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NAME OF COMMITTEE (In Full)
Bob Franks for U.S. Senate, Inc.

<p>A. Full Name, Mailing Address and Zip Code Joseph Goryeb 20 Waterview Blvd. Parsippany, NJ 07054-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Champion Mortgage Co.</p> <p>Occupation Chairman & CEO</p>	<p>Date (month, day, year) 08/25/2000</p> <p>Aggregate Year-to-Date -> 200.00</p>	<p>Amount of Each Receipt this Period 200.00</p>
<p>B. Full Name, Mailing Address and Zip Code Randall Goss 10210 North Central, Ste. 500 Dallas, TX 75231-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer US Risk Insurance</p> <p>Occupation Executive</p>	<p>Date (month, day, year) 09/22/2000</p> <p>Aggregate Year-to-Date -> 500.00</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>C. Full Name, Mailing Address and Zip Code Jerry Gottesman 7 Quaker Ridge Road Morristown, NJ 07960-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Edison Properties</p> <p>Occupation Owner</p>	<p>Date (month, day, year) 08/02/2000</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>D. Full Name, Mailing Address and Zip Code Paula Gottesman 7 Quaker Ridge Road Morristown, NJ 07960-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer N/A</p> <p>Occupation Homemaker</p>	<p>Date (month, day, year) 09/02/2000</p> <p>Aggregate Year-to-Date -> 2,000.00</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>E. Full Name, Mailing Address and Zip Code William Goydan 5 Lewis Lane Chester, NJ 07930-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Wolff & Samson</p> <p>Occupation Attorney</p>	<p>Date (month, day, year) 09/20/2000</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>F. Full Name, Mailing Address and Zip Code William Goydan 5 Lewis Lane Chester, NJ 07930-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Wolff & Samson</p> <p>Occupation Attorney</p>	<p>Date (month, day, year) 09/20/2000</p> <p>Aggregate Year-to-Date -> 2,000.00</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>G. Full Name, Mailing Address and Zip Code Denis Grady 5 Wyckoff Lane Flemington, NJ 08822-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Novartis</p> <p>Occupation Executive</p>	<p>Date (month, day, year) 09/22/2000</p> <p>Aggregate Year-to-Date -> 300.00</p>	<p>Amount of Each Receipt this Period 250.00</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>4,950.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p></p>