

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: If typing, type over the lines

Friends of Joe Pitts

ADDRESS (number and street)

PO BOX 775

Check if different than previously reported. (ACC)

Unionville

PA

19375

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

STATE DISTRICT

C00310136

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

PA

16

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

- Primary (12P)
- General (12G)
- Runoff (12R)
- Convention (12C)
- Special (12S)

Election on

in the State of

(c) 30-Day POST-Election Report for the:

- General (30G)
- Runoff (30R)
- Special (30S)

Election on

in the State of

5. Covering Period

04

03

2008

through

06

30

2008

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 A. Duer Pierce

Signature of Treasurer Electronically Filed by A. Duer Pierce

Date

10

14

2008

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

Office Use Only

FEC FORM 3 (Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

Friends of Joe Pitts

Report Covering the Period:

From: 

M	M
0	4

D	D
0	3

Y	Y	Y	Y
2	0	0	8

To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	146046.50	454245.85
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	146046.50	454245.85
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	64706.26	311429.55
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	672.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	64706.26	310757.55
8. Cash on Hand at Close of Reporting Period (from Line 27).....	291007.64	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name  
Friends of Joe Pitts

Report Covering the Period: From: 

M	M
0	4

D	D
0	3

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

**I. RECEIPTS**

**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

35550.00

128270.00

(ii) Unitemized.....

10876.50

11301.50

(iii) TOTAL of contributions

46426.50

139571.50

from individuals..... ▶

920.00

920.00

(b) Political Party Committees.....

98700.00

313754.35

(c) Other Political Committees (such as PACS).....

0.00

0.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS

(other than loans)

146046.50

454245.85

(add Lines 11(a)(iii), (b), (c), and (d))

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....

0.00

0.00

13. LOANS

(a) Made or Guaranteed by the Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

(add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....

0.00

672.00

15. OTHER RECEIPTS (Dividends, Interest, etc.).....

3098.23

7996.05

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

149144.73

462913.90

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
17. OPERATING EXPENDITURES.....	64706.26	311429.55
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	15000.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	3500.00	57750.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	68206.26	384179.55

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	210069.17
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	149144.73
25. SUBTOTAL (add Line 23 and Line 24).....	359213.90
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	68206.26
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	291007.64

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 5 / 90			
(check only one)				
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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)  
Friends of Joe Pitts

<b>A.</b>	Full Name (Last, First, Middle Initial) APA PAC -American Psychiatric Assoc.		Date of Receipt
	Mailing Address 1000 Wilson Blvd		<input type="text" value="05"/> / <input type="text" value="19"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Arlington	VA	22209
	FEC ID number of contributing federal political committee.		Transaction ID: C-4-03a502
	C C00373696		Amount of Each Receipt this Period
Name of Employer		Occupation	<input type="text" value="1000.00"/>
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General	<input type="text" value="2000.00"/>	
<input type="checkbox"/> Other (specify) ▼			

<b>B.</b>	Full Name (Last, First, Middle Initial) Alston & Bird		Date of Receipt
	Mailing Address 601 Pennsylvania Ave, NW		<input type="text" value="05"/> / <input type="text" value="19"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Washington,DC		20004
	FEC ID number of contributing federal political committee.		Transaction ID: C-15-03aV02
	C C00395723		Amount of Each Receipt this Period
Name of Employer		Occupation	<input type="text" value="500.00"/>
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General	<input type="text" value="2000.00"/>	
<input type="checkbox"/> Other (specify) ▼			

<b>C.</b>	Full Name (Last, First, Middle Initial) Amer. Optometric Assoc. PAC		Date of Receipt
	Mailing Address 1505 Prince Street Ste. 300		<input type="text" value="04"/> / <input type="text" value="21"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Alexandria	VA	22314
	FEC ID number of contributing federal political committee.		Transaction ID: C-21-03a104
	C C00024968		Amount of Each Receipt this Period
Name of Employer		Occupation	<input type="text" value="500.00"/>
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General	<input type="text" value="6500.00"/>	
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="2000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 90  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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)  
Friends of Joe Pitts

**A.** Full Name (Last, First, Middle Initial)  
Amer. Optometric Assoc. PAC

Mailing Address 1505 Prince Street  
Ste. 300

City State Zip Code  
Alexandria VA 22314

FEC ID number of contributing federal political committee. **C** C00024968

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 6500.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	1	/	2	0	0	8

**Transaction ID:** C-22-03a105

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Amer. Optometric Assoc. PAC

Mailing Address 1505 Prince Street  
Ste. 300

City State Zip Code  
Alexandria VA 22314

FEC ID number of contributing federal political committee. **C** C00024968

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 6500.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	4	/	2	0	0	8

**Transaction ID:** C-24-03a10B

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Amer Soc of Health-System Pharmacists

Mailing Address 7272 Wisconsin Ave

City State Zip Code  
Bethesda MD 20814

FEC ID number of contributing federal political committee. **C** C00245530

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	0	8

**Transaction ID:** C-25-03ge01

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2500.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 90

(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Joe Pitts

**A.** Full Name (Last, First, Middle Initial)  
American Academy of Otolaryngology

Mailing Address One Prince Street

City State Zip Code  
Alexandria VA 22314

FEC ID number of contributing federal political committee. C C00306449

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 7500.00

Date of Receipt 06 / 24 / 2008

**Transaction ID:** C-29-03YP05

Amount of Each Receipt this Period 2500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Amer. Society of Anesthesiologists

Mailing Address 520 N. Northwest Hgwy.

City State Zip Code  
Park Ridge IL 60068

FEC ID number of contributing federal political committee. C C00255752

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3500.00

Date of Receipt 04 / 22 / 2008

**Transaction ID:** C-35-03a202

Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Amer. Society of Anesthesiologists

Mailing Address 520 N. Northwest Hgwy.

City State Zip Code  
Park Ridge IL 60068

FEC ID number of contributing federal political committee. C C00255752

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3500.00

Date of Receipt 05 / 19 / 2008

**Transaction ID:** C-36-03a203

Amount of Each Receipt this Period 500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... 4000.00

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

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 8 / 90</span>
	(check only one)
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Friends of Joe Pitts

<b>A.</b>	Full Name (Last, First, Middle Initial) Amer. Veterinary Medical Assn Pac		Date of Receipt
	Mailing Address 1910 Sunderland Place NW		<input type="text" value="06"/> / <input type="text" value="26"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Washington	DC	20036
	FEC ID number of contributing federal political committee.		<input type="text" value="C00114132"/>
Name of Employer		Occupation	Transaction ID: C-37-03gP01
Receipt For: 2008		Election Cycle-to-Date ▼	
<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General	<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼			Amount of Each Receipt this Period
			<input type="text" value="1000.00"/>
<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)			

<b>B.</b>	Full Name (Last, First, Middle Initial) American Association of Orthopaedic Surgeo		Date of Receipt
	Mailing Address 317 Massachussets Ave. N.E.		<input type="text" value="06"/> / <input type="text" value="02"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Washington	DC	20002
	FEC ID number of contributing federal political committee.		<input type="text" value="C00343137"/>
Name of Employer		Occupation	Transaction ID: C-41-02xa07
Receipt For: 2008		Election Cycle-to-Date ▼	
<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General	<input type="text" value="6000.00"/>	
<input type="checkbox"/> Other (specify) ▼			Amount of Each Receipt this Period
			<input type="text" value="2000.00"/>
<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)			

<b>C.</b>	Full Name (Last, First, Middle Initial) American Association of Nurse Anesthetists		Date of Receipt
	Mailing Address CRNA PAC 25 Massachusetts Ave, NW		<input type="text" value="06"/> / <input type="text" value="02"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Washington	DC	20001
	FEC ID number of contributing federal political committee.		<input type="text" value="C00173153"/>
Name of Employer		Occupation	Transaction ID: C-42-02xb02
Receipt For: 2008		Election Cycle-to-Date ▼	
<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General	<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼			Amount of Each Receipt this Period
			<input type="text" value="1000.00"/>
<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="4000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 90  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Joe Pitts

**A.** Full Name (Last, First, Middle Initial)  
American Dental Assoc. PAC

Mailing Address 1111-14th Street, NW Suite 1100

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00000729

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt MM / DD / YYYY  
04 / 22 / 2008

**Transaction ID:** C-48-03KF05

Amount of Each Receipt this Period 3000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
American Dietetic Assn PAC

Mailing Address 1120 Connecticut Ave NW Ste 480

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00143560

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY  
06 / 26 / 2008

**Transaction ID:** C-49-03gN01

Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
American Hospital Assoc.

Mailing Address 325 Seventh Street

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00106146

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 6000.00

Date of Receipt MM / DD / YYYY  
06 / 02 / 2008

**Transaction ID:** C-54-035S07

Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 5000.00

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

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 10 / 90  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Joe Pitts

**A.** Full Name (Last, First, Middle Initial)  
American Hospital Assoc.  
Mailing Address 325 Seventh Street  
City Washington State DC Zip Code 20004  
FEC ID number of contributing federal political committee. **C** C00106146  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 6000.00  
Date of Receipt MM / DD / YYYY 06 / 24 / 2008  
Transaction ID: C-55-035S08  
Amount of Each Receipt this Period 1000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
American Medical Association PAC  
Mailing Address 25 Massachusetts Ave NW Ste 600  
City Washington State DC Zip Code 20001  
FEC ID number of contributing federal political committee. **C** C00000422  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00  
Date of Receipt MM / DD / YYYY 04 / 15 / 2008  
Transaction ID: C-56-03dX01  
Amount of Each Receipt this Period 1000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
ASSOCIATED BUILDERS AND CONTRACTORS  
Mailing Address 4250 North Fairfax Dr, 9th Floor  
City Arlington State VA Zip Code 22203  
FEC ID number of contributing federal political committee. **C** C00010421  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 5000.00  
Date of Receipt MM / DD / YYYY 05 / 19 / 2008  
Transaction ID: C-65-01Dj0A  
Amount of Each Receipt this Period 2500.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 4500.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 90  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Joe Pitts

**A.** Full Name (Last, First, Middle Initial)  
BAYER CORPORATION

Mailing Address POLITICAL ACTION COMMITTEE  
100 Bayer Road

City Pittsburgh State PA Zip Code 15205

FEC ID number of contributing federal political committee. **C** C00281162

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt: 04 / 22 / 2008  
**Transaction ID:** C-72-00cp06  
 Amount of Each Receipt this Period: 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Big Tent PAC

Mailing Address 313 A Street NE

City Washington State DC Zip Code 20002

FEC ID number of contributing federal political committee. **C** C00285098

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt: 06 / 16 / 2008  
**Transaction ID:** C-104-03fY01  
 Amount of Each Receipt this Period: 5000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Blue Cross & Blue Shield Assoc Pac

Mailing Address 1310 G Street, NW

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00194746

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1250.00

Date of Receipt: 05 / 19 / 2008  
**Transaction ID:** C-106-03dj01  
 Amount of Each Receipt this Period: 1250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 7250.00

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

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 12 / 90  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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)  
Friends of Joe Pitts

**A.** Full Name (Last, First, Middle Initial)  
BUILD POLITICAL ACTION COMMITTEE OF THE

Mailing Address NATIONAL ASSOCIATION OF HOME BUILD  
1201 15TH Street NW

City State Zip Code  
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00000901

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 6 / 2 6 / 2 0 0 8

**Transaction ID:** C-124-01XV0E

Amount of Each Receipt this Period  
2500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
COMCAST CORPORATION

Mailing Address POLITICAL ACTION COMMITTEE  
1500 Market Street 35th Floor

City State Zip Code  
Philadelphia PA 19102

FEC ID number of contributing federal political committee. **C** C00248716

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 9000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 5 / 0 6 / 2 0 0 8

**Transaction ID:** C-132-02Wj0E

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
COMCAST CORPORATION

Mailing Address POLITICAL ACTION COMMITTEE  
1500 Market Street 35th Floor

City State Zip Code  
Philadelphia PA 19102

FEC ID number of contributing federal political committee. **C** C00248716

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 9000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 6 / 0 8 / 2 0 0 8

**Transaction ID:** C-133-02Wj0F

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **4500.00**

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

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 13 / 90  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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)  
Friends of Joe Pitts

**A.** Full Name (Last, First, Middle Initial)  
Campbell Pac

Mailing Address Campbell Place  
Box43

City State Zip Code  
Camden NJ 08103

FEC ID number of contributing federal political committee. **C** C00415166

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 6 / 2 4 / 2 0 0 8

**Transaction ID:** C-137-03dM02

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
CARGILL, INCORPORATED, POLITICAL

Mailing Address ACTION COMMITTEE  
PO Box 9300

City State Zip Code  
Minneapolis MN 55440

FEC ID number of contributing federal political committee. **C** C00067884

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 6 / 3 0 / 2 0 0 8

**Transaction ID:** C-141-01wT0B

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
CASENEWHOLLAND INC. EXCELLENCE IN

Mailing Address GOVERNMENT COMMITTEE  
1001 G Street, NW

City State Zip Code  
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00303883

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 6 / 1 5 / 2 0 0 8

**Transaction ID:** C-146-02qh05

Amount of Each Receipt this Period  
5000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **7000.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 90  
(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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)  
Friends of Joe Pitts

**A.**

Full Name (Last, First, Middle Initial)  
Cepf-PAC

Mailing Address Cephalon Inc. Employees PAC  
145 Brandywine Parkway

City State Zip Code  
West Chester PA 19380

FEC ID number of contributing federal political committee. **C** C00378794

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt  
MM / DD / YYYY  
05 / 19 / 2008

Transaction ID: C-149-03BI06

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)  
CONSERVATIVE VICTORY FUND

Mailing Address 104 North Carolina Ave, SE  
Capitol Hill

City State Zip Code  
Washington DC 20003

FEC ID number of contributing federal political committee. **C** C00009704

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 754.35

Date of Receipt  
MM / DD / YYYY  
04 / 22 / 2008

Transaction ID: C-162-01N00C

Amount of Each Receipt this Period  
400.00

Printing  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)  
DEALERS ELECTION ACTION COMMITTEE OF THE

Mailing Address NATIONAL AUTOMOBILE DEALERS  
ASSOCIATION (NADA)

City State Zip Code  
Mc Lean VA 22102

FEC ID number of contributing federal political committee. **C** C00040998

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
05 / 19 / 2008

Transaction ID: C-167-01Dt0H

Amount of Each Receipt this Period  
5000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **6400.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 90  
(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Joe Pitts

**A.** Full Name (Last, First, Middle Initial)  
Dean Foods PAC

Mailing Address 2515 McKinney Ave Ste 1200

City State Zip Code  
Dallas TX 75201

FEC ID number of contributing federal political committee. **C** C00340083

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

**Transaction ID:** C-169-03Zi02

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Delta Pac

Mailing Address 1515 W 22nd Ave Ste 450

City State Zip Code  
Oakbrook, Illinois 60523

FEC ID number of contributing federal political committee. **C** C00213819

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

**Transaction ID:** C-171-03dW01

Amount of Each Receipt this Period  
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
EchoStar Communications

Mailing Address 1233 20th St NW, Ste 302

City State Zip Code  
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00330647

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 1 9 / 2 0 0 8

**Transaction ID:** C-182-03dl01

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 4000.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 90  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Joe Pitts

**A.** Full Name (Last, First, Middle Initial)  
Eli Lilly and Co. PAC

Mailing Address Lilly Corporate Center

City Indianapolis State IN Zip Code 46285

FEC ID number of contributing federal political committee. **C** C00082792

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 04 / 22 / 2008  
**Transaction ID:** C-186-035106  
 Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Exelon PAC

Mailing Address 701 Pennsylvania Ave. NW Suite 11

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00141218

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 7000.00

Date of Receipt 06 / 08 / 2008  
**Transaction ID:** C-198-02xv0E  
 Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Exelon PAC

Mailing Address 701 Pennsylvania Ave. NW Suite 11

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00141218

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 7000.00

Date of Receipt 04 / 21 / 2008  
**Transaction ID:** C-199-02xv0H  
 Amount of Each Receipt this Period 2800.00

Catering Expense

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 4800.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 90

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Friends of Joe Pitts

**A.**

Full Name (Last, First, Middle Initial)  
GENERAL ELECTRIC COMPANY POLITICAL

Mailing Address ACTION COMMITTEE  
1299 Pennsylvania Ave NW Ste 1100

City State Zip Code  
Washington DC 20004

FEC ID number of contributing federal political committee. **C** C00024869

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 2 / 2 0 0 8

Transaction ID: C-234-01Tx07

Amount of Each Receipt this Period

1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)  
GlaxoSmith Kline PAC

Mailing Address Five Moore Drive

City State Zip Code  
Research Triangle NC 27709

FEC ID number of contributing federal political committee. **C** C00199703

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 1 / 2 0 0 8

Transaction ID: C-243-038O09

Amount of Each Receipt this Period

1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)  
GlaxoSmith Kline PAC

Mailing Address Five Moore Drive

City State Zip Code  
Research Triangle NC 27709

FEC ID number of contributing federal political committee. **C** C00199703

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 6 / 2 0 0 8

Transaction ID: C-244-038O0A

Amount of Each Receipt this Period

1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

3000.00

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

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 18 / 90  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Joe Pitts

**A.** Full Name (Last, First, Middle Initial)  
HDMA PAC Healthcare Dist. Manag. Assoc.  
 Mailing Address 901 North Glebe Road  
Ste. 1000  
 City Arlington State VA Zip Code 22203  
 FEC ID number of contributing federal political committee. **C** C00247569  
 Name of Employer Occupation  
 Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2000.00  
 Date of Receipt 06 / 26 / 2008  
**Transaction ID:** C-251-03Xs03  
 Amount of Each Receipt this Period 1000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Highmark Health PAC of Highmark Blue Cross  
 Mailing Address Blue Shield (FKA Federal Health PA  
1800 Center Street  
 City Camp Hill State PA Zip Code 17089  
 FEC ID number of contributing federal political committee. **C** C00302844  
 Name of Employer Occupation  
 Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 750.00  
 Date of Receipt 04 / 15 / 2008  
**Transaction ID:** C-269-02DJ07  
 Amount of Each Receipt this Period 750.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Honeywell Intern. PAC  
 Mailing Address 101 Constitution Ave, NW, Ste 500  
 City Washington State DC Zip Code 20001  
 FEC ID number of contributing federal political committee. **C** C00096156  
 Name of Employer Occupation  
 Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2000.00  
 Date of Receipt 06 / 08 / 2008  
**Transaction ID:** C-277-03ZH02  
 Amount of Each Receipt this Period 1000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2750.00  
**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 19 / 90  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Joe Pitts

**A.** Full Name (Last, First, Middle Initial)  
JOHNSON & JOHNSON EMPLOYEES' GOOD

Mailing Address GOVERNMENT FUND  
1350 Eye St., N.W.

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00010983

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 2 1 / 2 0 0 8

**Transaction ID:** C-303-02RC0D

Amount of Each Receipt this Period  
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Merck PAC The Political Action Committee

Mailing Address For Merck & Co Inc.  
601 Penn Avenue NW N Bldg Ste 1200

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00097485

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 5 / 1 9 / 2 0 0 8

**Transaction ID:** C-373-01Dr0A

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
NCPA PAC

Mailing Address Natl Community Pharmacists Assoc.  
100 Daingerfield Rd

City Alexandria State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00030809

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 2 2 / 2 0 0 8

**Transaction ID:** C-391-03Zj02

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 4000.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 90  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Joe Pitts

**A.** Full Name (Last, First, Middle Initial)  
Nat. Telecommunications Coop PAC

Mailing Address Telecommunications Ed Comm Org  
4121 Wilson Blvd, 10th Floor

City Arlington State VA Zip Code 22203

FEC ID number of contributing federal political committee. **C** C00004473

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt: 06 / 08 / 2008  
**Transaction ID:** C-395-03dB02  
 Amount of Each Receipt this Period: 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Natl Association of BroadcastersTelevision

Mailing Address 1771 N Street, NW

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00009985

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 04 / 22 / 2008  
**Transaction ID:** C-398-035C03  
 Amount of Each Receipt this Period: 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Natl Roofing Contractors Assoc

Mailing Address 10255 W Higgins Rd, No.600

City Rosemont State IL Zip Code 60018

FEC ID number of contributing federal political committee. **C** C00244863

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt: 05 / 19 / 2008  
**Transaction ID:** C-399-03dk01  
 Amount of Each Receipt this Period: 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3000.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 90  
(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Joe Pitts

**A.** Full Name (Last, First, Middle Initial)  
Natl Roofing Contractors Assoc

Mailing Address 10255 W Higgins Rd, No.600

City State Zip Code  
Rosemont IL 60018

FEC ID number of contributing federal political committee. **C** C00244863

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

**Transaction ID:** C-400-03dk02

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Natl Roofing Contractors Assoc

Mailing Address 10255 W Higgins Rd, No.600

City State Zip Code  
Rosemont IL 60018

FEC ID number of contributing federal political committee. **C** C00244863

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 2 6 / 2 0 0 8

**Transaction ID:** C-401-03dk03

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Neurosurgery PAC

Mailing Address 5550 Meadowbrook Ct

City State Zip Code  
Rolling Meadows IL 60008

FEC ID number of contributing federal political committee. **C** C00413955

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 8

**Transaction ID:** C-405-03gd01

Amount of Each Receipt this Period  
2500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 4500.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 90  
(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Joe Pitts

**A.** Full Name (Last, First, Middle Initial)  
PHYSICAL THERAPY POLITICAL ACTION COMMITTEE

Mailing Address 1111 North Fairfax Street

City State Zip Code  
Alexandria VA 22314

FEC ID number of contributing federal political committee. **C** C00012880

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 1 9 / 2 0 0 8

Transaction ID: C-418-02xu0A

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Penske Truck Leasing PAC

Mailing Address PO Box 563

City State Zip Code  
Reading PA 19603

FEC ID number of contributing federal political committee. **C** C00373217

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 1 9 / 2 0 0 8

Transaction ID: C-426-03df01

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Pfizer Inc. Political Action Committee

Mailing Address 235 East 42nd Street

City State Zip Code  
New York NY 10017

FEC ID number of contributing federal political committee. **C** C00016683

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 1 9 / 2 0 0 8

Transaction ID: C-433-01Dd0N

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2500.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 90  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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)  
Friends of Joe Pitts

**A.** Full Name (Last, First, Middle Initial)  
Pfizer Inc. Political Action Committee

Mailing Address 235 East 42nd Street

City State Zip Code  
New York NY 10017

FEC ID number of contributing federal political committee. **C** C00016683

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 5 / 1 9 / 2 0 0 8

**Transaction ID:** C-434-01Dd00

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Physician Hospitals of America

Mailing Address 600 S Cliff Ave, Ste 106

City State Zip Code  
Sioux Falls SD 57104

FEC ID number of contributing federal political committee. **C** C00394163

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 5 / 1 9 / 2 0 0 8

**Transaction ID:** C-440-03cf02

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Physician Hospitals of America

Mailing Address 600 S Cliff Ave, Ste 106

City State Zip Code  
Sioux Falls SD 57104

FEC ID number of contributing federal political committee. **C** C00394163

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 6 / 3 0 / 2 0 0 8

**Transaction ID:** C-441-03cf03

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2500.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 90

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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)  
Friends of Joe Pitts

**A.**

Full Name (Last, First, Middle Initial)  
Physician Insurers Assn of America

Mailing Address 2275 Research Blvd  
Ste 250

City State Zip Code  
Rockville MD 20850

FEC ID number of contributing federal political committee. **C** C00319319

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 6 / 2 0 0 8

Transaction ID: C-442-03gO01

Amount of Each Receipt this Period

1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)  
QWest PAC

Mailing Address 607 14th Street, NW, Suite 950

City State Zip Code  
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00237156

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 6 / 2 0 0 8

Transaction ID: C-451-03HW04

Amount of Each Receipt this Period

1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)  
Raytheon Company Political Action Committe

Mailing Address 870 Winter St

City State Zip Code  
Waltham MA 02451

FEC ID number of contributing federal political committee. **C** C00097568

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
7000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 2 / 2 0 0 8

Transaction ID: C-466-02DC0B

Amount of Each Receipt this Period

1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

3000.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 90  
(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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)  
Friends of Joe Pitts

**A.** Full Name (Last, First, Middle Initial)  
Raytheon Company Political Action Committee

Mailing Address 870 Winter St

City State Zip Code  
Waltham MA 02451

FEC ID number of contributing federal political committee. **C** C00097568

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 7000.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 26 / 2008

**Transaction ID:** C-467-02DC0C

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Sun Company Inc. Political Action Committee

Mailing Address 1735 Market Street

City State Zip Code  
Philadelphia PA 19103

FEC ID number of contributing federal political committee. **C** C00025346

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 22 / 2008

**Transaction ID:** C-497-01WR08

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Sallie Mae PAC

Mailing Address 12061 Bluemont Way

City State Zip Code  
Reston VA 20190

FEC ID number of contributing federal political committee. **C** C00331835

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 19 / 2008

**Transaction ID:** C-500-03a702

Amount of Each Receipt this Period  
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **4000.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 90  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Joe Pitts

**A.** Full Name (Last, First, Middle Initial)  
Skin PAC

Mailing Address American Academy Of Dermatology As  
1350 I Street, NW ,Suite 880

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00359539

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt 06 / 02 / 2008  
**Transaction ID:** C-528-035303  
 Amount of Each Receipt this Period 2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Snack Food Association

Mailing Address Political Action Committee (SNAC)  
1600 Wilson Blvd, Ste 650

City Arlington State VA Zip Code 22209

FEC ID number of contributing federal political committee. **C** C00118919

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 06 / 24 / 2008  
**Transaction ID:** C-535-02DH03  
 Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
SprintNextel PAC

Mailing Address 2001 Edmund Halley Dr

City Westwood State KS Zip Code 20191

FEC ID number of contributing federal political committee. **C** C00089342

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 06 / 02 / 2008  
**Transaction ID:** C-539-02rC07  
 Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 4000.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 90  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Joe Pitts

**A.** Full Name (Last, First, Middle Initial)  
Susquehanna Bancshares PAC

Mailing Address 26 North Cedar Street

City State Zip Code  
Lititz PA 17543

FEC ID number of contributing federal political committee. **C** C00387290

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 6 / 2 4 / 2 0 0 8

**Transaction ID:** C-548-03fj01

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Tenet Healthcare PAC

Mailing Address 13737 Noel Rd Ste 100

City State Zip Code  
Dallas TX 75240

FEC ID number of contributing federal political committee. **C** C00119354

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 6 / 0 8 / 2 0 0 8

**Transaction ID:** C-553-03fA01

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
US Oncology PAC Good Gov. Comm.

Mailing Address 16825 Northchase Drive Suite 1300

City State Zip Code  
Houston TX 77060

FEC ID number of contributing federal political committee. **C** C00339655

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 5 / 0 6 / 2 0 0 8

**Transaction ID:** C-567-03X10A

Amount of Each Receipt this Period  
2500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3500.00**

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

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 28 / 90  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Joe Pitts

**A.** Full Name (Last, First, Middle Initial)  
US Oncology PAC Good Gov. Comm.  
 Mailing Address 16825 Northchase Drive  
Suite 1300  
 City Houston State TX Zip Code 77060  
 FEC ID number of contributing federal political committee. **C** C00339655  
 Name of Employer Occupation  
 Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 10000.00  
 Date of Receipt 04 / 22 / 2008  
**Transaction ID:** C-568-03X10B  
 Amount of Each Receipt this Period 500.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
United States Telecom PAC  
 Mailing Address 1401 H Street, NW, Suite 600  
 City Washington State DC Zip Code 20005  
 FEC ID number of contributing federal political committee. **C** C00000984  
 Name of Employer Occupation  
 Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1500.00  
 Date of Receipt 04 / 22 / 2008  
**Transaction ID:** C-569-03Tu03  
 Amount of Each Receipt this Period 1500.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Verizon Communications PAC  
 Mailing Address Good Government Club  
1300 I St NW, 4th Floor  
 City Washington State DC Zip Code 20005  
 FEC ID number of contributing federal political committee. **C** C00186288  
 Name of Employer Occupation  
 Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 3500.00  
 Date of Receipt 04 / 22 / 2008  
**Transaction ID:** C-577-03ct03  
 Amount of Each Receipt this Period 1000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3000.00  
**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 29 / 90  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Joe Pitts

**A.** Full Name (Last, First, Middle Initial)  
Verizon Communications PAC

Mailing Address Good Government Club  
1300 I St NW, 4th Floor

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00186288

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3500.00

Date of Receipt 06 / 02 / 2008  
**Transaction ID:** C-578-03ct04  
 Amount of Each Receipt this Period 500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Verizon Wireless PAC

Mailing Address 20 Independence Blvd

City Warren State NJ Zip Code 07059

FEC ID number of contributing federal political committee. **C** C00363127

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 05 / 19 / 2008  
**Transaction ID:** C-579-03YW02  
 Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Wellpoint, WellPAC

Mailing Address 120 Monument Circle

City Indianapolis State IN Zip Code 46204

FEC ID number of contributing federal political committee. **C** C00197228

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 05 / 19 / 2008  
**Transaction ID:** C-593-03dg01  
 Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2500.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 90  
(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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)  
Friends of Joe Pitts

A.

Full Name (Last, First, Middle Initial)  
Wexler & Walker Public Policy Assoc.

Mailing Address 1317 F Street NW Suite 600

City State Zip Code  
Washington DC 20004

FEC ID number of contributing federal political committee. **C** C00248195

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 0 6 / 2 0 0 8

Transaction ID: C-595-01DK05

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	500.00
<b>TOTAL</b> This Period (last page this line number only) .....	98700.00

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 90  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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)  
Friends of Joe Pitts

**A.** Full Name (Last, First, Middle Initial)  
Susan Adams

Mailing Address 11 Spring Dell Rd

City Lancaster State PA Zip Code 17601

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Homemaker

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 06 / 08 / 2008  
**Transaction ID:** C-7-03et01  
 Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Robert Aichele

Mailing Address 1705 Valley Forge Road

City Lancaster State PA Zip Code 17603

FEC ID number of contributing federal political committee. **C**

Name of Employer Keystone Cement Occupation Marketing

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 05 / 19 / 2008  
**Transaction ID:** C-10-01cr05  
 Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Carl Anderson

Mailing Address 776 Brownsville Rd

City Sinking Spring State PA Zip Code 19608

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Investor

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 06 / 16 / 2008  
**Transaction ID:** C-60-03fT01  
 Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3000.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 90  
(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Joe Pitts

**A.** Full Name (Last, First, Middle Initial)  
James Bednar

Mailing Address 601 South Broad Street

City State Zip Code  
Lititz PA 17543

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation  
Financial Advisor

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
MM / DD / YYYY  
04 / 15 / 2008

**Transaction ID:** C-91-01Rd0o

Amount of Each Receipt this Period  
100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
James Bednar

Mailing Address 601 South Broad Street

City State Zip Code  
Lititz PA 17543

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation  
Financial Advisor

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
MM / DD / YYYY  
05 / 19 / 2008

**Transaction ID:** C-92-01Rd0p

Amount of Each Receipt this Period  
100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
James Bednar

Mailing Address 601 South Broad Street

City State Zip Code  
Lititz PA 17543

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation  
Financial Advisor

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
MM / DD / YYYY  
06 / 24 / 2008

**Transaction ID:** C-93-01Rd0q

Amount of Each Receipt this Period  
100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **300.00**

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

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 90
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Friends of Joe Pitts

<b>A.</b>	Full Name (Last, First, Middle Initial) Jane Bee	Date of Receipt MM / DD / YYYY 06 / 22 / 2008
	Mailing Address 3945 Chestnut St Apy 604	<b>Transaction ID:</b> C-94-03Qd02
	City Philadelphia State PA Zip Code 19104	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer None Occupation Student Receipt For: 2008 Election Cycle-to-Date <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Sam Beiler	Date of Receipt MM / DD / YYYY 06 / 18 / 2008
	Mailing Address 48-50 West Chestnut St Ste 200	<b>Transaction ID:</b> C-101-01nx06
	City Lancaster State PA Zip Code 17603	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Self Occupation Real-Estate Broker Receipt For: 2008 Election Cycle-to-Date <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 3000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) John Buckwalter	Date of Receipt MM / DD / YYYY 06 / 08 / 2008
	Mailing Address 171 Eshelman Road	<b>Transaction ID:</b> C-122-03Rh04
	City Lancaster State PA Zip Code 17601	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Lancaster News Occupation Executive Receipt For: 2008 Election Cycle-to-Date <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2250.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 34 / 90</span>
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Friends of Joe Pitts

<b>A.</b>	Full Name (Last, First, Middle Initial) Julie Carr	Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 6038 North Ninth Street	<b>Transaction ID:</b> C-145-023Z06
	City State Zip Code Arlington VA 22205	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Kountoupes Consulting Lobbyist	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2750.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) William Chatfield	Date of Receipt MM / DD / YYYY 05 / 06 / 2008
	Mailing Address 5 East Buck Road	<b>Transaction ID:</b> C-151-01Tw07
	City State Zip Code Downingtown PA 19335	Amount of Each Receipt this Period 2000.00
	FEC ID number of contributing federal political committee. <b>C</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Meyer - Chatfield, Inc. President	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) William Chatfield	Date of Receipt MM / DD / YYYY 04 / 22 / 2008
	Mailing Address 5 East Buck Road	<b>Transaction ID:</b> C-152-01Tw08
	City State Zip Code Downingtown PA 19335	Amount of Each Receipt this Period 2000.00
	FEC ID number of contributing federal political committee. <b>C</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Meyer - Chatfield, Inc. President	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>4250.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 90
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Friends of Joe Pitts

<b>A.</b>	Full Name (Last, First, Middle Initial) Murl Clark	Date of Receipt MM / DD / YYYY 06 / 15 / 2008
	Mailing Address 2524 South Cherry Lane	<b>Transaction ID:</b> C-156-01C40D
	City State Zip Code Ronks PA 17572	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Dutch Wonderland President	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) John Featherman	Date of Receipt MM / DD / YYYY 04 / 22 / 2008
	Mailing Address P.O. Box 3087	<b>Transaction ID:</b> C-204-01VO0H
	City State Zip Code West Chester PA 19381	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation CEO First National Bank	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Karen Fitchett	Date of Receipt MM / DD / YYYY 06 / 08 / 2008
	Mailing Address 813 Lisadell Drive	<b>Transaction ID:</b> C-209-01Bu04
	City State Zip Code Kennett Square PA 19348	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Chatham Financial Human Resorces	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1800.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 90
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Friends of Joe Pitts

<b>A.</b>	Full Name (Last, First, Middle Initial) Quintin Frey	Date of Receipt MM / DD / YYYY 06 / 18 / 2008
	Mailing Address 3521 Anchor Rd	<b>Transaction ID:</b> C-218-025L03
	City State Zip Code Washington Boro PA 17582	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Turkey Hill Dairy President	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Ruth Ganister	Date of Receipt MM / DD / YYYY 06 / 24 / 2008
	Mailing Address 31 Turner Lane	<b>Transaction ID:</b> C-225-00oZ0E
	City State Zip Code West Chester PA 19380	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Rosenthal & Ganister Attorney/AIPAG	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mitch Glazier	Date of Receipt MM / DD / YYYY 05 / 19 / 2008
	Mailing Address 7313 Durbin Ter	<b>Transaction ID:</b> C-245-03di01
	City State Zip Code Bethesda MD 20817	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Recording Ind Assn of America Manager	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	2000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 90
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Friends of Joe Pitts

<b>A.</b>	Full Name (Last, First, Middle Initial) David Hall		Date of Receipt
	Mailing Address 1806 Chestnut Hollow Lane		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 6 / 0 4 / 2 0 0 8
	City	State	Zip Code
	West Chester	PA	19382
	FEC ID number of contributing federal political committee.		Transaction ID: C-253-01W004
	C <input type="text"/>		Amount of Each Receipt this Period
Name of Employer Chatham Financial Services		Occupation Consultant	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008		Election Cycle-to-Date ▼	
<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General	<input type="text"/>	
<input type="checkbox"/> Other (specify) ▼		500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Joel Harpel		Date of Receipt
	Mailing Address PO Box 268		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 6 / 0 8 / 2 0 0 8
	City	State	Zip Code
	Bowmansville	PA	17507
	FEC ID number of contributing federal political committee.		Transaction ID: C-258-03aK02
	C <input type="text"/>		Amount of Each Receipt this Period
Name of Employer Philadelphia Trust		Occupation Manager	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008		Election Cycle-to-Date ▼	
<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General	<input type="text"/>	
<input type="checkbox"/> Other (specify) ▼		300.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Maurice Hepps		Date of Receipt
	Mailing Address P.O. Box 51		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 6 / 1 5 / 2 0 0 8
	City	State	Zip Code
	Westtown	PA	19395
	FEC ID number of contributing federal political committee.		Transaction ID: C-259-01X402
	C <input type="text"/>		Amount of Each Receipt this Period
Name of Employer None		Occupation Retired	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008		Election Cycle-to-Date ▼	
<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General	<input type="text"/>	
<input type="checkbox"/> Other (specify) ▼		250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 900.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 90  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Friends of Joe Pitts

**A.**

Full Name (Last, First, Middle Initial)  
C. Herr

Mailing Address 690 Central Manor Road

City Lancaster State PA Zip Code 17603

FEC ID number of contributing federal political committee. **C**

Name of Employer Herr Fruit Farms Occupation Owner

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 06 / 30 / 2008

Transaction ID: C-261-01dD06

Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)  
James Herr

Mailing Address PO Box 300

City Nottingham State PA Zip Code 19362

FEC ID number of contributing federal political committee. **C**

Name of Employer Herr Foods, Inc. Occupation Chairman

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 05 / 06 / 2008

Transaction ID: C-263-01Ox0C

Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)  
Miriam Herr

Mailing Address PO Box 300

City Nottingham State PA Zip Code 19362

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Homemaker

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 05 / 06 / 2008

Transaction ID: C-264-01Oy0C

Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3000.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 90  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
			<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Friends of Joe Pitts

**A.**

Full Name (Last, First, Middle Initial)  
S. Dale High

Mailing Address 746 Willow Rd.

City Lancaster State PA Zip Code 17601

FEC ID number of contributing federal political committee. **C**

Name of Employer High Industries, Inc. Occupation Executive

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 04 / 15 / 2008

Transaction ID: C-268-01C10D

Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)  
Paul Hollinger

Mailing Address 26 Hollow Road

City New Providence State PA Zip Code 17560

FEC ID number of contributing federal political committee. **C**

Name of Employer WDAC Radio Company Occupation Owner/Manager

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 06 / 04 / 2008

Transaction ID: C-274-008604

Amount of Each Receipt this Period 500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)  
Donald Horn, Sr.

Mailing Address 656 Crestgate Place

City Millersville State PA Zip Code 17551

FEC ID number of contributing federal political committee. **C**

Name of Employer Pennfield Corporation Occupation Executive

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 06 / 02 / 2008

Transaction ID: C-279-01Ow09

Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2500.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 90  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Friends of Joe Pitts

**A.** Full Name (Last, First, Middle Initial)  
Ray Hottenstein

Mailing Address 56 Peach Lane

City Ronks State PA Zip Code 17572

FEC ID number of contributing federal political committee. **C**

Name of Employer Olde Greenfield Inn Occupation Owner

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt 05 / 19 / 2008  
**Transaction ID:** C-281-01yd09  
 Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Megan Ivory

Mailing Address 4551 Strutfield Lane #4212

City Alexandria State VA Zip Code 22311

FEC ID number of contributing federal political committee. **C**

Name of Employer 3M Occupation VP

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 05 / 19 / 2008  
**Transaction ID:** C-296-039803  
 Amount of Each Receipt this Period 500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Craig Jester

Mailing Address 1050 New Street

City West Chester State PA Zip Code 19380

FEC ID number of contributing federal political committee. **C**

Name of Employer Brandywine Capital Assoc. Occupation President

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt 06 / 30 / 2008  
**Transaction ID:** C-298-03BH01  
 Amount of Each Receipt this Period 300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1800.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 90  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Friends of Joe Pitts

**A.** Full Name (Last, First, Middle Initial)  
Scott A. Klein  
 Mailing Address 486 Walter Road  
 City Cochranville State PA Zip Code 19330  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Chatham Financial Occupation Finance  
 Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00  
 Date of Receipt 06 / 04 / 2008  
**Transaction ID:** C-311-01Is09  
 Amount of Each Receipt this Period 250.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Noah W. Kreider  
 Mailing Address 611 South Oak Street  
 City Manheim State PA Zip Code 17545  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kreider Farms Occupation Farmer  
 Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1100.00  
 Date of Receipt 06 / 10 / 2008  
**Transaction ID:** C-319-01Kz0F  
 Amount of Each Receipt this Period 100.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Peter Krug  
 Mailing Address 1776 K St, NW  
 City Washington State DC Zip Code 20006  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Wley, Rein & Fielding Occupation Senior Govt affairs liason  
 Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00  
 Date of Receipt 05 / 19 / 2008  
**Transaction ID:** C-321-03dh01  
 Amount of Each Receipt this Period 500.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 850.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 / 90  
(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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)  
Friends of Joe Pitts

**A.** Full Name (Last, First, Middle Initial)  
Peter Latta

Mailing Address 855 Conner Road

City State Zip Code  
West Chester PA 19380

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
President A. Due Pyle Co.

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
06 / 08 / 2008

Transaction ID: C-329-01XH02

Amount of Each Receipt this Period  
300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Geoffrey Leighton

Mailing Address 8035 Knightshayes Drive

City State Zip Code  
Manassas, Virginia 20111

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
BAE Lobbyist

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
05 / 06 / 2008

Transaction ID: C-333-03UT03

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Larry L. Martin

Mailing Address 807 Reading Road

City State Zip Code  
Terre Hill PA 17581

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
G. Earl Martin, Inc. Executive

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
06 / 08 / 2008

Transaction ID: C-353-01Hc0C

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1800.00**

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

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 90
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Friends of Joe Pitts

<b>A.</b>	Full Name (Last, First, Middle Initial) David McIlwaine		Date of Receipt MM / DD / YYYY 06 / 10 / 2008		
	Mailing Address 2281 Butter Rd		Transaction ID: C-362-03fG01		
	City Lancaster	State PA	Zip Code 17601	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
	Name of Employer: HVAC Distributors Occupation: President Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Chuck McWilliams		Date of Receipt MM / DD / YYYY 06 / 02 / 2008		
	Mailing Address 317 E. Orange Street		Transaction ID: C-366-01sM09		
	City Lancaster	State PA	Zip Code 17602	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
	Name of Employer: Young's Funeral Home Occupation: Funeral Director Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2000.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Bernard Morrissey		Date of Receipt MM / DD / YYYY 05 / 19 / 2008		
	Mailing Address 254 E. Church Street		Transaction ID: C-382-009s0G		
	City Stevens	State PA	Zip Code 17567	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
	Name of Employer: Morrissey Insurance Occupation: President Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	2500.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 / 90  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
			<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Friends of Joe Pitts

<p><b>A.</b> Full Name (Last, First, Middle Initial) Valeria M. Pratt</p> <p>Mailing Address 649 Unionville Road</p> <p>City State Zip Code Kennett Square PA 19348</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation R &amp; P Nurseries Nursery Worker</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 0 8</p> <p><b>Transaction ID:</b> C-449-01PA07</p> <p>Amount of Each Receipt this Period 300.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<p><b>B.</b> Full Name (Last, First, Middle Initial) Carl Rintz</p> <p>Mailing Address 94 Leaman Rd</p> <p>City State Zip Code Lancaster PA 17603</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation Burle Industries Owner</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 0 / 2 0 0 8</p> <p><b>Transaction ID:</b> C-478-03fF01</p> <p>Amount of Each Receipt this Period 250.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Paul D. Risk</p> <p>Mailing Address 1902 Rivervue</p> <p>City State Zip Code Drumore PA 17518</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation Paul Risk Associates, Inc. General Contractor</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 8</p> <p><b>Transaction ID:</b> C-480-01Ku0C</p> <p>Amount of Each Receipt this Period 500.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1050.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 45 / 90

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Friends of Joe Pitts

**A.**

Full Name (Last, First, Middle Initial)

Anton Rosenthal

Mailing Address 31 Turner Lane

City State Zip Code  
West Chester PA 19380

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Rosenthal & Ganister Attorney/AIPAC

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 0 8

Transaction ID: C-489-001x0F

Amount of Each Receipt this Period

1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

Gerald Scribner

Mailing Address 1909 Meadow Lane

City State Zip Code  
Wyomissing PA 19610

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
None Retired

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1200.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 6 / 2 0 0 8

Transaction ID: C-509-034c06

Amount of Each Receipt this Period

1200.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

R. Scott Smith

Mailing Address 1346 Silver Spring Road

City State Zip Code  
Holtwood PA 17532

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Fulton Bank Banker

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 8 / 2 0 0 8

Transaction ID: C-532-01P502

Amount of Each Receipt this Period

500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

2700.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 46 / 90  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Friends of Joe Pitts

**A.**

Full Name (Last, First, Middle Initial)  
Beverly R. Steinman

Mailing Address 1063 Wheatland Avenue

City Lancaster State PA Zip Code 17603

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Retail Clothing

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt 06 / 18 / 2008

Transaction ID: C-543-01HS01

Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)  
Beulah Stillman

Mailing Address 1505 Newport Road

City Manheim State PA Zip Code 17545

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Homemaker

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt 06 / 08 / 2008

Transaction ID: C-546-01Lz08

Amount of Each Receipt this Period 300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)  
Thomas Swett

Mailing Address P.O. Box 838

City Unionville State PA Zip Code 19375

FEC ID number of contributing federal political committee. **C**

Name of Employer Stroud Water Research Center Occupation Director of Public Outreach

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 04 / 15 / 2008

Transaction ID: C-549-01CH0C

Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2300.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 47 / 90  
(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Joe Pitts

**A.** Full Name (Last, First, Middle Initial)  
Wallace Taylor

Mailing Address 34 Lonsdale Lane

City State Zip Code  
Kennett Square PA 19348

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Retired

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 1 5 / 2 0 0 8

**Transaction ID:** C-552-03Rp04

Amount of Each Receipt this Period  
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Nancy E. Truitt

Mailing Address PO Box 1007

City State Zip Code  
Unionville PA 19375

FEC ID number of contributing federal political committee. **C**

Name of Employer DuPont Occupation Manager

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 8

**Transaction ID:** C-560-01Jl0C

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Keith Vogt

Mailing Address 1225 Colebrook Rd

City State Zip Code  
Marietta PA 17547

FEC ID number of contributing federal political committee. **C**

Name of Employer Vogt Farm B&B Occupation Owner

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 0 4 / 2 0 0 8

**Transaction ID:** C-581-02wF04

Amount of Each Receipt this Period  
300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1050.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 48 / 90  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Friends of Joe Pitts

**A.** Full Name (Last, First, Middle Initial)  
Michael Walker

Mailing Address 228 North Garfield Street

City State Zip Code  
Kennett Square PA 19348

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Genesis Health Care/American Health C President

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
06 / 04 / 2008

**Transaction ID:** C-583-01OS03

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Michael Welch

Mailing Address 108 South Mustin Drive

City State Zip Code  
Anderson IN 46012

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Anderson Community School Teacher

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2008

**Transaction ID:** C-592-012B0A

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1500.00**

**TOTAL** This Period (last page this line number only) ..... ► **35550.00**

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 49 / 90

(check only one)

<input type="checkbox"/> 11a	<input checked="" type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
			<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Friends of Joe Pitts

**A.**

Full Name (Last, First, Middle Initial)  
Friends of Scott Martin

Mailing Address 543 Chestnut Street

City	State	Zip Code
Lancaster	Pa	17602

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2008

Primary  General

Other (specify) ▼

Election Cycle-to-Date ▼

820.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: C-220-03IE03

Amount of Each Receipt this Period

820.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)  
Friends of John Lawrence

Mailing Address PO Box 93

City	State	Zip Code
Kemblesville	PA	19347

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2008

Primary  General

Other (specify) ▼

Election Cycle-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 0 8

Transaction ID: C-330-03XP02

Amount of Each Receipt this Period

100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

920.00

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

920.00

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 50 / 90  
(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Joe Pitts

**A.**

Full Name (Last, First, Middle Initial)  
Interest Income

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 2 5 / 2 0 0 8

Transaction ID: C-293-034u0H

Amount of Each Receipt this Period  
1846.47

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

6790.63

**B.**

Full Name (Last, First, Middle Initial)  
Interest Income

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 0 3 / 2 0 0 8

Transaction ID: C-294-034u0I

Amount of Each Receipt this Period  
1251.76

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

6790.63

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3098.23**

**TOTAL** This Period (last page this line number only) ..... ► **3098.23**

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Joe Pitts

A.	Full Name (Last, First, Middle Initial) 1ST Natl Bank of Chester County  Mailing Address 126 West Cypress Street  City Kennett Square State PA Zip Code 19348 Purpose of Disbursement Copying Fee Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D52-01EC4y Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 8  Amount of Each Disbursement this Period 8.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) 1ST Natl Bank of Chester County  Mailing Address 126 West Cypress Street  City Kennett Square State PA Zip Code 19348 Purpose of Disbursement Federal Tax Expense Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D53-01EC50 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 8  Amount of Each Disbursement this Period 367.09 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) 1ST Natl Bank of Chester County  Mailing Address 126 West Cypress Street  City Kennett Square State PA Zip Code 19348 Purpose of Disbursement Bank AOL Service Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D54-01EC51 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 8  Amount of Each Disbursement this Period 32.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>407.99</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Joe Pitts

A.	Full Name (Last, First, Middle Initial) 1ST Natl Bank of Chester County  Mailing Address 126 West Cypress Street  City Kennett Square State PA Zip Code 19348  Purpose of Disbursement Bank Aol Service Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D55-01EC52 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 8  Amount of Each Disbursement this Period 32.90  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) 1ST Natl Bank of Chester County  Mailing Address 126 West Cypress Street  City Kennett Square State PA Zip Code 19348  Purpose of Disbursement Federal Tax Expense Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D56-01EC53 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 8  Amount of Each Disbursement this Period 367.09  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) 1ST Natl Bank of Chester County  Mailing Address 126 West Cypress Street  City Kennett Square State PA Zip Code 19348  Purpose of Disbursement Bank Aol Service Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D57-01EC54 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 0 / 2 0 0 8  Amount of Each Disbursement this Period 32.90  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>432.89</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Joe Pitts

<p><b>A.</b> Full Name (Last, First, Middle Initial) 1ST Natl Bank of Chester County</p> <p>Mailing Address 126 West Cypress Street</p> <p>City Kennett Square State PA Zip Code 19348</p> <p>Purpose of Disbursement Federal Tax Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D58-01EC55</p> <p>Date of Disbursement 06 / 16 / 2008</p> <p>Amount of Each Disbursement this Period 367.09</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Ace Rents</p> <p>Mailing Address 720 North Prince Street</p> <p>City Lancaster State PA Zip Code 17603</p> <p>Purpose of Disbursement Rental Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D79-02zJ09</p> <p>Date of Disbursement 04 / 25 / 2008</p> <p>Amount of Each Disbursement this Period 53.80</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Apple Store</p> <p>Mailing Address Route 30</p> <p>City Lancaster State PA Zip Code 17603</p> <p>Purpose of Disbursement Computer Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D88-03Ws04</p> <p>Date of Disbursement 05 / 12 / 2008</p> <p>Amount of Each Disbursement this Period 156.35</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

577.24

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Joe Pitts

<p><b>A.</b> Full Name (Last, First, Middle Initial) Armstrong</p> <p>Mailing Address PO Box 747087</p> <p>City Pittsburgh State PA Zip Code 15274</p> <p>Purpose of Disbursement Telephone Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D96-03cp07</p> <p>Date of Disbursement 05 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 69.25</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Artworks &amp; Crafts Gallery</p> <p>Mailing Address 126 S. Union Street</p> <p>City Kennett Square State PA Zip Code 19348</p> <p>Purpose of Disbursement Framing Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D100-03XZ03</p> <p>Date of Disbursement 04 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 169.60</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Artworks &amp; Crafts Gallery</p> <p>Mailing Address 126 S. Union Street</p> <p>City Kennett Square State PA Zip Code 19348</p> <p>Purpose of Disbursement Framing Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D101-03XZ04</p> <p>Date of Disbursement 06 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 50.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

288.85

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Joe Pitts

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) AT&amp;T</p> <p>Mailing Address PO Box 371302</p> <p>City Mellon Bank State PA Zip Code 15250</p> <p>Purpose of Disbursement Telephone Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D116-01E41r</p> <p>Date of Disbursement 04 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 157.68</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) AT&amp;T</p> <p>Mailing Address PO Box 371302</p> <p>City Mellon Bank State PA Zip Code 15250</p> <p>Purpose of Disbursement Telephone Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D117-01E41s</p> <p>Date of Disbursement 04 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 37.48</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) AT&amp;T</p> <p>Mailing Address PO Box 371302</p> <p>City Mellon Bank State PA Zip Code 15250</p> <p>Purpose of Disbursement Telephone Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D118-01E41t</p> <p>Date of Disbursement 05 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 37.48</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

232.64

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Joe Pitts

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) AT&amp;T</p> <p>Mailing Address PO Box 371302</p> <p>City Mellon Bank State PA Zip Code 15250</p> <p>Purpose of Disbursement Telephone Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D119-01E41u</p> <p>Date of Disbursement 05 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 67.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) AT&amp;T</p> <p>Mailing Address PO Box 371302</p> <p>City Mellon Bank State PA Zip Code 15250</p> <p>Purpose of Disbursement Telephone Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D120-01E41v</p> <p>Date of Disbursement 06 / 14 / 2008</p> <p>Amount of Each Disbursement this Period 37.48</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) AT&amp;T</p> <p>Mailing Address PO Box 371302</p> <p>City Mellon Bank State PA Zip Code 15250</p> <p>Purpose of Disbursement Telephone Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D121-01E41w</p> <p>Date of Disbursement 06 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 67.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

171.48

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Joe Pitts

A.

Full Name (Last, First, Middle Initial)  
Barber Florist

Transaction ID: D128-02rW07  
Date of Disbursement

Mailing Address 203 Juniper St.  
P.O. Box 9

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	2		2	0	0	8

City State Zip Code  
Kennett Square PA 19348

Amount of Each Disbursement this Period

63.45
-------

Purpose of Disbursement  
Floral Expense

Category/ Type
-------------------

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
Cafe Recess

Transaction ID: D143-03gY01  
Date of Disbursement

Mailing Address 209 Pennsylvania Ave, SE

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	0	8

City State Zip Code  
Washington DC 20003

Amount of Each Disbursement this Period

445.50
--------

Purpose of Disbursement  
Catering Expense

Category/ Type
-------------------

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
Capitol Hill Club

Transaction ID: D157-01EJ1A  
Date of Disbursement

Mailing Address 300 First Street SE

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	6		2	0	0	8

City State Zip Code  
Washington DC 20003

Amount of Each Disbursement this Period

227.48
--------

Purpose of Disbursement  
Catering Expense

Category/ Type
-------------------

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) .....

736.43
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TOTAL This Period (last page this line number only) .....

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# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Joe Pitts

A.	Full Name (Last, First, Middle Initial) Capitol Hill Club <hr/> Mailing Address 300 First Street SE <hr/> City Washington State DC Zip Code 20003 <hr/> Purpose of Disbursement Catering Expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D158-01EJ1B Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 2 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 227.48 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Capitol Hill Club <hr/> Mailing Address 300 First Street SE <hr/> City Washington State DC Zip Code 20003 <hr/> Purpose of Disbursement Catering Expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D159-01EJ1C Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 1467.52 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Capitol Hill Club <hr/> Mailing Address 300 First Street SE <hr/> City Washington State DC Zip Code 20003 <hr/> Purpose of Disbursement Catering Expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D160-01EJ1D Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 0 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 43.74 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ..... ▶

1738.74

TOTAL This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Joe Pitts

<b>A.</b>	Full Name (Last, First, Middle Initial) Capitol Hill Club <hr/> Mailing Address 300 First Street SE <hr/> City Washington State DC Zip Code 20003 <hr/> Purpose of Disbursement Catering Expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D161-01EJ1E Date of Disbursement 06 / 17 / 2008 <hr/> Amount of Each Disbursement this Period 103.35 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b>	Full Name (Last, First, Middle Initial) Capitol Hill Club <hr/> Mailing Address 300 First Street SE <hr/> City Washington State DC Zip Code 20003 <hr/> Purpose of Disbursement Catering Expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D162-01EJ1F Date of Disbursement 06 / 14 / 2008 <hr/> Amount of Each Disbursement this Period 1865.88 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b>	Full Name (Last, First, Middle Initial) Capitol Hill Club <hr/> Mailing Address 300 First Street SE <hr/> City Washington State DC Zip Code 20003 <hr/> Purpose of Disbursement Catering Expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D163-01EJ1G Date of Disbursement 06 / 14 / 2008 <hr/> Amount of Each Disbursement this Period 103.35 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**2072.58**

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

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Joe Pitts

<p><b>A.</b> Full Name (Last, First, Middle Initial) Capitol Office Supply Stor</p> <p>Mailing Address B217 Longworth House Office Bldg.</p> <p>City Washington State DC Zip Code 20515</p> <p>Purpose of Disbursement Promotional Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D165-024y03 <b>Date of Disbursement</b> 04 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 297.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Capitol Office Supply Stor</p> <p>Mailing Address B217 Longworth House Office Bldg.</p> <p>City Washington State DC Zip Code 20515</p> <p>Purpose of Disbursement Office Supply Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D166-024y04 <b>Date of Disbursement</b> 05 / 14 / 2008</p> <p>Amount of Each Disbursement this Period 261.24</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Capitol Office Supply Stor</p> <p>Mailing Address B217 Longworth House Office Bldg.</p> <p>City Washington State DC Zip Code 20515</p> <p>Purpose of Disbursement Office Supply Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D167-024y05 <b>Date of Disbursement</b> 05 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 30.81</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

589.05

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Joe Pitts

A.	Full Name (Last, First, Middle Initial) Carole Goeas & Assoc. <hr/> Mailing Address 1707 Prince Street, #5 <hr/> City Alexandria State VA Zip Code 22314 <hr/> Purpose of Disbursement Fundraising Expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D171-03d802 Date of Disbursement 05 / 16 / 2008 <hr/> Amount of Each Disbursement this Period 8550.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Petty Cash <hr/> Mailing Address None <hr/> City State Zip Code <hr/> Purpose of Disbursement Petty Cash Expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D216-01E13M Date of Disbursement 04 / 18 / 2008 <hr/> Amount of Each Disbursement this Period 100.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Petty Cash <hr/> Mailing Address None <hr/> City State Zip Code <hr/> Purpose of Disbursement Petty Cash Expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D217-01E13N Date of Disbursement 04 / 03 / 2008 <hr/> Amount of Each Disbursement this Period 200.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ..... ▶

8550.00

TOTAL This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Joe Pitts

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Petty Cash</p> <p>Mailing Address None</p> <p>City State Zip Code</p> <p>Purpose of Disbursement Petty Cash Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D218-01E13Q</p> <p>Date of Disbursement 05 / 12 / 2008</p> <p>Amount of Each Disbursement this Period 200.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Petty Cash</p> <p>Mailing Address None</p> <p>City State Zip Code</p> <p>Purpose of Disbursement Petty Cash Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D219-01E13R</p> <p>Date of Disbursement 05 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 100.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Chester Cty, Chamber of Bus.&amp; Ind.</p> <p>Mailing Address 17 East Gay Street P.O. Box 3127</p> <p>City West Chester State PA Zip Code 19381</p> <p>Purpose of Disbursement Ticket Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D226-01TU0U</p> <p>Date of Disbursement 05 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 50.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

350.00

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Joe Pitts

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Dan Cohen</p> <p>Mailing Address 4856 Old Dominion</p> <p>City Arlington State VA Zip Code 22207</p> <p>Purpose of Disbursement Reimbursement Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D237-03aG03</p> <p>Date of Disbursement 05 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 1566.03</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Columbia GOP</p> <p>Mailing Address 120 Pheasant Drive</p> <p>City Columbia State PA Zip Code 17512</p> <p>Purpose of Disbursement Ticket Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D243-039n09</p> <p>Date of Disbursement 06 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 100.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Comcast</p> <p>Mailing Address P.O. Box 3007</p> <p>City Southeastern State PA Zip Code 19398</p> <p>Purpose of Disbursement Internet Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D260-030f17</p> <p>Date of Disbursement 04 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 57.95</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

1723.98

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Joe Pitts

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Comcast</p> <p>Mailing Address P.O. Box 3007</p> <p>City Southeastern State PA Zip Code 19398</p> <p>Purpose of Disbursement Internet Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D261-030f18</p> <p>Date of Disbursement 05 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 57.95</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Comcast</p> <p>Mailing Address P.O. Box 3007</p> <p>City Southeastern State PA Zip Code 19398</p> <p>Purpose of Disbursement Internet Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D262-030f19</p> <p>Date of Disbursement 06 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 57.95</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Conestoga Tours</p> <p>Mailing Address 1530 Commerce Drive</p> <p>City Lancaster State PA Zip Code 17601</p> <p>Purpose of Disbursement Transportation Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D275-02rj06</p> <p>Date of Disbursement 04 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 930.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

1045.90

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Joe Pitts

A.	Full Name (Last, First, Middle Initial) <b>CONSERVATIVE VICTORY FUND</b>  Mailing Address 104 North Carolina Ave, SE Capitol Hill  City Washington State DC Zip Code 20003  Purpose of Disbursement * In-Kind->Printing Candidate Name <b>CONSERVATIVE VICTORY FUND</b> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D279-01N00C Date of Disbursement 04 / 22 / 2008  Amount of Each Disbursement this Period 400.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) <b>dcTalk/MWS Golf Classic</b>  Mailing Address 227 Third Avenue North  City Franklin State TN Zip Code 37064  Purpose of Disbursement Ticket Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D285-02cf09 Date of Disbursement 06 / 23 / 2008  Amount of Each Disbursement this Period 425.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) <b>Direct Mail Systems, Inc.</b>  Mailing Address 12450 Automobile Blvd.  City Clearwater, Fla. State Zip Code 33762  Purpose of Disbursement Direct Mail Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D293-039y07 Date of Disbursement 05 / 20 / 2008  Amount of Each Disbursement this Period 1300.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**2125.00**

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Joe Pitts

A.

Full Name (Last, First, Middle Initial)  
Direct Mail Systems, Inc.

Transaction ID: D294-039y08  
Date of Disbursement

Mailing Address 12450 Automobile Blvd.

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	4		2	0	0	8

City Clearwater, Fla. State Zip Code 33762

Amount of Each Disbursement this Period

3489.92
---------

Purpose of Disbursement  
Direct Mail Expense

Category/ Type
-------------------

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
Exelon PAC

Transaction ID: D317-02xv06  
Date of Disbursement

Mailing Address 701 Pennsylvania Ave. NW Suite 11

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	1		2	0	0	8

City Washington State DC Zip Code 20004

Amount of Each Disbursement this Period

2800.00
---------

Purpose of Disbursement  
\* In-Kind->Catering Expense

Category/ Type
-------------------

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
Hannibal Software Inc.

Transaction ID: D356-01EL0B  
Date of Disbursement

Mailing Address 611 Pennsylvania Avenue SE Suite 345

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	3		2	0	0	8

City Washington State DC Zip Code 20003

Amount of Each Disbursement this Period

175.00
--------

Purpose of Disbursement  
Software Expense

Category/ Type
-------------------

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) .....

6464.92
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TOTAL This Period (last page this line number only) .....

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# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Joe Pitts

<p><b>A.</b> Full Name (Last, First, Middle Initial) Krapf's Coaches</p> <p>Mailing Address 1060 Saunders Lane</p> <p>City West Chester State PA Zip Code 19380</p> <p>Purpose of Disbursement Transportation Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p><b>Transaction ID:</b> D394-01E900 <b>Date of Disbursement</b> 05 / 12 / 2008</p> <p>Amount of Each Disbursement this Period 200.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Lancaster County Republican Headquarters</p> <p>Mailing Address 902 Columbia Ave.</p> <p>City Lancaster State PA Zip Code 17603</p> <p>Purpose of Disbursement Ticket Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p><b>Transaction ID:</b> D404-02qFOX <b>Date of Disbursement</b> 04 / 16 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Manheim Central Rep. Com</p> <p>Mailing Address 2847 Meadow View Rd</p> <p>City Manheim State PA Zip Code 17545</p> <p>Purpose of Disbursement Ticket Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p><b>Transaction ID:</b> D429-03Jz09 <b>Date of Disbursement</b> 04 / 18 / 2008</p> <p>Amount of Each Disbursement this Period 200.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

2400.00

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Joe Pitts

A.

Full Name (Last, First, Middle Initial)  
Manheim Central Rep. Com

Mailing Address 2847 Meadow View Rd

City Manheim State PA Zip Code 17545

Purpose of Disbursement  
Ticket Expense  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼  
State: District:

Transaction ID: D430-03Jz0A  
Date of Disbursement

06 / 12 / 2008

Amount of Each Disbursement this Period

300.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
Market Street Print & Copy

Mailing Address 12 West Market Street

City West Chester State PA Zip Code 19382

Purpose of Disbursement  
Printing Expense  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼  
State: District:

Transaction ID: D432-01ED1D  
Date of Disbursement

04 / 22 / 2008

Amount of Each Disbursement this Period

2883.72

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)  
Meredith Mino

Mailing Address 1707 Prince St, #5

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Reimbursement Expense  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼  
State: District:

Transaction ID: D435-03fo01  
Date of Disbursement

05 / 14 / 2008

Amount of Each Disbursement this Period

287.28

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ..... ▶

3471.00

TOTAL This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Joe Pitts

<p><b>A.</b> Full Name (Last, First, Middle Initial) PA Dept. of Revenue</p> <p>Mailing Address</p> <p>City Harrisburg State PA Zip Code 17128</p> <p>Purpose of Disbursement State Payroll Tax</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> D459-01L41F</p> <p>Date of Disbursement 04 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 168.21</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) PA Unemployment Comp Fund</p> <p>Mailing Address Bureau of Employer Tax Operations Century Plaza, 2nd Floor</p> <p>City Malvern State PA Zip Code 19355</p> <p>Purpose of Disbursement Quarterly Tax</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> D466-01LF0i</p> <p>Date of Disbursement 04 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 103.96</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Joseph Pitts</p> <p>Mailing Address 905 Mitchell Farm Lane</p> <p>City Kennett Square State PA Zip Code 19348</p> <p>Purpose of Disbursement Reimbursement Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> D491-01EG16</p> <p>Date of Disbursement 05 / 12 / 2008</p> <p>Amount of Each Disbursement this Period 4609.92</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

4882.09

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Joe Pitts

A.

Full Name (Last, First, Middle Initial)  
Virginia Pitts

Mailing Address 905 Mitchell Farm Lane

City State Zip Code  
Kennett Square PA 19348

Purpose of Disbursement  
Reimbursement Expense

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D492-015m05  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	0	8

Amount of Each Disbursement this Period

250.00
--------

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
Prestige Color

Mailing Address 19 Prestige Lane

City State Zip Code  
Lancaster PA 17603

Purpose of Disbursement  
Printing Expense

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D497-03fp01  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	8		2	0	0	8

Amount of Each Disbursement this Period

3068.86
---------

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)  
Reino's Budget Print Center

Mailing Address 101 W. State Street

City State Zip Code  
Kennett Square PA 19348

Purpose of Disbursement  
Copying Expense

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D507-01TK0X  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	1		2	0	0	8

Amount of Each Disbursement this Period

520.36
--------

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

3839.22
---------

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

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# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Joe Pitts

A.

Full Name (Last, First, Middle Initial)  
Reino's Budget Print Center

Transaction ID: D508-01TK0Y  
Date of Disbursement

Mailing Address 101 W. State Street

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	7		2	0	0	8

City State Zip Code  
Kennett Square PA 19348

Amount of Each Disbursement this Period

528.75
--------

Purpose of Disbursement  
Printing Expense

--

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
Reino's Budget Print Center

Transaction ID: D509-01TK0Z  
Date of Disbursement

Mailing Address 101 W. State Street

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	0	8

City State Zip Code  
Kennett Square PA 19348

Amount of Each Disbursement this Period

210.62
--------

Purpose of Disbursement  
Copying Expense

--

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
Reino's Budget Print Center

Transaction ID: D510-01TK0a  
Date of Disbursement

Mailing Address 101 W. State Street

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	4		2	0	0	8

City State Zip Code  
Kennett Square PA 19348

Amount of Each Disbursement this Period

455.80
--------

Purpose of Disbursement  
Printing Expense

--

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

1195.17
---------

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

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# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Joe Pitts

A.

Full Name (Last, First, Middle Initial)  
Rep. State Com. of Pa

Mailing Address 112 State Street

City Harrisburg State PA Zip Code 17101

Purpose of Disbursement  
Ticket Expense  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼  
State: District:

Transaction ID: D515-02IL0F  
Date of Disbursement

06 / 06 / 2008

Amount of Each Disbursement this Period

1200.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
Republican Cmte Of Chester Co.

Mailing Address 15 South Church Street

City West Chester State PA Zip Code 19382

Purpose of Disbursement  
Ticket Expense  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼  
State: District:

Transaction ID: D523-01EI0g  
Date of Disbursement

04 / 11 / 2008

Amount of Each Disbursement this Period

200.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)  
South. Chester Cty. Chamb. of Commerce

Mailing Address 206 East State Street

City Kennett Square State PA Zip Code 19348

Purpose of Disbursement  
Ticket Expense  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼  
State: District:

Transaction ID: D568-01TG0C  
Date of Disbursement

04 / 03 / 2008

Amount of Each Disbursement this Period

20.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ..... ▶

1420.00

TOTAL This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Joe Pitts

A.	Full Name (Last, First, Middle Initial) Staples  Mailing Address 937 Paoli Pike  City West Chester State PA Zip Code 19380  Purpose of Disbursement Office Supply Expense Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D599-01MA0m Date of Disbursement 04 / 16 / 2008  Amount of Each Disbursement this Period 60.63  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Staples  Mailing Address 937 Paoli Pike  City West Chester State PA Zip Code 19380  Purpose of Disbursement Office Supply Expense Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D600-01MA0n Date of Disbursement 04 / 18 / 2008  Amount of Each Disbursement this Period 61.40  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Staples  Mailing Address 937 Paoli Pike  City West Chester State PA Zip Code 19380  Purpose of Disbursement Office Supply Expense Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D601-01MA0o Date of Disbursement 04 / 03 / 2008  Amount of Each Disbursement this Period 34.37  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

156.40

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Joe Pitts

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Staples</p> <p>Mailing Address 937 Paoli Pike</p> <p>City West Chester State PA Zip Code 19380</p> <p>Purpose of Disbursement Office Supply Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D602-01MA0p</p> <p>Date of Disbursement 05 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 168.33</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Staples</p> <p>Mailing Address 937 Paoli Pike</p> <p>City West Chester State PA Zip Code 19380</p> <p>Purpose of Disbursement Office Supply Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D603-01MA0q</p> <p>Date of Disbursement 05 / 08 / 2008</p> <p>Amount of Each Disbursement this Period 66.22</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Staples</p> <p>Mailing Address 937 Paoli Pike</p> <p>City West Chester State PA Zip Code 19380</p> <p>Purpose of Disbursement Office Supply Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D604-01MA0r</p> <p>Date of Disbursement 06 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 161.88</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

396.43

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Joe Pitts

<p><b>A.</b> Full Name (Last, First, Middle Initial) Staples</p> <p>Mailing Address 937 Paoli Pike</p> <p>City West Chester State PA Zip Code 19380</p> <p>Purpose of Disbursement Office Supply expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D605-01MA0s</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="128.28"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) The Mix at Arthur Place</p> <p>Mailing Address 204 Lincoln Highway</p> <p>City Lancaster State PA Zip Code 17601</p> <p>Purpose of Disbursement Ticket Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D626-03ej01</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="400.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Thomas Tillett</p> <p>Mailing Address 3851 Sterling Way</p> <p>City Columbia State PA Zip Code 17512</p> <p>Purpose of Disbursement Reimbursement Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D633-016y03</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1634.38"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**2162.66**

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

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Joe Pitts

A.	Full Name (Last, First, Middle Initial) U. S. Postal Service	Transaction ID: D665-01E34x Date of Disbursement
	Mailing Address 222 East State Street	<input type="text" value="04"/> / <input type="text" value="21"/> / <input type="text" value="2008"/>
	City Kennett Square State PA Zip Code 19348	Amount of Each Disbursement this Period
	Purpose of Disbursement Postal Expense	<input type="text" value="71.40"/>
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) U. S. Postal Service	Transaction ID: D666-01E34y Date of Disbursement
	Mailing Address 222 East State Street	<input type="text" value="04"/> / <input type="text" value="16"/> / <input type="text" value="2008"/>
	City Kennett Square State PA Zip Code 19348	Amount of Each Disbursement this Period
	Purpose of Disbursement Postal Expense	<input type="text" value="123.00"/>
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) U. S. Postal Service	Transaction ID: D667-01E34z Date of Disbursement
	Mailing Address 222 East State Street	<input type="text" value="04"/> / <input type="text" value="18"/> / <input type="text" value="2008"/>
	City Kennett Square State PA Zip Code 19348	Amount of Each Disbursement this Period
	Purpose of Disbursement Postal Expense	<input type="text" value="205.00"/>
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="399.40"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Joe Pitts

A.

Full Name (Last, First, Middle Initial)  
U. S. Postal Service

Mailing Address 222 East State Street

City State Zip Code  
Kennett Square PA 19348

Purpose of Disbursement  
Postal Expense  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼  
State: District:

Transaction ID: D668-01E350  
Date of Disbursement

05 / 15 / 2008

Amount of Each Disbursement this Period

210.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
U. S. Postal Service

Mailing Address 222 East State Street

City State Zip Code  
Kennett Square PA 19348

Purpose of Disbursement  
Postal Expense  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼  
State: District:

Transaction ID: D669-01E351  
Date of Disbursement

05 / 17 / 2008

Amount of Each Disbursement this Period

210.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)  
U. S. Postal Service

Mailing Address 222 East State Street

City State Zip Code  
Kennett Square PA 19348

Purpose of Disbursement  
Postal Expense  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼  
State: District:

Transaction ID: D670-01E352  
Date of Disbursement

06 / 16 / 2008

Amount of Each Disbursement this Period

630.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ..... ▶

1050.00

TOTAL This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Joe Pitts

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) U. S. Postal Service</p> <p>Mailing Address 222 East State Street</p> <p>City Kennett Square State PA Zip Code 19348</p> <p>Purpose of Disbursement Postal Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D671-01E353</p> <p>Date of Disbursement 06 / 18 / 2008</p> <p>Amount of Each Disbursement this Period 205.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) U. S. Postal Service</p> <p>Mailing Address 222 East State Street</p> <p>City Kennett Square State PA Zip Code 19348</p> <p>Purpose of Disbursement Postal Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D672-01E354</p> <p>Date of Disbursement 06 / 07 / 2008</p> <p>Amount of Each Disbursement this Period 423.06</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) U. S. Postal Service</p> <p>Mailing Address 222 East State Street</p> <p>City Kennett Square State PA Zip Code 19348</p> <p>Purpose of Disbursement Postal Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D673-01E355</p> <p>Date of Disbursement 06 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 169.04</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

797.10

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Joe Pitts

A.

Full Name (Last, First, Middle Initial)  
U. S. Postal Service

Mailing Address 222 East State Street

City State Zip Code  
Kennett Square PA 19348

Purpose of Disbursement  
Postal Expense  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼  
State: District:

Transaction ID: D674-01E356  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
Verizon

Mailing Address 1717 Arch Street 47-S

City State Zip Code  
Philadelphia PA 19103

Purpose of Disbursement  
Telephone expense  
Candidate Name  
Verizon

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼  
State: District:

Transaction ID: D740-01E240  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)  
Verizon

Mailing Address 1717 Arch Street 47-S

City State Zip Code  
Philadelphia PA 19103

Purpose of Disbursement  
Telephone Expense  
Candidate Name  
Verizon

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼  
State: District:

Transaction ID: D741-01E24P  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

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

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Joe Pitts

A.	Full Name (Last, First, Middle Initial) Verizon  Mailing Address 1717 Arch Street 47-S  City Philadelphia State PA Zip Code 19103  Purpose of Disbursement Telephone Expense Candidate Name Verizon Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D743-01E24R Date of Disbursement 05 / 20 / 2008  Amount of Each Disbursement this Period 75.48  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Verizon  Mailing Address 1717 Arch Street 47-S  City Philadelphia State PA Zip Code 19103  Purpose of Disbursement Telephone Expense Candidate Name Verizon Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D744-01E24S Date of Disbursement 05 / 06 / 2008  Amount of Each Disbursement this Period 65.87  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Verizon  Mailing Address 1717 Arch Street 47-S  City Philadelphia State PA Zip Code 19103  Purpose of Disbursement Telephone Expense Candidate Name Verizon Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D745-01E24T Date of Disbursement 04 / 03 / 2008  Amount of Each Disbursement this Period 5.46  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	146.78
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Joe Pitts

A.	Full Name (Last, First, Middle Initial) Verizon Wireless	Transaction ID: D748-02qT0C Date of Disbursement 05 / 22 / 2008
	Mailing Address P.O. Box 8585	Amount of Each Disbursement this Period 178.00
	City Philadelphia State PA Zip Code 19173	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Telephone Expense Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Verizon Wireless	Transaction ID: D749-02qT0D Date of Disbursement 04 / 28 / 2008
	Mailing Address P.O. Box 8585	Amount of Each Disbursement this Period 195.12
	City Philadelphia State PA Zip Code 19173	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Telephone Expense Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Verizon Wireless	Transaction ID: D750-02qT0E Date of Disbursement 06 / 02 / 2008
	Mailing Address P.O. Box 8585	Amount of Each Disbursement this Period 168.48
	City Philadelphia State PA Zip Code 19173	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Telephone Expense Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>541.60</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Joe Pitts

<b>A.</b>	Full Name (Last, First, Middle Initial) Verizon Wireless  Mailing Address P.O. Box 8585  City Philadelphia State PA Zip Code 19173 Purpose of Disbursement Telephone Expense Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D751-02qT0F <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 0 8  Amount of Each Disbursement this Period 271.89  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b>	Full Name (Last, First, Middle Initial) WDAC Radio  Mailing Address Post Office Box 3022  City Lancaster State PA Zip Code 17604 Purpose of Disbursement Advertising Expense Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D755-01Pv0D <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 8  Amount of Each Disbursement this Period 1175.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b>	Full Name (Last, First, Middle Initial) Wachovia Center  Mailing Address 3601 South Broad St  City Philadelphia State PA Zip Code 19145 Purpose of Disbursement Ticket Expense Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D756-03fl01 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 8  Amount of Each Disbursement this Period 1000.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>2446.89</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Joe Pitts

<p><b>A.</b> Full Name (Last, First, Middle Initial) Wachovia Center</p> <p>Mailing Address 3601 South Broad St</p> <p>City Philadelphia State PA Zip Code 19145</p> <p>Purpose of Disbursement Ticket Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D757-03f102</p> <p>Date of Disbursement 05 / 19 / 2008</p> <p>Amount of Each Disbursement this Period 250.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Walmart</p> <p>Mailing Address Lincoln Hwy East</p> <p>City Lancaster State Pa Zip Code 17602</p> <p>Purpose of Disbursement Catering Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D766-02zC0V</p> <p>Date of Disbursement 04 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 36.85</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Walmart</p> <p>Mailing Address Lincoln Hwy East</p> <p>City Lancaster State Pa Zip Code 17602</p> <p>Purpose of Disbursement Catering Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D767-02zC0W</p> <p>Date of Disbursement 04 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 32.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**318.85**

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Joe Pitts

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Walmart</p> <p>Mailing Address Lincoln Hwy East</p> <p>City Lancaster State Pa Zip Code 17602</p> <p>Purpose of Disbursement Catering Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D768-02zC0X</p> <p>Date of Disbursement 04 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 44.91</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Walmart</p> <p>Mailing Address Lincoln Hwy East</p> <p>City Lancaster State Pa Zip Code 17602</p> <p>Purpose of Disbursement Catering Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D769-02zC0Y</p> <p>Date of Disbursement 04 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 109.99</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Walmart</p> <p>Mailing Address Lincoln Hwy East</p> <p>City Lancaster State Pa Zip Code 17602</p> <p>Purpose of Disbursement Catering Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D770-02zC0Z</p> <p>Date of Disbursement 05 / 12 / 2008</p> <p>Amount of Each Disbursement this Period 147.14</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

302.04

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any Information copied from such Reports and Statements and 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)  
Friends of Joe Pitts

A.	Full Name (Last, First, Middle Initial) Walmart Mailing Address Lincoln Hwy East City Lancaster State Pa Zip Code 17602 Purpose of Disbursement Catering Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D771-02zC0a Date of Disbursement 06 / 06 / 2008 Amount of Each Disbursement this Period 68.60 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) West Fallowfield Christian School Mailing Address Fallowfield Rd. City Atglen State PA Zip Code 19310 Purpose of Disbursement Ticket Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D783-02dT0B Date of Disbursement 04 / 24 / 2008 Amount of Each Disbursement this Period 350.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Western Region Rep. Comm. Mailing Address 2015 Cypress Lane City Wyomissing State PA Zip Code 19610 Purpose of Disbursement Ticket Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D787-03We05 Date of Disbursement 04 / 17 / 2008 Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	668.60
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Joe Pitts

A.

Full Name (Last, First, Middle Initial)  
Westfield Ins

Mailing Address One Park Circle, Po 5001

City State Zip Code  
Westfield Center OH 44251

Purpose of Disbursement  
Insurance Expense

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D790-03X804  
Date of Disbursement

05 / 01 / 2008

Amount of Each Disbursement this Period

901.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
Jerri Wier

Mailing Address 74 Light Farm Drive

City State Zip Code  
Cochranville PA 19330

Purpose of Disbursement  
Mileage Expense

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D791-03ft02  
Date of Disbursement

05 / 12 / 2008

Amount of Each Disbursement this Period

84.22

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)  
Jerri Wier

Mailing Address 74 Light Farm Drive

City State Zip Code  
Cochranville PA 19330

Purpose of Disbursement  
Payroll Expense

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D792-03ft03  
Date of Disbursement

05 / 01 / 2008

Amount of Each Disbursement this Period

1514.56

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ..... ▶

2499.78

TOTAL This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Joe Pitts

<p><b>A.</b> Full Name (Last, First, Middle Initial) Jerri Wier</p> <p>Mailing Address 74 Light Farm Drive</p> <p>City Cochranville State PA Zip Code 19330</p> <p>Purpose of Disbursement Mileage Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D793-03ft04</p> <p>Date of Disbursement 06 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 97.42</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Jerri Wier</p> <p>Mailing Address 74 Light Farm Drive</p> <p>City Cochranville State PA Zip Code 19330</p> <p>Purpose of Disbursement Mileage Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D794-03ft05</p> <p>Date of Disbursement 06 / 16 / 2008</p> <p>Amount of Each Disbursement this Period 84.25</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Jerri Wier</p> <p>Mailing Address 74 Light Farm Drive</p> <p>City Cochranville State PA Zip Code 19330</p> <p>Purpose of Disbursement Payroll Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D795-03ft06</p> <p>Date of Disbursement 06 / 02 / 2008</p> <p>Amount of Each Disbursement this Period 1514.56</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

1696.23

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Joe Pitts

A.	Full Name (Last, First, Middle Initial) Jerri - Lynn Wier	Transaction ID: D851-01Xg6F Date of Disbursement 04 / 07 / 2008
	Mailing Address 74 Light Farm Drive	Amount of Each Disbursement this Period 94.22
	City Cochranville State PA Zip Code 19330	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Mileage Expense Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Jerri - Lynn Wier	Transaction ID: D852-01Xg6G Date of Disbursement 04 / 03 / 2008
	Mailing Address 74 Light Farm Drive	Amount of Each Disbursement this Period 1541.96
	City Cochranville State PA Zip Code 19330	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Payroll Expense Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Jerri - Lynn Wier	Transaction ID: D853-01Xg6H Date of Disbursement 04 / 22 / 2008
	Mailing Address 74 Light Farm Drive	Amount of Each Disbursement this Period 74.22
	City Cochranville State PA Zip Code 19330	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Mileage Expense Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	1710.40
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)  
Friends of Joe Pitts

A.

Full Name (Last, First, Middle Initial)  
Jerri - Lynn Wier

Mailing Address 74 Light Farm Drive

City Cochranville State PA Zip Code 19330

Purpose of Disbursement  
Bonus Expense

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D854-01Xg6l  
Date of Disbursement

05 / 28 / 2008

Amount of Each Disbursement this Period

2000.00

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .....

2000.00

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

62811.99

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Joe Pitts

A.

Full Name (Last, First, Middle Initial)  
Berks County GOP

Mailing Address 420 North Park Road, Suite 104

City Wyomissing State PA Zip Code 19610

Purpose of Disbursement  
Contribution Expense

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D134-02zv00  
Date of Disbursement

04 / 14 / 2008

Amount of Each Disbursement this Period

2500.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
Chet Beiler for Auditor General

Mailing Address 331 Fruitville Pike

City Manheim State PA Zip Code 17545

Purpose of Disbursement  
Contribution Expense

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D231-03fr01  
Date of Disbursement

05 / 17 / 2008

Amount of Each Disbursement this Period

1000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ..... ►

3500.00

TOTAL This Period (last page this line number only) ..... ►

3500.00