

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
PUBLIC DISCLOSURE
DIVISION

1. NAME OF COMMITTEE (in full)

(Summary Page)

| | |
|---|--------|
| C00166017 KAMAL J RAHAL FRIENDS OF FRANK WOLE PO BOX 6596 MCLEAN VA 22106 | 050498 |
|---|--------|

2. FEC IDENTIFICATION NUMBER
C00166017

3. IS THIS REPORT AN AMENDMENT?
 YES NO

4. TYPE OF REPORT

- | | |
|--|---|
| <input type="checkbox"/> April 15 Quarterly Report <input type="checkbox"/> July 15 Quarterly Report <input type="checkbox"/> October 15 Quarterly Report <input checked="" type="checkbox"/> January 31 Year End Report <input type="checkbox"/> July 31 Mid-Year Report (Non-election Year Only) | <input type="checkbox"/> Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____ <input type="checkbox"/> Thirtieth day report following the General Election on _____ in the State of _____ <input type="checkbox"/> 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 |
|---|-------------------------|-----------------------------------|
| 07/01/1999 through 12/31/1999 | | |
| 6. Net Contributions (other than loans) | | |
| (a) Total Contributions (other than loans) (from Line 11(e)) | \$71806.22 | \$150472.22 |
| (b) Total Contribution Refunds (From Line 20(d)) | \$0.00 | \$0.00 |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a)) | \$71806.22 | \$150472.22 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17) | \$26226.38 | \$110850.65 |
| (b) Total Offsets to Operating Expenditures (from Line 14) | \$290.00 | \$290.00 |
| (c) Net Operating Expenditures (Subtract Line 7(b) from 7(a)) | \$25936.36 | \$110380.65 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27) | \$214638.95 | |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | \$0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | \$0.00 | |

For further information:
Federal Election Commission
999 F Street, NW
Washington, DC 20463
Toll Free 800-424-9533
Local 202-293-3420

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 Kamal Rahal | |
| Signature of Treasurer | Date January 24, 2000 |

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

| | | | | | | | |
|--|--|--|--|--|--|--|--|
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FEC FORM 3
(Revised 4/87)

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

| Name of Committee (in full) Friends of Frank Wolf | Report Covering the Period: From: 07/01/1999 To: 12/31/1999 | |
|--|--|-----------------------------------|
| 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) | \$15549.00 | |
| (ii) Unitemized | \$15883.48 | |
| (iii) Total of contributions from individual | \$31432.48 | \$70808.46 |
| (b) Political Party Committees | \$0.00 | \$0.00 |
| (c) Other Political Committees (such as PACs) | \$3963.76 | \$79663.76 |
| (d) The Candidate | \$0.00 | \$0.00 |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(i), (b), (c) and (d)) | \$71006.22 | \$150472.22 |
| 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES | \$0.00 | \$0.00 |
| 13. LOANS: | | |
| (a) Made or Guaranteed by the Candidate | \$0.00 | \$0.00 |
| (b) All Other Loans | \$0.00 | \$0.00 |
| (c) TOTAL LOANS (add 13(a) and (b)) | \$0.00 | \$0.00 |
| 14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) | \$290.00 | \$290.00 |
| 15. OTHER RECEIPTS (Dividends, Interest, etc.) | \$3542.10 | \$7283.34 |
| 16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15) | \$75638.32 | \$150655.56 |
| II. DISBURSEMENTS | | |
| 17. OPERATING EXPENDITURES | \$28225.36 | \$110650.65 |
| 18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES | \$27850.00 | \$29850.00 |
| 19. LOAN REPAYMENTS: | | |
| (a) Of Loans Made or Guaranteed by the Candidate | \$0.00 | \$0.00 |
| (b) Of All Other Loans | \$0.00 | \$0.00 |
| (c) TOTAL LOAN REPAYMENTS (add 19(a) and (b)) | \$0.00 | \$0.00 |
| 20. REFUNDS OF CONTRIBUTIONS TO: | | |
| (a) Individuals/Persons Other Than Political Committees | \$0.00 | \$0.00 |
| (b) Political Party Committees | \$0.00 | \$0.00 |
| (c) Other Political Committees (such as PACs) | \$0.00 | \$0.00 |
| (d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c)) | \$0.00 | \$0.00 |
| 21. OTHER DISBURSEMENTS | \$0.00 | \$0.00 |
| 22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21) | \$54076.36 | \$140500.65 |
| III. CASH SUMMARY | | |
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD | | \$193076.99 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16) | | \$75638.32 |
| 25. SUBTOTAL (add Line 23 and Line 24) | | \$268715.31 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22) | | \$54076.36 |
| 27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25) | | \$214638.95 |

SCHEDULE A

ITEMIZED RECEIPTS

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 unrelated purposes, other than using the name and address of any political committee on similar contributions lists such as used...

NAME OF COMMITTEE (In Full)
Friends of Frank Wolf

| | | | |
|--|--|---|--|
| <p>A. Full Name, Mailing Address and Zip Code C. Naseer Ahmad 3211 Wildmere Place Herndon, VA 20171-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> | <p>Name of Employer Azizia Int'l. Corp.</p> <p>Occupation President</p> <p>Aggregate Year-to-Date -> \$100.00</p> | <p>Date (month, day, year) 10/25/1999</p> | <p>Amount of Each Receipt this Period \$100.00</p> |
| <p>B. Full Name, Mailing Address and Zip Code C. Naseer Ahmad 3211 Wildmere Place Herndon, VA 20171-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> | <p>Name of Employer Azizia Int'l. Corp.</p> <p>Occupation President</p> <p>Aggregate Year-to-Date -> \$350.00</p> | <p>Date (month, day, year) 12/29/1999</p> | <p>Amount of Each Receipt this Period \$250.00</p> |
| <p>C. Full Name, Mailing Address and Zip Code Kathalyn Allen 137 Oakridge Lane Winchester, VA 22601-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> | <p>Name of Employer</p> <p>Occupation Housewife</p> <p>Aggregate Year-to-Date -> \$500.00</p> | <p>Date (month, day, year) 12/31/1999</p> | <p>Amount of Each Receipt this Period \$500.00</p> |
| <p>D. Full Name, Mailing Address and Zip Code William Baker 11319 Lapham Drive Oakton, VA 22124-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> | <p>Name of Employer</p> <p>Occupation Consultant</p> <p>Aggregate Year to-Date -> \$250.00</p> | <p>Date (month, day, year) 10/25/1999</p> | <p>Amount of Each Receipt this Period \$250.00</p> |
| <p>E. Full Name, Mailing Address and Zip Code Stewart Bell 106 North Cameron Street Winchester, VA 22601</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> | <p>Name of Employer</p> <p>Occupation Retired</p> <p>Aggregate Year-to-Date -> \$250.00</p> | <p>Date (month, day, year) 10/06/1999</p> | <p>Amount of Each Receipt this Period \$250.00</p> |
| <p>F. Full Name, Mailing Address and Zip Code Gordon Bowman Box 817 Mount Jackson, VA 22842</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> | <p>Name of Employer Self Employed</p> <p>Occupation Apple Co. Processor</p> <p>Aggregate Year-to-Date -> \$298.00</p> | <p>Date (month, day, year) 10/25/1999</p> | <p>Amount of Each Receipt this Period \$98.00</p> |
| <p>G. Full Name, Mailing Address and Zip Code Norman Campbell 10614 Runaway Lane Great Falls, VA 22066-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> | <p>Name of Employer</p> <p>Occupation Retired</p> <p>Aggregate Year-to-Date -> \$200.00</p> | <p>Date (month, day, year) 10/25/1999</p> | <p>Amount of Each Receipt this Period \$100.00</p> |

| | |
|---|-----------|
| SUBTOTAL of Receipts This Page (optional) | \$1549.00 |
| This Period (last page this line number only) | |

SCHEDULE A

ITEMIZED RECEIPTS

Any information copied from such reports and statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Friends of Frank Wolf

| | | | |
|---|-------------------------|-------------------------|------------------------------------|
| A. Full Name, Mailing Address and Zip Code Norman Campbell 10614 Runaway Lane Great Falls, VA 22066- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| | Retired | 12/31/1999 | |
| Aggregate Year-to-Date -> | | \$300.00 | |
| B. Full Name, Mailing Address and Zip Code C. Barria Cook 10405 Stratford Avenue Fairfax, VA 22030- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| | Self | 07/23/1999 | |
| Aggregate Year-to-Date -> | | \$150.00 | |
| C. Full Name, Mailing Address and Zip Code C. Barria Cook 10405 Stratford Avenue Fairfax, VA 22030- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| | Self | 12/31/1999 | |
| Aggregate Year-to-Date -> | | \$250.00 | |
| D. Full Name, Mailing Address and Zip Code Allan Cors 7413 Georgetown Court McLean, VA 22102-2123 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| | Consultant | 09/10/1999 | |
| Aggregate Year-to-Date -> | | \$250.00 | |
| E. Full Name, Mailing Address and Zip Code David Cook 7510 Stonelea Lane Warrenton, VA 20186- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| | Self-Employed | 10/21/1999 | |
| Aggregate Year-to-Date -> | | \$200.00 | |
| F. Full Name, Mailing Address and Zip Code Edward DeBolt 1308 Ballantrae Farm Drive McLean, VA 22101- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| | DCM Group | 12/29/1999 | |
| Aggregate Year-to-Date -> | | \$250.00 | |
| G. Full Name, Mailing Address and Zip Code Hubert Deaton 907 Holly Blossom Court Great Falls, VA 22066- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| | Schnabel Foundation Co. | 12/31/1999 | |
| Aggregate Year-to-Date -> | | \$200.00 | |

| | |
|---|----------|
| SUBTOTAL of Receipts This Page (optional) | \$950.00 |
| This Period (last page this line number only) | |

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the following receipts: 1999

PAGE **3** OF **7**
FOR LINE NUMBER **11(a)(i)**

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NAME OF COMMITTEE (In Full)
Friends of Frank Wolf

| | | | |
|---|---|--|--|
| <p>A. Full Name, Mailing Address and Zip Code Sandra Dieffenderfer P.O. Box 1040 (125 Yarnick Rd) Great Falls, VA 22066-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> | <p>Name of Employer Occupation Homemaker</p> <p>Aggregate Year-to-Date -> \$250.00</p> | <p>Date (month, day, year) 2/31/1999</p> | <p>Amount of Each Receipt this Period \$250.00</p> |
| <p>B. Full Name, Mailing Address and Zip Code Donald Dinger 9100 Potomac Woods Lane Great Falls, VA 22066-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> | <p>Name of Employer Self-Employed Occupation Management Consultant</p> <p>Aggregate Year-to-Date -> \$200.00</p> | <p>Date (month, day, year) 6/25/1999</p> | <p>Amount of Each Receipt this Period \$100.00</p> |
| <p>C. Full Name, Mailing Address and Zip Code Raymond Ellis 403 Cola Drive McLean, VA 22101-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> | <p>Name of Employer KPMG, LLP Occupation Consultant</p> <p>Aggregate Year-to-Date -> \$200.00</p> | <p>Date (month, day, year) 10/20/1999</p> | <p>Amount of Each Receipt this Period \$100.00</p> |
| <p>D. Full Name, Mailing Address and Zip Code Charles Swing 1322 Merchant Lane McLean, VA 22101-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> | <p>Name of Employer Occupation Retired</p> <p>Aggregate Year-to-Date -> \$2000.00</p> | <p>Date (month, day, year) 10/08/1999</p> | <p>Amount of Each Receipt this Period \$1000.00</p> |
| <p>E. Full Name, Mailing Address and Zip Code Robert Fragola 12527 Lt. Nichols Road Fairfax, VA 22032-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> | <p>Name of Employer Well Atlantic Occupation Corp. Develop. Excc.</p> <p>Aggregate Year-to-Date -> \$250.00</p> | <p>Date (month, day, year) 11/09/1999</p> | <p>Amount of Each Receipt this Period \$250.00</p> |
| <p>F. Full Name, Mailing Address and Zip Code Jerry Friedheim 46865 Grissom Street Sterling, VA 20165-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> | <p>Name of Employer Occupation Retired</p> <p>Aggregate Year-to-Date -> \$200.00</p> | <p>Date (month, day, year) 10/06/1999</p> | <p>Amount of Each Receipt this Period \$100.00</p> |
| <p>G. Full Name, Mailing Address and Zip Code Patricia Givens 10902 Timbermill Court Oakton, VA 22124-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> | <p>Name of Employer Eratt, Givens, and Williams Occupation Insurance agent</p> <p>Aggregate Year-to-Date -> \$350.00</p> | <p>Date (month, day, year) 10/25/1999</p> | <p>Amount of Each Receipt this Period \$250.00</p> |

SUBTOTAL of Receipts This Page (optional):

\$2050.00

This Period (Last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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 the political committee to solicit contributions from such sources.

| NAME OF COMMITTEE (In Full) Friends of Frank Wolf | | | |
|---|--|---|--|
| A. Full Name, Mailing Address and Zip Code Lorna Gladstone 1161 Crest Lane McLean, VA 22101- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> other (specify) | Name of Employer Occupation Retired Aggregate Year-to-Date -> | Date (month, day, year) 6/36/1999 \$200.00 | Amount of Each Receipt this Period \$100.00 |
| B. Full Name, Mailing Address and Zip Code Lorna Gladstone 1161 Crest Lane McLean, VA 22101- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Name of Employer Occupation Retired Aggregate Year-to-Date -> | Date (month, day, year) 2/31/1999 \$450.00 | Amount of Each Receipt this Period \$250.00 |
| C. Full Name, Mailing Address and Zip Code James Cosnell 23202 Dover Road Middleburg, VA 20117- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> other (specify) | Name of Employer Retired Occupation | Date (month, day, year) 07/12/1999 \$1000.00 | Amount of Each Receipt this Period \$1000.00 |
| D. Full Name, Mailing Address and Zip Code John Gregory 9111 Peabody Street Manassas, VA 22110- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> other (specify) | Name of Employer Gregory Construction Occupation Executive Aggregate Year-to-Date -> | Date (month, day, year) 12/31/1999 \$2000.00 | Amount of Each Receipt this Period \$1000.00 |
| E. Full Name, Mailing Address and Zip Code Kenneth Haggerty 3505 N. Valley Street Arlington, VA 22207- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Name of Employer self Employed Occupation Dentist Aggregate Year-to-Date -> | Date (month, day, year) 8/25/1999 \$200.00 | Amount of Each Receipt this Period \$100.00 |
| F. Full Name, Mailing Address and Zip Code John Hazel P.O. Box 12001 Falls Church, VA 22042- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> other (specify) | Name of Employer Hazel-Peterson Companies Occupation Attorney/Devl. Aggregate Year-to-date -> | Date (month, day, year) 10/25/1999 \$1000.00 | Amount of Each Receipt this Period \$1000.00 |
| G. Full Name, Mailing Address and zip code John Hazel P.O. Box 12001 Falls Church, VA 22042- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> other (specify) | Name of Employer Hazel-Peterson Companies Occupation Attorney/Devl. Aggregate year-to-Date -> | Date (month, day, year) 12/29/1999 \$2000.00 | Amount of Each Receipt this Period \$1000.00 |

| | |
|--|-----------|
| SUBTOTAL of Receipts This Page (optional) | \$4450.00 |
| This Period (last page this line number only) | |

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
 Friends of Frank Wolf

| | | | |
|---|---|--|--|
| A. Full Name, Mailing Address and Zip Code William Hazel P.O. Box 220562 Chantilly, VA 20153- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Name of Employer William A. Hazel, Inc. | Date (month, day, year) 10/08/1999 | Amount of Each Receipt this Period \$1000.00 |
| | Occupation Contractor Aggregate Year-to-Date -> \$1000.00 | | |
| B. Full Name, Mailing Address and Zip Code Hugh Heishman 12810 Wycklow Drive Clifton, VA 20124- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Name of Employer Heishman, Inc. | Date (month, day, year) 10/19/1999 | Amount of Each Receipt this Period \$100.00 |
| | Occupation Auto Dealer Aggregate Year-to-Date -> \$200.00 | | |
| C. Full Name, Mailing Address and Zip Code Bruce Hutchison 5217 Glen Meadow Rd. Centreville, VA 20121- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Name of Employer Self-Employed | Date (month, day, year) 12/29/1999 | Amount of Each Receipt this Period \$100.00 |
| | Occupation Dentist Aggregate Year-to-Date -> \$350.00 | | |
| D. Full Name, Mailing Address and Zip Code Stephen Keiley 6011 Keyser Road Hume, VA 22639- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Name of Employer Foxfire, LLC | Date (month, day, year) 10/25/1999 | Amount of Each Receipt this Period \$250.00 |
| | Occupation President Aggregate Year-to-Date -> \$600.00 | | |
| E. Full Name, Mailing Address and Zip Code Randall Kennedy P.O. Box 369 Edinburg, VA 22824- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Name of Employer Kennedy Construction Co. | Date (month, day, year) 10/20/1999 | Amount of Each Receipt this Period \$200.00 |
| | Occupation Construction Aggregate Year-to-Date -> \$200.00 | | |
| F. Full Name, Mailing Address and Zip Code Robert Koehler 9111 Cricklewood Court Vienna, VA 22182- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Name of Employer Patton, Goggs & Blow | Date (month, day, year) 12/29/1999 | Amount of Each Receipt this Period \$500.00 |
| | Occupation Attorney Aggregate Year-to-Date -> \$500.00 | | |
| G. Full Name, Mailing Address and Zip Code Jean Leger 9800 Kohoutek Court Vienna, VA 22180- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Name of Employer TRW, Incorporated | Date (month, day, year) 11/12/1999 | Amount of Each Receipt this Period \$100.00 |
| | Occupation Engineer Aggregate Year-to-Date -> \$200.00 | | |

| | |
|--|-----------|
| SUBTOTAL of Receipts This Page (optional) | \$2250.00 |
| This Period (last page this line number only) | |

SCHEDULE A

ITEMIZED RECEIPTS

Any information copied from such reports and statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Friends of Frank Wolf

| | | | |
|--|---|--|---|
| A. Full Name, Mailing Address and Zip Code Barbara McAleer 100 Wineberry Drive Winchester, VA 22603- | Name of Employer na | Date (month, day, year) 0/19/1999 | Amount of Each Receipt this Period \$100.00 |
| | Occupation Retired | | |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Aggregate Year-to-Date -> \$200.00 | | |
| B. Full Name, Mailing Address and Zip Code John Mock 1326 Round Oak Court Mc Lean, VA 22101- | Name of Employer Self | Date (month, day, year) 2/29/1999 | Amount of Each Receipt this Period \$100.00 |
| | Occupation Scientist | | |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Aggregate Year-to-Date -> \$200.00 | | |
| C. Full Name, Mailing Address and Zip Code James Rand P.O. Box 2413 Fairfax, VA 22031 2413 | Name of Employer Oxford Enterprises | Date (month, day, year) 10/06/1999 | Amount of Each Receipt this Period \$250.00 |
| | Occupation Executive | | |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Aggregate Year-to-Date -> \$500.00 | | |
| D. Full Name, Mailing Address and Zip Code James Rand P.O. Box 2413 Fairfax, VA 22031-2413 | Name of Employer Oxford Enterprises | Date (month, day, year) 12/31/1999 | Amount of Each Receipt this Period \$250.00 |
| | Occupation Executive | | |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Aggregate year-to-Date -> \$750.00 | | |
| E. Full Name, Mailing Address and zip Code Priscilla Rogers 39881 Snickersville Pike Middleburg, VA 20117- | Name of Employer | Date (month, day, year) 12/31/1999 | Amount of Each Receipt this Period \$250.00 |
| | Occupation Retired | | |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Aggregate Year-to-Date -> \$550.00 | | |
| F. Full Name, Mailing Address and Zip Code G. Jerry Shaw 2131 Kings Garden Way Falls Church, VA 22043- | Name of Employer Shaw, Bransford & O'Rourke | Date (month, day, year) 07/27/1999 | Amount of Each Receipt this Period \$250.00 |
| | Occupation Attorney | | |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Aggregate Year-to-Date -> \$750.00 | | |
| G. Full Name, Mailing Address and Zip Code John Singleton 10509 Adel Road Oakton, VA 22124- | Name of Employer Fairfax Hosp. Assoc. | Date (month, day, year) 12/31/1999 | Amount of Each Receipt this Period \$500.00 |
| | Occupation Hospital Admin. | | |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Aggregate Year-to-Date -> \$500.00 | | |

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| SUBTOTAL of Receipts This Page (optional) | \$1700.00 |
| This Period (last page this line number only) | |

SCHEDULE A

ITEMIZED RECEIPTS

Any information copied from such reports and statements may not be used or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
 Friends of Frank Wolf

| | | | |
|---|--|---------------------------------------|---|
| A. Full Name, Mailing Address and Zip Code R. Lee Taylor 801 Amherst Street Winchester, VA 22601- | Name of Employer Curator | Date (month, day, year) 0/19/1999 | Amount of Each Receipt this Period \$250.00 |
| | Occupation Glass Glen Burnie Museum | | |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Aggregate Year-to-Date -> \$250.00 | | |
| B. Full Name, Mailing Address and Zip Code C. Jean Thompson 1035 Woburn Court McLean, VA 22102- | Name of Employer | Date (month, day, year) 2/29/1999 | Amount of Each Receipt this Period \$500.00 |
| | Occupation Homemaker | | |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Aggregate Year-to-Date -> \$500.00 | | |
| C. Full Name, Mailing Address and Zip Code Winston Veno 5521 Bradley Boulevard Alexandria, VA 22311- | Name of Employer Self | Date (month, day, year) 08/18/1999 | Amount of Each Receipt this Period \$100.00 |
| | Occupation Physician | | |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Aggregate Year-to-Date -> \$200.00 | | |
| D. Full Name, Mailing Address and Zip Code Thomas Valk 10890 Woodleaf Lane Great Falls, VA 22066- | Name of Employer VBI, Inc. | Date (month, day, year) 09/10/1999 | Amount of Each Receipt this Period \$150.00 |
| | Occupation Physician | | |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Aggregate Year-to-Date -> \$440.00 | | |
| E. Full Name, Mailing Address and Zip Code Lynn White 1415 Grady Randall Court McLean, VA 22101- | Name of Employer na | Date (month, day, year) 10/08/1999 | Amount of Each Receipt this Period \$1000.00 |
| | Occupation Homemaker | | |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Aggregate Year-to-Date -> \$1000.00 | | |
| F. Full Name, Mailing Address and Zip Code Stuart White 1415 Grady Randall Court McLean, VA 22101- | Name of Employer Walton and Adams | Date (month, day, year) 10/08/1999 | Amount of Each Receipt this Period \$1000.00 |
| | Occupation Attorney | | |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Aggregate Year-to-Date -> \$1000.00 | | |
| G. 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 -> | | |

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|---|------------|
| SUBTOTAL of Receipts This Page (optional) | \$3000.00 |
| This Period (last page this line number only) | \$15949.00 |

SCHEDULE A

ITEMIZED RECEIPTS

Any information reported from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for political purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
 Friends of Frank Wolf

| | | | |
|---|--|--|--|
| A. Full Name, Mailing Address and Zip Code Air Line Pilots Association (ALPA-PAC) Mr. Jerry Baker 1625 Massachusetts Avenue, N.W. Washington, DC 20036- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Name of Employer Occupation | Date (month, day, year) 10/20/1999 | Amount of Each Receipt this Period \$1000.00 |
| Aggregate Year-to-Date -> \$2000.00 | | | |
| B. Full Name, Mailing Address and Zip Code Aircraft Owners and Pilots Assn. (AOPA) Mr. Bill Deere 500 E Street, SW Suite 250 Washington, DC 20024- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Name of Employer Occupation | Date (month, day, year) 10/08/1999 | Amount of Each Receipt this Period \$5000.00 |
| Aggregate Year-to-Date -> \$5000.00 | | | |
| C. Full Name, Mailing Address and Zip Code International Airport Systems PAC Mr. Cowan 11300 W 89th Street Overland Park, KS 66214- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Name of Employer Occupation | Date (month, day, year) 12/29/1999 | Amount of Each Receipt this Period \$500.00 |
| Aggregate Year-to-Date -> \$500.00 | | | |
| D. Full Name, Mailing Address and Zip Code Allegheny PowerPAC Ms. Victoria V. Schaff 10435 Downsville Pike Hagerstown, MD 21740-1766 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Name of Employer Occupation | Date (month, day, year) 09/29/1999 | Amount of Each Receipt this Period \$1000.00 |
| Aggregate Year-to-Date -> \$1000.00 | | | |
| E. Full Name, Mailing Address and Zip Code Amalgamated Transit Union Mr. Oliver W. Green 5025 Wisconsin Avenue, N.W. Washington, DC 20016- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Name of Employer Occupation | Date (month, day, year) 11/15/1999 | Amount of Each Receipt this Period \$1000.00 |
| Aggregate Year-to-Date -> \$1000.00 | | | |
| F. Full Name, Mailing Address and Zip Code American Service Center Assoc. Mr. Morton Setlin and Mr. Alvin Brooks 535 N. Glebe Rd. Arlington, VA 22203- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Name of Employer Occupation | Date (month, day, year) 12/31/1999 | Amount of Each Receipt this Period \$250.00 |
| Aggregate Year-to-Date -> \$250.00 | | | |
| G. Full Name, Mailing Address and Zip Code American Assoc. of Airport Executives Mr. Todd Hauptli 4212 King Street Alexandria, VA 22302- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Name of Employer Occupation | Date (month, day, year) 09/29/1999 | Amount of Each Receipt this Period \$1000.00 |
| Aggregate Year-to-Date -> \$2000.00 | | | |

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| SUBTOTAL of Receipts This Page (optional) | \$9750.00 |
| This period (last page this line number only) | |

SCHEDULE A

ITEMIZED RECEIPTS

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
 Friends of Frank Wolf

| | | | |
|--|--|---|---|
| <p>A. Full Name, Mailing Address and Zip Code Americans for Free Int'l Trade PAC 10595 Warwick Avenue Fairfax, VA 22030-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -> \$3000.00</p> | <p>Date (month, day, year) 10/25/1999</p> | <p>Amount of Each Receipt this Period \$3000.00</p> |
| <p>B. Full Name, Mailing Address and Zip Code Consolidated Natural Gas Co. (CONPAC) Mr. Bruce McKay 1200 18th Street, N.W. Suite 350 Washington, DC 20036</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -> \$500.00</p> | <p>Date (month, day, year) 10/08/1999</p> | <p>Amount of Each Receipt this Period \$500.00</p> |
| <p>C. Full Name, Mailing Address and Zip Code Consolidated Natural Gas Co. (CONPAC) Mr. Bruce McKay 1200 18th Street, N.W. Suite 350 Washington, DC 20036-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -> \$1000.00</p> | <p>Date (month, day, year) 10/20/1999</p> | <p>Amount of Each Receipt this Period \$500.00</p> |
| <p>D. Full Name, Mailing Address and Zip Code DaimlerChrysler Corporation PAC Mr. Robert Liberatore 1000 Chrysler Drive Auburn Hills, MI 48326 2768</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -> \$2000.00</p> | <p>Date (month, day, year) 09/29/1999</p> | <p>Amount of Each Receipt this Period \$1000.00</p> |
| <p>E. Full Name, Mailing Address and Zip Code Dyn Corp Federal PAC Mr. Daniel Barnister, CEO 2000 Edmund Halley Drive Reston, VA 20191-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -> \$1000.00</p> | <p>Date (month, day, year) 09/29/1999</p> | <p>Amount of Each Receipt this Period \$1000.00</p> |
| <p>F. Full Name, Mailing Address and Zip Code General Aviation Manufacturers Assn. Mr. Edward Solon 1400 K Street, N.W. Suite 801 Washington, DC 20005-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -> \$2000.00</p> | <p>Date (month, day, year) 09/29/1999</p> | <p>Amount of Each Receipt this Period \$1000.00</p> |
| <p>G. Full Name, Mailing Address and Zip Code GM Corp. Civic Involvement Program Andrew H. Card 300 Renaissance Center Detroit, MI 48265-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -> \$2000.00</p> | <p>Date (month, day, year) 11/09/1999</p> | <p>Amount of Each Receipt this Period \$1000.00</p> |

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| SUBTOTAL of Receipts This Page (optional) | \$8000.00 |
| This Period (last page this line number only) | |

SCHEDULE A

ITEMIZED RECEIPTS

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
 Friends of Frank Wolf

| | | | |
|--|---|---|--|
| A. Full Name, Mailing Address and Zip Code Kemper Insurance Campaign Fund Mr. Michael F. Dineen 3254 Seventh Street, N.W. Suite 1250 Washington, DC 20004- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Name of Employer Occupation Aggregate Year-to-Date -> | Date (month, day, year) 11/29/1999 \$500.00 | Amount of Each Receipt this Period \$500.00 |
| B. Full Name, Mailing Address and Zip Code Litton Employees PAC Mr. Doug Ritter 1755 Jefferson Davis Highway, Suite 601 Arlington, VA 22202- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Name of Employer Occupation Aggregate Year-to-Date -> | Date (month, day, year) 10/25/1999 \$1000.00 | Amount of Each Receipt this Period \$1000.00 |
| C. Full Name, Mailing Address and Zip Code Lockheed Martin Employees' PAC Mr. Steve E. Chaudet 1725 Jefferson Davis Highway Arlington, VA 22202- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Name of Employer Occupation Aggregate Year-to-Date -> | Date (month, day, year) 12/07/1999 \$4000.00 | Amount of Each Receipt this Period \$2000.00 |
| D. Full Name, Mailing Address and Zip Code NATSO/PAC Mr. W. Dewey Clower 1199 N Fairfax Street, #801 Alexandria, VA 22319- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Name of Employer Occupation Aggregate Year-to-Date -> | Date (month, day, year) 10/28/1999 \$2000.00 | Amount of Each Receipt this Period \$1000.00 |
| E. Full Name, Mailing Address and Zip Code National Air Traffic Controllers PAC Mr. Ken Montoya 1150 17th Street, N.W. Suite 701 Washington, DC 20036- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Name of Employer Occupation Aggregate Year-to-Date -> | Date (month, day, year) 10/08/1999 \$3000.00 | Amount of Each Receipt this Period \$1000.00 |
| F. Full Name, Mailing Address and Zip Code National Association of Letter Carriers Mr. Vincent R. Sombrotto 100 Indiana Avenue, N.W. Washington, DC 20001- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Name of Employer Occupation Aggregate Year-to-Date -> | Date (month, day, year) 10/20/1999 \$2500.00 | Amount of Each Receipt this Period \$2500.00 |
| G. Full Name, Mailing Address and Zip Code NARPE PAC Ms. Judith Parks 606 N. Washington Street Alexandria, VA 22314- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Name of Employer Occupation Aggregate Year-to-Date -> | Date (month, day, year) 7/29/1999 \$4000.00 | Amount of Each Receipt this Period \$2000.00 |

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| SUBTOTAL of Receipts This Page (optional) | \$10000.00 |
| This Period (last page this line number only) | |

SCHEDULE A

ITEMIZED RECEIPTS

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Friends of Frank Wolf

| | | | |
|--|---|---|---|
| <p>A. Full Name, Mailing Address and Zip Code Nat. Comm. to Preserve Social Security and Medicare Mr. Max Richtman Washington, DC 20002-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> other (specify)</p> | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -> \$2000.00</p> | <p>Date (month, day, year) 09/29/1999</p> | <p>Amount of Each Receipt this Period \$1000.00</p> |
| <p>B. Full Name, Mailing Address and Zip Code National Food Processors Association PAC Ms. Diane L. Schumacher 1350 I Street, N.W. Suite 300 Washington, DC 20005-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> other (specify)</p> | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -> \$500.00</p> | <p>Date (month, day, year) 09/29/1999</p> | <p>Amount of Each Receipt this Period \$500.00</p> |
| <p>C. Full Name, Mailing Address and Zip Code National Rural Letter Carriers Assoc. Mr. Ken Parmelee 1630 Duke Street, 4th Floor Alexandria, VA 22314-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> other (specify)</p> | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -> \$1000.00</p> | <p>Date (month, day, year) 10/29/1999</p> | <p>Amount of Each Receipt this Period \$1000.00</p> |
| <p>D. Full Name, Mailing Address and Zip Code Norfolk Southern Corp. Good Gov't. Fund Mr. John F. Cochran 1500 K Street, N.W. Suite 375 Washington, DC 20005-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> other (specify)</p> | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -> \$1000.00</p> | <p>Date (month, day, year) 09/29/1999</p> | <p>Amount of Each Receipt this Period \$1000.00</p> |
| <p>E. Full Name, Mailing Address and Zip Code O'Melveny & Myers PAC Mr. Donald T. Bliss 555 13th Street, N.W. 500 West Tower Washington, DC 20004-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> other (specify)</p> | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -> \$2000.00</p> | <p>Date (month, day, year) 09/29/1999</p> | <p>Amount of Each Receipt this Period \$2000.00</p> |
| <p>F. Full Name, Mailing Address and Zip Code Oracle Corporation PAC Mr. Kenneth Glueck 1667 K Street, N.W., Suite 640 Washington, DC 20006-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> other (specify)</p> | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -> \$1000.00</p> | <p>Date (month, day, year) 09/29/1999</p> | <p>Amount of Each Receipt this Period \$1000.00</p> |
| <p>G. Full Name, Mailing Address and Zip Code Orbital Sciences Good Government Fund Mr. Mark E. Bitterman 21700 Atlantic Boulevard Dulles, VA 20166-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> other (specify)</p> | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -> \$1000.00</p> | <p>Date (month, day, year) 09/15/1999</p> | <p>Amount of Each Receipt this Period \$1000.00</p> |

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| SUBTOTAL of Receipts This Page (optional) | \$7500.00 |
| This Period (last page this line number only) | |

SCHEDULE A

ITEMIZED RECEIPTS

Any information copied from such reports and statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
 Friends of Frank Wolf

| | | |
|--|---|--|
| A. Full Name, Mailing Address and Zip Code Prof. Airways Systems Specialists PAC Ms. Abby H. Bernstein 1150 17th Street NW, Suite 702 Washington, DC 20036- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Name of Employer Occupation Date (month, day, year) 09/29/1999 | Amount of Each Receipt this Period \$1000.00 Aggregate Year-to-Date -> \$2000.00 |
| B. Full Name, Mailing Address and Zip Code Southwest Airlines Co. Freedom Fund Mr. Tom Chapman 1250 Eye Street, N.W. Washington, DC 20005- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Name of Employer Occupation Date (month, day, year) 12/29/1999 | Amount of Each Receipt this Period \$1000.00 Aggregate Year-to-Date -> \$1000.00 |
| C. Full Name, Mailing Address and Zip Code US Airways PAC Mr. J. Ronald Reeves 2345 Crystal Drive Arlington, VA 22227- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Name of Employer Occupation Date (month, day, year) 09/29/1999 | Amount of Each Receipt this Period \$500.00 Aggregate Year-to-Date -> \$500.00 |
| D. Full Name, Mailing Address and Zip Code Union Pacific Fund for Effective Gov't Ms. Mary McAuliffe 600 13th Street, NW Suite 340 Washington, DC 20005- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Name of Employer Occupation Date (month, day, year) 10/20/1999 | Amount of Each Receipt this Period \$1000.00 Aggregate Year-to-Date -> \$1000.00 |
| E. Full Name, Mailing Address and Zip Code Committee for Responsible Government Ms. Kelly Chapman 907 West Glebe Road Alexandria, VA 22305-1461 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Name of Employer Occupation Date (month, day, year) 10/08/1999 | Amount of Each Receipt this Period \$1000.00 Aggregate Year-to-Date -> \$1000.00 |
| F. Full Name, Mailing Address and Zip Code Washington Psychiatric Society PAC F.J. Pepper, M.D. 1400 K Street, N.W. #202 Washington, DC 20005- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Name of Employer Occupation Date (month, day, year) 12/29/1999 | Amount of Each Receipt this Period \$213.76 Aggregate Year-to-Date -> \$213.76 |
| 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 Date (month, day, year) / / | Amount of Each Receipt this Period , , Aggregate Year-to-Date -> |

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| SUBTOTAL of Receipts This Page (optional) | \$4713.76 |
| This Period (last page this line number only) | \$39963.76 |

SCHEDULE A

ITEMIZED RECEIPTS

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in full)
Friends of Frank Wolf

| | | | |
|---|------------------------------------|---------------------------------------|--|
| A. Full Name, Mailing Address and Zip Code US Postmaster (Merrifield or McLean) Merrifield, VA 22116- | Name of Employer REFUND | Date (month, day, year) 08/20/1999 | Amount of Each Receipt this Period \$290.00 |
| | Occupation | | |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Aggregate Year-to-Date -> \$290.00 | | |
| B. 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 -> | | |
| C. 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 -> | | |
| D. 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 -> | | |
| E. 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 -> | | |
| F. 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 -> | | |
| G. 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 -> | | |

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| SUBTOTAL of Receipts This Page (optional) | \$290.00 |
| This Period (last page this line number only) | \$290.00 |

SCHEDULE A

ITEMIZED RECEIPTS

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Friends of Frank Wolf

| | | | |
|---|--|---|---|
| A. Full Name, Mailing Address and Zip Code First Virginia Bank 415 Maple Avenue W. Vienna, VA 22180- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Name of Employer INTEREST | Date (month, day, year) 08/03/1999 | Amount of Each Receipt this Period \$86.31 |
| | Occupation | Aggregate Year-to-Date -> \$842.25 | |
| B. Full Name, Mailing Address and Zip Code First Virginia Bank 415 Maple Avenue W. Vienna, VA 22180- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Name of Employer INTEREST | Date (month, day, year) 08/20/1999 | Amount of Each Receipt this Period \$86.97 |
| | Occupation | Aggregate Year-to-Date -> \$929.22 | |
| C. Full Name, Mailing Address and Zip Code First Virginia Bank 415 Maple Avenue W. Vienna, VA 22180- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Name of Employer INTEREST | Date (month, day, year) 09/09/1999 | Amount of Each Receipt this Period \$84.41 |
| | Occupation | Aggregate Year-to-Date -> \$1013.63 | |
| D. Full Name, Mailing Address and Zip Code First Virginia Bank 415 Maple Avenue W. Vienna, VA 22180- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Name of Employer INTEREST | Date (month, day, year) 10/06/1999 | Amount of Each Receipt this Period \$76.40 |
| | Occupation | Aggregate Year-to-Date -> \$1090.03 | |
| E. Full Name, Mailing Address and Zip Code First Virginia Bank 415 Maple Avenue W. Vienna, VA 22180- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Name of Employer INTEREST | Date (month, day, year) 11/08/1999 | Amount of Each Receipt this Period \$90.21 |
| | Occupation | Aggregate Year-to-Date -> \$1180.24 | |
| F. Full Name, Mailing Address and Zip Code First Virginia Bank 415 Maple Avenue W. Vienna, VA 22180- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Name of Employer INTEREST | Date (month, day, year) 12/15/1999 | Amount of Each Receipt this Period \$82.18 |
| | Occupation | Aggregate Year-to-Date -> \$1262.42 | |
| G. Full Name, Mailing Address and Zip Code United Bank 302 Maple Avenue, West Vienna, VA 22180- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Name of Employer CD INTEREST | Date (month, day, year) 07/23/1999 | Amount of Each Receipt this Period \$501.39 |
| | Occupation | Aggregate Year-to-Date -> \$3496.69 | |

SUBTOTAL of Receipts This Page (optional)

\$1007.87

This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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| PAGE | OR |
| 2 | 2 |
| FOR LINE NUMBER | |
| 15 | |

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NAME OF COMMITTEE (In Full)
Friends of Frank Wolf

| | | | |
|---|---|--|---|
| A. Full Name, Mailing Address and Zip Code United Bank 302 Maple Avenue, West Vienna, VA 22180- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Name of Employer INTEREST Occupation Aggregate Year-to-Date -> | Date (month, day, year) 08/21/1999 Aggregate Year-to-Date -> | Amount of Each Receipt this Period \$520.36 \$4017.05 |
| B. Full Name, Mailing Address and Zip Code United Bank 302 Maple Avenue, West Vienna, VA 22180- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Name of Employer INTEREST Occupation Aggregate Year-to-Date -> | Date (month, day, year) 09/28/1999 Aggregate Year-to-Date -> | Amount of Each Receipt this Period \$522.71 \$4539.76 |
| C. Full Name, Mailing Address and Zip Code United Bank 302 Maple Avenue, West Vienna, VA 22180- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Name of Employer INTEREST Occupation Aggregate Year-to-Date -> | Date (month, day, year) 1/04/1999 Aggregate Year-to-Date -> | Amount of Each Receipt this Period \$508.12 \$5047.86 |
| D. Full Name, Mailing Address and Zip Code United Bank 302 Maple Avenue, West Vienna, VA 22180- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Name of Employer INTEREST Occupation Aggregate Year-to-Date -> | Date (month, day, year) 12/01/1999 Aggregate Year-to-Date -> | Amount of Each Receipt this Period \$527.36 \$5575.24 |
| E. Full Name, Mailing Address and Zip Code United Bank 302 Maple Avenue, West Vienna, VA 22180- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Name of Employer INTEREST Occupation Aggregate Year-to-Date -> | Date (month, day, year) 12/29/1999 Aggregate Year-to-Date -> | Amount of Each Receipt this Period \$455.62 \$6030.92 |
| 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) | \$2534.23 |
| This Period (last page this line number only) | \$3542.10 |

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use appropriate schedule(s) for each category of line. Detailed Summary Page

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NAME OF COMMITTEE (In Full)
Friends of Frank Wolf

| A. Full Name, Mailing Address and Zip Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
|--|---|-------------------------|---|
| Capitol Hill Club 300 First Street, SE Washington, DC 20003- | Breakfast 9/28/99 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 10/04/1999 | \$994.02 |
| B. Full Name, Mailing Address and Zip Code Melinda Conner 10015 Beacon Pond Lane Burke, VA 22015- | Purpose of Disbursement Salary and Mileage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 12/15/1999 | \$782.67 |
| C. Full Name, Mailing Address and Zip Code Melinda Conner 10015 Beacon Pond Lane Burke, VA 22015- | Purpose of Disbursement Office Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 09/09/1999 | \$168.21 |
| D. Full Name, Mailing Address and Zip Code ECM Group, The 1320 Old Chain Bridge Road McLean, VA 22101- | Purpose of Disbursement PAC Breakfast Invitation Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 09/28/1999 | \$640.43 |
| E. Full Name, Mailing Address and Zip Code Linda Douglas 11810 Grey Birch Place Reston, VA 20191- | Purpose of Disbursement Consulting Fee November Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 12/01/1999 | \$2000.00 |
| F. Full Name, Mailing Address and Zip Code Linda Douglas 11810 Grey Birch Place Reston, VA 20191- | Purpose of Disbursement Consulting Fee - September Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 11/04/1999 | \$2000.00 |
| G. Full Name, Mailing Address and Zip Code Linda Douglas 11810 Grey Birch Place Reston, VA 20191- | Purpose of Disbursement Consulting Fee - December Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 12/31/1999 | \$2000.00 |

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|---|-----------|
| SUBTOTAL of Disbursements This Page (optional) | \$7985.33 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
 Friends of Frank Wolf

| | | | |
|--|--|---------------------------------------|--|
| A. Full Name, Mailing Address and Zip Code Linda Douglas 11810 Grey Birch Place Reston, VA 20191- | Purpose of Disbursement Consulting Fee - June Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Date (month, day, year) 07/09/1999 | Amount of Each Disbursement This Period \$2000.00 |
| B. Full Name, Mailing Address and Zip Code Linda Douglas 11810 Grey Birch Place Reston, VA 20191- | Purpose of Disbursement Mileage and Expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Date (month, day, year) 09/28/1999 | Amount of Each Disbursement This Period \$379.92 |
| C. Full Name, Mailing Address and Zip Code Linda Douglas 11810 Grey Birch Place Reston, VA 20191- | Purpose of Disbursement Consulting Fee - August Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Date (month, day, year) 09/13/1999 | Amount of Each Disbursement This Period \$2000.00 |
| D. Full Name, Mailing Address and Zip Code Linda Douglas 11810 Grey Birch Place Reston, VA 20191- | Purpose of Disbursement Consulting Fee - October 1999 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Date (month, day, year) 11/04/1999 | Amount of Each Disbursement This Period \$2000.00 |
| E. Full Name, Mailing Address and Zip Code Linda Douglas 11810 Grey Birch Place Reston, VA 20191- | Purpose of Disbursement Mileage, Postage, Phone Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Date (month, day, year) 12/31/1999 | Amount of Each Disbursement This Period \$277.36 |
| F. Full Name, Mailing Address and Zip Code Linda Douglas 11810 Grey Birch Place Reston, VA 20191- | Purpose of Disbursement Mileage, Postage, Phone, etc. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Date (month, day, year) 11/16/1999 | Amount of Each Disbursement This Period \$392.40 |
| G. Full Name, Mailing Address and Zip Code Linda Douglas 11810 Grey Birch Place Reston, VA 20191- | Purpose of Disbursement Consulting Fee - July Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Date (month, day, year) 08/09/1999 | Amount of Each Disbursement This Period \$2000.00 |

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| SUBTOTAL of Disbursements This Page (optional) | \$9049.68 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules for each category as the detailed Summary Page

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NAME OF COMMITTEE (In Full)
Friends of Frank Wolf

| A. Full Name, Mailing Address and Zip Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
|--|---|-------------------------|---|
| Family Foundation 6767 Forest Hill Avenue Suite 270 Richmond, VA 23225- | Gala Banquet Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 1/30/1999 | \$250.00 |
| B. Full Name, Mailing Address and Zip Code First Virginia Bank 415 Maple Avenue W. Vienna, VA 22180- | Purpose of Disbursement Federal Taxes - July Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 08/09/1999 | \$376.50 |
| C. Full Name, Mailing Address and Zip Code First Virginia Bank 415 Maple Avenue W. Vienna, VA 22180- | Purpose of Disbursement Federal Taxes - December Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 12/15/1999 | \$554.17 |
| D. Full Name, Mailing Address and Zip Code First Virginia Bank 415 Maple Avenue W. Vienna, VA 22180- | Purpose of Disbursement Federal Taxes - November Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 11/30/1999 | \$376.50 |
| E. Full Name, Mailing Address and Zip Code First Virginia Bank 415 Maple Avenue W. Vienna, VA 22180- | Purpose of Disbursement Federal Taxes - October Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 11/04/1999 | \$376.50 |
| F. Full Name, Mailing Address and Zip Code First Virginia Bank 415 Maple Avenue W. Vienna, VA 22180- | Purpose of Disbursement Federal Taxes - August/Sept. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 10/04/1999 | \$1029.64 |
| G. Full Name, Mailing Address and Zip Code Jeffery Mascott 3206 Landover Street Alexandria, VA 22305- | Purpose of Disbursement Salary and Expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 08/20/1999 | \$1177.61 |

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| SUBTOTAL of Disbursements This Page (optional) | \$4140.92 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
 Friends of Frank Wolf

| A. Full Name, Mailing Address and Zip Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
|--|--|-------------------------|---|
| Kamal Rahal 2635 Oakton Glen Rd. Vienna, VA 22180- | Salary - June Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 07/09/1999 | \$61.75 |
| Kamal Rahal 2635 Oakton Glen Rd. Vienna, VA 22180- | Salary - October 1999 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 11/04/1999 | \$61.75 |
| Kamal Rahal 2635 Oakton Glen Rd. Vienna, VA 22180- | Salary - September 1999 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 10/04/1999 | \$61.75 |
| Kamal Rahal 2635 Oakton Glen Rd. Vienna, VA 22180- | Salary - November Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 12/01/1999 | \$61.75 |
| Kamal Rahal 2635 Oakton Glen Rd. Vienna, VA 22180- | Salary - July Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 08/09/1999 | \$61.75 |
| Kamal Rahal 2635 Oakton Glen Rd. Vienna, VA 22180- | Salary - August 1999 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 09/09/1999 | \$61.75 |
| Selective Insurance 40 Wentage Avenue Branchville, NJ 07890- | Liability Insurance Premium Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 09/29/1999 | \$254.00 |

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| SUBTOTAL of Disbursements This Page (optional) | \$624.50 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE B

ITEMIZED DISBURSEMENTS

See separate schedule for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full)
Friends of Frank Wolf

| A. Full Name, Mailing Address and Zip Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
|---|--|-------------------------|---|
| US Postmaster (Merrifield or McLean) Merrifield, VA 22116 | Stamps Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 10/15/1999 | \$165.00 |
| US Postmaster (Merrifield or McLean) Merrifield, VA 22116- | Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 07/28/1999 | \$44.57 |
| US Postmaster (Merrifield or McLean) Merrifield, VA 22116- | Post Office Box Rental Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 12/13/1999 | \$32.00 |
| US Postmaster (Merrifield or McLean) Merrifield, VA 22116- | Stamps Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 08/20/1999 | \$775.50 |
| US Postmaster (Merrifield or McLean) Merrifield, VA 22116- | Bulk Fee Permit Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 07/16/1999 | \$100.00 |
| US Postmaster (Merrifield or McLean) Merrifield, VA 22116- | Stamps Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 12/13/1999 | \$1320.00 |
| Uptown Caterers of Washington Rayburn House Office Building Washington, DC 20515- | Congressional Delegation Luncheon Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 07/01/1999 | \$364.60 |

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| SUBTOTAL of Disbursements This Page (optional) | \$2801.67 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
 Friends of Frank Wolf

| | | | |
|--|---|---|---|
| <p>A. Full Name, Mailing Address and Zip Code Virginia Dept. of Taxation P.O. Box 1202 Richmond, VA 23209-</p> | <p>Purpose of Disbursement State Taxes for October Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Date (month, day, year) 11/04/1999</p> | <p>Amount of Each Disbursement This Period \$100.00</p> |
| <p>B. Full Name, Mailing Address and Zip Code Virginia Dept. of Taxation P.O. Box 1202 Richmond, VA 23209-</p> | <p>Purpose of Disbursement Withholding Penalty Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Date (month, day, year) 10/21/1999</p> | <p>Amount of Each Disbursement This Period \$10.44</p> |
| <p>C. Full Name, Mailing Address and Zip Code Virginia Dept. of Taxation P.O. Box 1202 Richmond, VA 23209</p> | <p>Purpose of Disbursement State Taxes - September Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Date (month, day, year) 10/04/1999</p> | <p>Amount of Each Disbursement This Period \$100.00</p> |
| <p>D. Full Name, Mailing Address and Zip Code Virginia Dept. of Taxation P.O. Box 1202 Richmond, VA 23209-</p> | <p>Purpose of Disbursement State Taxes - July Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Date (month, day, year) 08/09/1999</p> | <p>Amount of Each Disbursement This Period \$100.00</p> |
| <p>E. Full Name, Mailing Address and Zip Code Virginia Dept. of Taxation P.O. Box 1202 Richmond, VA 23209-</p> | <p>Purpose of Disbursement State Taxes November Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Date (month, day, year) 11/30/1999</p> | <p>Amount of Each Disbursement This Period \$100.00</p> |
| <p>F. Full Name, Mailing Address and Zip Code Virginia Dept. of Taxation P.O. Box 1202 Richmond, VA 23209-</p> | <p>Purpose of Disbursement State Taxes - August Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Date (month, day, year) 10/04/1999</p> | <p>Amount of Each Disbursement This Period \$100.00</p> |
| <p>G. Full Name, Mailing Address and Zip Code Virginia Dept. of Taxation P.O. Box 1202 Richmond, VA 23209-</p> | <p>Purpose of Disbursement State Taxes - December Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Date (month, day, year) 12/16/1999</p> | <p>Amount of Each Disbursement This Period \$121.00</p> |

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| SUBTOTAL of Disbursements This Page (optional) | \$631.44 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)
Friends of Frank Wolf

| A. Full Name, Mailing Address and Zip Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
|--|---|-------------------------|---|
| Washington Dulles Airport Hilton 13869 Park Center Road Herndon, VA 20171- | Deposit for Event Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | 12/07/1999 | \$800.00 |
| B. Full Name, Mailing Address and Zip Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | / / | Amount of Each Disbursement This Period |
| C. Full Name, Mailing Address and Zip Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | / / | Amount of Each Disbursement This Period |
| D. Full Name, Mailing Address and Zip Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | / / | Amount of Each Disbursement This Period |
| E. Full Name, Mailing Address and Zip Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | / / | Amount of Each Disbursement This Period |
| F. Full Name, Mailing Address and Zip Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | / / | Amount of Each Disbursement This Period |
| G. Full Name, Mailing Address and Zip Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | / / | Amount of Each Disbursement This Period |

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| SUBTOTAL of Disbursements This Page (optional) | \$800.00 |
| TOTAL This Period (last page this line number only) | \$26033.54 |

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
 Friends of Frank Wolf

| A. Full Name, Mailing Address and Zip Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
|--|---|-------------------------|---|
| Whitney Adams P.O. Box 8375 Mc Lean, VA 22106- | Campaign Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 09/09/1999 | \$500.00 |
| Richard Black 20978 Flatboat Court Sterling, VA 20165- | Campaign Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 09/09/1999 | \$500.00 |
| Mychele Brickner 8614 Etts Drive Springfield, VA 22152- | Campaign Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 10/21/1999 | \$250.00 |
| Vincent Callahan P.O. Box 1173 McLean, VA 22101- | Campaign Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 09/09/1999 | \$300.00 |
| Jeannemarie Devolites P.O. Box 936 Vienna, VA 22183- | Campaign Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 09/09/1999 | \$500.00 |
| Robert Dix P.O. Box 1044 Vienna, VA 22183- | Campaign Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 09/09/1999 | \$500.00 |
| Republican Comm. Fairfax County 4321 Markham Street Annandale, VA 22003- | Campaign Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 09/09/1999 | \$1500.00 |

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|--|-----------|
| SUBTOTAL of Disbursements This Page (optional) | \$4250.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE B

ITEMIZED DISBURSEMENTS

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 individual contributor to solicit contributions from such contributor.

NAME OF COMMITTEE (In Full)
 Friends of Frank Wolf

| A. Full Name, Mailing Address and Zip Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
|--|--|-------------------------|---|
| Robert Marshall P.O. Box 421 Manassas, VA 22108- | Campaign Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | 09/09/1999 | \$500.00 |
| Roger McClure P.O. Box 437 Centreville, VA 20122- | Campaign Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | 09/09/1999 | \$500.00 |
| Michele McQuigg 2241-R Tacketts Mill Drive Woodbridge, VA 22192- | Campaign Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | 09/09/1999 | \$500.00 |
| Stu Mendelson 6629 Old Dominion Drive McLean, VA 22103- | Campaign Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | 09/09/1999 | \$500.00 |
| Congressional Comm. National Republican 320 First Street, S.E. Suite 307 Washington, DC 20003- | Campaign Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | 07/23/1999 | \$20000.00 |
| James O'Brien 7903 Clifton Hunt Court Clifton, VA 22024- | Campaign Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | 09/09/1999 | \$500.00 |
| Michael Pocalyko 12932 Oak Lawn Place Oak Hill, VA 20171- | Campaign Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | 09/09/1999 | \$500.00 |

| | |
|--|------------|
| SUBTOTAL of Disbursements This Page (optional) | \$23000.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full)
Friends of Frank Wolf

| A. Full Name, Mailing Address and Zip Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
|---|---|-------------------------|---|
| Christine Trapnell 5201 Leesburg Pike Suite 409 Falls Church, VA 22044- | Campaign Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 09/09/1999 | \$500.00 |
| B. Full Name, Mailing Address and Zip Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | / / | Amount of Each Disbursement This Period |
| C. Full Name, Mailing Address and Zip Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | / / | Amount of Each Disbursement This Period |
| D. Full Name, Mailing Address and Zip Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | / / | Amount of Each Disbursement This Period |
| E. Full Name, Mailing Address and Zip Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | / / | Amount of Each Disbursement This Period |
| F. Full Name, Mailing Address and Zip Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | / / | Amount of Each Disbursement This Period |
| G. Full Name, Mailing Address and Zip Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | / / | Amount of Each Disbursement This Period |

| | |
|---|------------|
| SUBTOTAL of Disbursements This Page (optional) | \$500.00 |
| TOTAL This Period (last page this line number only) | \$27750.00 |

**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 checked="" type="checkbox"/> Hand Delivered | Date of Receipt <i>1-31-00</i> |
| <input type="checkbox"/> First Class Mail | POSTMARKED |
| <input type="checkbox"/> Registered/Certified Mail | POSTMARKED |
| <input type="checkbox"/> No Postmark | |
| <input type="checkbox"/> Postmark Illegible | |
| <input type="checkbox"/> Received from the House office of Records and Registration | Date of Receipt |
| <input type="checkbox"/> Received from the Senate Office of Public Records | Date of Receipt |
| <input type="checkbox"/> Other (Specify): | Postmarked and/or Date of Receipt |
| <input type="checkbox"/> Electronic Filing | |
| <i>See</i> PREPARER | <i>1-31-00</i> DATE PREPARED |