

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL 4-7 OR TYPE OR PRINT

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

1. NAME OF COMMITTEE (in full)
COMMITTEE TO ELECT ED O'BRIEN

ADDRESS (number and street) Check if different than previously reported.
P.O. Box 447

CITY, STATE and ZIP CODE **BETHLEHEM, PA.** STATE/DISTRICT **18018**

2. FEC IDENTIFICATION NUMBER
C00351718 P 2:35

3. IS THIS REPORT AN AMENDMENT?
 YES NO

4. TYPE OF REPORT

April 15 Quarterly Report 12-Day Pre-Election Report for the _____ (Type of Election) election on _____ in the State of _____

July 15 Quarterly Report

October 15 Quarterly Report 30-Day Post-Election Report following the General Election on _____ in the State of _____

January 31 Year End Report Termination Report

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

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

SUMMARY

6. Covering Period	COLUMN A This Period	COLUMN B Calendar Year-to-Date
<u>12/10/99</u> through <u>12/31/99</u>		
5. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	50,485.96	50,485.96
(b) Total Contribution Refunds (from Line 20(d))	—	—
(c) Net Contributions (other than loans) (subtract Line 5(b) from 5(a))	50,485.96	50,485.96
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	219.64	219.64
(b) Total Offsets to Operating Expenditures (from Line 14)	—	—
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	219.64	219.64
8. Cash on Hand at Close of Reporting Period (from Line 27)	50,266.32	
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	—	
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	—	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-6530
Local 202-694-1100

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
STEPHEN D. DOBROSKY

Signature of Treasurer *Stephen D. Dobrosky* Date **1-27-00**

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

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FEC FORM 3
(revised 4/87)

DETAILED SUMMARY PAGE

C00351718

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

Name of Committee (In full)	Report Covering the Period:	
COMMITTEE TO ELECT ED O'BRIEN	From: 12/10/99	To: 12/31/99
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)	37,750.00	
(ii) Unitemized	5,285.96	
(iii) Total of contributions from individuals	43,035.96	43,035.96
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)	6,450.00	6,450.00
(d) The Candidate	1,000.00	1,000.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(i), (b), (c) and (d))	50,485.96	50,485.96
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	—	—
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
(b) All Other Loans		
(c) TOTAL LOANS (add 13(a) and (b))	—	—
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	—	—
15. OTHER RECEIPTS (Dividends, Interest, Etc.)	—	—
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)	50,485.96	50,485.96
II. DISBURSEMENTS		
17. OPERATING EXPENDITURES	219.64	219.64
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	—	—
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate		
(b) Of All Other Loans		
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))	—	—
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))	—	—
21. OTHER DISBURSEMENTS	—	—
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)	219.64	219.64

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	\$	0
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)	\$	50,485.96
25. SUBTOTAL (add Line 23 and Line 24)	\$	50,485.96
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	\$	219.64
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)	\$	50,266.32

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 8

FOR LINE NUMBER

CONTRIBUTIONS FROM INDIVIDUALS

11(a)(1)

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NAME OF COMMITTEE (in full)

COMMITTEE TO ELECT ED O'BRIEN

C 00351718

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOSEPH LURIE 1800 MARKET ST. PHILADELPHIA, PA	GALFAND, BERGER	12/14/99	\$1,000
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	Aggregate Year-to-Date > \$1,000	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DAVID L. PALMER 3606 JACKSON CABIN RD. PHOENIX, MD 21131	LAW OFFICES OF PETER G. ANGELOS	12/17/99	\$1,000
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	Aggregate Year-to-Date > \$1,000	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SHIRLEY O'BRIEN 1775 CHAPEL AVENUE ALLENTOWN, PA 18103		12/15/99	\$1,000
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation RETIRED	Aggregate Year-to-Date > \$1,000	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GEORGE A. WEBER, III 5 FAWN RIDGE COURT REISTERSTOWN, MD 21136	LAW OFFICES OF PETER G. ANGELOS	12/15/99	\$1,000
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	Aggregate Year-to-Date > \$1,000	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
EDWARD V. REEVES 3028 FAIRDALE ROAD PHILADELPHIA, PA 19154-1804	LAW OFFICES OF PETER G. ANGELOS	12/15/99	\$500
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	Aggregate Year-to-Date > \$500	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ANDREW M. CANTOR 6 SPRING KNUCK COURT LUTHERVILLE, MD 21093	LAW OFFICES OF PETER G. ANGELOS	12/15/99	\$1,000
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	Aggregate Year-to-Date > \$1,000	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GARY J. IGNATOWSKI 5407 BIDDISON AVENUE BALTIMORE, MD 21206-3555	LAW OFFICES OF PETER G. ANGELOS	12/15/99	\$1,000
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	Aggregate Year-to-Date > \$1,000	

SUBTOTAL of Receipts This Page (optional)

6,500

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 8
FOR LINE NUMBER 11(8)(1)

CONTRIBUTIONS FROM INDIVIDUALS

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NAME OF COMMITTEE (in Full)

COMMITTEE TO ELECT ED O'BRIEN

C00351718

A. Full Name, Mailing Address and ZIP Code R. BRUCE McELHONE 1309 MARQUIS CT. FALLSTON, MD 21047	Name of Employer <u>LAW OFFICES OF PETER G. ANGELOS</u> Occupation <u>ATTORNEY</u> Aggregate Year-to-Date <u>> \$1,000</u>	Date (month, day, year) <u>12/15/99</u>	Amount of Each Receipt this Period <u>\$1,000</u>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer <u>LAW OFFICES OF PETER G. ANGELOS</u> Occupation <u>ATTORNEY</u> Aggregate Year-to-Date <u>> \$1,000</u>	Date (month, day, year) <u>12/15/99</u>	Amount of Each Receipt this Period <u>\$1,000</u>
B. Full Name, Mailing Address and ZIP Code <u>EDWARD P. McWAGHAN</u> <u>124 NORMANDY DRIVE</u> <u>SILVER SPRING, MD 20901</u>	Name of Employer <u>LAW OFFICES OF PETER G. ANGELOS</u> Occupation <u>ATTORNEY</u> Aggregate Year-to-Date <u>> \$1,000</u>	Date (month, day, year) <u>12/15/99</u>	Amount of Each Receipt this Period <u>\$1,000</u>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer <u>LAW OFFICES OF PETER G. ANGELOS</u> Occupation <u>ATTORNEY</u> Aggregate Year-to-Date <u>> \$1,000</u>	Date (month, day, year) <u>12/15/99</u>	Amount of Each Receipt this Period <u>\$1,000</u>
C. Full Name, Mailing Address and ZIP Code <u>THOMAS MINKIN</u> <u>6 RED CEDAR COURT</u> <u>BALTIMORE, MD 21208</u>	Name of Employer <u>LAW OFFICES OF PETER G. ANGELOS</u> Occupation <u>ATTORNEY</u> Aggregate Year-to-Date <u>> \$1,000</u>	Date (month, day, year) <u>12/15/99</u>	Amount of Each Receipt this Period <u>\$1,000</u>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer <u>LAW OFFICES OF PETER G. ANGELOS</u> Occupation <u>ATTORNEY</u> Aggregate Year-to-Date <u>> \$1,000</u>	Date (month, day, year) <u>12/15/99</u>	Amount of Each Receipt this Period <u>\$1,000</u>
D. Full Name, Mailing Address and ZIP Code <u>EDWARD JOHN LILLY</u> <u>3572 MILL GREEN RD.</u> <u>STREET, MD 21154</u>	Name of Employer <u>LAW OFFICES OF PETER G. ANGELOS</u> Occupation <u>ATTORNEY</u> Aggregate Year-to-Date <u>> \$1,000</u>	Date (month, day, year) <u>12/15/99</u>	Amount of Each Receipt this Period <u>\$1,000</u>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer <u>LAW OFFICES OF PETER G. ANGELOS</u> Occupation <u>ATTORNEY</u> Aggregate Year-to-Date <u>> \$1,000</u>	Date (month, day, year) <u>12/15/99</u>	Amount of Each Receipt this Period <u>\$1,000</u>
E. Full Name, Mailing Address and ZIP Code <u>ARMAND J. VOLTA, JR.</u> <u>17 NAYBORLY COURT</u> <u>CATONSVILLE, MD 21228-4074</u>	Name of Employer <u>LAW OFFICES OF PETER G. ANGELOS</u> Occupation <u>ATTORNEY</u> Aggregate Year-to-Date <u>> \$1,000</u>	Date (month, day, year) <u>12/15/99</u>	Amount of Each Receipt this Period <u>\$1,000</u>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer <u>McALEESE, MCGOLDRICK AND SUSMAN</u> Occupation <u>ATTORNEY</u> Aggregate Year-to-Date <u>> \$500</u>	Date (month, day, year) <u>12/15/99</u>	Amount of Each Receipt this Period <u>\$500</u>
F. Full Name, Mailing Address and ZIP Code <u>ROGER D. SUSANIN</u> <u>4119 MEADOW LANE</u> <u>NEWTOWN SQUARE, PA 19073</u>	Name of Employer Occupation <u>SELF-EMPLOYED</u> Aggregate Year-to-Date <u>> \$500</u>	Date (month, day, year) <u>12/15/99</u>	Amount of Each Receipt this Period <u>\$200</u>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation <u>SELF-EMPLOYED</u> Aggregate Year-to-Date <u>> \$500</u>	Date (month, day, year) <u>12/15/99</u>	Amount of Each Receipt this Period <u>\$200</u>

SUBTOTAL of Receipts This Page (optional)

5,700

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 8

FOR LINE NUMBER 11 (2)(i)

CONTRIBUTIONS FROM INDIVIDUALS

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NAME OF COMMITTEE (In Full)

COMMITTEE TO ELECT ED O'BRIEN

C00351718

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
KEVIN M. O'BRIEN 6 S. PINE ST. SUMMIT HILL, PA 18250	COMMONWEALTH OF PENNSYLVANIA	12/28/99	\$500
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: STATE TROOPER	Aggregate Year-to-Date > \$500	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
VINCENT BONADIO 3907 HANNON COURT, UNIT E BALTIMORE, MD 21236-5803	PETER G. ANGELOS	12/28/99	\$1,000
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: PRODUCT INVESTIGATOR	Aggregate Year-to-Date > \$1,000	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JAMES E. GOOD, SR. 2128 FREELAND RD. FREELAND, MD 21053-9587	PETER G. ANGELOS	12/28/99	\$1,000
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: PRODUCT INVESTIGATOR	Aggregate Year-to-Date > \$1,000	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MICHAEL J. MC CALL 21 E. LEHIGH ST. SUMMIT HILL, PA 18250	STATE WORKERS' INSURANCE FUND	12/28/99	\$1,000
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: INVESTIGATOR	Aggregate Year-to-Date > \$1,000	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
COLLEEN A. CRAMPSIE APT. 338 3601 CONSHOHOCKEN AVE. PHILADELPHIA, PA 19131	GENTLE DENTAL	12/28/99	\$1,000
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: DENTAL HYGIENIST	Aggregate Year-to-Date > \$1,000	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROBERT M. CRAMPSIE 324 W. WHITE ST. SUMMIT HILL, PA 18250	CARBON COUNTY	12/28/99	\$1,000
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CONTROLLER	Aggregate Year-to-Date > \$1,000	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RICHARD M. JURSEWICZ 157 FAIRWAY DRIVE HARLEYSVILLE, PA 19438	GALFAND, BERGER	12/28/99	\$800
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: ATTORNEY	Aggregate Year-to-Date > \$800	

SUBTOTAL of Receipts This Page (optional)

6,300

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 4 OF 8

FOR LINE NUMBER 11(2X1)

CONTRIBUTIONS FROM INDIVIDUALS

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NAME OF COMMITTEE (In Full)

COMMITTEE TO ELECT ED O'BRIEN

C00351718

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<i>ERIC J. SWAN 1419 AMITY RD. RYDAL, PA 19046</i>	<i>GALFANO, BERGER</i>	<i>12/28/99</i>	<i>\$800</i>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <i>ATTORNEY</i>	Aggregate Year-to-Date > <i>\$800</i>	
<i>DEBRA A. JENSEN 7704 PINE RD. WYNDMOOR, PA 19038</i>	<i>GALFANO, BERGER</i>	<i>12/28/99</i>	<i>\$800</i>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <i>ATTORNEY</i>	Aggregate Year-to-Date > <i>\$800</i>	
<i>WAYNE GERBER 29 LAFAYETTE AVE. KINGSTON, NY 12401</i>	<i>IBM</i>	<i>12/28/99</i>	<i>\$900</i>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <i>TECHNICIAN</i>	Aggregate Year-to-Date > <i>\$1,000</i>	
<i>MARGARET CRAMPISIE 150 E. WHITE ST. SUMMIT HILL, PA 18250</i>		<i>12/28/99</i>	<i>\$1,000</i>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <i>RETIRED</i>	Aggregate Year-to-Date > <i>\$1,000</i>	
<i>BARBARA SMITH CRAMPISIE 944 CATAWAUGUA RD. WHITEHALL, PA 18052</i>	<i>RODNEY M. DOBROWOLSKI D. M. D.</i>	<i>12/28/99</i>	<i>\$500</i>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <i>DENTAL ASSISTANT</i>	Aggregate Year-to-Date > <i>\$500</i>	
<i>FRANK PATRICK CRAMPISIE 944 CATAWAUGUA RD. WHITEHALL, PA 18052</i>	<i>PILLSBURY</i>	<i>12/28/99</i>	<i>\$500</i>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <i>PRODUCTION</i>	Aggregate Year-to-Date > <i>\$500</i>	
<i>CAROL ANN RETBERT 107 80TH AVENUE HELLERTOWN, PA 18055</i>	<i>LOCAL 2599 USWA</i>	<i>12/28/99</i>	<i>\$1,000</i>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <i>SECRETARY</i>	Aggregate Year-to-Date > <i>\$1,000</i>	

SUBTOTAL of Receipts This Page (optional)

5,500

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE **5** OF **8**

FOR LINE NUMBER **11(2)(1)**

CONTRIBUTIONS FROM INDIVIDUALS

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NAME OF COMMITTEE (In Full)

COMMITTEE TO ELECT ED O'BRIEN

C00351718

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JAMES P. KOZO 107 ROTH AVENUE HELLERTOWN, PA 18055		12/28/99	\$1,000
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: RETIRED	Aggregate Year-to-Date > \$ 1,000	
PETER M. PATTON 703 GROVE PLACE HAVERTOWN, PA 19083-5629	GALFANO, BERGER	12/28/99	\$ 800
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: ATTORNEY	Aggregate Year-to-Date > \$ 800	
MARC S. JACOBS 524 GENERAL LAFAYETTE RD. MERION, PA 19666	GALFANO, BERGER	12/28/99	\$ 800
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: ATTORNEY	Aggregate Year-to-Date > \$ 800	
DONALD R. ANSPACH 211 E. MAIN ST. NEWMARKETOWN, PA 17073	UNITED STEELWORKERS OF AMERICA	12/30/99	\$200
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: STAFF REPRESENTATIVE	Aggregate Year-to-Date > \$ 200	
JOHN L. CRANSHIE P.O. 80764 LAURYS STATION PA 18059	SUMMIT REALTY	12/30/99	\$1,000
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: REALTOR	Aggregate Year-to-Date > \$ 1,000	
WILLIAM W. WERKHEISER 2455 WINSTON RD. BETHLEHEM, PA 18017-3643		12/30/99	\$250
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: RETIRED	Aggregate Year-to-Date > \$ 250	
CLARENCE MILLER 1008 S. 4TH ST. ALLENTOWN, PA 18103		12/30/99	\$300
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: SELF EMPLOYED	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)

\$4,350

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE **6** OF **8**

FOR LINE NUMBER **11(2)(i)**

CONTRIBUTIONS FROM INDIVIDUALS

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NAME OF COMMITTEE (In Full)

COMMITTEE TO ELECT ED O'BRIEN

C00351718

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LAURA CRAMBSIE 17 W. HAZARD ST. SUMMIT HILL, PA 18250	DR. VERMILLION	12/30/99	\$500
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: RECEPTIONIST	Aggregate Year-to-Date: > \$500	
PATRICK CRAMBSIE 17 W. HAZARD ST. SUMMIT HILL, PA 18250	ERSTON AREA SCHOOL DISTRICT	12/31/99	\$500
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: TEACHER	Aggregate Year-to-Date: > \$500	
GERARD F. FORAN, JR. 60 W. BROAD ST., SUITE 302 BETHLEHEM, PA 18018		12/30/99	\$500
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: SELF EMPLOYED	Aggregate Year-to-Date: > \$500	
LEONARD B. YUSHAO 1931 WINDSOR PLACE BETHLEHEM, PA 18017	BETHLEHEM STEEL CO.	12/30/99	\$500
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: BLDG. MGR.	Aggregate Year-to-Date: > \$500	
IRIS N. LINARES 21 W. NORTH ST. BETHLEHEM, PA 18018-3906	LAW OFFICES PETER G. ANGELOS	12/30/99	\$200
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: LEGAL ASSISTANT	Aggregate Year-to-Date: > \$200	
HENRY W. LINARES 21 W. NORTH ST. BETHLEHEM, PA 18018-3906	ROCKBOTH	12/30/99	\$200
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: PRODUCTION	Aggregate Year-to-Date: > \$200	
CHARLES J. WENETH 724 THIRD AVE. BETHLEHEM, PA 18018		12/30/99	\$500
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: RETIRED	Aggregate Year-to-Date: > \$500	

SUBTOTAL of Receipts This Page (optional)

\$2,900

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 7 OF 9
FOR LINE NUMBER 11(XI)

CONTRIBUTIONS FROM INDIVIDUALS

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)

COMMITTEE TO ELECT ED O'BRIEN

C00351718

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GARY H. WARD 102 FRANKLIN ST. WHITEHALL, PA 18052	UNITED STEELWORKERS OF AMERICA	12/31/99	\$500
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: STAFF REPRESENTATIVE Aggregate Year-to-Date > \$6,000		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MICHAEL J. HALEY 211 E. LOMBARD ST., #171 BALTIMORE, MD 21202	LAW OFFICES OF PETER G. ANGELOS	12/31/99	\$1,000
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: ACCOUNTANT Aggregate Year-to-Date > \$1,000		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MICHAEL J. HALEY 211 E. LOMBARD ST., #171 BALTIMORE, MD 21202	LAW OFFICES OF PETER G. ANGELOS	12/31/99	\$1,000
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: ACCOUNTANT Aggregate Year-to-Date > \$2,000		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PETER G. ANGELOS ONE CHARLES CENTER 100 N. CHARLES ST. BALTIMORE, MD 21201	LAW OFFICES OF PETER G. ANGELOS	12/31/99	\$1,000
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: ATTORNEY Aggregate Year-to-Date > \$1,000		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PETER G. ANGELOS ONE CHARLES CENTER 100 N. CHARLES ST. BALTIMORE, MD 21201	LAW OFFICES OF PETER G. ANGELOS	12/31/99	\$1,000
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: ATTORNEY Aggregate Year-to-Date > \$2,000		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MARC S. JACOBS 524 GENERAL LAFAYETTE RD. MERION, PA 19066	GALFAND, BERGER	12/31/99	\$200
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: ATTORNEY Aggregate Year-to-Date > \$1,000		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DEBRA A. JENSEN 7704 PINE RD. WYNDMOOR, PA 19038	GALFAND, BERGER	12/31/99	\$200
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: ATTORNEY Aggregate Year-to-Date > \$1,000		

SUBTOTAL of Receipts This Page (optional)

\$4,900

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 8 OF 8

FOR LINE NUMBER

CONTRIBUTIONS FROM INDIVIDUALS

11(2)(1)

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NAME OF COMMITTEE (In Full)

COMMITTEE TO ELECT ED O'BRIEN

C 00351718

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOHN MORGANELLI 835 BARNSDALE RD. BETHLEHEM, PA 18017	NORTHAMPTON COUNTY	12/31/99	\$1,000
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: DISTRICT ATTORNEY	Aggregate Year-to-Date > \$1,000	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RICHARD M. JUREWICZ 157 FAIRWAY DRIVE HARLEYSVILLE PA 19438	GALFAND, BERGER	12/31/99	\$200
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: ATTORNEY	Aggregate Year-to-Date > \$1,000	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PETER M. PATTON 703 GROVE PLACE HAVERTOWN, PA 19083-5629	GALFAND, BERGER	12/31/99	\$200
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: ATTORNEY	Aggregate Year-to-Date > \$1,000	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ERIC J. SWAN 1419 ANITY ROAD RYDAL, PA 19046	GALFAND, BERGER	12/31/99	\$200
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: ATTORNEY	Aggregate Year-to-Date > \$1,000	
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)

\$1,600

TOTAL This Period (last page this line number only)

37,750

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 11(C)

CONTRIBUTIONS FROM OTHER POLITICAL COMMITTEES

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)

COMMITTEE TO ELECT ED O'BRIEN

C00351718

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
USWA POLITICAL ACTION FUND FIVE GATEWAY CENTER PITTSBURGH, PA 15222		12/10/99	\$5,000
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 5,000	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FRIENDS OF WAYNE GRUBE 4723 HARRIET LANE BETHLEHEM, PA 18017		12/20/99	\$ 50
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 50	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CITIZENS FOR GLENN F. REISMAN 1231 LIEB ROAD EASTON, PA 18040		12/15/99	\$ 250
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 250	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FRIENDS OF LISA BOSCOLA 1546 BARNER ST. BETHLEHEM, PA 18015		12/30/99	\$150
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 150	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FRIENDS OF SHERYL HUNT 68 E. UNION BLVD. BETHLEHEM, PA 18018		12/31/99	\$1,000
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,000	
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)

\$ 6,450

TOTAL This Period (last page this line number only)

\$ 6,450

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 11(d)

CONTRIBUTIONS FROM THE CANDIDATE

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)

COMMITTEE TO ELECT ED O'BRIEN

C00351718

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<i>ED O'BRIEN 1775 CHAPEL AVENUE ALLENTOWN, PA 18103</i> Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<i>UNITED STEELWORKERS OF AMERICA</i> Occupation <i>ASSISTANT DIRECTOR</i> Aggregate Year-to-Date > \$ 1,000	<i>12/28/99</i>	<i>\$ 1,000</i>
B. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

\$1,000

TOTAL This Period (last page this line number only)

\$1,000

**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 1/27/00
<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	

SA
PREPARER

1/31/00
DATE PREPARED