 3600                        | 0                   | 3600                                        |
| Nature of Debt (Purpose):                                                    | Car Rental                                |                             |                     |                                             |

1) SUBTOTALS This Period This Page (optional)

101527.96

2) TOTALS This Period (last page in this line only)

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

United States Senate

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