

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

2000 FEB 15 A 9:22

1. NAME OF COMMITTEE (In full) Bill Goodling for Congress Committee		2. FEC IDENTIFICATION NUMBER CHR035165
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported. c/o Stambaugh-Ness, P.C. 2600 Eastern Boulevard, Ste. 1	3. IS THIS REPORT AN AMENDMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
CITY, STATE and ZIP CODE York, PA 17402	STATE/DISTRICT PA 10	

4. TYPE OF REPORT

<input type="checkbox"/> April 15 Quarterly Report	<input type="checkbox"/> Twelfth day report preceding election on _____ in the State of _____
<input type="checkbox"/> July 15 Quarterly Report	
<input type="checkbox"/> October 15 Quarterly Report	<input type="checkbox"/> Thirtieth day report following the General Election on _____ in the State of _____
<input checked="" type="checkbox"/> January 31 Year End Report	
<input type="checkbox"/> July 31 Mid-Year Report (Non-election Year Only)	<input type="checkbox"/> Termination Report

This Report Contains Activity For

<input checked="" type="checkbox"/> Primary Election	<input type="checkbox"/> General Election	<input type="checkbox"/> Special Election	<input type="checkbox"/> Runoff Election
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SUMMARY

5. Covering Period	COLUMN A This Period	COLUMN B Calendar Year-to-Date
7/1/99 through 12/31/99		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(a))	\$9,525.00	\$15,250.60
(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))	\$9,525.00	\$15,250.60
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	\$11,429.74	\$16,406.89
(b) Total Offsets to Operating Expenditures (from Line 14)	\$962.00	\$962.00
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	\$10,467.74	\$15,444.89
8. Cash on Hand at Close of Reporting Period (from Line 27)	\$5,540.22	
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 contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20483
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 Lewis E. Elicker III	
Signature of Treasurer <i>Lewis E. Elicker III</i>	Date 1/31/2000

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

DETAILED SUMMARY PAGE

of Receipts and Disbursements

(Page 2, FEC FORM 3)

Name of Committee (in full) Bill Goodling for Congress Committee		CHR035185	Report Covering the Period:	
			From:	To:
			7/1/99	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)			\$5,850.00	11(a)(i)
(ii) Unitemized			\$3,225.00	11(a)(ii)
(iii) Total of Contributions from Individuals			\$9,075.00	11(a)(iii)
(b) Political Party Committees			\$0.00	11(b)
(c) Other Political Committees (such as PACs)			\$450.00	11(c)
(d) The Candidate			\$0.00	11(d)
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(i),(b),(c), and (d))			\$9,525.00	11(e)
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEE			\$0.00	12
13. LOANS:				
(a) Made or Guaranteed by the Candidate			\$0.00	13(a)
(b) All Other Loans			\$0.00	13(b)
(c) TOTAL LOANS (add 13(a) and (b))			\$0.00	13(c)
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)			\$962.00	14
15. OTHER RECEIPTS (Dividends, Interest, etc.)			\$0.00	15
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14, and 15)			\$10,487.00	16
II. DISBURSEMENTS				
17. OPERATING EXPENDITURES			\$11,429.74	17
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES			\$0.00	18
19. LOAN REPAYMENTS:				
(a) Of Loans Made or Guaranteed by the Candidate			\$0.00	19(a)
(b) Of All Other Loans			\$0.00	19(b)
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))			\$0.00	19(c)
20. REFUNDS OF CONTRIBUTIONS TO:				
(a) Individuals/Persons Other Than Political Committees			\$0.00	20(a)
(b) Political Party Committees			\$0.00	20(b)
(c) Other Political Committees (such as PACs)			\$0.00	20(c)
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b), and (c))			\$0.00	20(d)
21. OTHER DISBURSEMENTS			\$0.00	21
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d), and 21)			\$11,429.74	22
III. CASH SUMMARY				
23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD			\$5,482.96	23
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)			\$10,487.00	24
25. SUBTOTAL (add Line 23 and Line 24)			\$16,969.96	25
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)			\$11,429.74	26
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)			\$5,540.22	27

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule D for each category of the Detailed Summary Page

PAGE 1 OF 3

FOR LINE NUMBER

11(a)(1)

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)		CHR035165		
A. Full Name, Mailing Address and ZIP Code Bernini, Robert, Jr. 50 Bridle Court York PA 17404		Name of Employer Geisinger Penn State	Date (month, day, year) 7/13/99	Amount of Each Receipt this Period \$300.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Occupation Flight Medic	Aggregate Year-to-Date > \$300.00	
B. Full Name, Mailing Address and ZIP Code Daisey, Edward L. 1595 Detwiler Drive York PA 17404		Name of Employer Adhesives Research Inc	Date (month, day, year) 7/7/99	Amount of Each Receipt this Period \$600.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Occupation Businessman	Aggregate Year-to-Date > \$600.00	
C. Full Name, Mailing Address and ZIP Code Gaughen, Tom P O Box 686 Camp Hill PA 17001		Name of Employer TWG Real Estate	Date (month, day, year) 7/7/99	Amount of Each Receipt this Period \$300.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Occupation Realtor	Aggregate Year-to-Date > \$300.00	
D. Full Name, Mailing Address and ZIP Code Graham, Donald C. P O Box 1104 York PA 17405		Name of Employer The Graham Companies	Date (month, day, year) 7/13/99	Amount of Each Receipt this Period \$300.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Occupation Owner	Aggregate Year-to-Date > \$300.00	
E. Full Name, Mailing Address and ZIP Code Hirschman, R. E. 150 South Sumner Street York PA 17405		Name of Employer Triple M Associates	Date (month, day, year) 8/20/99	Amount of Each Receipt this Period \$300.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Occupation Owner	Aggregate Year-to-Date > \$300.00	
F. Full Name, Mailing Address and ZIP Code Longstreth, Lawson E. R D 3 Spring Grove PA 17362		Name of Employer L/H Trucking Inc	Date (month, day, year) 8/4/99	Amount of Each Receipt this Period \$300.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Occupation Officer	Aggregate Year-to-Date > \$300.00	
G. Full Name, Mailing Address and ZIP Code Marcin, Joseph J. 1017 Country Club Road Camp Hill PA 17011		Name of Employer Thompson Business Institute	Date (month, day, year) 7/13/99	Amount of Each Receipt this Period \$300.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Occupation Vice President	Aggregate Year-to-Date > \$300.00	

SUBTOTAL of Receipts This Page (optional)	\$2,400.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

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)		CHR035165	
A. Full Name, Mailing Address and ZIP Code Masland, Albert H. 258 Conway Street Carlisle PA 17013	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Commonwealth of PA	7/13/99	\$450.00
	Occupation	Aggregate Year-to-Date >	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Legislator		\$450.00
B. Full Name, Mailing Address and ZIP Code McCorkle, David L. 928 McCormick Road Mechanicsburg PA 17055	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	PA Food Merchants Association	7/13/99	\$600.00
	Occupation	Aggregate Year-to-Date >	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Director		\$600.00
C. Full Name, Mailing Address and ZIP Code Myers, Robert E. P O Box 287 Loganville PA 17342	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Self Employed	10/1/99	\$450.00
	Occupation	Aggregate Year-to-Date >	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Builder		\$450.00
D. Full Name, Mailing Address and ZIP Code Reinhardt, Richard L. P O Box 577 Manchester PA 17345	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Manchester Industries Inc	7/7/99	\$300.00
	Occupation	Aggregate Year-to-Date >	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Businessman		\$300.00
E. Full Name, Mailing Address and ZIP Code Stombaugh, Paul M. 151 Fairfax Drive York PA 17403	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	York Barbell	7/13/99	\$300.00
	Occupation	Aggregate Year-to-Date >	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Owner		\$300.00
F. Full Name, Mailing Address and ZIP Code Ulrich, John, Jr. 2970 Dearborn Lane York PA 17402	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Collens wagner Agency	7/7/99	\$300.00
	Occupation	Aggregate Year-to-Date >	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Insurance Agent		\$300.00
G. Full Name, Mailing Address and ZIP Code White, James M. 334 West Meadow Drive Mechanicsburg PA 17055	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	None	7/22/99	\$750.00
	Occupation	Aggregate Year-to-Date >	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Retired		\$750.00

SUBTOTAL of Receipts This Page (optional)	>	\$3,150.00
TOTAL This Period (last page this line number only)	>	

SCHEDULE A

ITEMIZED RECEIPTS

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

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)		CHR035165		
A. Full Name, Mailing Address and ZIP Code Workman, Ronald E. RD 1Box 1177 Spring Grove PA 17362		Name of Employer Kinard Trucking Inc	Date (month, day, year) 7/7/99	Amount of Each Receipt this Period \$300.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Occupation Trucker	Aggregate Year-to-Date > \$300.00	
Full Name, Mailing Address and ZIP Code		Name of Employee	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 >	
Full Name, Mailing Address and ZIP Code		Name of Employee	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 >	
Full Name, Mailing Address and ZIP Code		Name of Employee	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 >	
Full Name, Mailing Address and ZIP Code		Name of Employee	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 >	
Full Name, Mailing Address and ZIP Code		Name of Employee	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 >	
Full Name, Mailing Address and ZIP Code		Name of Employee	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 >	
Full Name, Mailing Address and ZIP Code		Name of Employee	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)				\$300.00
TOTAL This Period (last page this line number only)				\$5,850.00

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) **Bill Goodling for Congress Committee** **CHR035165**

<p>A. Full Name, Mailing Address and ZIP Code Delp, for Senate P O Box 2832 York PA 17405</p>	<p>Name of Employer</p> <hr/> <p>Occupation</p>	<p>Date (month, day, year) 9/15/99</p>	<p>Amount of Each Receipt this Period \$150.00</p>
<p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>		<p>Aggregate Year-to-Date > \$150.00</p>	

<p>B. Full Name, Mailing Address and ZIP Code Stewart, for Congress 19 South 19th Street Camp Hill PA 17011</p>	<p>Name of Employer</p> <hr/> <p>Occupation</p>	<p>Date (month, day, year) 7/7/99</p>	<p>Amount of Each Receipt this Period \$300.00</p>
<p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>		<p>Aggregate Year-to-Date > \$300.00</p>	

<p>Full Name, Mailing Address and ZIP Code</p>	<p>Name of Employer</p> <hr/> <p>Occupation</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>		<p>Aggregate Year-to-Date ></p>	

<p>Full Name, Mailing Address and ZIP Code</p>	<p>Name of Employer</p> <hr/> <p>Occupation</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>		<p>Aggregate Year-to-Date ></p>	

<p>Full Name, Mailing Address and ZIP Code</p>	<p>Name of Employer</p> <hr/> <p>Occupation</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>		<p>Aggregate Year-to-Date ></p>	

<p>Full Name, Mailing Address and ZIP Code</p>	<p>Name of Employer</p> <hr/> <p>Occupation</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>		<p>Aggregate Year-to-Date ></p>	

<p>Full Name, Mailing Address and ZIP Code</p>	<p>Name of Employer</p> <hr/> <p>Occupation</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>		<p>Aggregate Year-to-Date ></p>	

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>> \$450.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p>> \$450.00</p>

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1

FOR LINE NUMBER

14

Offsets to Operating Expenditures

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NAME OF COMMITTEE (in Full)
Bill Goodling for Congress Committee **CHR035165**

A. Full Name, Mailing Address and ZIP Code Portrait Committee Street Required City ST 00000	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period \$962.00 Expenses Advanced Expenditure Refund
	Occupation	8/6/99	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Aggregate Year-to-Date > \$962.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Aggregate Year-to-Date >		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Aggregate Year-to-Date >		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Aggregate Year-to-Date >		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Aggregate Year-to-Date >		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Aggregate Year-to-Date >		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Aggregate Year-to-Date >		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
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)	\$962.00
TOTAL This Period (last page this line number only)	\$962.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 6

FOR LINE NUMBER 17

Operating Expenditures

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NAME OF COMMITTEE (In Full)

Bill Goodling for Congress Committee

CHR035185

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
19th District Interns Assn P.O. Box 2731 York PA 17405	DUES Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	12/30/99	\$150.00
B. Full Name, Mailing Address and ZIP Code Adams County Committee P.O. Box 3415 Gettysburg PA 17325	Purpose of Disbursement Tickets Roast Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 7/23/99	Amount of Each Disbursement this Period \$16.00
C. Full Name, Mailing Address and ZIP Code Adams County Committee P.O. Box 3415 Gettysburg PA 17325	Purpose of Disbursement Program Ad Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 10/1/99	Amount of Each Disbursement this Period \$125.00
D. Full Name, Mailing Address and ZIP Code Adams County Committee P.O. Box 3415 Gettysburg PA 17325	Purpose of Disbursement Tickets Fall Dinner Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 10/7/99	Amount of Each Disbursement this Period \$90.00
E. Full Name, Mailing Address and ZIP Code Altland House P.O. Box 448 Abbottstown PA 17301	Purpose of Disbursement Event Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 7/19/99	Amount of Each Disbursement this Period \$482.30
F. Full Name, Mailing Address and ZIP Code Altland House P.O. Box 448 Abbottstown PA 17301	Purpose of Disbursement Event Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 7/19/99	Amount of Each Disbursement this Period \$656.25
G. Full Name, Mailing Address and ZIP Code Bridges Golf Club 6729 York Road Abbottstown PA 17301	Purpose of Disbursement Event Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 7/19/99	Amount of Each Disbursement this Period \$4,208.81
H. Full Name, Mailing Address and ZIP Code Bridges Golf Club 6729 York Road Abbottstown PA 17301	Purpose of Disbursement Event Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 7/19/99	Amount of Each Disbursement this Period \$187.55
I. Full Name, Mailing Address and ZIP Code Bridges Golf Club 6729 York Road Abbottstown PA 17301	Purpose of Disbursement Event Refreshments Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 7/28/99	Amount of Each Disbursement this Period \$43.10

SUBTOTAL of Disbursements This Page (optional)

\$5,959.01

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 6

FOR LINE NUMBER

17

Operating Expenditures

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) **Bill Goodling for Congress Committee** CHR035165

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bridges Golf Club 6729 York Road Abbottstown PA 17301	Event Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	7/19/99	\$90.00
Browns Orchard Inc P.O. Box 154 Loganville PA 17342	Fruit Baskets Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	12/20/99	\$156.42
Cac Community Awards Dinner 1514 Derry Street Harrisburg PA 17104	Program Ad Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	11/3/99	\$50.00
Citizens For Mowery P.O. Box 692 Camp Hill PA 17001	Contribution Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	10/7/99	\$25.00
Clements, Jeff Street Required City ST 00000	Golf Prize Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	7/19/99	\$100.00
Congressional Institute 316 Pennsylvania Ave. Washington DC 20003	Registration Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	7/21/99	\$60.00
Cross Keys Motor Inn P.O. Box 428 New Oxford PA 17350	Event Hotel Rooms Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	7/23/99	\$356.25
Cumberland County Committee P.O. Box 1155 Carlisle PA 17013	Dues Governors Club Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	12/29/99	\$200.00
Cumbarland County Committee P.O. Box 1155 Carlisle PA 17013	Tickets Fall Dinner Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	10/7/99	\$450.00

SUBTOTAL of Disbursements This Page (optional)	\$1,487.67
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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FOR LINE NUMBER

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Operating Expenditures

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) **Bill Goodling for Congress Committee** CHR035165

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Cumberland County Committee P.O. Box 1155 Carlisle PA 17013	Program Ad Fall Dinner Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	8/20/99	\$150.00
B. Full Name, Mailing Address and ZIP Code Elicker III, Lewis 298 North Road York PA 17403	Software Trail blazer Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	10/1/99	\$121.00
C. Full Name, Mailing Address and ZIP Code Fahrenbach, Marilyn 3725 Springetts Drive York PA 17402	Volunteer Gift Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	8/15/99	\$400.00
D. Full Name, Mailing Address and ZIP Code Friends To Elect Nailor 508 Cocklin Street Mechanicsburg PA 17055	Contribution Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	8/20/99	\$25.00
E. Full Name, Mailing Address and ZIP Code Goodling, Bill R.D.3 Box 3026A Seven Valleys PA 17360	Event Reimburse Film Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	7/22/99	\$64.28
F. Full Name, Mailing Address and ZIP Code Griffith Smith Mens Store 45 W Market Street York PA 17401	Volunteer Gift Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	12/21/99	\$300.00
G. Full Name, Mailing Address and ZIP Code Hapes, Bob Street Required City ST 00000	Golf Prize Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	7/19/99	\$125.00
H. Full Name, Mailing Address and ZIP Code Hart, Dave Street Required City ST 00000	Golf Prize Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	7/19/99	\$100.00
I. Full Name, Mailing Address and ZIP Code Harveys Rent All 1409 South George Street York PA 17403	Event Equipment Rental Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	9/7/99	\$592.14

SUBTOTAL of Disbursements This Page (optional)	\$1,877.42
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules for each category of the Detailed Summary Page

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Operating Expenditures

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NAME OF COMMITTEE (In Full)		CHR035165	
A. Full Name, Mailing Address and ZIP Code Hastings, Don Street Required City ST 00000	Purpose of Disbursement Golf Prize Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 7/19/99	Amount of Each Disbursement this Period \$100.00
B. Full Name, Mailing Address and ZIP Code Imagined Signs Inc 1890 West Market Street York PA 17404	Purpose of Disbursement Event Signs Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 7/23/99	Amount of Each Disbursement this Period \$227.05
C. Full Name, Mailing Address and ZIP Code Kauffman, Ken Street Required City ST 00000	Purpose of Disbursement Golf Prize Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 7/19/99	Amount of Each Disbursement this Period \$75.00
D. Full Name, Mailing Address and ZIP Code Kenny, Jon 314 East Capitol Street NE Washington DC 20003	Purpose of Disbursement Event Reimb expenses for golf event Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 10/1/99	Amount of Each Disbursement this Period \$50.86
E. Full Name, Mailing Address and ZIP Code Klunk, Stephen Street Required City ST 00000	Purpose of Disbursement Golf Prize Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 7/19/99	Amount of Each Disbursement this Period \$75.00
F. Full Name, Mailing Address and ZIP Code Labar, Ken Street Required City ST 00000	Purpose of Disbursement Golf Prize Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 7/19/99	Amount of Each Disbursement this Period \$125.00
G. Full Name, Mailing Address and ZIP Code Moul, Marlin Street Required City ST 00000	Purpose of Disbursement Golf Prize Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 7/19/99	Amount of Each Disbursement this Period \$75.00
H. Full Name, Mailing Address and ZIP Code Myers, Robert Street Required City ST 00000	Purpose of Disbursement Golf Prize Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 7/19/99	Amount of Each Disbursement this Period \$125.00
I. Full Name, Mailing Address and ZIP Code Nefra 3453 East Market St. York PA 17402	Purpose of Disbursement Printing Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 7/26/99	Amount of Each Disbursement this Period \$9.01

SUBTOTAL of Disbursements This Page (optional)	\$861.92
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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FOR LINE NUMBER

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Operating Expenditures

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NAME OF COMMITTEE (In Full)		CHR035165	
Bill Goodling for Congress Committee			
A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Pa Council Of Republican Women 806 North Second Street Harrisburg PA 17102	Program Ad Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	9/13/99	\$100.00
B. Full Name, Mailing Address and ZIP Code Packard, Ron Street Required City ST 00000	Golf Prize Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	7/19/99	\$75.00
C. Full Name, Mailing Address and ZIP Code People For Matland Committee P.O. Box 3215 Gettysburg PA 17325	Contribution Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	9/13/99	\$25.00
D. Full Name, Mailing Address and ZIP Code PeoplesBank P.O. Box 2887 York PA 17405	Bank Service Charge Charge for checks Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	10/1/99	\$109.00
E. Full Name, Mailing Address and ZIP Code Peters Orchard 10540 Carlisle Pike Gardners PA 17324	Event Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	7/19/99	\$182.00
F. Full Name, Mailing Address and ZIP Code Phillips Office Products 1803 Mount Rose Avenue York PA 17402	Office Expenses repair Fax Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	9/1/99	\$102.53
G. Full Name, Mailing Address and ZIP Code Postmaster York Pa 200 South George St. York PA 17405	P.O. BOX Rent Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	12/22/99	\$32.00
H. Full Name, Mailing Address and ZIP Code Republican Roundup Street Required City ST 00000	Tickets Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	8/12/99	\$100.00
I. Full Name, Mailing Address and ZIP Code Rosenn Jenkins And Gre Lip 15 S. Franklin St. Wilkes Barre PA 18711	Legal Fees Transcription Costs Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	11/4/99	\$266.40

SUBTOTAL of Disbursements This Page (optional)	\$991.93
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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FOR LINE NUMBER

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Operating Expenditures

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NAME OF COMMITTEE (in Full)

Bill Goodling for Congress Committee

CHR035165

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Strycharz, Kimberly 2001 N. Adams St. No.836 Arlington VA 22201	Postage Reimburse Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	11/3/99	\$18.60
William Penn Music Boosters 101 W College Avenue York PA 17403	Program Ad Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	11/8/99	\$33.19
York County Republican Com 37 West Market St. York PA 17401	Tickets Fall Dinner Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	10/1/99	\$200.00
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):	Date (month, day, year)	Amount of Each Disbursement this Period
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):	Date (month, day, year)	Amount of Each Disbursement this Period
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):	Date (month, day, year)	Amount of Each Disbursement this Period
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):	Date (month, day, year)	Amount of Each Disbursement this Period
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):	Date (month, day, year)	Amount of Each Disbursement this Period
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):	Date (month, day, year)	Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

\$251.79

TOTAL This Period (last page this line number only)

\$11,429.74

