

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM

2000 OCT 26 A 10:52

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) HEARMANN FOR CONGRESS		2. FEC IDENTIFICATION NUMBER C 00353565
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported. P.O. Box 154		
CITY, STATE and ZIP CODE ENOLA, PA 17025	STATE/DISTRICT	3. IS THIS REPORT AN AMENDMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

4. TYPE OF REPORT

April 15 Quarterly Report

July 15 Quarterly Report

October 15 Quarterly Report

January 31 Year End Report

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

12-Day Pre-Election Report for the GENERAL (Type of Election)
election on 11/7/00 in the State of PA

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

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>9-28-00</u> through <u>10-23-00</u>		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	2735.00	18,610.78
(b) Total Contribution Refunds (from Line 20(d))	—	—
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	2735.00	18,610.78
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	6415.22	17,492.10
(b) Total Offsets to Operating Expenditures (from Line 14)	—	—
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	6415.22	17,492.10
8. Cash on Hand at Close of Reporting Period (from Line 27)	1118.18	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100
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)	—	

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 CHARLOTTE GLAUSER	Date 10-23-00
Signature of Treasurer <i>Charlotte Glauzer</i>	

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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DETAILED SUMMARY PAGE

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

Name of Committee (In full)	Report Covering the Period:	
	From:	To:
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) -----	2,150.00	
(ii) Unitemized -----	535.00	
(iii) Total of contributions from individuals -----	2,685.00	
(b) Political Party Committees -----	50.00	
(c) Other Political Committees (such as PACs) -----	-	
(d) The Candidate -----	-	
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d)) -----	2,735.00	18,610.18
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) -----	2,735.00	18,610.18
II. DISBURSEMENTS		
17. OPERATING EXPENDITURES -----	6,415.22	17,492.10
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) -----	6,415.22	17,492.10

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD -----	\$ 4,798.30	23
24. TOTAL RECEIPTS THIS PERIOD (from Line 16) -----	\$ 2,735.00	24
25. SUBTOTAL (add Line 23 and Line 24) -----	\$ 7,533.30	25
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22) -----	\$ 6,415.22	26
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25) -----	\$ 1,118.18	27

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE **OF**
12
FOR LINE NUMBER

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)

HERRMANN FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code

SEE ATTACHED LIST

Name of Employer

Date (month, day, year)

Amount of Each Receipt this Period

Occupation

Receipt For: Primary General
 Other (specify):

Aggregate Year-to-Date > \$

B. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month, day, year)

Amount of Each Receipt this Period

Occupation

Receipt For: Primary General
 Other (specify):

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

Occupation

Receipt For: Primary General
 Other (specify):

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

Occupation

Receipt For: Primary General
 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

Occupation

Receipt For: Primary General
 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

Occupation

Receipt For: Primary General
 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

Occupation

Receipt For: Primary General
 Other (specify):

Aggregate Year-to-Date > \$

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

Individual Contributions Itemized \$200

DATE	NAME and ADDRESS	OCCUPATION	EMPLOYER	AMOUNT of		Total Year to date
				Each Receipt This period	TOTAL This Period	
	Lewell Stern 4016 Abingdon Street, Arlington, VA 22207	Attorney	Hogan & Hartson	\$200	\$200.00	\$200.00
10/13/00	Worrall L. Hess, Jr. 1007 Greystone Drive Bryan, OH 43306	CEO	Tri-fault, Inc. Bryan, OH	\$500.00	\$500.00	\$500.00
10/16/00	Lawrence Lesig 559 Nathan Abbott Way Stanford, CA 94305	Professor	Stanford Law School	\$500.00	\$500.00	\$500.00
10/2/00	Annette R. Shimst 1609 Terric Drive Pittsburgh, PA 15241	Business	self-employed	\$250.00	\$250.00	\$500
10/5/00	Leslye A. Herrmann 411 E. Wisconsin Avenue, Ste 700 Milwaukee, WI 53202-4470	Attorney	vonBriesen, Purcell & Roper, S.C.	\$200.00	\$200.00	\$200.00
10/10/00	David G. Binion Medical College of Wisconsin Milwaukee, WI	Physician	Medical College of Wisconsin	\$200.00	\$200.00	\$200.00
10/9/00	Kate and Arthur Latimer 343 Litchfield Turnpike Bethany CT 06524	Minister and Retir	United Church of Christ Connecticut	\$500.00	\$500.00	\$500.00
Total				\$2,350.00	\$2,350.00	\$2,600

Individual Contributions Unitized > \$200

DATE	NAME and ADDRESS	OCCUPATION	EMPLOYER	TELEPHONE AMOUNT	TOTAL This Period	Total Year to date
9/29/00	Hillary Hess 415 N. Norwood St. Arlington, VA 22203	Policy Analyst		\$50.00	\$50.00	\$50.00
10/2/00	James E. Stock 323 N. 25th St. Camp Hill, PA 17011	retired		\$50.00	\$50.00	\$50.00
10/2/00	Kent H. Patterson 221 Pine Street Harrisburg, PA 17101	Attorney	self	\$100.00	\$100.00	\$100.00
10/2/00	G. Susan Truckor 3691 Alberta Avenue Mechanicsburg, PA 17055	nursery school worker		\$25.00	\$25.00	\$25.00
10/2/00	Kalissa Barnett 2600 N. 62nd Street Warrenton, WI 53213	Attorney	vonBriesen, Purcell & Roper, S.C.	\$50.00	\$50.00	\$50.00
10/2/00	Catherine Mode Eastham 5751 N. Lake Drive Milwaukee, WI 53217	Attorney	vonBriesen, Purcell & Roper, S.C.	\$50.00	\$50.00	\$50.00
10/13/00	Seth A. Tucker 3905 Ingomar St., N.W. Washington, D.C. 20015	Attorney		\$100.00	\$100.00	\$100.00
10/10/00	Mr. and Mrs. Louis Waffel 608 E. Hummelstown St. Elizabethtown, PA 17022-1715	retired		\$10.00	\$10.00	\$10.00

10/17/00	Charles A. Miller 1201 Pennsylvania Avenue, NW Washington, D.C. 20004 lawyer	Covington & Burdick Wash., D.C.	\$50.00 \$	50.00 \$	50.00
10/17/00	Jane Hess Herrmann 62 Simpson Avenue, #2 Somerville, MA 02144 teacher	Carlisle Area School District	\$100.00 \$	100.00 \$	100.00
Total			\$585.00 \$	585.00	\$585.00

POLITICAL PARTIES and COMMITTEES

DATE NAME and ADDRESS AMOUNT

Elizabethtown
Democratic Club c/o
608 E. Hummelstown
St. Elizabethtown, PA

10/7/00 17022 \$50.00

OTHER POLITICAL COMMITTEES (PACs)

\$0

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)
HERRMANN FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Advanced Communications 2936 Jefferson St. Harrisburg PA	Printing + Signs Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/29/00	\$725.00 4102.20 \$4827.20
as above	Printing Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/18/00	\$1505.87
See enclosed sheet for others	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
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)	Date (month, day, year)	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)	Date (month, day, year)	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)	Date (month, day, year)	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)	Date (month, day, year)	Amount of Each Disbursement This Period
H. 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
I. 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)

TOTAL This Period (last page this line number only)

6415.22

LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

NAME OF COMMITTEE (IN FULL) HERRMANN FOR CONGRESS		FEC IDENTIFICATION NUMBER	
FULL NAME, MAILING ADDRESS AND ZIP CODE OF LENDING INSTITUTION (LENDER) NONE		AMOUNT OF LOAN	INTEREST RATE (APR)
		DATE INCURRED OR ESTABLISHED	DATE DUE

A. Has loan been restructured? No Yes If yes, date originally incurred: _____

B. If line of credit, amount of this draw: _____; total outstanding balance: _____

C. Are other parties secondarily liable for the debt incurred?
 No Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?
 No Yes If yes, specify: _____

What is the value of this collateral? _____

Does the lender have a perfected security interest in it? No Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan?

No Yes If yes, specify: _____ What is the estimated value? _____

A depository account must be established pursuant to 11 CFR 100.7(b)(11)(i)(B) and 100.8(b)(12)(i)(B). Date account established: _____ Location of account: _____

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.

G. COMMITTEE TREASURER	DATE
TYPED NAME	SIGNATURE

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:

I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.

II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.

III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.7(b)(11) and 100.8(b)(12) in making this loan.

AUTHORIZED REPRESENTATIVE	TITLE	DATE
TYPED NAME	SIGNATURE	

LOANS

Name of Committee (In Full)
HERRMANN FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code of Loan Source	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
NO LOANS			

Election: Primary General Other (specify):
 Terms: Date Incurred _____ Date Due _____ Interest Rate _____ % (april) Secured

List All Endorsers or Guarantors (if any) to Item A

1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding:		
	\$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding:		
	\$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding:		
	\$		

B. Full Name, Mailing Address and ZIP Code of Loan Source	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): Terms: Date Incurred _____ Date Due _____ Interest Rate _____ % (april) <input type="checkbox"/> Secured			

List All Endorsers or Guarantors (if any) to Item B

1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding:		
	\$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding:		
	\$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding:		
	\$		

SUBTOTALS This Period This Page (optional) _____

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

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

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

Name of Committee (In Full) HEERMANN FOR CONGRESS	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor NONE				
Nature of Debt (Purpose):				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
1) SUBTOTALS This Period This Page (optional)				
2) TOTALS This Period (last page in this line only)				
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				

EXPENDITURES-HERRMANN for CONGRESS-Sept. 28-Oct. 23rd

DATE	CHECK TO	Check#	FOR	AMOUNT
			10,000	
	Advanced		Palm	
9/28/00	Communications	1133	cards	\$725.00
	Advanced	3,000		
9/28/00	Communications	1131	signs	\$4,102.20
		30,000		
	Advanced		Palm	
10/18/00	Communications	88	cards	\$1,505.52
10/2/00	Postmaster	1143		\$30.00
			Online	
			Contributi	
9/30/00	Democrat.com	on		\$15.00
			Online	
			contributi	
10/16/00	Democrat.com	on		\$37.50
Total				\$6,415.22

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 (R/C) 10/23/00
<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	
CR	10/26/00
PREPARER	DATE PREPARED