

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

1. NAME OF COMMITTEE (in full)

FRIENDS OF CONGRESSMAN TIM HOLDEN

ADDRESS (number and street) Check if different than previously reported.
P.O. BOX 37

2. FEC IDENTIFICATION NUMBER

C0265322

2000 MAR 29 P 3:45

CITY, STATE and ZIP CODE

SAINT CLAIR, PA 179700037

STATE/DISTRICT

PA 6

3. IS THIS REPORT AN AMENDMENT?

YES NO

4. TYPE OF REPORT

April 15 Quarterly Report

Twelfth day report preceding

Primary

(Type of Election)

July 15 Quarterly Report

election on 04/04/2000

in the State of PA

October 15 Quarterly Report

Thirtieth day report following the General Election on

January 31 Year End Report

In the State of _____

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

Termination Report

This report contains activity for

Primary Election

General Election

Special Election

Runoff Election

SUMMARY

5. Covering Period	COLUMN A This Period	COLUMN B Calendar Year-to-date
<u>01/01/2000</u> through <u>03/15/2000</u>		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	\$24290.00	\$24290.00
(b) Total Contribution Refunds (From Line 20(d))	\$0.00	\$0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	\$24290.00	\$24290.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	\$33745.47	\$33745.47
(b) Total Offsets to Operating Expenditures (from Line 14)	\$0.00	\$0.00
(c) Net Operating Expenditures (Subtract Line 7(b) from 7(a))	\$33745.47	\$33745.47
8. Cash on Hand at Close of Reporting Period (from Line 27)	\$105839.40	
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	\$0.00	
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	\$0.00	

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

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer
THOMAS V. NAWROCKI

Signature of Treasurer

Date

03/16/01

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

FEC FORM 3
(Revised 4/87)

Detailed Summary Page

of Receipts and Disbursements

(Page 2, FEC FORM 3)

Name of Committee (in full) FRIENDS OF CONGRESSMAN TIM HOLDEN	Report Covering the Period:	
	From: 01/01/2000	To: 03/15/2000
I. RECEIPTS	Column A Total This Period	Column B Calendar Year-To-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (Use Schedule A)	\$740.00	
(ii) Unitemized	\$10640.00	
(iii) Total of contributions from Individual	\$11380.00	\$11380.00
(b) Political Party Committees	\$60.00	\$60.00
(c) Other Political Committees (such as PACs)	\$12850.00	\$12850.00
(d) The Candidate	\$0.00	\$0.00
(e) TOTAL CONTRIBUTIONS (other than loans)(add 11(a)(iii), (b), (c) and (d))	\$24290.00	\$24290.00
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 13(a) and (b))	\$0.00	\$0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	\$0.00	\$0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	\$222.51	\$222.51
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)	\$24512.51	\$24512.51
II. DISBURSEMENTS		
17. OPERATING EXPENDITURES	\$33745.47	\$33745.47
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	\$0.00	\$0.00
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 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 20(a), (b) and (c))	\$0.00	\$0.00
21. OTHER DISBURSEMENTS	\$22088.80	\$22088.80
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)	\$55834.27	\$55834.27
III. CASH SUMMARY		
23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD		\$137161.16
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)		\$24512.51
25. SUBTOTAL (add Line 23 and Line 24)		\$161673.67
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)		\$55834.27
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)		\$105839.40

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

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NAME OF COMMITTEE (in full)
FRIENDS OF CONGRESSMAN TIM HOLDEN

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John V. Dugan, Jr. 8301 Miss Anne Ln. Annandale, VA 22003-	Lockhead Martin Occupation Federal Affairs Representative	01/28/2000	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	\$500.00	
John Ptaszkowski 227 Florida Shenandoah, PA 17976-	None Occupation Retired	01/29/2000	\$200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	\$200.00	
John Ptaszkowski 227 Florida Shenandoah, PA 17976-	None Occupation Retired	02/28/2000	\$40.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	\$240.00	
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
		/ /	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
		/ /	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
		/ /	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
		/ /	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		

SUBTOTAL of Receipts This Page (optional)	\$740.00
TOTAL This Period (last page this line number only)	\$740.00

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ITEMIZED RECEIPTS

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FRIENDS OF CONGRESSMAN TIM HOLDEN

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of each Receipt this Period
Comm. to Re-Elect Keith McCall 336 West Ludlow Street Summit Hill, PA 18250-		03/09/2000	\$60.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->		\$60.00
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of each Receipt this Period
		/ /	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->		
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of each Receipt this Period
		/ /	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->		
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of each Receipt this Period
		/ /	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->		
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of each Receipt this Period
		/ /	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->		
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of each Receipt this Period
		/ /	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->		
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of each Receipt this Period
		/ /	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->		

SUBTOTAL of Receipts This Page (optional)	\$60.00
TOTAL This Period (last page this line number only)	\$60.00

SCHEDULE A

ITEMIZED RECEIPTS

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

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FRIENDS OF CONGRESSMAN TIM HOLDEN

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
National Education Association PAC 1201 16th Street, NW Suite 421 Washington, DC 20036-		03/09/2000	\$1500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	Aggregate Year-to-Date ->	\$1500.00
B. Full Name, Mailing Address and Zip Code Assoc. of Flight Attendants PAC 1275 K Street NW 5th Floor Washington, DC 20036-		03/13/2000	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	Aggregate Year-to-Date ->	\$250.00
C. Full Name, Mailing Address and Zip Code PAC of PA Blue Cross Plans P.O. Box 10512 Harrisburg, PA 17105-		03/02/2000	\$100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	Aggregate Year-to-Date ->	\$100.00
D. Full Name, Mailing Address and Zip Code Local 743 IBEW 341 South Fifth Street Reading, PA 19602-		03/03/2000	\$100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	Aggregate Year-to-Date ->	\$100.00
E. Full Name, Mailing Address and Zip Code Nat. Assoc. of Insurance & Financial 1922 F Street NW Washington, DC 20006-		03/09/2000	\$1500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	Aggregate Year-to-Date ->	\$1500.00
F. Full Name, Mailing Address and Zip Code American Council of Life Insurance PAC Attn: Timothy J. Keating Washington, DC 20004-2599		03/13/2000	\$1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	Aggregate Year-to-Date ->	\$1000.00
G. Full Name, Mailing Address and Zip Code Ironworkers Local Union 420 1645 Fairview Street Reading, PA 19606-		02/28/2000	\$100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	Aggregate Year-to-Date ->	\$100.00

SUBTOTAL of Receipts This Page (optional)	\$4550.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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FRIENDS OF CONGRESSMAN TIM HOLDEN

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
United Steel Workers of America 5 Gateway Center Pittsburgh, PA 15222- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		03/09/2000	\$100.00
		Aggregate Year-to-Date ->	\$100.00
B. Full Name, Mailing Address and Zip Code International Union of Operating 1125 Seventeenth Street NW Washington, DC 20036- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		03/08/2000	\$200.00
		Aggregate Year-to-Date ->	\$200.00
C. Full Name, Mailing Address and Zip Code Wholesale/Distributor PAC 1725 K Street NW Washington, DC 20006- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		03/13/2000	\$500.00
		Aggregate Year-to-Date ->	\$500.00
D. Full Name, Mailing Address and Zip Code Manufactured Housing Political Action Co 2101 Wilson Boulevard Suite 610 Arlington, VA 22201-3062 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		03/09/2000	\$500.00
		Aggregate Year-to-Date ->	\$500.00
E. Full Name, Mailing Address and Zip Code Laborers' Political League 905 16th Street, NW Washington, DC 20006- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		01/10/2000	\$1000.00
		Aggregate Year-to-Date ->	\$1000.00
F. Full Name, Mailing Address and Zip Code Laborers' Political League 905 16th Street, NW Washington, DC 20006- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		03/09/2000	\$1500.00
		Aggregate Year-to-Date ->	\$2500.00
G. Full Name, Mailing Address and Zip Code United Parcel Service PAC 55 Glenlake Parkway, N.E. Atlanta, GA 30328- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		03/09/2000	\$1000.00
		Aggregate Year-to-Date ->	\$1000.00

SUBTOTAL of Receipts This Page (optional)	\$4800.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

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NAME OF COMMITTEE (IN FULL)
FRIENDS OF CONGRESSMAN TIM HOLDEN

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month, day, year)	Amount of Each Receipt this Period
Nat'l Comm. to Preserve Social Security 10 G Street NE Suite 500 Washington, DC 20006-		03/09/2000	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->		\$500.00
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month, day, year)	Amount of Each Receipt this Period
U.A. Local 524 711 Corey Street Scranton, PA 18505-		03/09/2000	\$2000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->		\$2000.00
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month, day, year)	Amount of Each Receipt this Period
Nat'l Assoc. of the Home Builders PAC 1201 15th Street NW Washington, DC 20005-2900		03/09/2000	\$1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->		\$1000.00
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month, day, year)	Amount of Each Receipt this Period
		/ /	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->		
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month, day, year)	Amount of Each Receipt this Period
		/ /	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->		
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month, day, year)	Amount of Each Receipt this Period
		/ /	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->		
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month, day, year)	Amount of Each Receipt this Period
		/ /	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->		

SUBTOTAL of Receipts This Page (optional)	\$3500.00
TOTAL This Period (last page this line number only)	\$12850.00

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (IN FULL)
FRIENDS OF CONGRESSMAN TIM HOLDEN

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Community Banks, NA Second and Carroll Street Saint Clair, PA 17970-		01/06/2000	\$80.19
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->	\$80.19	
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Community Banks, NA Second and Carroll Street Saint Clair, PA 17970-		02/08/2000	\$82.38
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->	\$162.57	
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Community Banks, NA Second and Carroll Street Saint Clair, PA 17970-		03/08/2000	\$59.94
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->	\$222.51	
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
		/ /	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->		
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
		/ /	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->		
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
		/ /	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->		
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
		/ /	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->		

SUBTOTAL of Receipts This Page (optional)	\$222.51
TOTAL This Period (last page this line number only)	\$222.51

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
FRIENDS OF CONGRESSMAN TIM HOLDEN

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
AT & T PO Box 8221 Fox Valley, IL 60572-8221	Phone charges Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/14/2000	\$21.28
B. Full Name, Mailing Address and Zip Code Bank Card Services P.O. Box 15019 Wilmington, DE 19886-	Meals and lodging Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/03/2000	\$111.19
C. Full Name, Mailing Address and Zip Code P & K Sales P.O. Box 88 Port Carbon, PA 17965-	Labels Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/05/2000	\$573.78
D. Full Name, Mailing Address and Zip Code U.S. Postmaster (St. Clair) West Carroll Street St. Clair, PA 17970-	Mailing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/28/2000	\$57.09
E. Full Name, Mailing Address and Zip Code U.S. Postmaster (St. Clair) West Carroll Street St. Clair, PA 17970-	03/03FR Mailing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/10/2000	\$476.93
F. Full Name, Mailing Address and Zip Code U.S. Postmaster (St. Clair) West Carroll Street St. Clair, PA 17970-	Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/20/2000	\$14.73
G. Full Name, Mailing Address and Zip Code U.S. Postmaster (St. Clair) West Carroll Street St. Clair, PA 17970-	Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/22/2000	\$2.31

SUBTOTAL of Disbursements This Page (optional)	\$1257.31
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
FRIENDS OF CONGRESSMAN TIM HOLDEN

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
U.S. Postmaster (St. Clair) West Carroll Street St. Clair, PA 17970-	Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/07/2000	\$33.00
U.S. Postmaster (St. Clair) West Carroll Street St. Clair, PA 17970-	Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/14/2000	\$99.00
U.S. Postmaster (St. Clair) West Carroll Street St. Clair, PA 17970-	Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/23/2000	\$2.53
U.S. Postmaster (St. Clair) West Carroll Street St. Clair, PA 17970-	Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/08/2000	\$100.00
U.S. Postmaster (St. Clair) West Carroll Street St. Clair, PA 17970-	Postage/FEC mailing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/15/2000	\$16.52
U.S. Postmaster (St. Clair) West Carroll Street St. Clair, PA 17970-	Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/04/2000	\$4.30
A&T PO BOX 9001309 Louisville, KY 40290-	Phone Charges Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/11/2000	\$28.86

SUBTOTAL of Disbursements This Page (optional)	\$284.21
TOTAL This Period (last page this line number only)	\$284.21

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF CONGRESSMAN TIM HOLDEN

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
David L. Andrukitis, Inc. 50 E Street, S.E. Washington, DC 20003-	Print XMAS cards Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	01/03/2000	\$398.00
Aristotle Industries 205 Pennsylvania Avenue, SE Washington, DC 20003-	Software License Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	02/05/2000	\$825.00
Bell Atlantic-PA P.O. Box 28000 Lehigh Valley, PA 18002-8000	Phone Charges Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	02/11/2000	\$85.20
Bell Atlantic-PA P.O. Box 28000 Lehigh Valley, PA 18002-8000	Phone 03/04 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	03/10/2000	\$85.20
Bell Atlantic-PA P.O. Box 28000 Lehigh Valley, PA 18002-8000	Phone Charges Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	01/14/2000	\$85.20
Senior Charity Bowl PO Box 1035 Pottsville, PA 17901-	Advertisement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	03/10/2000	\$30.00
Scott Brennan R.D. 3, Mill Creek Pottsville, PA 17901-	Xmas Meeting Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	01/03/2000	\$273.85

SUBTOTAL of Disbursements This Page (optional)	\$1782.45
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
 FRIENDS OF CONGRESSMAN TIM HOLDEN

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Democratic City Committee Attn: Vaughn Spencer 1220 Douglas Street Reading, PA 19604-	Election day advertising Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	03/10/2000	\$75.00
B. Full Name, Mailing Address and Zip Code Horizons Communication Corp. 4501 Western Avenue, N.W. Washington, DC 20016-	Purpose of Disbursement FR invitations Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	03/10/2000	\$2500.98
C. Full Name, Mailing Address and Zip Code Laser Communication Company 12413 Clifton Hunt Drive Clifton, VA 20124-	Purpose of Disbursement 03/16FR Mailing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	02/25/2000	\$707.00
D. Full Name, Mailing Address and Zip Code John Jr. Connelly 108-12 Walnut Street Harrisburg, PA 17101-	Purpose of Disbursement Consulting Fee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	01/28/2000	\$1000.00
E. Full Name, Mailing Address and Zip Code Italian Heritage Council of Berks Co. P.O. Box 192 Reading, PA 19603-	Purpose of Disbursement Scholarship Donation Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	01/14/2000	\$60.00
F. Full Name, Mailing Address and Zip Code Hidden Valley Golf Course, Inc. 1753 Panther Valley Road Pine Grove, PA 17963-	Purpose of Disbursement FR Deposit Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	02/17/2000	\$100.00
G. Full Name, Mailing Address and Zip Code Commonwealth of PA Dept. of State Department of State 303 North Office Building Harrisburg, PA 17120-	Purpose of Disbursement Filing fee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	01/07/2000	\$150.00

SUBTOTAL of Disbursements This Page (optional)	\$4592.98
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF CONGRESSMAN TIM HOLDEN

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Eastern Press P.O. Box 1232 2067 W. Market Street Pottsville, PA 17901-	PR Tickets Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/05/2000	\$225.25
American Express P.O. Box 42010 Philadelphia, PA 19162-4201	Meals & Lodging Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/25/2000	\$283.56
American Express P.O. Box 42010 Philadelphia, PA 19162-4201	Meals/Lodging Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/23/2000	\$720.47
Schuylkill County Fire Police Assoc. RD 1 BOX 1336 Tamaqua, PA 18252-	Advertisement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/14/2000	\$75.00
DelCamp's Grocery Mill and Patterson Streets Saint Clair, PA 17970-	Refreshments Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/25/2000	\$45.04
Bonner Group, Inc. PO Box 523523 Springfield, VA 22152-	Reimbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/21/2000	\$59.37
Bonner Group, Inc. PC Box 523523 Springfield, VA 22152-	02/00 Fee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/28/2000	\$2750.00

SUBTOTAL of Disbursements This Page (optional)	\$4158.69
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF CONGRESSMAN TIM HOLDEN

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bonner Group, Inc. PO Box 523523 Springfield, VA 22152-	12/99, 01/00 fee and exp reim Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/07/2000	\$7599.78
Bonner Group, Inc. PO Box 523523 Springfield, VA 22152-	Reimbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/17/2000	\$105.07
Bonner Group, Inc. PO Box 523523 Springfield, VA 22152-	03/00 Fee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/25/2000	\$2750.00
Tim Holden Pearl Street Saint Clair, PA 17970-	Filing Fee Reimbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/11/2000	\$112.00
PA State Assoc. Jury Commissioners c/o Peggy Zimmerman RR 1 BOX 1132 Mt Road Tamaqua, PA 18252-	Advertisement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/10/2000	\$25.00
Thomas V. Nawrocki, P.A. P.O. Box 97 Saint Clair, PA 17970-	01/00 Retainer Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/28/2000	\$1350.00
Thomas V. Nawrocki, P.A. P.O. Box 97 Saint Clair, PA 17970-	02/00 Retainer Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/03/2000	\$1350.00

SUBTOTAL of Disbursements This Page (optional)

\$13291.85

TOTAL This Period (last page this line number only)

ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)
 FRIENDS OF CONGRESSMAN TIM HOLDEN

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Thomas V. Nawrocki, P.A. P.O. Box 97 Saint Clair, PA 17970-	12/99 Retainer and copy work Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/03/2000	\$2700.00
Schuylkill Chapter No. 25 The National Football Foundation and Hall of Fame Pottsville, PA 17901-	Advertisement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/17/2000	\$25.00
Irish American Assoc Of Panther Valley John Early 84 2nd Street Coaldale, PA 18218-	Advertisement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/10/2000	\$50.00
Jimmie Kramer's Peanut Bar 332 Penn Street Reading, PA 19602-	Meals Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/25/2000	\$108.78
U.S. Postmaster Pottsville 450 North Centre Street Pottsville, PA 17901-	03/31PR Mailing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/10/2000	\$495.00
Creative Printing Company 430 S. Hoffman Boulevard Ashland, PA 17921-	03/31PR Invitations Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/17/2000	\$795.00
Creative Printing Company 430 S. Hoffman Boulevard Ashland, PA 17921-	Envelopes and Letterhead Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/14/2000	\$519.40

SUBTOTAL of Disbursements This Page (optional)	\$4693.18
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
FRIENDS OF CONGRESSMAN TIM HOLDEN

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month, day, year)	Amount of Each Disbursement This Period
Creative Printing Company 430 S. Hoffman Boulevard Ashland, PA 17921-	Invitations Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/25/2000	\$185.50
Creative Printing Company 430 S. Hoffman Boulevard Ashland, PA 17921-	FR Tickets Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/14/2000	\$164.30
Travelers Protective Assoc. 213 W Center Street Mahanoy City, PA 17948-	Advertisement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/25/2000	\$25.00
U.S. Postmaster Reading 59 North 5th Street Attn: Ms. Sandra Keller-Williams Reading, PA 19610-	Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/25/2000	\$330.00
Rushanan Catering 108 Arlene Street Minersville, PA 17954-	03/03 FR Food Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/03/2000	\$2850.00
Schuylkill County Special Olympics Attn: Mr. Pete Fatula Schuylkill County I.U. #29 Mar Vin, PA 17951-	Advertisement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/10/2000	\$30.00
Schuylkill County Vol. FF Assoc PO BOX 68 Port Carbon, PA 17965-	Advertisement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/25/2000	\$100.00

SUBTOTAL of Disbursements This Page (optional)	\$3684.80
TOTAL This Period (last page this line number only)	\$33745.47

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full)
 FRIENDS OF CONGRESSMAN TIM HOLDEN

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Pomona Grange Grace Kohl RR#2 BOX 564 B Northumberland, PA 17857-	Legislative Night Ticket Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/21/2000	\$9.00
B. Full Name, Mailing Address and Zip Code Lady Generals 16 & Under 569 Seltzer Road Pottsville, PA 17901-	Purpose of Disbursement Donation Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/14/2000	\$25.00
C. Full Name, Mailing Address and Zip Code All Regional Athletic Softball RR1 BOX 1292A Parnesville, PA 18214-	Purpose of Disbursement Sponsor Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/17/2000	\$50.00
D. Full Name, Mailing Address and Zip Code Casey Fox Auditor General 2311 North Front Street Suite 409 Harrisburg, PA 17110-	Purpose of Disbursement Political contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/10/2000	\$1000.00
E. Full Name, Mailing Address and Zip Code Democratic Congress. Campaign Committee 430 South Capitol Street Washington, DC 20003-	Purpose of Disbursement Donation Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/19/2000	\$20000.00
F. Full Name, Mailing Address and Zip Code United Cerebral Palsy Agricultural Park Pottsville, PA 17901-	Purpose of Disbursement Donation Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/25/2000	\$25.00
G. Full Name, Mailing Address and Zip Code Allied Democratic Club of Berks County Att: Louise Snyder 1118 Exeter Street Reading, PA 19604-	Purpose of Disbursement RR Tickets Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/25/2000	\$185.00

SUBTOTAL of Disbursements This Page (optional)	\$21294.00
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in full)
 FRIENDS OF CONGRESSMAN TIM HOLDEN

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
The Spirit of Hope Foundation 1314 E. Centre Street Mahanoy City, PA 17948-	Sponsor Golf Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/25/2000	\$50.00
B. Full Name, Mailing Address and Zip Code Sunbury Community Hospital 350 North Eleventh Street Sunbury, PA 17801-	Purpose of Disbursement Donation Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/25/2000	\$200.00
C. Full Name, Mailing Address and Zip Code Friends of Judith Kraines 406 Arrowhead Trail Reading, PA 19608-	Purpose of Disbursement Political Donation Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/25/2000	\$100.00
D. Full Name, Mailing Address and Zip Code Pottsville Lions Legion Baseball R.E. #1, Box 1061 Rosewood Drive Pottsville, PA 17901-	Purpose of Disbursement Donation Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/17/2000	\$25.00
E. Full Name, Mailing Address and Zip Code Watsonstown Lioness Club RR1 BOX 404 Allenwood, PA 17810-	Purpose of Disbursement Donation Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/03/2000	\$25.00
F. Full Name, Mailing Address and Zip Code New Philadelphia Little League B'ball 37 McComb Street New Phila, PA 17959-	Purpose of Disbursement Patron Fee Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/17/2000	\$25.00
G. Full Name, Mailing Address and Zip Code Fon da Grunsow Lodge c/o Richard Koch R.R. #1, Box 1237 Tamaqua, PA 18252-	Purpose of Disbursement Donation Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/10/2000	\$15.00

SUBTOTAL of Disbursements This Page (optional)	\$440.00
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule for each category of the Detailed Summary Page

PAGE 3 OF 4

FOR LINE NUMBER 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF CONGRESSMAN TIM HOLDEN

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month, day, year)	Amount of Each Disbursement This Period
Victor Emmanuel Men's Lodge 311 Hazle Street Reading, PA 19611-	Banquet Patron Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/25/2000	\$25.00
B. Full Name, Mailing Address and Zip Code Committee to elect O'Brian PO BOX 447 Bethlehem, PA 18018-	Purpose of Disbursement PR Tickets Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/28/2000	\$40.00
C. Full Name, Mailing Address and Zip Code American Red Cross Of Sunbury Area 30 N Fifth St Sunbury, PA 17801-	Purpose of Disbursement Donation Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/10/2000	\$25.00
D. Full Name, Mailing Address and Zip Code Creative Printing Company 430 S. Hoffman Boulevard Ashland, PA 17921-	Purpose of Disbursement Ticket Sponsor Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/14/2000	\$84.80
E. Full Name, Mailing Address and Zip Code St. Jerome Regional School 250 West Broad Street Tamaqua, PA 18252-	Purpose of Disbursement Donation Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/10/2000	\$25.00
F. Full Name, Mailing Address and Zip Code Terry Reiley 200 North 18th Street Pottsville, PA 17901-	Purpose of Disbursement Donation Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/19/2000	\$100.00
G. Full Name, Mailing Address and Zip Code Saint Canicus Parish 22 South Catawissa Street Mahanoy City, PA 17948-	Purpose of Disbursement Patron Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/17/2000	\$30.00

SUBTOTAL of Disbursements This Page (optional)	\$329.80
TOTAL This Period (last page this line number only)	

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
FRIENDS OF CONGRESSMAN TIM HOLDEN

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Big Brother Schuylkill County 91 South Progress Avenue Pottsville, PA 17901-	Donation Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/10/2000	\$25.00
B. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	/ /	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	/ /	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	/ /	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	/ /	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	/ /	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	/ /	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	\$25.00
TOTAL This Period (last page this line number only)	\$22088.80

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 3/16/00
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>J.A.O.</i> PREPARER	3/20/02 DATE PREPARED